

Enter and View Report Milton Court

May 2021

Review of Residents' Social Wellbeing



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1 Introduction

1.1 Details of visit

Details of visit:	
Service Provider	Avery Homes (Nelson) Ltd
Date and Time	26 th May 2021, 9.30 to 15.00
Authorised Representatives	Nikky Rawlings

1.2 Acknowledgements

Healthwatch Milton Keynes would like to thank the Milton Court, service users and staff for their contribution to this Enter and View visit, notably for their helpfulness, hospitality, and courtesy.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



2 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families, and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service firsthand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the CQC where they are protected by legislation if they raise a concern.



2.1 Purpose of Visit

The purpose of this Enter and View programme was to engage with residents, their relatives, or carers, to explore their overall experience of living in Milton Court Care Home. As well as building a picture of their general experience, we asked about experiences specifically related to how COVID-19 and the related restrictions impacted on their lives and on their care.

2.2 Strategic drivers

For this coming year Healthwatch Milton Keynes will be working in partnership with Milton Keynes Council and the Clinical Commissioning Group, undertaking joint visits so that a well-rounded view of the operation of the care home/service can be understood. Healthwatch Milton Keynes will be specifically focusing on the experiences of the services users and their loved ones.

Social isolation and/or loneliness has been recognised as having an impact on people's physical health and emotional wellbeing. COVID 19 has increased and intensified loneliness and isolation by the very nature of the way in which we have had to manage and reduce the spread of the virus. The 'Hands, Face, Space' guidance and the regulations imposed but the UK Government has resulted in services users not being able to interact with loved ones and friends for over a year. Furthermore, the inability to have social time with other residents has exacerbated the feeling of loneliness and isolation.

It is important to understand the distinction between loneliness and isolation. Age UK defines 'isolation' as separation from social or familial contact, community involvement, or access to services, while 'loneliness' can be understood as an individual's personal, subjective sense of lacking these things. It is therefore possible to be isolated without being lonely, and to be lonely without being isolated.¹ There is a link between poor physical health and increased isolation as loss of mobility, hearing or sight can make it more difficult to engage in activities. It is, therefore, important to explore how residents of care homes in Milton Keynes are able to access physical activity alongside social activity.

Healthwatch Milton Keynes understands the pressures the COVID 19 pandemic has placed upon both services and service users alike. We have received a significant amount of feedback with regards to the necessary changes made to service delivery required to promote safety for all. It is our intention to be able to formally report the impacts of the COVID 19 regulations on both services and those who use the services and their loved ones through this year's Enter and View Programme.

¹ <https://publichealthmatters.blog.gov.uk/2015/12/08/loneliness-and-isolation-social-relationships-are-key-to-good-health/>



2.3 Methodology

The visit was prearranged in respect of timing and an overview explanation of purpose was also provided.

The Authorised Representative (AR) arrived at 10am and actively engaged with residents between 10.30 and 15.00.

The visit was conducted in a COVID safe manner with the appropriate PPE as agreed in advance with the provider. A lateral flow test was completed by the AR prior to the visit. The results of the test, which was negative was documented on arrival by the care home. The AR was not requested to sign in on this occasion.

On arrival the AR introduced themselves to the Manager and the details of the visit were discussed and agreed. The AR checked with the provider whether any individuals should not be approached or were unable to give informed consent.

The Deputy Manager provided the AR with a thorough tour of the home and introduced them to staff and residents along the way. The AR was subsequently afforded access to all parts of the home for the duration of the visit.

The AR used a semi-structured conversation approach (see Appendix A). The checklist of conversation topics was based on the pre-agreed themes for the Care Home visits in conjunction with Milton Keynes Council Quality and Compliance team. Additionally, the AR spent time observing routine activity and the provision of lunch.

All conversations took place in either one of the communal areas or the resident's bedroom, maintaining appropriate social distancing at all times. The AR was directed to residents who were able to give consent to talk to by the Senior Carer on duty. In all instances the AR advised each resident that the conversation was voluntary, and they could withdraw at any time. A total of four residents took part in individual conversations and seven joined a group discussion in the lounge. Others were approached but either were not willing to take part or unable to give the appropriate consent. The AR recorded the conversations and observations via hand-written notes.

In respect of demographics:

3 residents were female and the other 4 male

All residents were over the age of 75

2 residents had been in residence for over 1 year

2 residents had been in residence for less than 1 year

No residents had previously resided in other care homes

At the end of the visit, the Manager was verbally briefed on the overall outcome.

3 Summary of findings

3.1 Overview

Milton Court care Home is owned and operated by Avery Care (Nelson) Limited. They are registered to provide residential and nursing care for up to 131 people, they also support a high proportion of residents who have a dementia diagnosis. On the day of the visit, they were caring for 110 residents.

The manager is relatively new in post at this particular home and was still finding her feet and undertaking a review of the operation of the home at the time of our visit.

3.2 Premises

The home is set over four floors, divided into six units. Two of the units provide specialist nursing care and are situated upstairs. Access to all floors is via two staircases and a lift, all of which are keypad controlled.

Each unit has its own communal areas comprising of a lounge, dining room, and small kitchen area. The lounges were well furnished and homely with comfy chairs and cushions. The downstairs dining room was laid out in preparation for lunch.

The décor is in the main clean and tidy and well maintained, there is a homely feel. The cleaning regime appears to be well managed as the home had a fresh scent with no overpower odours. However, one resident told us they felt the housekeeping is not up to their own standard. They also told us that they had spoken to the new manager about this and was pleased with the outcome.

Residents' rooms were generally of a good size, they were clean and tidy with en-suite facilities. Rooms were personalised with pictures, soft furnishings and, in some cases, pieces of the residents own furniture.

The main kitchen looked clean and appeared organised, the staff were observed to be correctly wearing PPE, and entry to the kitchen was by invitation only. The laundry was very busy, it had dedicated spaces for washing, ironing and a good system was in place to ensure the right clothes made their way back to the residents.



3.3 Staff interaction and quality of care

The deputy manager was very knowledgeable about each of the units and interacted well with both the residents and the staff. All the residents were obviously pleased to see her, and she addressed them all by name.

Staff were visible on each unit, they appeared to be very busy and rushing around. The AR overheard discussions about swapping between units to cover due to insufficient staffing. On the day of the visit the manager advised that there were no staff vacancies at present. Three of the four residents we spoke to individually were unable to confirm that the staffing levels were sufficient, and one told us they believed that there were not enough staff within the nursing units.

“Have to wait a long time for the bell to be answered”

Six members of staff were attending an onsite training session on Moving & Handling which they appeared to be enjoying.

The AR did not witness a great deal of care being given as, within the nursing units, all residents were in their rooms.

Although none of the residents spoken to were aware of their Care Plan, or had seen what was in it, they all reported feeling happy and well cared for. They feel safe and all said they were confident they could speak with the staff or with family members if they had any concerns. Although not everyone was aware of who the new manager was yet.

“The carers are ‘wonderful’”

“Everyone is friendly. ‘As near as you can get to home’”

“All lovely and friendly”

“I’d speak to the manager... not sure who that is”

Concerns were raised with regards to the new manager. There has been an absence of visibility and no introductions made. Residents had been advised this was due to Covid. Requests to reinstate the monthly residents’ meetings have been discussed with the manager but this has not happened as yet.

3.4 Social engagement and activities

The home employs two wellbeing coordinators who have been in post for a number of years, the residents spoke highly of them both. When the AR complimented a resident on their manicure, they were informed that this is one of the things the wellbeing coordinator does for residents, and it is very well received by them.

“They keep your brain alive”

It was apparent from conversations between the AR and the wellbeing coordinators that they are knowledgeable and passionate about their roles. They interact well and are aware of the residents’ individual needs and their interests. There are printed crossword and puzzle activity sheets displayed and available for those who enjoy them. In place is a schedule of activities aimed at providing social interaction as well as specific activities for those who remain in their rooms. Each week, time is dedicated to each floor to undertake 1:1 engagement for those who are cared for in bed.



Residents are encouraged to take part in and, in some cases, lead activities. One resident leads a weekly exercise session and they all said that enjoy this. They are looking forward to being able to go on visits to places like Frosts (garden centre) again as they have missed them. COVID has been hard, but the people we spoke to felt that have been kept busy with fun things to do.

“Yes, lots to do. If you're bored, it's your choice”

During the group discussion the residents shared stories of the group activities that they had taken part in for VE day celebrations. This led into conversation with those who were at the actual event! Conversation also turned to past activities and events which had been held and enjoyed by all. Christmas was loved by all, with dressing



up and decorations throughout the home, with the consensus being that this had been a very good time.

In the main there is a good range of activities and those residents who are able, but choose not, to join in with the group have suggested some options that they would like to see:

“I would like to go outside in the wheelchair”

“I need more access to books; I’d like the library to visit”

3.5 COVID specific engagement

Covid has resulted in many changes that have affected the lives of everyone but especially those who reside in care homes. With the government ceasing visitation to prevent the spread of Covid other measures had to be brought into place to enable family and loved ones to stay in contact.

All 4 residents had had some contact with family either via the phone or socially distanced visits when these were allowed. Some residents have purchased their own tech to facilitate ways of keeping in touch. One resident told us that they miss their relatives but understand that they are staying safe at home.

Three vacant bedrooms are currently set aside as dedicated visitor’s rooms. They all have external access so enables a safer visiting experience.



A recent addition is a purpose-built visiting pod which is situated in the garden, this a welcoming space and provides a lovely outlook over the garden.

All visitors must undergo a LFT test with a negative result before being allowed to visit.



3.6 Mealtimes and food

When speaking to residents, there were mixed reviews with regards to the quality and variety of the meals served. The food is well prepared and presented well, however, residents feel that the menu is repetitive. Additional or different meals can be cooked on request at an additional cost. One resident told us they would prefer to have four lighter meals during the day than the three larger ones that are offered but said that they felt awkward asking for this.

Whilst it is stated that dietary requirements can be met, there is little evidence to support this. One resident buys a lot of their own food and feels that the chef does not understand the complexity of their particular specialised diet.

‘It’s well cooked but we want more variety’

‘I can’t stand the food, feels like cheap’

‘Like the food, it’s better than Army food!’

On the ground floor, tables were plainly laid with mats, cutlery, glasses, and one table had wine. The current rule is no more than two per table, this has recently been increased from one person per table. Everyone the AR spoke to was happy about this change as it has made mealtimes more enjoyable again.

Meals were plated up and brought in from the kitchen. It looked and smelt appetising. No one required help to eat which meant there was little staff interaction. There was a good level of chatter between residents and the radio was playing, giving a nice atmosphere.

During the lunch service a member of the staff was undertaking the medication round. The AR did not observe explanations being offered to the residents as to what they were given or why.

On the second floor, most residents ate in their rooms as they have nursing needs. There were 4 residents having lunch in the dining room. There appeared to be alternative rules on this floor as all four residents were seated at the same table.



Two of the second-floor residents required some assistance to eat their lunch. The AR was disappointed to observe that despite the provision of support with eating there was little interaction and virtually no conversation. Additionally, the tables were cleared as people finished rather than when all had eaten. The dining room on this floor was exceptionally warm without any apparent ventilation and the radio playing on this floor was reasonably loud which may be part of the reason for the lower level of chatter during this floor's meal service.

The menu for the day of our visit was:

- Starter** **Soup (on request)**
- Main** **Chicken, Ham and Cheese pie or Beetroot & Red onion Tarte Tartin**
- Dessert** **Tiramisu, Fruit or Cheese on biscuits (on request)**



4 Recommendations

In order to further enhance the residents experience of living at Milton Court the following points are recommended:

- Review the current staffing levels to ensure that they meet the needs of all the residents, a reduced workload may allow staff to feel they have time to communicate more with residents when providing support or care.
- Reinstating the monthly residents' meetings to facilitate input into care plans, activities and meal planning may provide good suggestions for meaningful improvements and allow for people feeling they have more control over their daily lives.
- The length of time the new manager has been in post may mean that there is an assumption that residents have been introduced and know who they are; ensure that this important relationship isn't overlooked.
- A recommendation that is being made to all Care Homes and the Dementia Friendly Milton Keynes initiative is to develop a Biography Service. This could be carried out by local Secondary School students or local parish volunteers. Residents can record memories from their life or may wish to write letters to specific people in their family. Photos could be included, and the biography could be as short or as long as they would like it to be. This could also be incorporated into reminiscence therapy sessions.



5 Milton Court response

- Review the current staffing levels to ensure that they meet the needs of all the residents, a reduced workload may allow staff to feel they have time to communicate more with residents when providing support or care.

Staffing levels are reviewed on a monthly basis in line with the dependency levels of the people living in the home. Staffing levels are increased as required by assessment.

- Reinstating the monthly residents' meetings to facilitate input into care plans, activities and meal planning may provide good suggestions for meaningful improvements and allow for people feeling they have more control over their daily lives.

Monthly meetings were stopped due to COVID guidelines and will be re-introduced and monitored when it is appropriate to do so. These were re-introduced in November 2021 however will be subject to change if COVID guidelines change.

- The length of time the new manager has been in post may mean that there is an assumption that residents have been introduced and know who they are; ensure that this important relationship isn't overlooked.

This was undertaken in February 2021 and is ongoing on a daily basis. Home manager spends time with all new admissions on day of admission. No action required.

- A recommendation that is being made to all Care Homes and the Dementia Friendly Milton Keynes initiative is to develop a Biography Service. This could be carried out by local Secondary School students or local parish volunteers. Residents can record memories from their life or may wish to write letters to specific people in their family. Photos could be included, and the biography could be as short or as long as they would like it to be. This could also be incorporated into reminiscence therapy sessions.

This is not currently possible due to COVID restrictions. To review once COVID guidelines have changed.



6 Appendices

Conversation prompts:

About You (Optional questions)				
Your Name				
How long have you been living here?				
Your provider and your care	Yes	No	Don't Know	Comments
Do your carers treat you with respect and dignity?				
Have you read and signed your support plan?				
If you were unhappy about your care, could you tell someone? Who would you tell?				
Do you think the people who look after you would fix any complaints you had?				
How have your carers helped you stay active/ engaged?				



How have your carers helped you stay in contact with friends/family?				
Your Choices	Yes	No	Don't Know	Comments
Do you get to choose your food?				
Do your carers ask your permission before helping you?				
Do you have enough interesting things to do?				
Do your carers give you the information you need to help you make choices?				
Are there always snacks and drinks available when you want them?				
Safeguarding, dignity and privacy	Yes	No	Don't Know	Comments
Do you feel safe?				
Do you think there are enough staff?				
Have your carers told you what to do if you feel unsafe or at risk?				



Concerns	
Is there anything you don't like about your carers?	
And Finally	
What is your favourite thing about your carers/living here?	
If you could change one thing about your care, what would it be?	

