

## Enter and View Report Waterhall Care Home

May 2021

### Review of Residents' Social Wellbeing



Published XXXX

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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
Service Provider	Excelcare
Date and Time	27 <sup>th</sup> May 2021, 9.30 to 16.00
Authorised Representatives	Nikky Rawlings

## 1.2 Acknowledgements

Healthwatch Milton Keynes would like to thank the service provider, 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 first hand.

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 Waterhall 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.<sup>1</sup> 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.

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<sup>1</sup> <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 9.30 am and actively engaged with residents between 10.30 and 15.30.

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 home has a robust infection control process to reduce the Covid risk for residents and staff. On arrival the AR was asked to complete a health screening questionnaire regarding and their temperature was taken and recorded. The AR was provided with gloves and an apron to wear, in addition to the mask that was already being worn. The AR was given a document 'Socially distanced Indoor visitors agreement - phase four' which gave guidance and process for all visitors to follow.

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 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 B). 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 part 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 various staff members 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 5 residents took part in one-to-one conversations. 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:

**All 5 residents were female**

**All residents were over the age of 80**

**4 residents described that they had been there a 'long time'**

**1 resident had been in residence for less than 6 weeks**

**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

Waterhall is owned and operated by Avery Care. They are registered to provide residential and nursing care for up to 56 people, including short term rehab care. They also support a high proportion of residents who have a dementia diagnosis. On the day of the visit, they were caring for 48 residents.

The manager is well established in her post and demonstrated a very well organised and caring approach to her role. She knew her residents as well as they knew her, during the day the AR observed many positive interactions between the manager, staff, and residents.

### 3.2 Premises

The home is set over 3 floors with access via the stairs or 2 lifts. All access points were keypad controlled for the safety of the residents.

Throughout the tour there were various forms of cleaning being undertaken, there were no noticeable strong odours of cleaning materials, and the process did not obstruct the day-to-day care giving. The décor is generally in good condition however would benefit from a freshen up in parts.

The flooring within the corridors are ceramic tiling, whilst the reasons for this are understandable this gave a cold and clinical feel. Furthermore, this exacerbated the noise within the home.

Due to covid they were advised by head office to remove all pictures and items from the walls to reduce the risk of infection spread. Efforts are now underway to replace all wall art and coverings to bring back a more homely feel. Additionally, they have engaged with a local artist to create a community corridor which will include new paintings and a library.

Throughout the building are numerous noticeboards depicting pictures of residents and staff enjoying various events that have been held. These are very uplifting and all taking part appear to be enjoying themselves. Some noticeboards have varying degrees of information which, as mentioned in our previous visit, would benefit from some organisation to be clear about what the information is and who it is aimed at.





All the lounges are well furnished with comfy seating and cushions. There are various games and activities accessible for the residents to use at their leisure, there is also a Tv and a radio. Fruit, snacks and water is available and accessible to all.



A dining room adjoins the lounge, it feels welcoming, and the tables are pleasantly laid. Each has a small kitchenette area used for preparing drinks and snacks outside of the main kitchen. The day of the visit was very warm, and this translated inside also. The building was very warm despite windows being open in the communal areas and bedrooms that the AR visited.

There is a well maintained garden that residents are able to access at their leisure, with support as required.

The older people's assessment service (TOPAS) is also hosted within the premises. These services are wholly separate with the exception of weekly fire alarm testing or if an evacuation was needed.

**"Wednesday is fire alarm practice, makes me jump everytime!"**





### 3.3 Staff interaction and quality of care

All residents were happy with the care that they received, although none were aware of what was stated within their care plan. They stated that staff are friendly and polite.

“They are caring. Such angels”

There was a good complement of staff on each floor who all appeared to be very busy. The home supports student nurses, which benefits both parties, providing additional support in the home and valuable experience for the students.

The residents we spoke to felt that they would be able to raise any issues that they might have and all reported feeling safe.

“One of the girls would help, really good”

The AR witnessed positive interactions during the tour by both the staff and the manager. During the visit staff were polite and interacted well with the AR, all of them introduced themselves and pleasantries were exchanged.

Due to the corridors being ceramic tiled it is a requirement for all residents to wear slippers or other appropriate footwear to avoid slips and falls. One resident came out of their room without such footwear and was a little agitated to be asked to return to put slippers on, the carer was very patient and encouraging and explained why this was needed.

The AR observed care being given with empathy and respecting the individual's dignity with a demonstrable understanding of the person's needs. This was especially clear during the lunch service. A resident was struggling with chewing and swallowing and refused to expectorate the food in question. The carer remained calm and upbeat, explained that they were just trying to help and took the resident for a little walk to resolve the issue. On returning, all was well, and the lunch was eaten.

Residents' rooms clearly display their names on the door alongside the names key workers for both day and night. The rooms are clean and bright and are personalised with pictures and soft furnishing. Each room has a notice board with details of the activity schedule, meal plans, a personal biography which includes a picture of the resident and a thermometer.

One resident expressed her dislike of the photo and wished for it to be changed, the AR shared view this with the manager who arranged for this to be changed.

“They all knock before coming in my room”

“I have been looked after well, given me the confidence to walk again”

### 3.4 Social engagement and activities

The home employs a full time activities coordinator. She has a kind empathetic approach and was not in the least patronising. The residents appeared at ease in her company. She has an enthusiastic temperament which creates engaging conversations with the residents. During lunch there was a discussion regarding planting a vegetable patch and what they would like to grow. One resident was very involved in the conversation and was quite animated.

All the usual trips out to the seaside and other places have had to cease due to the pandemic and this has impacted on the residents.

**“COVID has made me fed up of being indoors”**

To try to bring some fun back they are planning a ‘Garden Seaside Day’. Family and friends of both residents and staff have been invited. The intention is to recreate the experience without having to go anywhere; An ice cream van along with a BBQ, games, music, and play sand to represent the beach. The residents are very much looking forward to it.

There is a notice board in each dining room with various notices for the residents, this includes an activity schedule for the week, any planned events for the month and useful information such as today’s weather.



Although it is apparent lots of thought has gone into creating a detailed timetable for activities, it is unclear what proportion of residents join in. The activities coordinator advised that they try to tailor the activities to meet the needs and wishes.

“I want to go in the garden more”

“I like watching films, would like more”

“A bit more freedom to go out, I know they are just keeping me safe”

“I go into the garden and take part in the activities”

“I want more people to talk to”

Pre covid they had established relationships with local schools who would visit and provide artwork for the residents.



It is hoped that this will be re-invigorated once the restrictions have been relaxed and its safe for all.

### 3.5 COVID specific engagement

Between December 2020 and March 2021, the home experienced a Covid outbreak, which sadly resulted in the loss of three residents. The staff felt under significant pressure and a number left their roles due to feeling unsafe, or because they were required to shield. The home utilised 'bank staff' to ensure that there was sufficient staff for both quality and continuity of care.

Concerns were raised with the AR regarding the hospital discharge process and the negative impact staff believe it has had on the operation of the Home. Describing the process as untimely and unhelpful and without due consideration to all involved. Accepting a patient within these circumstances resulted in the outbreak.

Additionally, other services that would usually attend the home such as GP and Social Care have not been doing so, with the expectation that care home staff will carry out various health checks as directed via phone or video calls. This increased the already challenging workloads and management of the continuous changes to guidance.



Facilitating contact between residents and loved ones has not been easy, especially during the period of the outbreak. During these 4 months no in person visits were allowed and only some were afforded a 'though the window' visit'. Others kept in contact by the way of phone or video calls.

*"I haven't seen my family for a long time, I miss them. I do have phone calls"*

They have recently re-introduced visits for relatives and friends. The robust arrival procedure undertaken by the AR is the expectation for all visitors to the home. All visits are booked in advance and take place in the room used for hairdressing. No visits are yet to be allowed within other areas or the residents rooms.

The home is up to date on the current Covid information and share this with the residents, one resident commented

*"I know that no one from Bedford can come in"*



### 3.6 Meal times and food

The AR observed the lunch service on the ground floor.



The table was laid with placemats, cutlery, and drinks. Four residents sat around the table chatting whilst the staff were organising the service. There were three staff attending to the service, including the activity coordinator.

Food temperature was checked and recorded. The serving dishes were placed in the middle of the table ‘family style’ which made the meal very sociable and homely. Residents were able to choose what they had and the size of the portion they wanted. The food looked and smelt appetising. When a resident was unsure whether they wanted to eat what was available, they were offered a variety of options most of which would have to be prepared separately without issue.

Lunch was very much a communal affair, the activity co-ordinator was assisting and provided good opportunity for conversation, and everyone was given a chance to chat.

Once everyone was finished and the tables cleared, a feedback survey was taken from each resident regarding their lunch experience. The AR overheard positive comments from all.

The menu on the day of our visit was:

Main	Beef stew and dumplings, with vegetables and potato
	or
	Macaroni pasta bake
Dessert	Profiteroles



[illegible]

Menus follow a 4-week rolling rota and the current weeks menus is displayed both in the dining room and residents' rooms. Four of the five residents told us that they feel they are able to choose the food they wish to eat.

“Choose the day before, its good”

“It’s nice, they just give it to me”



## 4 Recommendations

Waterhall is a well led, well run and caring care home. The atmosphere is one of calmness and care.

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

- Explore the use of sound minimising boards in the corridors, they can be in the form of bright and colourful pictures.
- Undertake a reorganisation of communal noticeboards to improve information sharing
- 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 Service provider response

- Explore the use of sound minimising boards in the corridors, they can be in the form of bright and colourful pictures.

Home manager to purchase the sound minimising boards

- Undertake a reorganisation of communal noticeboards to improve information sharing

To reorganise notice boards

- 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.

Residents can record memories from their life or may wish to write letter to specific people in their family, photos could be included, short biography. This could be included in the reminiscence therapy sessions.



## 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?				
<b>Your Choices</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>	<b>Comments</b>
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?				
<b>Safeguarding, dignity and privacy</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>	<b>Comments</b>
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?	

