

**Enter and View Report Neath House
Review of Residents' Social Wellbeing**

July 2021



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1 Introduction

1.1 Details of visit

Details of visit:	
Service Provider	ExcelCare Holdings
Date and Time	27 th July 2021 1:00pm – 5:00pm
Authorised Representatives	Nikky Rawlings

1.2 Acknowledgements

Healthwatch Milton Keynes would like to thank the Neath House, 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 program 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 program was to engage with residents, their relatives, or carers, to explore their overall experience of living in Neath House. 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 12:30pm and actively engaged with residents between 1:30pm and 5pm

On arrival, the AR was greeted at the door and was asked to remain outside while they filled in the health questionnaire checking for COVID-19 symptoms. A member of staff took a swab of the AR's throat and nose (LFT) and took a temperature recording. The AR then waited on a seat outside the Home while the test processed. The test result was then recorded on the Government website and a copy forwarded to the AR for their own records.

Following the negative LFT result, the AR introduced themselves to the Manager and the Activities Coordinator 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 Activities Coordinator provided the AR with a thorough tour of the Home and introduced them to staff and residents along the way. The Activities Coordinator is also part of the Care staff and is the Covid Champion at Neath House and her easy interactions with each of the residents showed the high regard they have for her. 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 was able to observe the end of the lunch service as well as the afternoons routine activities.

All conversations took place in the communal areas, maintaining the appropriate social distancing at all times. One conversation took place outside on the patio area and the rest in the two lounge areas. 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 conversations. The AR recorded the conversations and observations via hand-written notes.

In respect of demographics: -

All 5 residents were female

One of the residents was under 75

None of the residents had lived in other Care Homes.

At the end of the visit, the AR informally briefed the Activities Coordinator.



3 Summary of findings

3.1 Overview

Neath House Care home is owned by ExcelCare Holdings Ltd and is registered to provide residential and nursing care for up to 47 residents, and they also support a high proportion of residents with a dementia diagnosis.

The current manager has been in post for some years and is well known and well liked with all of the residents we spoke to telling an anecdote about him and the personal touch he has within the Home.

The residents stated that they felt safe and well cared for. Staff were observed to be engaging with residents without being intrusive, and there was a real sense of caring and homeliness.



3.2 Premises

The Home is clean and brightly decorated throughout, one alcove seating area wall displaying a large rainbow mural was painted by the partner of one of the staff members.

All bedroom doors are decorated and have the resident's name, how they like their tea or coffee and some personal information such as what their hobbies are or what they liked to talk about. The rooms were personalised as much as possible, staff showed me one room where the resident had a couple of 'babies' and said they were looking at getting a cot as the resident tended to give the babies most of the space in bed.

One of the staff workspaces is set into the corner of a large corridor area and one of the residents often sits with the staff there and enjoys being the supervisor. This means that staff are visible and not tucked away when attending to the routine paperwork (the work done in this area is not sensitive or confidential).

The home has a number of lounges and dining areas with small kitchenette's so that those residents who are able, or their visitors, can help themselves to refreshments if they wish to. Although the residents told us that they did not feel they ever needed to make their own as staff were always on hand or offering refreshments.



There are plenty of paved outdoor areas which are easily accessible to residents and are enjoyed by them often. The lower garden has suffered through the lack of use and the redirection of maintenance and care to the interior of the Home during the pressures and restrictions of the past two years. However, the team are looking forward to getting the path smoothed and the garden back in to shape to allow them to begin holding their community garden party type events again.

3.3 Staff interaction and quality of care

There was a good complement of staff on duty on the day of our visit and all interactions observed were positive. The staff and residents all appeared to know each other well and the conversations were comfortable and friendly.

When we asked if residents were aware of their care plan, one resident told us that they had reviewed it with staff 'a few weeks ago' and they told us this was done reasonably regularly or if things changed in their circumstances. The residents who were unable to remember if they had a care plan told us during our conversations of discussions with staff and/ or family which would indicate some input into their plans.

When staff were bringing around the afternoon tea snacks and drinks, they knew exactly which snack each resident would prefer and the conversations with each resident had an element of an ongoing conversation or running joke which both staff and resident seemed to enjoy.

All staff on site were polite and interacted well with the AR, all introduced themselves and all offered some positive comment about either the general routine during the pandemic, the resident they were assisting at the time, or a specific thing they took pride in about the home and their role in it.

One resident told us how pleased they were to find they would be staying at Neath House as there had been a conversation about the prospect of them moving back into the community. This resident told us they were quite frightened of that possibility, and they stated, very firmly:

"I'm only keeping going because of [the carers]. I would have given up if it weren't for them"

Everyone we spoke to told us how well cared for, and safe, they felt at Neath House with particular positive mention being made of the visibility and 'hands on' approach of the manager.



3.4 Social engagement and activities

The Activities Coordinator told us of the plans they have to get the lower garden back to its usual standards so that they can begin holding community events again as staff and residents alike have missed these.

The residents we spoke to said that being bored was a personal choice as there was always something being organised. They particularly enjoy the fuss made of them for their birthdays. The quizzes and bingo have helped keep residents engaged during the restrictions and people told us they were looking forward to having external entertainers back into the home.

One resident we spoke to enjoyed doing wordsearch, crosswords and other such puzzles and showed us the puzzle books that she was working through.

We observed a lot of social interaction between residents with very few choosing to remain in their rooms. Televisions were on in two of the lounges with the sound at a level that meant those who chose to watch could hear them, but not so loud that it interfered with the many conversations being had between groups of residents.

Residents told us that they enjoyed trips to the shops or to cafes and some were feeling safe enough to begin these again.

3.5 COVID specific engagement

The people we spoke to told how, even during the strictest restrictions, staff made sure they were able to speak to their families and friends. This was either by telephone or socially distanced visits with families in the carpark speaking to residents who remained in the foyer of the Home.

One of the activity rooms, accessed externally so that visitors were not walking through the Home, was repurposed into a comfortable visiting pod which has morphed into a well ventilated socially distanced visiting area as restrictions eased.



3.6 Meal times and food

We had many positive comments about the food, and about the manager's exemplary cooking skills – the menu regularly features a dish prepared by the manager, although all of the residents joked with us that they thought these were actually prepared by the manager's wife.

Residents told us that there were always two choices of meal each day but if they didn't like or want either choice, the staff would always prepare something else for them. The residents liked the photo menus as it made it easier to choose what they wanted. One resident told us that the photos encouraged her to try things that she perhaps wouldn't have otherwise thought of ordering.

“Good food here, plenty of food - and we can choose it”

The people we spoke to also enjoyed the afternoon tea selection. We particularly enjoyed seeing the pleasure on people's faces when the staff 'saved' their favourite snack for them.

3.7 Additional findings

Residents were very vocal about the calibre of all staff at Neath House and made sure we were aware of how much their all their efforts and extra work during the pandemic were appreciated.

“...even the cleaner is amazing, always goes that bit extra”



4 Recommendations

- 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 Neath House response

- 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.

Home will engage with the Dementia Friendly Milton Keynes Initiative. Now the restriction is lifted with regards to visiting care homes the Home is working with the local community and welcome the volunteers in the Home. Home engages with the Little Angel Group in Newport Pagnell and receives letter for the residents at Neath. Care Home Lifestyle coordinators involvement in supporting people who live in the home in order to develop a Biography service.

The Home is involved with Northampton College and have 1 Student currently on placement in the home. The Home is involved with student placement from Milton Keynes College and Stantonbury College. The Home completes a Newsletter weekly which is shared with families.



6 Appendix A

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?	

