

### **Enter & View**

Devon Lodge November 2023

### Contents

1 Contents	1
2 Introduction	2
3 What is Enter and View?	3
4 Summary of findings	6
5 Recommendations	
6 Service provider response	
Appendix A	12

### **2 Introduction**

### 2.1 Details of visit

Service provider	Amberley Healthcare Ltd
Date and time	20 <sup>th</sup> September 2023 between 9.30am and 3.30.pm
Authorised representative	Helen Browse and Karen Kitto

#### 2.2 Acknowledgements

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

### 2.3 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.

## 3 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.

### 3.1 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 Devon Lodge Residential Home. As well as building a picture of their general experience, we asked about experiences in relation to social isolation and physical activity.

### **3.2 Strategic drivers**

In 2023, Healthwatch Milton Keynes will be working in partnership with Milton Keynes Council, 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.

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

### 3.3 Methodology

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

The Authorised Representatives (ARs) arrived at 9.30am and actively engaged with residents between 10:00am and 3:30pm

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 representative prior to the visit.

On arrival the AR(s) introduced themselves to the Manager and the details of the visit were discussed and agreed. The ARs 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 A) in meeting residents on a one-to-one basis, mainly in the communal areas. The checklist of conversation topics was based on the pre-agreed themes for the Care Home visits. Additionally, the AR spent time observing routine activity and the provision of lunch. The AR recorded the conversations and observations via hand-written notes.

Residents were approached and asked if they would be willing to discuss their experiences. It was made clear to residents that they could withdraw from the conversation at any time. A total of 9 residents and three family members took part in these conversations.

In respect of demographics: -

All residents were female, there are no male residents in the home at this time.

Residents ages ranged from mid-eighties to almost 100 years of age and length of stay at Devon lodge was between 7 years and a few new residents who were there for respite care – one who had made the decision to stay and not return to her home.

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

## **4 Summary of findings**

### 4.1 Overview

Devon Lodge is registered to provide accommodation for up to 26 people aged 65 years of age and who may need personal or nursing care. It has 20 single rooms and 3 double rooms, enabling couples to remain together. There were 17 people in residence at the time of our visit.

The Home is situated in a residential street in Woburn Sands has the feel of a large home. The setting allows residents who are able, to go out for walks with visitors to local shops and coffee shops. This maintains links to the community that many of the residents have been a part of for a large portion of their lives.

### 4.2 Premises

The home is set out in a 'U' shape with a courtyard garden in its centre. This has seating and raised flowerbeds, looking out to a large private lawn screened by trees and shrubs. The building has two floors with stair and lift access to both floors, the building has been sympathetically modernised over time and has kept its original charm.





The main entrance leads to the main lounge and dining room and through to the conservatory seating area. There is also a quiet 'snug' seating area used for family meetings or reading. There is also a second reception area that can be separated off for group activities, we observed a church service being held here on the day of our visit.





### 4.4 Mealtimes and food

The kitchen is off the main entrance way and the original stairway to the first floor.

We noted that even though the kitchen is at the front of the building and all food is prepared on site there were no lingering smells of previous meals. It was only when lunch was about to be served at 12:30 did we begin to smell the very appetising aroma of the upcoming meal. We observed that this main meal of the day was eagerly attended by residents, many of whom only came out of their room for the food which looked and smelt delicious.

While every resident we spoke to said they liked the food here, on person went so far as to say:

#### "the food is good, quite healthy and not 'brought in' rubbish"

Residents were observed to be encouraged to have plenty to drink with their meal, and to stay and chat through desert. Those residents eating in their rooms were served before those eating in the dining room to ensure their meals were hot. The people who ate in the dining room had plenty of people to sit and chat with while they waited.

After lunch several residents went off to their rooms for a nap. Staff checked that those who had remained, either in the dining room, the snug, or lounge, had everything they needed.

We saw a few ladies having their nails painted in the early afternoon, a few played Scrabble, and then the afternoon quiz began. The quiz contestants were good natured but fiercely competitive.

Later in the afternoon, just after 3pm, tea and biscuits are served to keep everyone going till teatime. However, there was a constant flow of tea and other drinks, so there is no shortage of beverages.





### 4.3 Staff interaction and quality of care

All staff interactions were seen to be kind, caring, and purposeful, residents understood the interaction, welcomed the staff member, happily chatting and, in most cases, 'oh is time for my tablets now? Really! is it that time already?' when chatting with residents they were very complimentary about the staff:

"Staff are lovely, kind and caring"

"Staff are so friendly"

"So polite, gentle and kind"

We saw how staff ensured residents were comfortable and didn't require anything. Staff were respectful not to disturb resident's conversations with family and friends whilst checking all was well. Anything that was asked of a member of staff was greeted with a smile and a response that was honest and open, along with a little conversation, nothing was rushed or hurried along. It felt as though staff were, almost in the shadows, waiting to be needed. For those residents in the communal areas, it means there was always someone there if they required anything at all. The home had a lovely calm, relaxed and homely feel about it.

There has been a newly introduced 'toiletries trolley' which has been very well received by residents. This is a trolley with basic toiletries that the residents may use and would probably ask relative to bring in for them if they were unable to get out themselves. After the Church service, the activity coordinator came round with it, the ladies picked the items they wanted, and this was noted to be added to their monthly account. This means that no money is needed at the time, but the residents can have their items on the day rather than waiting. This appears to be really appreciated by residents, and if this trial is successful, it will become a permanent fixture.

### 4.4 Social engagement and activities

The home has a full-time activity coordinator who works with the residents to keep them active mentally and physically. Most residents are fully mobile, and the Home is a really positive environment with even those who spend more time in their rooms working toward mobility with an exercise plan.

There is a weekly plan of activities that are set out, this is discussed with the residents so that any likes and dislikes can be incorporated in the planning. During the summer the Home held their own themed days, for example, a day at the beach in their own garden with summer umbrellas, beach chairs, ice creams paddling pools and big hats. This was a fun day for all.

A new knitting group has started, and they have asked for suggestions as to what productive project they can support with their knitting as no one wants to knit big items, they would all like to feel part of a community project that has many small items that they could take part in. There is a resident hairdresser, who has been with the care home for 17 years and was working the day of our visit. She also works part time in the kitchen preparing breakfast and lunch so knows the residents very well, people told us they are extremely fond of her.

The local school have just started to come back and visit following the disruption of COVID and the resulting restrictions around Care Home visiting. Residents really enjoyed the visit and say they are hoping visits will continue.



		WEEK TO VI	EW	1 and a second
NAME	10:30-11:00	11:00-12:00	14:30 -	- 16:00
18/9	NATTER	2002	board	games
19/9	NATTER	Soda bred makin	LARCHFI SCHOO	
299	NATTER	SERVICE	SCRABE	LE
21/9	NATTER	OR LOSE IT	CARDS/	OMINOES
22/9	NATTER	Flower	KNIT AN	
saturday	NATTER	TIGSAWS	ART COLOURING	
24/9	CUPPA &	10	family	Residents Choice

During a conversation with a group of people we were told that there was always plenty of interesting things happening and that staff asked them for suggestions for activities.

### **4.5 Additional findings**

Staff are committed to making Devon Lodge a 'home' for residents ensuring that they feel at ease, and the majority of staff have been at the home for many years. The phrase 'a Home from Home' was many times during our visit.by both staff and residents, all of whom are from the local area. Staff feel they have a good relationship with the local GP and other care providers should they be needed but, as this is a residential home, chiropody, eye care and dental care is their main focus. The more preventative care such as annual checkups, both physical and mental, is covered off in the holistic approach taken to each individual's needs and each resident is benefiting from the environment.

### **5** Recommendations

A suggestion has been made to all Care Homes to develop a Biography service. This could be carried out by a local school or parish volunteers. Residents can record memories of their life or may wish to write letters to specific people in their family. Photos could be included, the biography can be as short or long as they want, this can be incorporated into reminiscence therapy sessions. This was discussed in previous visits, but the local school visits could not continue due to covid, this should no longer be a barrier.

If help is required with activities or support for residents with dementia, it may be useful to contact a local memory club: <u>https://www.healthwatchmiltonkeynes.co.uk/advice-and-information/2019-07-</u> <u>08/dementia-memory-clubs-and-support-groups</u>

In response to enquiries made by the activity's coordinator:

The activities coordinator has asked for support to further enrich the residents' lives with animal visits and contacts for knitting projects. Healthwatch Milton Keynes approached the MK University Hospital Charity to ask whether they had need of knitted goods for the neonatal unit at present. They have advised they have a good stock at present but are happy for the home to ask again in the future.

Knitting projects might be useful for your knitting club are:

https://www.knittingforcharity.com/

https://projectlinusuk.org.uk/patterns-and-tutorials/knitted-blankets/

Mobile Petting Zoos used by other care homes in Milton Keynes are:

Arkfarm.co.uk

https://www.cuddlycavies.co.uk/visits

# 6 Service provider response

Thank you for your informative report.

I am happy with the content and feel you have observed exactly how Devon Lodge is on a daily basis. The staff members are calm; they are kind, caring individuals who empower people and enhance their quality of life as much as possible.

I have worked at Devon Lodge for 10 years and absolutely love my role. The team at Devon Lodge always go the extra mile and they really do care for people. All new staff are trained by existing staff so the expectations and the high standard of care required by residents is consistent.

We are always looking for ways to improve and how to be innovative, one of those ways has been introducing disco bingo! Residents absolutely loved it - something different, interesting and all music from their 'younger days' as they say. The activities person has also looked into other resources for updated ideas to enhance stimulation. For example, Arm chair travel from Golden Carers have been introduced but the residents choose the country, the theme based on what they are happy with and the food options of their choice.

In the recent meeting with the residents, they told me they are happy, content, feel lucky to have a caring team and feel safe with all staff members. I am so appreciative of the Devon Lodge Team, the assistance and support from yourselves, medical professionals and other multidisciplinary team members. May I take this opportunity to thank you for being with us at Devon Lodge and providing the honest feedback you have because we always welcome ideas, suggestions and feedback to ensure we are still providing the best care possible for our residents at Devon Lodge.

Thank you, please know you are always welcome to contact me - thanks again.

Kindest regards,

Stacey Pym Area Manager for Fairfield House Registered Manager Devon Lodge Residential Home

01908 281470 / 01297 443513



About You (Optional ques	About You (Optional questions)			
Your Name				
How long have you been liv	ving her	e?		
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?					



We are committed to the quality of our information. Every three years we perform an in depth audit so that we can be certain of this.



Healthwatch Milton Keynes Suite 113, Milton Keynes Business Centre Foxhunter Drive Linford Wood Milton Keynes MK14 6GD

www.healthwatchmiltonkeynes.co.uk t: 01908 698800 e: info@healthwatchmiltonkeynes.co.uk I @Healthwatch\_MK I Facebook.com/HealthwatchMK