



# Enter & View Park House

July 2023

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**healthwatch**  
Milton Keynes

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# 2 Introduction

## 2.1 Details of visit

Service provider	Tyringham Care Ltd
Date and time	5 <sup>th</sup> July 2023 between 9.30am and 5pm
Authorised representative	Helen Browse

## 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 Park House Care 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

As social isolation or loneliness has been recognised as having an impact on people's physical health and emotional wellbeing, Healthwatch Milton Keynes determined this theme as the stated purpose of our planned programme of Enter and View visits to Care Homes across the Borough and explore with residents their experiences of social life in such settings.

We know that, just because people were living in homes with other residents, did not mean that they were somehow immune to loneliness or social isolation. It's 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 understand the pressures of the COVID 19 pandemic on services and have had a significant amount of feedback with regards to the necessary changes to service delivery and accessibility to promote safety for all. It is our intention to be able to formally report the impacts these changes have had on both services and those who use the services and their loved ones.

For the coming year 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 or service can be understood. Healthwatch Milton Keynes will be specifically focusing on the experiences of the services users and their family members opinions.

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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/>

### 3.3 Methodology

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

The Authorised Representatives arrived at 9.30am and actively engaged with residents between 10:00am and 5:00pm

On arrival the AR 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 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. See Appendix A.

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 six residents and four family members took part in these conversations.

In respect of demographics: -

All residents that took part were female, ages ranged from 83 to 102 giving an average age of 94 years.

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

# 4 Summary of findings

## 4.1 Overview

Park House is an older 'Country Manor' style building, registered to provide personal and nursing care for up to 35 residents. The home caters for general residential, dementia and other healthcare needs and manage the nursing care provision for those residents who require it. The home advise that they are well supported by district nurses and first response nursing teams who provide the nursing element.

## 4.2 Premises

The building is largely one level, with the original house having some bedrooms on the first floor with the dining room and lounge on the ground floor. There is a large extension to the rear, which is their secure dementia unit with a large dining and living room leading onto a sensory garden.



The old stable block has been converted into single story accommodation with all of the bedrooms opening out onto courtyards or open countryside. Most residents in this block go to the lounge and dining room in the original house for activities and meals.

Some of the décor is very interesting, in keeping with the age of the building, and helps residents with orientation as, otherwise, it can be difficult to navigate the two 'U' shaped single-story units as they have the same simple décor.

The set of tapestries illustrating the twelve months of the year are not only beautiful to look at, they can also be used as directional aids as the residents' rooms have quite small name placards that can be easy to miss.



The soft colour palate used throughout the home is pretty although the resident groups catered to in Park House may benefit from décor that is more assistive to those with dementia or sensory impairments.

The dining room in the original part of the home was about to have its makeover when the visit took place.

### 4.3 Staff interaction and quality of care

Staff were observed to be kind and caring with residents, they showed compassion and interest in residents and engaged with genuine passion. Residents were happy and welcomed requests from staff around their care. We noted that residents displaying challenging behaviour accepted staff interventions and acknowledged staff when they were engaged with. We also saw some residents with hearing and speech difficulties, although it was not clear if there are any specially trained staff to support those residents with more diverse needs.

Residents and family members told us:

*'[staff] are caring and lovely people'*

*'Staff work really hard; they are just like family to me'*

*'Staff are excellent'*

*'I'm happy here, they do a good job, it's the next best thing to being at home'*

Lunch is the main meal of the day, with all food prepared on site. The chef is well liked and well known by residents and was seen chatting with people during lunch. The menu choices on the day of the visit were sausage casserole or spaghetti, followed by Tiramisu for dessert.

One resident requested strawberries and cream, as Wimbledon had started. The chef told the resident that they could have them now, but advised they were also on the teatime menu. The resident said that as they were their favourite, they would be happy to eat them all day.

We asked staff why there were no menus on display and were told that, as most residents don't remember what they order, there is always enough of each choice for all of them. Some residents will ask for something completely different and, if the chef has the ingredients, it will always be made for them. The staff found that menus caused confusion for some residents; if they didn't really know what time of day it is, people want lunch at breakfast time. Staff found it more resident focussed to just ask people what they wanted, especially because so many of their residents were living with dementia.

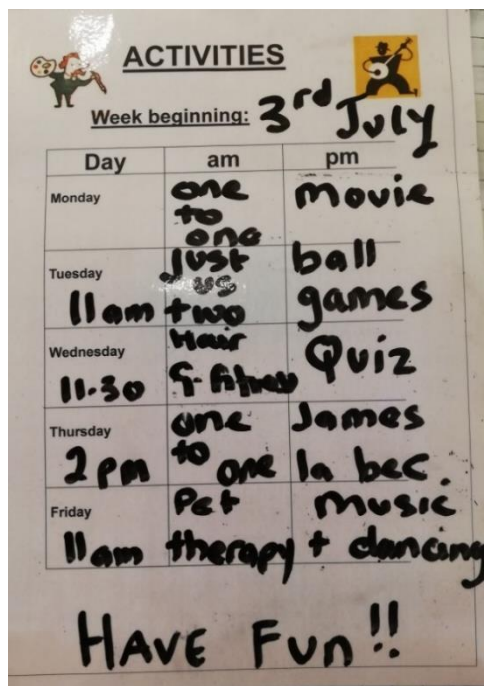




## 4.4 Social engagement and activities

Residents were queuing to have their hair done on the day we visited. Wednesday is the regular hairdresser day and is very popular, with the same hairdresser coming to the home since it opened. She knows all the residents well and the salon was as big a hive of activity as any local salon would be.

During the afternoon there was a quiz in the lounge in the original part of the home with staff and residents having a good challenge. Another staff member was also sitting painting nails for some of the ladies.



Residents in the new dining room were sitting at the dining table drawing and colouring. One resident asked to go out for a walk so a wheelchair was brought by a member of the team along with a warm coat, a second resident was asked if they would also like to go, so staff brought a second chair, and then a trip to the neighbouring farm to see the new horses was underway. The good staffing levels allow them flexibility for this type of activity.

There is a varied activity program for residents and the activity coordinator is more than happy to adapt plans to incorporate residents likes and wishes where possible. The home also has a car which enables trips out for some residents.

There was a positive focus on residents who could join in or be seated in the communal areas of the care home, all residents who were in these areas had a variety of staff interacting with them ensuring they were content.

This did mean that residents that were bedbound had little interaction with staff, most doors were closed, not left open so any staff member or visitor passing by could see in, which meant unless you were actively looking for a particular resident you would not enter a room but pass by, leaving some residents feeling a little lonely.

# 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, the local school visits could not continue due to covid but this should no longer be a barrier.

Consider reviewing crockery in the dementia unit in line with the Dignified Dining toolkit: <https://www.ageuk.org.uk/wp-assets/contentassets/2d42698f64294f3993e75b378eb3292a/dignified-dining-toolkit-v6.pdf>

If help is required with activities or support for residents with dementia, it may be useful to contact a local memory club:

<https://www.healthwatchmiltonkeynes.co.uk/advice-and-information/2019-07-08/dementia-memory-clubs-and-support-groups>

Review the status of those currently bedbound residents and consider whether they could be helped to be more mobile through better equipment or physical therapy.

Consider ways of alleviating isolation for those residents that have mobility issues, more one to one time with care staff, more time in group situations, enlist the help of volunteer groups such as befriending services to sit and talk with residents.

Explore options for more varied activities that could be inclusive of those less mobile residents or look at designing an activity program specifically bedbound residents, particularly those who also have sight and hearing impairments.

# 6 Service provider response

The report detailed a range of activities that Park House offers to residents. I would like to clarify that we are responsive to individuals within group sessions and include all residents with special requirements.

I fully appreciate that residents who spend time in their rooms can become isolated and experience loneliness. However, I believe that only 2 people were in their rooms at the time of the visit. One lady, who has capacity prefers to be in her room although occasionally we can persuade her to enjoy a group activity. At the time of your visit a resident was in her room as her journey of life was coming to an end and someone was designated to sit with her at such a time.

The residents enjoy being in the hub of our social gatherings and we are responsive to offering group and individual stimulation. Only a few individuals spend time in their room and that is their choice but a member of staff is identified as their support for the day. We have a sign language interpreter, a speech therapist and a physiotherapist who come in once a week as an example of professionals coming into the home to help residents improve. We also do individual exercise programmes to assist individuals to improve their mobility and have a wheelchair car which means we can ensure we offer an inclusive programme of stimulation & experiences to all our residents. As you noted, we take two different residents to a community `Love it & Move it` class once a week. They include residents who are not mobile as well as those who have dementia.

When residents come up to the communal rooms their bedroom doors are shut to prevent residents with dementia wandering into their private space. If appropriate, any resident who is bedbound is usually `got up` in our special support chair for at least an hour a day or if they are in bed for the day a monitoring sheet is in their room to ensure they have had visits and checks throughout the day.

We are a small home and are fortunate to have permanent staff who know the residents and cleaners, cooks, carers and managers alike will pop into a resident's room to have a chat or spend time with them, reminiscing or playing a game. We have a portable interactive television which is ideal for this.

We have a list of all activities for each individual to use and enjoy, including what they enjoy now and what their limitations may be including concentration, sensory impairment etc.

Visitors can visit at any time of the day and will be offered refreshments.

We know we can do better and are committed to ensuring that each resident has a quality of life where stimulation and involvement in decisions about the home they live in are central to how we care for each individual.

Gillian Broadway

Manager / Director

# Appendix A

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



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