

Ashby House

Review of Residents' Social Wellbeing



Contents

1	Introduction	3
1.1	Details of visit	3
1.2	Acknowledgements.....	3
1.3	Disclaimer	3
2	What is Enter and View?	4
2.1	Purpose of Visit	4
3	Strategic drivers	5
3.1	Methodology	6
4	Summary of findings.....	7
4.1	The building	7
4.2	Meals and snacks	8
4.3	Staff and activities	8
4.4	Results of visit.....	9
4.5	The building	9
4.6	Staff and Activities	9
4.7	Meals and Snacks.....	10
5	Additional findings.....	11
6	Recommendations	12
7	Service provider response	13
8	Appendix 1	14



1 Introduction

1.1 Details of visit

Details of visit:	
Service Provider	Barchester Healthcare Homes Ltd
Date and Time	26 th May 2022 10am to 4pm
Authorised Representatives	Helen Browse

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 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 Ashby 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 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.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 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 and the CCG, 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.

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

3.1 Methodology

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

The Authorised Representatives (ARs) arrived at 10am and actively engaged with residents between 10.00–4.00pm.

On arrival the ARs 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 ARs with a thorough tour of the Home and introduced them to staff and residents along the way. The ARs were subsequently afforded access to all parts of the Home for the duration of the visit.

The ARs used a semi-structured conversation approach (see Appendix A) in meeting residents on a one-to-one basis, mostly in their own rooms. The checklist of conversation topics was based on the pre-agreed themes for the Care Home visits. Additionally, the ARs spent time observing routine activity and the provision of lunch. The ARs 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 12 residents or their family members took part in these conversations.

In respect of demographics: –

Ashby House had 63 residents at the time of this visit, 10 general residential (Dove), 28 nursing (Bradwell) and 25 (Memory)dementia residents.

- The average of residents is 84 years
- Of those spoken to 8 were females and 5 were males
- 5 had been in residence for 12 months or less
- 5 residents were accompanied by friends and family, whilst the remainder were alone

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



4 Summary of findings

4.1 The building

The home is all on one level laid out around a central courtyard, all rooms have a view of a garden area either the internal courtyard, trees and shrubs or the outer garden area, making all the rooms and corridors light and airy, the corridors have seating so residents can sit and read and look out in quiet spots in addition to the lounge and communal areas. The bedrooms were all simple in décor but light, airy, some rooms filled with personal belongings most however very sparse and basic.



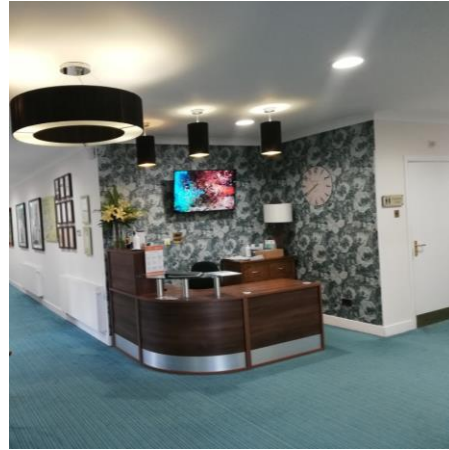
Internally the home is split into three areas with access codes required to move from the general care home to the nursing care or dementia/memory care. Each has their own lounge and dining room even though some residents choose to eat with particular residents from different parts of the home, staff were very accommodating even encouraging when residents wanted to engage with each other.



The main Reception area was very modern and well decorated with the main dining area a lounge area for the general care home



situated off this, just off this was the hairdressers – very popular on the day of the visit. Family members commented that reception was often left unattended, and they would like more one-to-one care for their relatives, but they felt that their loved ones were well cared for and safe at Ashby House.



4.2 Meals and snacks

Lunch was cleared away very efficiently, the AR tasted the food from the general dining room – the same menu was on offer to the whole home – residents had commented that a new chef was onboard who was an improvement on the previous one, residents were encouraged to pre-order their lunch preference, the food all looked appealing, the menu was varied. The AR sampled the food after service had ended, the vegetables were good, the cottage pie pleasant but very oily, the fish however was not pleasant, hard, and grey. One resident chose not to eat any of options on any day and the kitchen made them simple food that they requested as an alternative. Afternoon snacks were a variety of mixed fresh fruit and freshly made brownies. Residents all commented that morning and afternoon tea times were a treat and always enjoyed.

4.3 Staff and activities

There were activities in the memory lounge most of the morning but there was no evidence of memory books, the corridors in this



area of the home were full of activity items that you would find in a play area, they were plenty of books, there was a TV room, the activity co-ordinator was spending time with individuals but there were a high number of residents and not many staff. The staff that were on shift were very attentive and caring. The manager was seen to be helping out in all areas of the home throughout the day and residents laughed and chatted with her.

4.4 Results of visit

4.5 The building

The home has good daylight and all residents' rooms have a view of some green space, the rooms were all clean and neat, a few had lots of personal items, but most were practical, this could be a reflection of the resident's care requirements, the gardens were well maintained.

There was a family event planned for the week ahead in the garden to allow as many visitors as possible without disturbing those residents that prefer quite and have no visitors, all visitors would enter through the Garden entrance for the event. the additional seating in the corridors was used by many residents in their walkabouts to chat to other residents or look at the gardens, the home is well planned out.

'The main reception desk is often left with no-one attending, so if visiting it is sometimes difficult to or a long wait'

4.6 Staff and Activities

There was care and compassion shown by all staff, and good interaction with the residents. The family members & residents spoken to were all happy with the care provided:

'I have every confidence Mum is well looked after'

'It's a huge weight of my mind'

'The long-term staff are lovely'

'Quite content now, good decision to come here'

'Everybody is nice here, I like it'

There were many more residents than staff, particularly on the memory (dementia) wing, staff were very attentive, but this left the other two areas of the home lacking in staff, leaving some bedridden residents feeling a little lonely. Some of the residents in the Memory area were unhappy that other residents could freely walk into their rooms – this unsettled them – A few resident's family members commented:

'People walking into Mum's room is a big problem'

'Other residents in Mum's room really upsets her'

'More staff, one-to-one time to improve anxiety'

The afternoon painting activity in the small dining room was attended by fewer residents but was appreciated by those who attended. The day of the visit was 'hairstylist' day this was very well received not just by the ladies, but the gents enjoyed a cut and trim too.

4.7 Meals and Snacks

Residents liked that they could choose what they ate even though they were asked to order before lunch what to have and often forgot what they had ordered. They all commented that the new chef was much better than the last one. Snack time was a favorite morning and afternoon tea, the freshly made cakes and fresh fruit are always really good. A few residents commented that they often requested something that was not on the menu, and it was provided for them.

There was a constant supply of snacks, food on the day of the visit.



5 Additional findings

Family members and residents commented on the high turnover of staff. They were all complimentary about the long-term staff but felt that the home needed more staff

6 Recommendations

- Review the menu in light of resident's comments, maybe a lighter menu for some residents.
- Staffing was raised by family and residents; this is not something that Healthwatch can recommend but is something to consider.



7 Service provider response

- Review the menu in light of resident's comments, maybe a lighter menu for some residents.

'Resident likes and dislikes have been reviewed and their personal choices and preferences has been incorporated in menu planning. Feedback books are in the dining room for residents and staff to record thoughts and views on specific menus. These will be reviewed during nutritional meeting and to support menu planning.'

- Staffing was raised by family and residents; this is not something that Healthwatch can recommend but is something to consider.

'We have gone through a period of transition and some staff members have left the team. The core team of nurses, carers, and support staff remains unchanged. The manager has been in the home since 2017 and is supported by a combination of established and new staff. We continuously review our staffing and remain above industry standard.'



8 Appendix 1

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?	

