

**Enter and View Report Bletchley House
April 2021
Review of Residents' Social Wellbeing**



Published January 2022

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
2.2	Strategic drivers	5
2.3	Methodology	6
3	Summary of findings	7
3.1	Overview	7
3.2	Premises	7
3.3	Staff interaction and Quality of Care	7
3.4	Social Engagement and activities	9
4	Recommendations	11
5	Service Provider Response	12
6	Appendices	13



1 Introduction

1.1 Details of visit

Details of visit:	
Service Provider	GCH (Midlands) Ltd
Date and Time	9:30 - 12:00
Authorised Representatives	Tracy Keech

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 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 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 program was to engage with residents, their relatives, or carers, to explore their overall experience of living in Bletchley House. As well as building a picture of their overall 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 9.30 am and actively engaged with residents between 10.00 to 13:00

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 Interim Manager on the ARs arrival.

The AR introduced themselves to the Manager and the details of the visit were discussed and agreed. The AR was given a thorough tour of the Home and those residents who were unwell or unable to give informed consent were pointed out. The AR was subsequently afforded access to all parts of the Home for the duration of the visit.

All conversations took part in either one the communal areas or the resident's bedroom, maintaining appropriate social distancing at all times. 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, 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 five residents were female

All residents were over the age of 75



3 Summary of findings

3.1 Overview

Bletchley House is owned by GCH (Midlands) Ltd and, at the time of our visit, were recruiting for a Registered Manager. Currently the Home is being managed in the interim by the Service Development Manager of the GCH Group. The Interim Manager appeared to have a good understanding of the Home and was visible and known to the residents.

On the basis of this visit, Bletchley House Care Home was observed to be clean and orderly with a focus on restoring the pre-pandemic levels of activity and community engagement to enhance the well-being of the residents.

3.2 Premises

The Care Home is situated in a cul-de-sac with limited parking available. There are building works being carried out directly opposite the Home, but the construction noise appears to be managed and the residents did not raise it with us as an issue. The Home was very clean and free from any trip hazards although any noise from the ground floor corridor was very loud in the bedrooms that opened onto it.

The bedrooms were a good size and the bedrooms we saw had been personalised with photos and artworks chosen by the resident and their families. There is a small, seated, reminiscence area, decorated with photos of famous people, local street scenes and photos of some of the residents in their younger days. There is

The Outdoor area was sunny and pleasant. The Home and a local School are collaborating on a makeover on the garden area to be completed when restrictions allow.

3.3 Staff interaction and Quality of Care

The AR observed the genuine care and affection shown when staff were speaking to residents. As the AR was being shown around the Home, they observed a staff member chatting with a resident who was still in their dressing gown. The resident was reassuring the staff member that they had decided to have a 'lazy day' and that they preferred, for the time being, to stay snug in their robe.

We observed staff regularly asking people sitting in the lounge area if they would like hot or cold drinks or refreshments.

The residents we spoke to all spoke highly of the staff including the cleaners, catering team and their carers. We spoke to a group of residents taking part in the new gardening club.

One resident was not completely happy with their room as it was quite open to the corridor and the noise. As there were seats outside one of the staff offices across the corridor from their room, other residents would sit there to relax, and the resident felt a little uncomfortable about leaving their room because of this. When we raised this with staff at the time, it was explained that this room had been selected for this resident to ensure that they did not have open access to the stairwell as they needed, but sometimes forgot that they needed, support on the stairs.

A resident with Dementia, whose room contained some lovely personal touches, also had notes hung on their wall reminding them that they had a child who loved them very much and visited often. This resident told the AR that they were tired and would be quite happy to pass in their sleep. They felt loved by family and well cared for by the staff but were incredibly sad because felt they no longer had a purpose or the desire to continue with, what has become, a very enclosed world. This was mentioned to staff at the time of the visit with a suggestion that perhaps the Specialist memory Service or the Dementia Information Service might be useful in providing further emotional support for this resident.



3.4 Social Engagement and activities

Bletchley House have a very comfortable looking Cinema Room with a number of movies available for people to watch. We saw the newly formed gardening club being thoroughly enjoyed by a number of residents. There was a lot of laughter and happy conversation, and the residents were very pleased with the colourful pots they were creating. They said were enjoying being out in the fresh air, getting their hands in the soil, and doing something useful. One mentioned to us that they missed their own garden so was very happy to be back in the garden again. The staff said they were looking forward to the garden being given a makeover being organised with the local school and felt the residents would enjoy the experience as well.

There is a main event and activity board which highlights some of the bigger events as well as the weekly activity schedules on display throughout the Home. The activity timetable looks full and interesting.

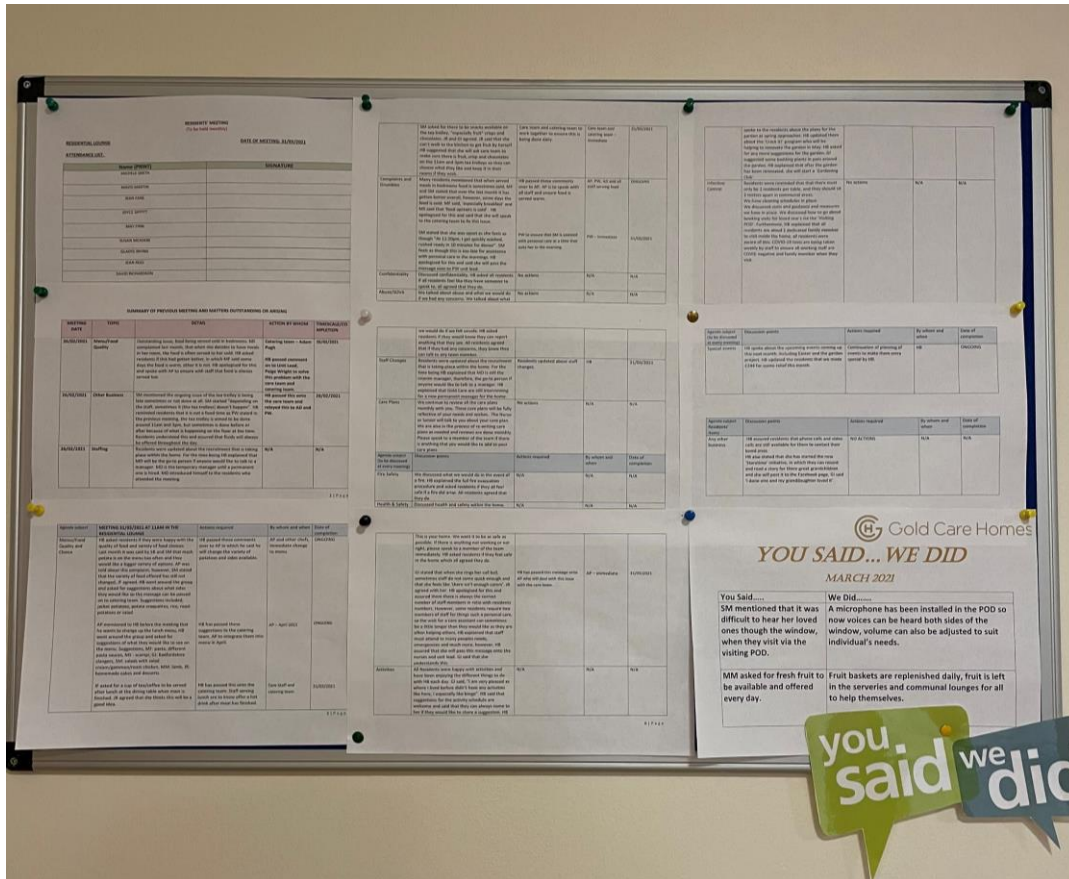
We were shown the Bar area and were told of the specialty nights that are held which include Steak and Wine nights.

One resident we spoke to told us of the small snooker table in her room and said she enjoyed watching the snooker on the television. She said she was disappointed, with the championships being held in Milton Keynes this year, that the pandemic that brought them here would prevent her from being able to attend.



Enter and View Report Bletchley House

There was evidence of the involvement of residents in the running of the Home, by way of the minutes of the regular residents' meetings. There was a 'You said, we did' section which showed the suggestions for improving the visiting pod, and the request for fresh fruit to be available and offered every day had been actioned.



These meetings were mentioned by one person who felt they were useful, and they felt that resident suggestions and opinions were valued. It also helped residents understand why certain decisions (especially around restrictions throughout the pandemic) had been made.

The people we spoke to said they were pleased that they were being kept safe, but that they were looking forward to things getting back to how they had been.

The one resident who didn't speak fondly of the visiting dogs, liked to see them but had never been keen on dogs in the house. She did like that she was able to help with the dusting and polishing as the cleanliness of her home had always been a great point of pride for her.



4 Recommendations

- Consider inviting the Specialist Memory Service, the Dementia Information Service, or similar organisation to assess/ re-assess residents whose Dementia may have progressed during the pandemic. These groups will be able to help staff in developing further tools and activities to further support residents' mental health and emotional wellbeing.
- 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.
- Consider applying cork or other sound dampening tiles to those corridor walls where bedrooms are affected by the noise created through everyday Home activities.



5 Service Provider Response

- Consider inviting the Specialist Memory Service, the Dementia Information Service, or similar organisation to assess/ re-assess residents whose Dementia may have progressed during the pandemic. These groups will be able to help staff in developing further tools and activities to further support residents' mental health and emotional wellbeing.

The GP is being liaised with to seek the services that may be required for residents whose dementia may have progressed or may need an initial assessment.

- 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.

We have a memory book that staff can complete with residents.

All residents are allocated a keyworker, and this will be given to staff to complete with the resident and the representative for the people that they key work. This will then be shared with the staff team so that staff are aware and can reminisce and talk to residents

- Consider applying cork or other sound dampening tiles to those corridor walls where bedrooms are affected by the noise created through everyday Home activities.

The residents in these bedrooms have changed and the resident that currently reside in these rooms do not have an issue with noise. This is monitored and if it is seen to be an issue this will be progressed.



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?				
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?	

