Bletchley House (Gold Care Homes)

Review of Residents' Social Wellbeing

February 2019

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1 Introduction

1.1 Details of visit

Details of visit:	
Service Provider	Gold Care Homes
Service Address	Bletchley House Beaverbrook Court Bletchley Milton Keynes MK3 7JS
Time and date of visit	11:00 – 14:30
Authorised Representatives	Liz Whalley and Gill Needham

1.2 Acknowledgements

Healthwatch Milton Keynes (HWMK) would like to thank Gold Care Homes and the Bletchley 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 of this specific visit.

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 first hand.

Healthwatch Enter and View is 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 Bletchley 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.

2.2 Strategic drivers

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

We know that, just because people are living in homes with other residents, does not mean they are immune to loneliness or social 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; 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 can access physical activity alongside social activity.

Milton Keynes Council provided Healthwatch Milton Keynes with a list of care homes receiving council funding, from which sixteen homes were randomly selected for visits in 2018/19. When all sixteen visits have been completed, Healthwatch Milton Keynes will collate themes of experiences that are found to be common across all settings visited and provide a summary of recommendations to all Care Home providers across Milton Keynes.

[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 with management, in respect of timing, and an overview explanation of purpose was also provided. However, management made the decision not to announce the visit to frontline staff.

The two Authorised Representatives (ARs) were at the premises between 11:00 and 14:30.

After an introductory discussion they were then shown around the home by the Manager but were given freedom to move around all the communal areas and into private rooms if given specific consent by residents. It was understood from the outset that in a setting such as this where many residents have impaired cognitive capability, the numbers available for interview could be severely limited. It was agreed that staff would be able to advise which residents were able to give informed consent for interview.

The ARs used a semi-structured conversation approach (see Appendix A) in meeting residents on a one-to-one basis. The checklist of conversation topics was based on the pre-agreed themes for the Care Home visits. Residents and family members were approached by ARs, who introduced themselves and Healthwatch, and asked if they would be willing to discuss their experiences. 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. A total of eight residents took part in these conversations.

In respect of demographics: -

- Seven were female and one was male
- Two residents were accompanied by family members, who spoke on their behalf

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

3 Main findings

3.1 Summary of visit

Bletchley House is a care home registered for both nursing and residential care as well as provision for respite and rehabilitation. It has 44 bedrooms, 31 of which were occupied at the time. The ground floor rooms were currently occupied by 14 residents (mostly bed bound) requiring nursing care. The first-floor rooms housed 17 residents, most of whom had dementia or some short-term memory loss. There is a large lounge, conservatory and dining room on the ground floor and a small lounge on the first floor.

The Home is currently going through a phase of transition; the Manager explained that he had only been in post for one month and was embarking on a comprehensive programme of service improvement.

During the visit, the following aspects were considered:

- Social Engagement and Activity
- Staff interaction
- Premises
- Lunch Time

Notable positive findings

- The premises are spacious, clean and well decorated
- Residents and their families reported experiencing a positive early impact of the new management

Opportunities for improvement

- Staff interactions and quality of care are inconsistent and do not always inspire confidence
- Look to introduce a planned programme of activities and excursions
- Explore ways to increase resident engagement with local community

3.2 Social Engagement and Activities

On the day of this visit, there were very few examples of opportunity for social engagement and there were no residents in the lounge until lunchtime. It was explained to us that many residents are either confined to their rooms due to their illness and frailty or choose to stay in their rooms, except for at meal times.

Most of the residents interviewed stayed in their rooms on the day of the visit, with some being brought to the dining room for their lunch:

> "I don't go to many things. I'm not a person who likes mixing. I tend to be solitary."

> "I sit about, can't do much else. My legs give out. They take me down [to the lounge] sometimes. I like to be busy."

The Manager has recently employed a second part-time Activities Coordinator to improve provision. On the day we visited there was no evidence of an activities programme displayed, except for a small poster advertising some forthcoming entertainment. When asked how they knew what activities were planned, no one we spoke to were aware of seeing a programme:

> "Nothing – just the odd one coming to do some singing, that's about it."

While there were no activities taking place during our visit, this may have been due to the Activities Coordinator's absence this day, as one family member referred specifically to the provision of activities which included throwing a ball, air hockey and playing Connect-4:

> "She takes part in all the activities in the lounge. She'll have a go at anything."

One younger resident explained why she chose to return to her room after lunch and did not participate in activities:

> "Usually after lunch they take them into the lounge, and they slump down, and all fall asleep – they're all much older than me… I don't come down here for activities because a lot of the residents here have dementia and the only person I can talk to is [a volunteer]."

Notable positive findings

There were two residents who told us that they particularly valued mealtimes as opportunities for social engagement within the Home:

> "Always sit with the same people – we have a laugh."

> "Good company – we have a laugh together."

3.3 Staff Interaction

Notable positive findings

The ARs observed some evidence of good practice in the way staff interacted with residents. Several informal interactions were friendly and caring, and the manager appeared to have good relationships with residents.

The laundry manager was observed helping residents with their meals at lunchtime and appeared to know all the residents well. Residents also reported the laundry service to be efficient.

Indeed, there was praise for the new manager and an expectation that standards of care would start to improve; two interviewees referred specifically to the new manager and expressed confidence in his ability to improve quality.

> "They've got a new manager and he's sorting it all out – it will take time as the last manager let things slide. He's good, it's changed a lot, he's making sure things run smoothly, a very nice gentleman."

Additionally, a relative told us she sees a lot more of the new manager and feels able to communicate with him. She said that she senses a difference in the Home and now feels confident that her mother is being looked after.

> "The [new] manager's door is always open."

The Manager had already held a residents' meeting to encourage feedback, and this was mentioned in two of the interviews.

> "The staff are gorgeous here really, they're more like family."

> "Fine. There's one I'm not keen on but the rest are very friendly and very nice to her" - *family member*

Some residents felt they were well looked after. One couldn't think of anything about the Home needing improvement:

> "We're so well looked after that I can't think what it would be."

Another said she was washed every day. She pointed to her bathroom and described how she sat in a chair and they washed her back.

One relative, whose mother is confined to bed, said that she now feels confident that the staff pop their heads in and make contact with her.

Opportunities for improvement

There appeared to be some inconsistency in the quality of staff interactions with residents, with several appearing hasty and uncaring to the observer.

In one instance, a frail elderly resident was seen calling for help as they struggled to walk along a corridor, but no help came. When the AR summoned a member of staff, there was no apparent concern or explanation. Throughout the visit, it was noted that staff did not engage with the ARs, as visitors.

On the first-floor, staff were not very visible and were hard to locate. In some cases, call bells were unanswered and, when this was pointed out to an (albeit busy) member of staff, there seemed a lack of any urgency. Residents told us:

> "Today I was sitting upstairs ringing the alarm bell for half an hour waiting to be brought down here."

> "Very good, very obliging. Sometimes they take a long time to come."

Some residents expressed particular concerns about agency and night staff:

> "Some good, some bad. The night staff leave something to be desired – all agency staff, aren't they? They come in thinking everyone's asleep, so they don't have to do anything, but it's not like that."

> "They keep coming and going, they don't stay long enough… the regular ones are good, most of them, the rest are agency – they don't know us."

One resident told us that they were shouted at by staff, and some specific issues for concern were raised around the matter of bedpans:

> "They're lazy… the night staff – won't answer the bells, and one who won't do bedpans – that's my biggest gripe."

In terms of responsiveness to requests, a resident said that, on one occasion, they had asked for a drink, but this wasn't provided until the following morning.

> "The tea trolley doesn't always turn up. It used to come at 3 o'clock but not anymore. I have to keep pestering them for a drink."

During the visit, one AR saw an unsettled resident pacing the corridor swearing loudly, untended by staff. While talking to one resident in their room, the conversation was disrupted by loud shouting outside the room, the resident told us that "the boys often do that". This resident also told us of being startled by unchecked challenging behaviour in other residents:

> "There was a man standing at my door and his hands were like that [made claw like gestures with hands], I said if you don't go, you'll be in trouble!"

It is clear that the Home is in a state of transition, with the new manager establishing new leadership, gradually changing culture and reviewing staff development.

3.4 Premises

Notable positive findings

The premises appeared clean throughout with well-maintained décor.

Visitors enter the building through a small reception area. On the ground floor the lounge is large and carpeted, with chairs situated against the wall. A large television was playing when the visit took place. The lounge and small 'waiting room' next door is decorated with vintage-style posters to depict a 1950's style railway station, with timetables and notices to encourage reminiscence. The lounge is a little dark, but the attached conservatory is bright and airy.

The lounge opens onto the dining room, which is large and well-decorated with plenty of natural light. The round tables are set with tablecloths and fabric napkins. Effort had been made to make the corridors interesting with painted scenes and posters.

On the first floor, the corridors are carpeted and well-decorated. A few chairs are placed adjacent to the lift. The residents' private rooms are a good size, mostly en suite with residents encouraged to personalise their rooms with their own belongings. The very small lounge has a fish tank, a miniature football table and an outside balcony.

Opportunities for improvement

Whilst much of the décor was pleasant and well-maintained, a low brick wall had been painted on a corridor wall with the words 'do not climb the walls' added, which looked out of place, with potentially inappropriate connotations.

The ARs observed that the noticeboards appeared jumbled and it wasn't clear which notices were for staff and which were for visitors.

3.5 Lunch Time

Notable positive findings

Staff, when in attendance, seemed considerate and supportive during the observed mealtime. Each resident was offered a choice and served individually, and some residents were being given help with eating.

One staff member was transferring meals onto a heated trolley in order for it to be taken up to residents the first floor, and those eating in their rooms who needed help were also being fed or supported.

Residents' opinions of the food were varied; some were positive:

> "It's come on in leaps and bounds since the new manager came – we get some nice food now."

> "Very, very good. Can't grumble about that, all nice."

The chef spoke with one resident, who had difficulty eating, and therefore prepared pureed lunch for her.

The food appeared to be hot and appetising.

Opportunities for improvement

On the day of the visit, the lunch service was drawn out, taking almost two hours, and seemed disorganised; the breakfast menus were still on the tables and, when the ARs arrived, there were no staff present aside from the laundry manager who was sitting with residents. It is possible that this was a result of a medical emergency which had arisen shortly before the visit, resulting in a key member of staff accompanying a resident to hospital with the paramedics.

The majority of residents (apparently more than usual) had opted to eat in their rooms so only a few were brought to the dining room. However, meals were still being delivered to residents' rooms at 2pm.

Comments on the standard of food were varied; one resident told us they had raised concerns to management about the quality of food:

> "It's been [unsatisfactory]. The manager knows – I complained at the meeting. He's hired a terrible chef."

4 Recommendations

Premises

- Review the layout of furniture in the lounge to encourage informal social engagement, even when there are no planned activities.
- Consider re-organising the notice boards to ensure clear provision of information, identifying which is for staff and which is for relatives/residents.

Staff Interaction

- Continue to monitor the delivery of care, across all shifts, to ensure every resident is consistently treated with sensitivity and respect.
- Address consistency in staff awareness of and response to residents' physical, emotional and social needs through a staff development programme.
- Monitor responsiveness to call bells, to ensure staff respond quickly to resident's needs, managing expectations when immediate assistance is not possible.

Social Engagement and Activities

- To ensure residents have daily opportunities for social engagement, develop a varied programme of activities informed by residents' interests and physical needs, including room-based and communal activities, or even excursions.
- Consider engaging the support of the Dementia Information Service and/ or the Dementia Liaison for Care Homes, who can help to explore ways of addressing the needs of residents displaying behaviours synonymous with symptoms of neurological disorders.
- Find ways to encourage social interaction with the wider community – such as volunteer befrienders and visits from local schools.

Lunch Time

- Continue to monitor food quality and consider improvements if appropriate.

5 Bletchley House Response

Dear Healthwatch Milton Keynes,

Please find attached herewith the recommendations from your visit in February and the action plan for Bletchley House, as discussed this morning.

Kind regards

Hasibul Hossain Khan

Home Manager

Gold Care Homes

BLETCHLEY HOUSE, BEAVERBROOK COURT, BLETCHLEY, MILTON KEYNES, BUCKS, MK3 7JS

Bletchley House Action plan to address issues raised during inspection by Healthwatch Milton Keynes in February 2019

Recommendation	Action Taken	Sustainability
Review the layout of furniture in the lounge to encourage informal social engagement, even when there are no planned activities.	Meeting with relatives, residents and staff to ensure the layout of the furniture is according to the residents' choice. Changes were made to the layout to encourage social engagement. There are always planned activities, which is on the display board for the residents and relatives	Monthly residents meeting, relatives meeting, staff meeting to ensure the area has been discussed and regularly reviewed.
Consider re-organising the notice boards to ensure clear provision of information, identifying which is for residents and which is for staff and which is for relatives/ residents	Maintenance staff, Home Manager and the unit lead rearranged the board and also there is a sign to ensure provision of information for both residents and staff boards separately	Monthly review by the manager

Continue to monitor the delivery of care, across all shifts to ensure every resident is consistently treated with sensitivity	A new robust induction, dignity and respect training, two hourly checks, spot checks are in place to ensure the correct standard of care is being provided and that residents are consistently treated with sensitivity	Continue with robust induction, managers two hourly checks, spot checks, shadow shifts with competent senior staff
Address consistency in staff awareness of and response to residents' physical, emotional and social needs through a staff development programme	Care plan training, care plan review, resident of the day, daily take ten meeting new robust induction session and regular detailed handover is in place for the staff to make sure the consistency in awareness	Continue with care plan training, monthly review, resident of the day, handover, daily 'Take Ten' meeting with staff
Monitor responsiveness to call bells to ensure staff respond quickly to resident's needs, managing expectations when immediate assistance is not possible	Weekly call bell analysis is in place, also daily spot checks, monitoring, Home Managers daily checks to ensure quick response to the call bell.	Ongoing call bell analysis, managers checks, daily call bell spot checks, home manager's daily checks which includes call bell spot checks
To ensure residents have daily opportunities for social engagement, develop a varied programme of activities informed by residents' interest and physical needs, including room-based and communal activities, or even excursions	A new activity staff member has started recently. Two activity staff work alongside each other to ensure room-based activity as well as communal activity take place daily. A weekly activity planner is on display which is reviewed once a week for the residents considering their interest and physical needs.	Continue with two activity staff for both communal and room-based activity, weekly planner and also staff supervision to address the engagement of residents

	Also in daily 'Take Ten' meeting staff are also encouraged to engage the residents beside the activity workers	
Consider engaging support of the Dementia Information Service and/or the Dementia Liaison for Care Homes, who can help to explore ways of addressing the needs of residents displaying behaviours synonymous with symptoms of neurological disorders	Liaised with the local authority/CCG who organizes care homes forum meeting for the local homes as Care Home Group to extend the support group across the county. A forum meeting will be held on the 06.06.2019. Home Manager will attend	Home Manager to attend regular meeting and also get support from the team
Find ways to encourage social interaction with the wider community such as volunteer befrienders and visit from local school	The local community (Beaverbrook) was contacted and also local church, school were contacted to visit the home.	Regular care home forum meeting to liaise with local care homes and community. Also regular correspondence with local school and churches
Continue to monitor food quality and consider improvements if appropriate	New menu is in place and also daily residents feedback form is in place in terms of taste of the food. New Chef started, as well as new kitchen assistant, to ensure the quality is consistent	Continue with resident's survey, feedback, audit

6 Appendix A

Prompts for interviewing residents (plus family members when present)

Name/ Age

Amount of time resident in this home?

Been in other homes before this one?

What do you enjoy doing with your time? (Explore, eg why, when, how, frequency, who, etc)

Is there anything you'd like to do with your time but can't (What, why can't you, have you asked, what was the reply, etc)

Who do you enjoy spending time with in here? (When, how, where, frequency, Do you like mixing with the other residents? What chances are there to do that? Etc)

What can you do outside of the home? (Where, when, any barriers/problems? Etc)

How do you find the staff generally? Do you feel respected here in general?

Do you feel well looked after? (General feeling of care but also is laundry back correctly, teeth and hair care?)

Do the staff help you do the things you'd like to do (who is helpful, do you feel able to ask, do they ask you? any barriers? Etc)

How do you find out what activities are planned? Do you get a say in what those activities are?

How is the food? Do you enjoy mealtimes?

What is the best thing about this care home?

If there was one thing you could improve about this care home, what would it be?

Prompts for observers

Are the surroundings and furnishings comfortable? Safe? Clean? Sufficiently spacious? Is the décor well-maintained and attractive?

Are the staff attentive and sufficiently in evidence, responsive to requests, respectful, cheerful with residents?

Do the residents appear relaxed, content? Are they able to socialise?

Is the food appetising, nicely served?

Does the home appear well-organised?

Are carpets/ flooring plain and unpatterned?

Are doors (toilets etc) colour coded to aid recognition?