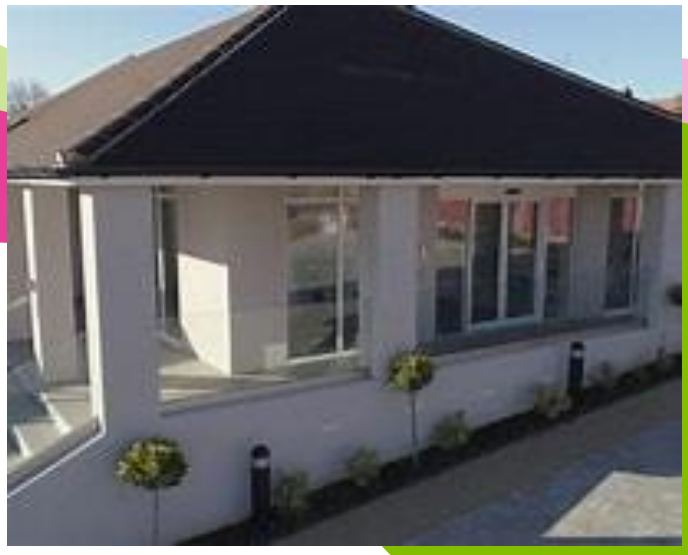
healthwatch Milton Keynes

Enter and View Report Broomfield

June 2021

Review of Residents' Social Wellbeing



Published 2021

Content

1 Introduction

1.1 Details of visit

Details of visit:	
Service Provider	Eminence Care Service (Broomfield) Ltd
Date and Time	6th May 2021, 10.15 to 14.00
Authorised Representatives	Nikky Rawlings

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 Broomfield Care Home. As well as building a picture of their general 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 visit was conducted in a COVID safe manner with the appropriate PPE as agreed in advance with the provider.

The Authorised Representative (AR) arrived at 10am and actively engaged with residents between 10.30 and 15.00.

On arrival, after signing in, the AR was directed to the dedicated testing room, where a nurse undertook a Lateral Flow Test (LFT). There was hand sanitiser and an adjoining toilet available for use. The AR then waited in their car until the results were known.

Following a negative LFT, the AR introduced themselves to the Manager and the details of the visit were discussed and agreed. The AR 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). The checklist of conversation topics was based on the pre-agreed themes for the Care Home visits in conjunction with Milton Keynes Council Quality and Compliance team Additionally, the AR spent time observing routine activity and the provision of lunch.

All conversations took part in the communal areas, always maintaining appropriate social distancing. 3 in the main room and 1 in the garden room. 2 of the residents approached the AR, expressing their wishes to have a conversation, the remaining 2 were approached by the AR. In all instances the AR advised that the conversation was voluntary, and they could withdraw at any time. A total of 4 residents took part in conversations. The AR recorded the conversations and observations via hand-written notes.

In respect of demographics: -

3 of the 4 were aged 80 plus

3 of the 4 were male

3 had been in residence for around 1 year

All 4 had not previously resided in other care homes

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

3 Summary of findings

3.1 Overview

Broomfield Care Home is privately owned and is registered to provide residential and nursing care for up to 40 people, they also support a high proportion of residents who have a dementia diagnosis. On the day of the visit, they were caring for 26 residents. The manager advised that works are being undertaken to provide additional capacity in a self-contained annex for residents who are 'more able' to support themselves. The completion of this has been delayed due to COVID but is due to ready by the end of May. 2 residents have been assessed as suitable for this and are waiting to move. This part of the premises was not visited.

Healthwatch Milton Keynes posters detailing our visit were displayed on the noticeboard.

3.1 Premises

Overall, the décor was in good order and appeared clean. However, an odour of urine was detected in the corridors, this was not helped by the fact it was very warm.

There is a large communal lounge with an adjoining dining area. There was plenty of comfortable seating which was laid out in a sociable way to encourage interaction.

There were dedicated areas for group activity; games, books and maps were available and space for those who just wanted to sit and chat. Many residents were situated here during the visit.

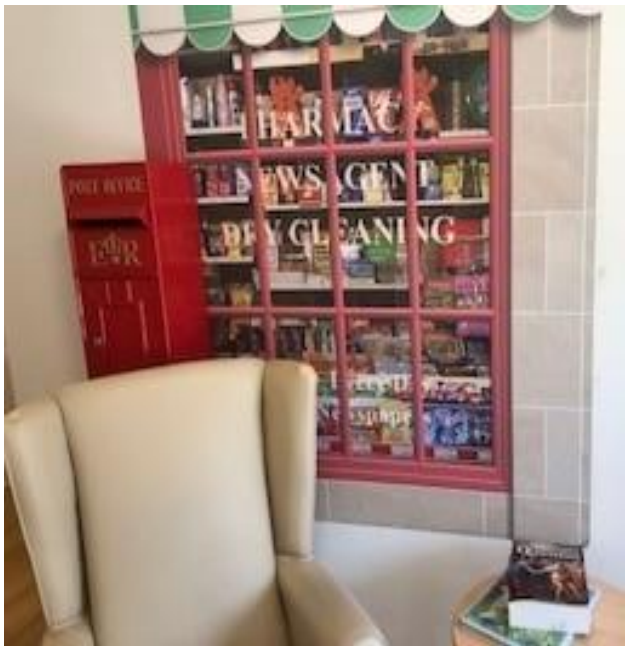
In the adjacent dining room, the tables were laid out with tablecloths and flowers which had a homely feel.

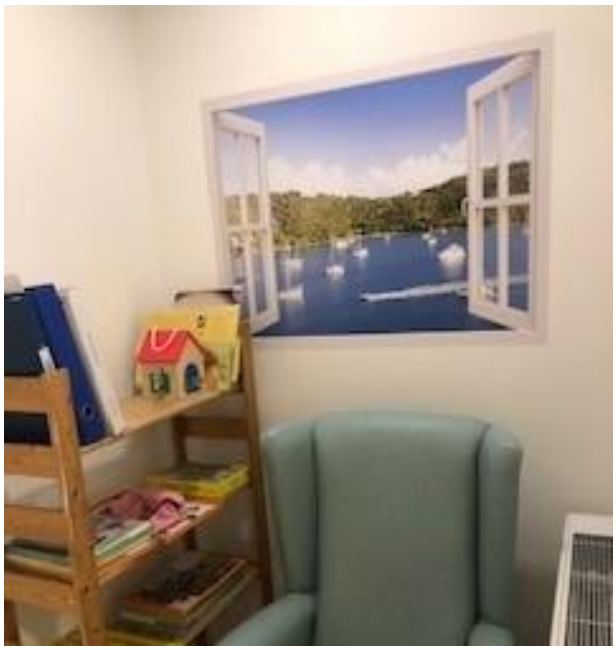
There is access to the main garden from the lounge. It is well maintained, residents can access the garden as they wish, with support as required from the staff.

There is a garden room, which was uncomfortably warm, despite having the large doors open. The room is furnished with comfy chairs, has a small square dining table and chairs and a TV. This opens out onto a paved patio with a table and chairs. It was being used by two residents who do not have dementia, they advised that they spend much of their time in here as its quiet.

Residents' rooms were not entered into but viewed from the doorways during the tour. They appeared clean and tidy and, in the main, had been personalised.

There were art works hung on some of the walls and, in one corridor, there are seating areas decorated with community style paintings. One depicts a village shop and the other is a small library area with a 'picture window'. This corridor was directly off the communal lounge and no residents were seen using either of these areas.





3.2 Staff interaction and quality of care

The manager has been in post around year and interacted well with both residents and staff on the tour. She demonstrated a knowledge of the resident's care requirements and shared some relevant facts that supported this.

Staff were wearing PP; face masks and aprons and some had gloves on. Not all face masks were being worn correctly, this was raised with the manager. Very little hand washing/sanitising between resident interactions was observed.

During one conversation, a member of staff was undertaking the medication round, she was polite and spoke to the resident, letting them know what she was doing and giving them.

One resident was walking independently through the Home, the staff knew the resident well and chatted when they walked past. The resident was confident and happy to come and to come and say hello each time they walked by. When support was needed from the staff due to the resident requiring a change of clothing, there was a degree of resistance to changing, but the staff were kind, gentle and encouraging.

One resident needed to be moved via a hoist to the table in preparation for lunch. The resident became very vocal and resistant but the two staff members were patient and calm, explaining why they needed to move the resident. They continued to encourage the resident as they allowed themselves to be moved.

All the residents we spoke to were happy with the care that they received. They told us that the staff were friendly and polite. Three out of the four residents spoken to feel that there are enough staff and that any issues they had would be addressed. One resident felt it would be nice to have the manager on site during the weekends.

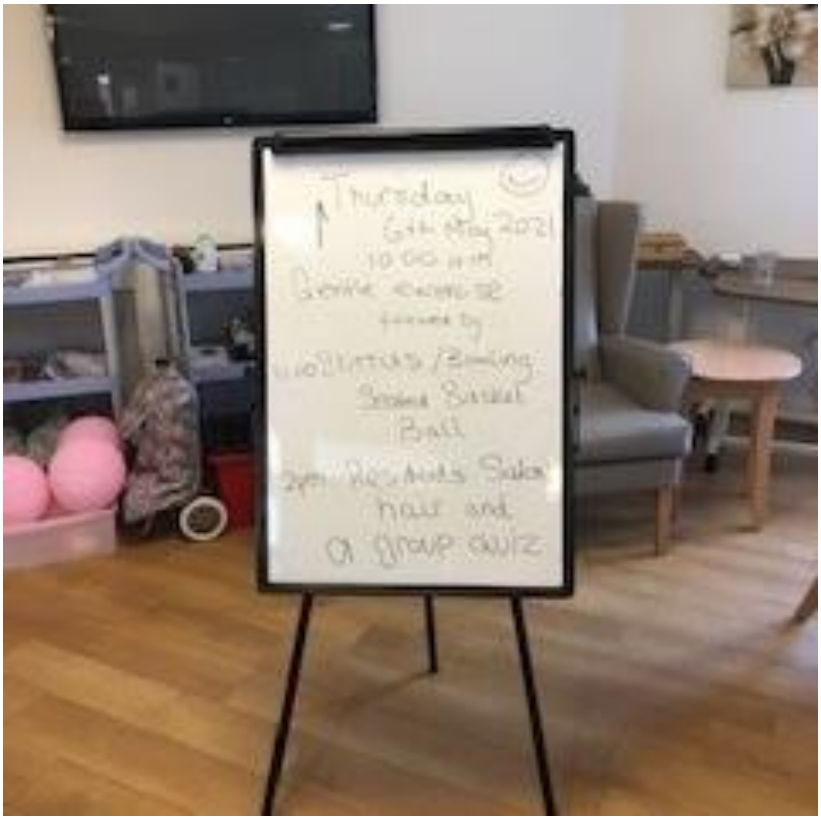
"Never had any trouble at all, all kind"

"I like [carer] they are great, make me laugh"

"They try. They don't know how to, or things don't change. Feel like a troublemaker"

3.3 Social engagement and activities

Broomfield has a dedicated Activities Co-Ordinator who has been in post for almost two years. They have developed a well organised, rolling, four-week activity schedule. The activity plan is clearly displayed on notice board in the lounge and a copy is placed in each resident's room.



Now that COVID restrictions are easing, residents can go out for walks and visits to the town. We did not learn what activities might be in place for those who did not participate in outings and remained at home.

The AR observed a group activity: parachute and balloon play. Eight residents were taking part and appeared to be very much enjoying themselves. Others were

chatting in smaller groups, painting, playing with toys, or looking at maps. Other activities planned and observed later in the day were a talk on Captain Sir Tom Moore, and a music quiz – although we did not see residents taking part in the quiz. There did not appear to be any interaction with those residents who do not have a dementia diagnosis.

Although there appears to be an understanding and a recognition of the differences for those residents who do not have Dementia. The people we spoke to felt they were treated in the same way as those with Dementia. They told us that conversation methods are somewhat childlike in both tone and volume, with one resident telling us that they felt staff could be:

> "Annoying and condescending' and 'Never really listens to me"

Three of the four residents spoken to said they would like more people to socialise with.

> "Less people with Dementia so I have more people to talk to"

One person said that they rarely venture into the lounge as "it's too noisy". They said they tended to chat with only one of the other residents but reads the paper to keep their brain ticking over.

Broomfield hold monthly residents' meetings, which they advise has a good attendance. The residents will, through these meetings, have a say in how a recent donation to the Home will be spent.

3.4 Covid specific engagement

Covid has resulted in many changes that have affected the lives of everyone but especially those who reside in care homes. With the government ceasing visitation to prevent the spread of Covid other measures had to be brought into place to enable family and loved ones to stay in contact.

All four residents spoken with said that they had had contact with family and loved ones during the pandemic, whether it be via the phone or using Skype. Two of the four residents stated that they hadn't really needed the staff to help them keep in touch with family. Two residents told us they had received socially distanced visits when these were allowable. Others were 'via the window' visits.

One resident is independent and has been able to go out during the pandemic.

The Home now has a Covid visiting room whereby family members, loved ones and friends can visit in person. All visitors must undergo the testing regime on arrival to ensure that they are free from infection.

3.5 Mealtimes and food

The lunch service was set up during the visit. The tables were prepared with napkins and cutlery and glassware, generally four per table. One table had a bottle of red wine to have with lunch.

The lunch service was very 'school dinner' like, with four staff serving from a trolley. Two carers were helping two residents to eat. In total 18 residents were having lunch together. The remaining residents were either in the garden room, or their own rooms.

Lunch looked and smelt appealing. Staff were interacting well with the residents and there was no apparent rush to eat or finish. Pleasant, relaxing music was quietly playing in the background.

On the menu on the day of our visit was:

Main Course **Vegetable Pie or faggots**

Dessert **Spotted dick with custard/cream or rice pudding**

There was no evidence of accommodating any dietary requirements with one person telling us that they were continually offered cake, even though they were diabetic. The residents we spoke to stated that there is plenty of food and drink available when they want it. However, they also felt that while there is choice, it is repetitive.

"Tea is not nice, soup and sandwiches"

"Virtually the same everyday"

"There is always tea!"

3.6 Additional findings

Two residents shared their worries about their own safety and the safety of their possessions due to the wandering of some the other residents. They both reported that other residents regularly enter their rooms and on more than one occasion item have gone missing. This make them feel afraid and angry if items cannot be found.

"Other residents go in and out and muck things up and take things"

Since this has been reported some bedroom doors are now locked when the residents are not in them. However, this does not alleviate the anxiety that these residents experience at nighttime or when retired to their rooms during the day.

When asked what they would do if they felt unsafe, one resident told us they would "Shout like mad!"

4 Recommendations

- Review the cleaning regimes to reduce the odour of urine and to minimise the risk of infection
- Ensure staff are aware of the correct way to wear PPE, and understand the importance of doing so
- Review of safety procedures relating to individual rooms to reduce the fear of harm or theft
- Consider developing appropriate and inclusive activities for residents unable to accompany the Activities Coordinator off-site.
- Consider review of the mealtime menus to include the views and requests from residents, and to reduce repetition
- 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.

5 Service provider response

The provider should be given the chance to provide a response once the draft report has been written. Did the response include any immediate service improvements?

- Review the cleaning regimes to reduce the odour of urine and to minimise the risk of infection

  This is an isolated incident and involves one resident who has received input from a variety of professionals and departments. Broomfield is doing all we can to manage this situation and unfortunately this may result in an odour when his bedroom door is opened. Further to this our only action would be to remove the resident from the home which is unethical. Unfortunately, this was not mentioned on the day otherwise this could have been explained in depth. Resident has since moved bedrooms and is further away from communal areas and the front door. There is a fire door nearby to his room which can be safely opened to allow air to circulate and any odours to be removed more quickly.

- Ensure staff are aware of the correct way to wear PPE, and understand the importance of doing so

- Staff reminded in staff meetings and Supervision. Infection Control and Covid policies read and signed by staff. Regular PPE audit taking place through observation.

- Review of safety procedures relating to individual rooms to reduce the fear of harm or theft

  All bedroom doors are locked as routine during the day. This is also an isolated incident where one resident was refusing to have her door locked, she was aware that other residents would enter her room and we removed any items of value. The resident sits with another resident who has a diagnosis of dementia, and she becomes confused and often says people are stealing things from her room – this is not the case and is fabricated due to her cognitive impairment. This is documented in her care plan and if this feedback was provided on the day this could have been discussed. No further action is required, the Resident is reassured on a daily basis and often taken to her bedroom to ensure all her belongings are safe.

- Consider developing appropriate and inclusive activities for residents unable to accompany the Activities Coordinator off-site.

  The activity lady is currently doing her induction and getting to know the residents. She is completing life story's which will give insight to the residents likes and dislikes and how they would like to spend their time.

  Staff already provide activities for resident's who are unable to come to communal areas. Examples are reading, hand massage, manicures etc.

- Consider review of the mealtime menus to include the views and requests from residents, and to reduce repetition

  Menus were reviewed and developed with residents in April and commenced in July alongside a main mealtime change to evening and a bistro style lunch taking place. This was a planned adjustment which could have been discussed on the day. Feedback is received daily, and any actions required are acted upon.

- 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.

  This will be considered and discussed with local community. Life stories are currently being developed alongside memory boxes for each resident.

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?	