

Enter and View Burlington Hall

September 2022



Review of Residents' Social Wellbeing

Published 2023

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2 Introduction

2.1 Details of visit

Details of visit:	
Service Provider	Adara Group
Date and Time	22/09/2022 between 10am and 2.45pm
Authorised Representatives	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 conduct Enter and View visits. Local Healthwatch representatives conduct 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 Burlington Hall Care Home. As well as building a picture of their overall experience, we asked about experiences in relation to social isolation and physical activity.



3.2 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 by 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/>

3.3 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 10:00am and 2:45pm

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 representative prior to the visit.

On arrival the AR(s) 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 (see Appendix A) in meeting residents on a one-to-one basis, 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.

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 four residents unaccompanied and three family members took part in these conversations.

In respect of demographics: -

Three residents were male and two were female – one of the three family members spoke for a superfluity of nine nuns.

The average age of the residents spoken to was 87 years.

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



4 Summary of findings

4.1 Overview

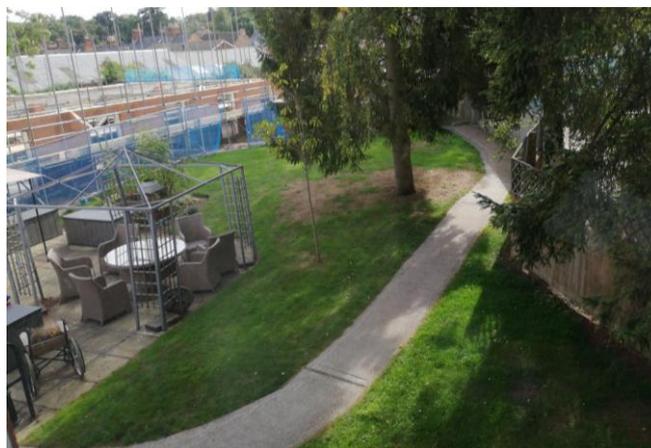
The Care home is situated in the centre of Woburn Sands, so it is relatively easy for residents to go out for walks into town, look at the shops, or have a tea or coffee with friends or family members. The home is registered for residential living and dementia care. While it has no nursing care, there are weekly Doctors' visits, regular district nursing visits, and they are supported by Milton Keynes and Central beds Dementia Support Teams.

At present the home has fifty-three bedrooms, all with ensuite toilets but the bath and shower rooms are shared facilities. Building works are underway for a sixteen-bedroom extension, which is hoped will be completed by May 2023, bringing the care home to sixty-nine rooms.

The home is divided for care needs with 'Maple' on the ground and lower ground floor providing Dementia care and 'Larch' for residential care. The ground floor has undergone some modifications recently, one of which is a prayer room for the resident nuns.

4.2 Premises

The care home is set out over two floors and when the new building project of an additional 16 bedrooms has been completed, it will be a full 'U' shape with the gardens in the middle.



The main entrance is at the centre of the building. To the right is 'Larch', the two-story residential area of the care home, to the left is the office, kitchen,



and the walkway 'café' seating area. This leads to 'Maple', the ground floor and lower ground floor dementia wing, which has direct access to the gardens and the newly refurbished sensory room. New sensors are on trial at night on Maple, these detect noise and movement and alert staff to residents who may need attention. Depending on results and resident consultation, these may be installed throughout this unit.



The décor on Maple is bright and has been recently updated with a couple of small seating areas away from the main lounge areas. The walkway café is designed to be used by both residents and staff for quiet moments, it overlooks the gardens and has plants and seating. Also, on the lower ground floor, there is a smaller seating area in a quiet spot.



Larch has a lounge and dining room on both ground and first floors, Maple has a lounge dining area on the ground floor. The lower ground floor has a large conservatory/lounge and dining area that opens onto the gardens. The sensory room is also located on the lower ground floor and will be used for quiet or small group activities, this also opens onto the garden.



All areas of the home were clean and tidy. Residents' rooms were all clean and individually decorated. Residents told us how helpful staff had been in putting up shelves and display cupboards for them so they could have their personal belongings on show, photographs, and pictures on walls where they wanted them. One resident has chickens in the garden that they looks after, including one laying hen. The décor in the corridors and hallways in Larch are very plain and understated but on the day of the visit, a large delivery of Artwork was waiting to be hung, these will be a lovely addition to make the area more inviting.

The Sisters were very pleased with the adjustments that the home have made to accommodate them; providing a room to convert into a chapel, the use of a large screen in one of the sisters' rooms, on the day of the visit, to enable the sisters to take part in a service in Ireland for a Funeral.

The Sisters from the Mother House told us:

'It was a very big adjustment for the sisters, we appreciate the care and politeness afforded to them all'.

'The respect shown to the sisters by all the staff is very good'.

When asked is there was one thing you could change –

'Maybe when a 'No' is given in response to questions, you may like to coax a little bit more, especially when it is about bathing.'

'Well, this is a big ask, but we would like a separate dining room to the lounge area'.

'The Sisters' clothing gets mixed up quite a lot, it is all labelled now'.

4.3 Meals and snacks

All meals are prepared on site and the resident chef is actively part of the home's community, serving meals on larch himself, asking for feedback on the meals, requests, or suggestions. Anyone not wanting the meal on offer for the day is prepared an alternative. Morning and afternoon cakes and treats are also made one site.

Lunch service begins at midday with the chef and help from care serving meals on Larch, the ground floor first, then the first floor. The nuns preferring to eat in silence with one resident who likes to join them. A couple of residents on the ground floor choose to eat in their rooms. On the first floor ten residents were having lunch in the dining room with three people choosing to eat in their rooms.



Chef is very encouraging while serving, chatting, joking with people about the dessert they can have when their main is 'all eaten up' which gets a chuckle in response. Residents we saw seemed to be enjoying this, they appear to like him, and chatted easily.

Residents' and family members told us what they felt about the meals and snacks:

'He's a fussy eater but they manage to find food he likes to eat'.

'The food is nice enough, too much if anything.'

'The food is great; they take time to give him the food he likes.'

'Food is lovely, evening meal is lighter which suits me'.

'Food is superb'

'Food is excellent, very tasty and attractive'.

Maple's lunch is also served at 12pm starting with the ground floor in the lounge dining room with car staff serving from the hot trolleys. The same menu is offered across Larch and maple, beef pie, beans, mash followed by fruit crumble and custard. Care staff were observed helping residents where they were needed, six residents chose to sit and eat together at the large dining table, with three people choosing to sit at smaller tables around the room. Staff were seen to be at all times attentive, patient, and caring.

On the lower ground floor three residents were lunching at the dining table overlooking the garden and three residents chose to eat in their rooms., One of these residents came back to sit in the dining room, to enjoy the companionship, after eating. Another resident who is on a soft food diet, likes to eat later when they are hungry, so their meal is provided at their preferred mealtime which is usually around two thirty.



4.4 Staff interaction and quality of care

Staff were seen to be actively engaging with residents in all areas of the care home, they knew residents well, residents were familiar with all the care staff. A family member told us:

'His room is always clean and tidy'.

'It's amazing how these people are keeping up, it's improved his personality being in here, he's a big baby – he's never been happier'.

One resident loves the location as they can go out a little, family and friends visit and can go out for lunch together:

'It's peaceful' 'Foods good'.

Another resident commented on the garden, lovely when the grandchildren visit, they bring us out tea in the gardens if we have visitors too.

'I really like the permanent staff; they are all so caring, but the agency ones have no time and can be a bit short with me'.

One resident said he could not think of anything at all to complain about and then joked: *'well maybe – there's a shortage of whisky some days.'*

Another resident told us how safe she felt, regular health checks, GP coming in every week if she ever needs anything, she felt she had no more worries and was not stressed anymore.

'They are so caring, and the food is good, they even check my weight to make sure I really am eating. I go to the hairdresser her now, started looking after myself again. I can walk about, have not been out yet, but I could. Staff pop in and check on me all the time, my own furniture is coming soon, now I have decided to stay. I really like it here.'

4.5 Social engagement and activities

During the visit there were activities on Maple in the ground floor dining room/lounge in the morning of art, drawing with residents sitting around the large dining table, this was followed by music and balloon throwing until lunch time, the activities coordinator and two care staff were helping with the activities, eight residents were taking part for most of the morning. On the lower floor residents were having a quieter morning with dolls, stuffed animals, and books, one resident looking at the garden.

Staff were encouraging, chatting, and actively taking part in the activities, residents were smiling and laughing, enjoying the activities, asking questions, and interacting with residents.



There is a diary of social events on notice boards outside each of the dining areas in the home, most activities take place in Maple and residents from all parts of the home are encouraged to join in. However, scrabble and card games are played in Larch dining rooms as these are quieter activities.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
29 Yoga Cheese Pizza Day	30 International Telephone Day Technology Day	31 Arts and crafts Post a Wish	1 Paint by Number Toss and Tack Residents Meeting Ball	2 Manicures SPA therapy	3 Thought Music Day Singalong	4 World Wildlife Day Residents choice
5 Yoga Cheese Pizza Day	6 International Telephone Day Technology Day	7 Arts and crafts Post a Wish	8 World Literary Day Book club	9 Queen Elizabeth Becomes Longest Reigning Monarch (1918)	10 Scrabble Game Cinema	11 Grandparents' Day Residents choice
12 Hug and High Chocolate Mithakak Day	13 Buckley Park Visit Get Outdoor	14 Creative session Mosaics	15 Room Visits Activities Sensory walk	16 Manicures Facials	17 International Country Music Day	18 The New York Times Founded (1851) Residents choice
19 Oomph exercises Tasting the Bakoon	20 Musical Bingo Brain Games	21 World Alzheimer's Day Reminiscing	22 Art Club Balloon Volleyball	23 Hand pampering Film and Popcorn	24 Walks in The Garden	25 One Hit Wonder Day Residents choice
26 Parachute game Fit & Fun Colouring	27 World Tourism Day Aerobics Traveling	28 Good Neighbor Day Baking Club	29 World Heart Day Board games	30 Coffee Chat Book Club	1	2



There are evening activities planned but these are now more by resident request, a singer comes in to entertain who is popular with residents, Bingo evenings that are also popular.

When residents/family members were asked if there was one thing you could change what would it be, the responses were:

'A separate dining room and living room would be lovely, but we know that's asking far too much'.

'Get out and about more often'.

'A little walk now and then would be nice'.

4.6 Additional findings

Residents have an annual health check; the care home is supported by the local GP practice and number residents commented on the reassurance they had from the regular visits from the 'surgery' so they told us they know any health issues would be sorted out. There was a very calm atmosphere in the care home, those residents who were mobile and more independent felt they could come and go as they pleased, and all reported that they felt very 'at home' and safe at Burlington Hall.

There have been many positive steps to improve the 'little things' that have a big impact on daily life.



5 Recommendations

- review laundry processes to reduce the number of items lost or mis-delivered.
- Consider ways to allow those residents who need a little more support to be accompanied for walks into the local town on a regular basis.



6 Service provider response

- review laundry processes to reduce the number of items lost or mis-delivered.

I can assure you that in relation to the laundry, the issue has been risen in both staff and resident meetings. Feedback received from the residents has been positive, with reports that missing clothing has reduced significantly over the last few months.

One of the reasons for this is that we have gone through a thorough process of recruiting and have now become less reliant on agency staff. I am confident that all my staff members know the residents well and can identify the clothing items which belong to each individual resident if ever required.

Furthermore, it has been discussed with family members and loved ones, many of which have ordered personalised names tags which have correctly been attached to each resident's clothing.

- Consider ways to allow those residents who need a little more support to be accompanied for walks into the local town on a regular basis.

Regarding your recommendation of considering ways in which resident's who require more support to be accompanied for walks, this has been discussed in detail in staff handovers. All staff members, along with our new Activities Coordinator, have been making a conscious effort to ensure any residents who would like to go for a walk into town can be assisted when required. Over the month of December our residents took part in The Cheerful Little Letter Project, where residents have been encouraged, and enjoyed, walking into town to post Christmas Cards and thank you letters in response. In addition to this, some of the residents have also taken trips to visit the library or taken walks around the Care Home grounds.



7 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?				
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?				



<p>If you could change one thing about your care, what would it be?</p>	
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