

Enter and View Report

**Bluebirds Neurological Care Home
September 2022**



Review of Residents' Social Wellbeing

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2 Introduction

2.1 Details of visit

Details of visit:	
Service Provider	PJ Care Specialised Neurological Care
Date and Time	16/09/2022 between 10am to 2pm
Authorised Representatives	Helen Browse

2.2 Acknowledgements

Healthwatch Milton Keynes would like to thank the Bluebirds, 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 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 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 Bluebirds Neurological 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 2:00pm

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. Due to the nature of residents' conditions – Dementia, Parkinson's, alcohol/substance abuse, challenging behaviour, end of life care much of the visit was observation, one family member was available to take part in conversations.

In respect of demographics: –

There is an approximate one third male and two third female resident population.

Residents have an average age of sixty, with ages from 40 to 80.

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



4 Summary of findings

The home is purpose built and well laid out; it has an open plan layout on the ground floor level. All residents that are able, can freely move throughout the care home. The only access code required is at the main entrance and supervised access to the gardens. This is a small, specialist centre for those with more complex needs situated at the centre of a community.

4.1 Premises

The main entrance is at the centre of the building with the dining room in front of the entrance to the right, offices to the left and right with the nurses station directly opposite the main entrance, the kitchens behind it, the nurses station has a window into the dining area, from this central point left and right the corridors lead to bedrooms and a lounge at either side of the home. Because this is a purpose-built care home it has a very practical layout.


Corridors have simple but distinct wall art to help orientate residents.



Bedrooms lead directly off the corridors and also directly off the lounge areas which allows those residents who are bed bound to be in a more communal area and feel less isolated. Residents that do not like to be disturbed have stair gates on them to ensure no-one wanders in unexpectedly, giving security and privacy to residents and helping care staff.

All residents' rooms have photos of the residents with a brief description of the resident outside the door. Bedrooms were very diverse, with most rooms having a garden view as the garden is on three sides of the home. Décor in rooms varied a lot, some rooms were quite bare, and others were full of personal belongings, photos, ornament, dolls, musical instruments – so each room was very much how the individual resident wanted or needed their own space to be.





One of the staff had a little dog in the office with them that visits the residents and relatives are welcome to bring pets in for visits.

There is a permanent sensory room just finishing its refurbishment, the Occupational Therapist (OT) was very enthusiastic about the new lighting and sound system in the room along with the décor and recliner chair. The OT works full time between two PJ Care homes providing one-to-one therapy sessions for residents, so the room can also be used for quiet time, music sessions or for those that need it break out time.

The garden at the rear of the property is all on one level and is well maintained with anti-slip pathways, huts and sheds for seating and storage, and it is accessible from the dining room and both lounges. Residents can spend time in the gardens (weather permitting).

4.2 Staff interaction and quality of care

Staff were observed interacting with residents during the visit and they were at all times caring, friendly and attentive. Residents spoke to care staff as though they were friends, were very happy to chat, ask questions, and were at ease with all the staff that were observed. At no time were residents rushed if they needed to be asked to wait for a moment, it was done in a kind and careful way. Since the Home has moved to paperless care records, staff told us they have more time to focus on residents as they no longer have to spend time in the office. Staff can sit in the lounge; dining room or residents own room to complete or update records alongside the residents.

Family members were very appreciative of the staff:

'PJ care have been exemplary, they put things in place well before COVID restrictions came into force, they have been absolutely great'.

'They always call me, keep me up to date with everything, they care so much how I am doing too'.

'Very, very impressed'

One resident told our AR that she was 'at The Holiday Inn' and took them by the arm and showed them around while she told them how lovely it was to be staying here, then went off to her room for a nap.

The hairdresser was in and was taking residents to their rooms for their haircuts, many of the male residents were enjoying a trim, including eyebrows and beards if needed, and appeared to enjoy the pampering as much as the ladies. One resident had a shorter cut than usual as he is due to go to his daughter's wedding in a couple of weeks. We heard staff reassuring him that someone would be available on the day of the wedding to ensure he was looking his best, and the care staff have already arranged transport and staff to be with him for the big day.

Another resident, who is very proud of the baby doll they look after, was a little distressed after lunch as they had put the doll down and couldn't place where they had put it. This resident was instantly soothed when the care staff reunited her with their baby.

When asked about their favourite thing, regarding Bluebirds, a family member commented:

'The freedom and the Staff'

4.1 Meals and Snacks

Lunch is served at midday; residents are encouraged to eat in the dining room but can choose to eat where they wish. Five residents were eating in the dining room, all had a different meal. On the menu was fish and chips, but the range of meals we saw ranged from today's menu of fish and chips, chicken and vegetables, to sandwiches with a bowl of yogurt and fruit and one resident was on a liquid diet. There were two care staff and a volunteer helping people in the dining room.

One resident chose to sit in the dining room for most of the day and was very content, they had snacks, their lunch, chatted comfortably and easily with the volunteer for some time. The care staff were observed checking on the resident, but they liked to be on their own, quietly sitting, having a little walk and returning to the same spot, they were allowed to be content in their own space. This was noted to be true for all residents and they were observed choosing to do many different things, from walking to nursing babies or colouring.

The lounge to the left had four residents happily eating their lunch at small tables, one with a carer and one with their spouse. In the lounge to the right, one resident was eating fish and chips and three residents were eating in their rooms with help from care staff.

Family members commented:

'Even when on pureed food, they make it look like the food it's meant to be, it's great. They even have themed nights, burns night and the like'.

'The food is superb'.

'Pureed fish and chips, in a mould for a fish, looks like peas, even a good attempt at chips, smells good and is piping hot, they really do try so hard'.

Staff chatted and encouraged residents to eat, at no time rushing but aiding, and ensuring residents were happy with their meals, had sufficient drinks and were comfortable with their seating.

The evening meal is also a hot meal, cooked onsite so residents who are not particularly hungry at lunch time are still getting a full meal later in the day. Residents choose in the morning and early afternoon what their meal preferences are for the day and because the meals are prepared onsite, there is real flexibility with changes in meal requests. On the day of the visit the evening meal was



chicken and mushroom pie followed by cake and custard. The menu for lunch is put on display in the morning, the evening menu is not displayed until after lunch as having both menus displayed caused confusion for residents.

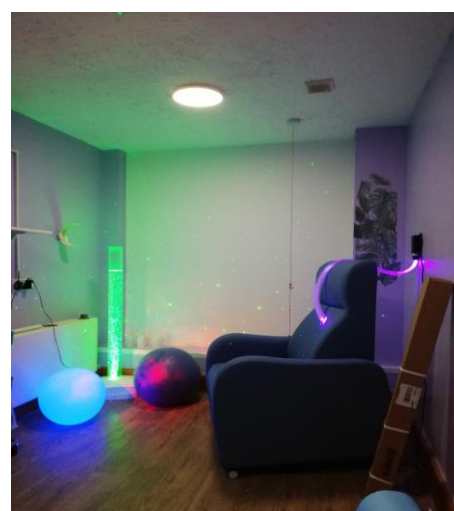
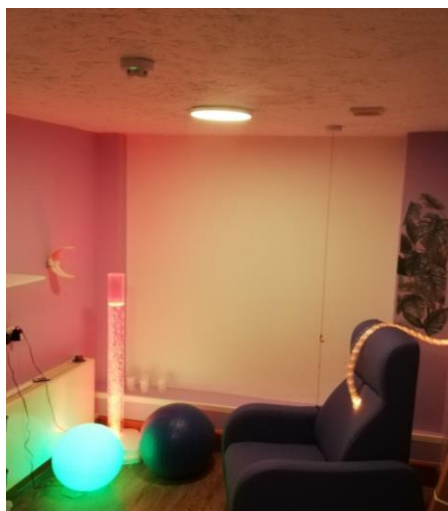
No one was rushed, we saw one resident who was followed with a plate while they walked around, eating little bits of food given to them by one of the carers. The staff were seen to be patient, caring, and chatted easily with residents.

4.3 Social engagement and activities

The two lounges are set up to offer different options for residents, one a quieter space, with the TV showing current news and music and the volume at a low level. The other lounge playing music with more focus on 'dementia friendly' activities with dolls, stuffed animals, puzzle, an electronic puzzle machine which is also used by residents to make facetime calls to relatives.

The care home allows visitors at any time and encourages visitors to join relatives during lunch as this can sometimes help residents to eat.

The OT has one to one time with each of the residents to ensure that their needs are clear and anything that is needed for an individual be that music therapy, quiet time, social activities are added to their care plan and is very proud of the new sensory room.



The team enrich residents' lives where they can, one resident whose life had been full off music was taken along with a family member to Milton Keynes Proms in The Park by members of care staff. The family commented:

'It was an amazing day out; one we will never forget it'.

'The activities coordinator is amazing'.

Birthday trees and the 'Wall of Fame' resident of the day board and photos of activities residents have taken part in are remembered in the corridors and dining room.



4.4 Additional findings

The volunteer that comes in every Friday from 11am – 4pm is a former care worker at the home who has returned because she enjoys the work so much. The staff and residents as are very at ease with this volunteer who was very caring and patient with the residents.

The majority of the staff have been at this care home for more than 10 years with one member of the care team having been there for 19 years. All staff we observed were professional, caring, and attentive. It was noted that they seemed to give 'a little extra' when going about their work, always smiling with time to respond to residents' questions.





5 Recommendations

On the basis of this visit no significant issues were identified through the interviews and observations.

Healthwatch Milton Keynes would like to congratulate Bluebirds on the culture within the Home as well as the physical environment of the Home.



6 Service provider response

Thank you for the lovely report, I shall share it with my team.

Register Manager.