

**Enter and View Report Precious Homes  
January 2023  
Review of Residents' Social Wellbeing**



**Fenny Mews/ Stratford View**  
Review of Residents' Social Wellbeing

Published April 2023

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## 2 Introduction

### 2.1 Details of visit

Details of visit:	
<b>Service Provider</b>	Precious Homes Assisted Living
<b>Date and Time</b>	13 <sup>th</sup> January 2023: 9.30am to 2.30pm
<b>Authorised Representatives</b>	Helen Browse & Diane Barnes

### 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.



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## 3 What is Enter and View?

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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 Precious Homes Assisted Living facility. As well as building a picture of their general 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, 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.<sup>1</sup> 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.

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<sup>1</sup> <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 9.30am and actively engaged with residents between 9.30am and 2.30pm

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, mainly 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 had all been asked in advance 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.

#### **In respect of demographics: -**

A total of 5 residents took part, no family members were available take part in these conversations.

Three residents were male and two were female.

Ages ranged from 19 to 61 years of age. Residents had been living at the home for between less than three months and over five years.

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



## 4 Summary of findings

### 4.1 Overview

Fenny Mews and Stratford view are part of a Supported Living service in Bletchley, where the facilities are contained within the one property, adjoining, but separate. This is a Supported Living Plus Service which provides a step-down service for individuals moving on from a range of Care environments or Hospital, as well as providing support to individuals who are becoming more independent but who may need a little more support before taking that next step.

The long-term aim for many residents is to live in the community with little or no support. However, places are available for residents for as long as they may need them, with differing levels of support.

### 4.2 Premises

Although the property is situated on a very busy stretch of road, the fenced garden and large car parking area mean that the living quarters have a peaceful and private atmosphere. Fenny Mews benefits from close community links, excellent transport links to Milton Keynes Centre and further afield and a team with extensive knowledge of the local area.

The service is within easy access of local shops, sports facilities, employment opportunities, restaurants, and health services. It is also close enough for residents to go for walks, along the canals.



The communal lounge with kitchenette was bright and modern with the seating arranged so that residents had a good view of the garden area.



There was a wide selection of games available, and the television was easily seen, but not the focal point of the lounge. The kitchenette was clean and tidy with a good range of refreshments available.



One resident was very proud to show us their flat, and one flat was not occupied at the time of the visit. This meant we had the opportunity to view two very different and very well-appointed flats.

Each resident has their own one-bedroom flat which contains a bedroom, living and dining area, kitchen, and bathroom. The people we spoke to were proud of the independence that having their own space provided them.





### 4.3 Staff interaction and quality of care

The staff team at Fenny Mews appear to be genuinely interested in the lives of those they support, demonstrating a good knowledge of residents wants and needs.

During our visit we spoke to residents in the privacy of the manager's office. Staff were conscious of the need for residents to be in control of the conversation but also to have the choice of having a member of staff present if that put them at ease. No residents choose to have a staff member join the conversation unless they wanted clarification or needed to ask a question of the care team.

The personal interactions we observed were sensitive and caring and we saw many examples of the good rapport that staff have with the residents of Fenny mews this was a combination of quiet one to one interaction or during a request for assistance. staff were seen at all times to respond with a kind, positive, or encouraging response.

A new resident has behavioural issues which some of the residents are finding difficult to cope with. The staff are managing both the new resident with urgency and care alongside other residents' concerns, managing to keep calm and defuse the situation effectively when it arises. Some of the residents we spoke had concerns about this but also said they were always sure that the care team were always there to look after them.

The residents we spoke to were in regular contact with family members, this was in various ways from telephone calls, face to face, meeting up for special occasions. All contact methods were supported by care staff and residents enjoyed their time with family. Some residents had been able to spend time with family members over Christmas this year and, for those that could not, a Christmas gathering in the communal area took place so everybody had the opportunity to do something a little different.

Most of the residents we spoke to, when asked what your favourite thing is about living here responded:

*'People to talk to and make friends.'*

*'I like having my own space'*

Fridays are 'Funky Fridays' in Fenny Mews where staff join in playing board games, while answering any questions that residents have. This is a regular thing so residents have an informal situation where they can have their say and staff are available to answer any questions in a more relaxed and fun setting.

While occasional Agency staff are used, this is rare, and Fenny Mews try to use the same staff to maintain consistency for the residents.



## 4.4 Social engagement and activities

Fenny Mews shares the communal space and the garden area with Stratford View, which enables good social interaction with others living at the combined property. The residents are actively encouraged to get out and about in the community.



**Artwork created by residents at Fenny Mews**



**Reminder of family fun day. Residents could throw wet sponges at staff.**

Residents are encouraged to go out and about in the community and join in with activities, and we were told of the things they enjoyed doing. Some liked to go to the cinema, one has recently joined the local gym and goes swimming. The carer that accompanies them to the pool doesn't join in but travels with them.

Many residents go to college or have part time jobs and enjoy evenings or lunch out so don't always cook meals. Staff are always at hand to help with mealtimes as each of the residents' skills level in the kitchen is different. Some choose to eat in their own flat and others like to eat in the communal area.

Each resident has a care plan and part of this is a progression plan to set goals and objectives. This gives both the residents and care staff a clear picture of the residents' expectations alongside any health-related needs that not only need to be monitored, but that residents will need to be able to manage themselves if a progression to independent living is to be successfully achieved.



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## 5 Additional findings

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Every resident we spoke to knew about their care plan and said that they had been asked what should be in it. The residents we spoke to were aware of GP visits and annual health checks and how important it is to understand your medication.

We were told, unprompted, how safe people felt now that the fence had been put up and how they were enjoying the new activities. Most residents were very happy to socialise with each other even though there were concerns from several residents over their safety because of the newest resident. They did say they knew staff were aware of their concerns and were managing the situation to keep them safe.



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## 6 Recommendations

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Healthwatch Milton Keynes would like to commend Fenny Mews on its caring and empowering ethos and suggest that this service demonstrates excellent examples of good practice in the delivery of care to this particular client group.

- Following our visit, the only issue identified was the difficulty in communication due to lack of common language with the newest resident, which was only highlighted when the individual was not calm. As English was not their first language, our suggestion would be that staff are given the opportunity to learn the phrases being used during outbursts and appropriate responses in the residents' native language. This may be a positive step for the resident and those in close proximity if it speeds a resolution.



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## 7 Service provider response

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On page 9, the report references behavioural issues from a new resident. Just to clarify this resident is not new, he has lived at Fenny for over 7 years, however is currently going through some physical and mental health issues, which is impacting on his behaviour. As you know we are working very closely with his social worker and the local health teams to identify and treat these issues. Since your visit we have seen a significant reduction in behaviours due to a change in medication and intensified positive behaviour support strategies.

On page 12, the recommendation is around the new resident and his communication, however as mentioned above this person is not new and he does already have a keyworker plus 6 staff members in his support team who can speak Shona and communicate in his first language. We have used your recommendation to implement a communication grab sheet with this person's regular phrases in Shona, so that other staff members can identify what he is saying when he is not speaking English in moments of distress.



# 8 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?				
<b>Safeguarding, dignity, and privacy</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>	<b>Comments</b>
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?				
<b>Concerns</b>				
Is there anything you don't like about your carers?				
<b>And Finally</b>				
What is your favourite thing about your carers/living here?				

