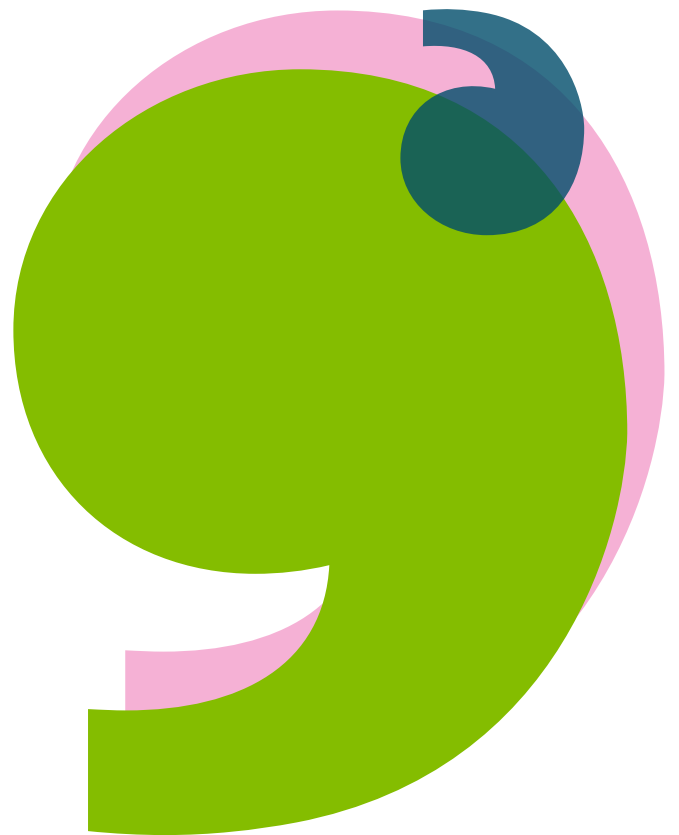




# Burlington Hall Care Home

Review of Residents' Social Wellbeing

November 2018



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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
Service Provider	Adara Healthcare Ltd
Date and Time	11:30am, Friday 9 <sup>th</sup> November 2018
Authorised Representatives	Liz Whalley and Gill Needham
Contact details	01908 698800

## 1.2 Acknowledgements

Healthwatch Milton Keynes would like to thank Adara Healthcare Ltd and Burlington Hall management, staff, residents and relatives for their contribution to the Enter and View programme.

## 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



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## 2 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.

### 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 Burlington hall. 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

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

We know that, just because people were living in homes with other residents, did not mean that they were somehow immune to loneliness or social isolation. It's 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.

Milton Keynes Council shared with us a list of care homes receiving council funding from which we randomly selected sixteen homes to visit over the course of the next few months. When all sixteen visits have been completed Healthwatch Milton Keynes will collate themes of experience that are found to be common across the settings visited and provide a summary set of recommendations which will be provided to all Care Home providers across Milton Keynes.

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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/>

## 2.3 Methodology

A semi-structured interview schedule (see Appendix A) was developed during a workshop of Healthwatch Authorised Representatives (ARs), facilitated by Healthwatch staff. A letter had been sent to all the managers of the target care homes introducing them to the Enter and View process and explaining the focus of the review. 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 information sent to Burlington Hall had not been seen by staff so they were unaware of our arrival. This also meant that the posters about the visit had not been displayed so residents and their families were also unaware that we would be visiting.

On arrival the ARs made themselves known to the most senior person on duty (the Manager) and provided him with the standard letter confirming the purpose of the visit. They were then shown around the home by a member of staff but were given freedom to move around all the communal areas and into private rooms if given specific consent by residents.

The checklist of conversation topics was based on the pre-agreed themes for the Care Home visits. The ARs also spent time observing routine activity and the provision of lunch. The ARs recorded the conversations and observations via hand-written notes.

In the event six interviews were carried out with residents and one with a member of staff (an activities organiser) as well as observation of interactions particularly during the lunch period.

The ARs began by introducing themselves and Healthwatch and explaining the purpose of the visit. They then asked if the resident was willing to participate. At the conclusion of the visit a brief discussion was held with the Manager to address any general queries which had arisen and explain the next steps in the process.



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## 3 Main findings

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### 3.1 Summary

On the basis of this visit Burlington House is observed to be a generally well run home which places emphasis on the social engagement of its residents.

Burlington Hall is a care home registered for residential care only and includes a separate dementia care unit. It has 53 single bedrooms. The Home has an open-door policy for family and friends to visit at any time. There are two well-kept gardens open to residents. Meals are served in two lounge/dining rooms - only five residents regularly have meals in their own rooms.

During the visit, the following aspects were considered:

- design and layout of premises
- staff interaction
- social engagement and activities
- friendship and loneliness
- facilities and management

#### Notable positive findings

- Staff appeared friendly, considerate and respectful to residents although opportunities for quality interaction were severely limited by time constraints
- An impressive programme of daytime activities and entertainment seven days a week and opportunities for outside visits
- Light physical exercises are included in the activities programme and residents are able to walk outside in the garden.

#### Area for possible improvement

- Daily routines may not always take account of residents' preferences
- Some residents expressed feeling the effects of pressure on staff

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## 4 Social Opportunities

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### 4.1 Design and Layout of Premises

The ARs found the premises spotlessly clean, tidy and well decorated with furniture in good condition. They observed three communal rooms; the ground floor lounge was small with seating around the edges of the room and dining tables at one end. Lunch was served at circular tables (which encourages conversation) with some less mobile residents being served in their armchairs.

The lounge/dining room on the upper floor appeared much lighter and, perhaps, more recently decorated. Lunch was served at two rectangular tables. Music (1930s style) was playing which added atmosphere but could restrict conversation and a TV screen was on for no apparent reason.

The conservatory style communal room in the dementia care unit is large, light, airy and attractive. The ARs were invited into a number of residents' bedrooms - these were a standard size, comfortable and well-furnished but without ensuite showers.

The gardens were well laid out with attractive and sheltered seating areas.

### 4.2 Staff Interaction

The ARs saw evidence of good practice in the way staff interacted with residents and the atmosphere appeared to be warm and friendly. In the dementia care unit several staff were sitting with residents giving one to one support. At lunchtime the food was served in a friendly and considerate manner with some residents being helped to eat their meals. The cook who served the meals appeared to know each resident by name and their individual preferences.

The residents interviewed were generally positive about the staff:

**“Generally very helpful and very pleasant”**

although they didn't seem to know them by name:

**“I don't know their names but they're very good, most of them”**

However, there were frequent references to staff being under pressure and not having enough time to spend with residents:

**“they're very good but some of them go away out the door when you're talking which annoys me. Its time - they haven't got time”**





“They say I have to ring the bell to go to the loo but when you do you see their faces.”

This interviewee had fallen getting out of bed to use the toilet because they felt guilty having to bother the busy staff to assist, although they were under strict instructions to do so.

When asked if there was one thing which could improve the quality of their stay at Burlington Hall, one resident said

“the staff being able to spend a little bit of time with you”.

This resident also felt it would be nice to have the same staff member all of the time:

“you have to have who comes - I wish you did have the same one really”

It did appear that there may be some inconsistency in the quality of the staff with residents telling us that they felt that one or two staff could benefit from some further training to bring them up to the general standards of care they received.

Two residents told us that they felt that some staff were over vigorous when washing or showering. This concern has been raised with the manager and he has provided assurance that he will look into this issue.

### 4.3 Social Engagement and Activities

Burlington Hall has an open-door policy for family and friends. This was evident during the visit and highly valued by the residents interviewed. One said the best thing about the care home was:

“they accept visitors at all hours and you can go out with them”

Residents either spend time in their rooms or in one of the lounges.

One couple stayed in their rooms as they didn't feel they could have meaningful conversations with others in the lounge

“we don't often sit in the lounge, most people in there aren't compos mentis”.

This was echoed by another resident who said they felt the lounge wasn't a good environment as there was 'no conversation'.

One resident found it difficult to socialise because of speech impairment:

“I can't talk to people in the lounge because they can't hear me - I don't speak very loud”

and another was content to sit in the lounge:

“I can’t see TV and I cant listen to the radio so I might as well sit here”

All residents are encouraged to join in the activities programme and those with mobility problems are helped to attend. The programme for the following week is distributed every Friday and displayed on notice boards. One resident with poor sight relied on others to keep her informed

“Yes that’s a point, especially with me, I don’t always find out. The others tell me”

The AR s learned from one of the Activities Organisers that residents are regularly asked for suggestions to add to the programme. The programme for the week in question (see appendix B) included a wide range of activities - arts & crafts, games, physical exercises, reminiscence sessions and music.

The residents we spoke to were generally positive about the activities:

“the activities - they’re quite good actually and most people take part. We made poppies, and a big painting yesterday for Halloween”

One person particularly enjoyed playing cards, another showed us a piece of knitting in progress.

One male resident commented that he felt many of the activities were geared more to women than to men (perhaps reflecting the gender ratio at Burlington Hall).

When we asked about opportunities for going out of the Home, residents told us they appreciated being able to use the gardens in good weather but most relied on family and friends for occasional trips out. Several residents did mention, enthusiastically, that a visit was being planned to Bletchley Park.

It was clear that some residents are painfully aware of their restrictions. It is a concern (as in any care home) that some residents who are fit enough to go out will not have relatives or friends to take them.



## 4.4 Friendship and Loneliness

Mealtimes are important as a focus for the day and opportunity for social engagement. There was evidence of some friendship groups in the lounge and at the lunch table. Most of the people we spoke to appeared to feel that the organised activities were their best opportunity to mingle and interact with other residents.

Only two of the six residents were able to talk specifically about having made friends:

“I talk to people here - I don't choose them, it just happens. I make a point of not having special friends. If you get close and something happens - it's a sad time”

Others appeared to choose to keep themselves a little apart:

“But I talk to a few people at the table while I'm shoveling it in”.

“I don't really mix, just sit at the table”

One interviewee said she felt guilty as she preferred to eat alone:

“I like to sit separately, it feels cosy - am I terrible?”

One person, who was confined to their room following a fall, was feeling lonely:

“It's easy but time is so long - if only I could get up and talk to someone”

Several people expressed feeling bored during the evenings:

“We have our evening meal about 7, then there's nothing on in the evening, nothing at all, I feel really fed up then”

“Evenings drag a bit” Meals are at 8, 12, and 5, then it's a long evening.”



## 4.5 Facilities and Management

Interviewees were generally positive about the management of the care home. They felt able to raise any issues with the Manager and had attended one of the regular residents' feedback meetings the previous day. They told us that the meeting had featured some complaints about food and the length of time taken to answer call bells.

One resident said the best thing about Burlington Hall was

“the running of it”

The residents we spoke to, however, gave the impression that their daily routines were rather fixed and regimented. One interviewee complained at being put to bed very early:

“I don't want to go at 6pm. Grandchildren don't go at that time!”

Another resident commented that they had little choice about when to have a weekly shower - they were worried that if they refused when staff came to take her, they might miss out that week.

The Home appeared spotlessly clean and this was appreciated:

“the cleaning is excellent - they come round regularly to clean bathrooms - all the surfaces are chemically cleaned”

People seemed quite content with the food:

“adequate - keeps you going. There's always plenty - always a choice and the menu doesn't duplicate”

“very reasonable compared with some places - mostly the sort of things I would have at home”

and the meal we observed looked appetising and nicely presented.

The Home has a well-equipped hairdressing salon and the residents enjoyed the services of a hairdresser two days each week.

There was mention of items of clothing being mislaid by the laundry. This appears to be a common problem across the care homes we have visited, but the distress it can cause should not be underestimated, particularly when loved items are lost.



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## 5 Recommendations

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- Ensure processes are in place (and all staff trained) to recognise the signs of loneliness or isolation and to introduce action plans to address them
- review processes and daily routines to increase individual choice and empowerment
- consider the possibility of creating some small alternative social spaces to encourage informal engagement
- consider the introduction of a key worker system to improve continuity of care and even better relationships
- consider introducing some evening social opportunities such as film nights, card games, or scrabble to reduce feelings of boredom or loneliness
- review laundry processes to reduce the number of items lost or mis-delivered
- continue to monitor the delivery of care, to ensure every resident is treated with sensitivity and respect



## 6 Burlington Halls Response

We strive to ensure the best possible care is provided to all our residents and the management team welcomes the review of residents' social wellbeing to help us improve our service. We appreciate the time Healthwatch Milton Keynes has taken to identify areas of improvement so we can continue to build on the high standards of care we provide.

- We strive to maintain a strong sense of community within the home and have appropriate staff training to facilitate this. The management team has provided feedback to all members of staff to reassure them that they have its full support to spend time with residents and should not feel rushed in their daily activities. Staff meetings have been scheduled to reinforce the importance of interacting with residents and this will be reviewed using the care plans we have in place. This will include processes to ensure all staff are aware of signs of loneliness and isolation.
- Individual choice is always at the forefront of any decision making and the management team is in the process of implementing feedback forms to support this objective. This process will be reviewed and discussed with residents and their relatives to improve efficiency and ensure that it is effective. We hope to extend the feedback form further to improve residents' informal and formal social activities and engagement.
- We aim to continually improve the delivery of our service and currently have a key worker system in place. Nevertheless, we are taking this opportunity to review our processes further.
- We have discussed comments made by residents with our activities coordinator and care staff. We are in the process of developing and implementing more social opportunities for residents, particularly in the evening. We hope to gain feedback on this and improve our service further.
- The laundry process has recently been changed to ensure each resident's belongings are appropriately labelled. In addition, liaising with the key worker will help reduce the possibility of misplaced items. In the event any item is misplaced, the management team has a system in place to investigate as a matter of priority.
- We regularly monitor our delivery of care through a number of processes which are routinely audited. Regular staff meetings are held to ensure there is continuity in care. We pride ourselves on working cohesively as a team to deliver safe, effective and personalised care to all our residents.



## 7 Appendix A

### Prompts for interviewing residents (plus family members when present)

#### Name of Home:

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?



## 8 Appendix B

