

Dovecote Manor

Review of Residents' Social Wellbeing



Contents

1	Introduction.....	3
1.1	Details of visit.....	3
1.2	Acknowledgements.....	3
1.3	Disclaimer.....	3
2	What is Enter and View?.....	4
2.1	Purpose of Visit.....	4
2.2	Strategic drivers.....	5
2.3	Methodology.....	6
2.4	In respect of demographics: -.....	6
3	Summary of findings.....	7
3.1	Premises.....	7
3.2	Meals.....	9
3.3	Activities.....	11
3.4	Staff.....	12
4	Recommendations.....	13
5	Service provider response.....	14
6	Appendix A.....	16



1 Introduction

1.1 Details of visit

Details of visit:	
Service Provider	Excelcare
Date and Time	11/08/2022 10am to 4pm
Authorised Representatives	Helen Browse

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 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 Dovecote Manor Care Home. 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.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 understand the pressures of the COVID 19 pandemic on services and have had a significant amount of feedback with regards to the necessary changes to service delivery and accessibility to promote safety for all. It is our intention to be able to formally report the impacts these changes have had on both services and those who use the services and their loved ones.

For the coming year Healthwatch Milton Keynes will be working in partnership with Milton Keynes Council and the CCG, undertaking joint visits so that a well-rounded view of the operation of the care home or service can be understood. Healthwatch Milton Keynes will be specifically focusing on the experiences of the services users

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 Authorised Representatives (ARs) arrived at 10am and actively engaged with residents between 10.00 – 4.00pm.

On arrival the ARs 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 ARs with a thorough tour of the Home and introduced them to staff and residents along the way. The ARs were subsequently afforded access to all parts of the Home for the duration of the visit.

The ARs used a semi-structured conversation approach (see Appendix A) in meeting residents on a one-to-one basis, mostly in their own rooms. The checklist of conversation topics was based on the pre-agreed themes for the Care Home visits. Additionally, the ARs spent time observing routine activity and the provision of lunch. The ARs 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 7 residents took part in these conversations.

2.4 In respect of demographics: -

- Participants ranged in age from 67 to 94 years.
- 5 were females and 4 were males
- 5 had been in residence for 12 months or less, one resident had been in the home for almost 12 years.
- 3 residents were accompanied by friends and family, whilst the remainder were alone

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



3 Summary of findings

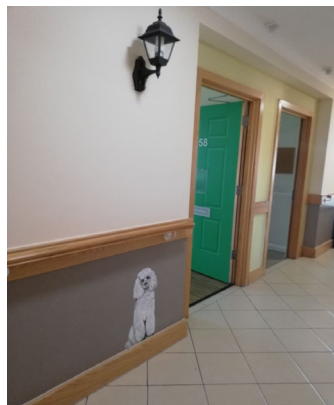
Dovecote Manor is registered to provide nursing and personal care for up to 42 residents, with a particular focus on people living with dementia. The home also endeavours to provide care for couples if required. The staff were well liked and appreciated by residents and their families.

3.1 Premises

The care home is set out on the first and second floor of a three-story building; the ground floor is not a part of the care home. The kitchen and laundry facilities are on the ground floor, these facilities are shared with the Windsor Intermediate Care Unit (WICU) who occupy the ground floor. Security keypad locks are in place to move between all floors within the building.

The majority of residents living at Dovecote manor have a dementia diagnosis so there is no significant difference between the two floors with regard to care provision. However, those residents living with more advanced dementia reside on the second floor.

Both floors are set out in a similar way each having its own lounge and dining area and both floors have some smaller quiet seating areas. Bedroom doors have been decorated with 'front door' style doors, with different wall motifs from flowers to pets and wall lights making corridors look more like streets. This allows residents to more closely associate their room with 'home' and helps with navigation. Residents are able, and encouraged, to personalise their rooms



"The room feels like her own, lots of personal items, carers are lovely to her when she sees them"



Most of the care home has recently undergone redecoration with a few areas still awaiting completion, this includes the removal of the little shop and sensory room to add additional bedrooms. A few bedrooms are being redecorated and there are still some bedroom doors that are awaiting the 'front door' update.

There is a lovely garden at the front and rear of the building. As the Home does not have direct outdoor access from the premises, residents rely on staff and visitors to be able to use the garden area. Some of the residents and families told us that they would like to be able to use the garden area more but noted that staff were not always available to facilitate this:

'Would be nice if walks outside or in the garden happened'

'I've got a wheelchair but never get to go out! Staff don't have any time to take me out'

Despite this, the Home has worked very hard on 'bringing the outside in' and has decorated parts of the communal areas with murals and other outdoor scenes. This gives the Home a bright and spacious feel, especially in areas where there are no windows or garden views.



The café also provides a nice area where residents can sit and chat. Friends and family can use this for visits as well, the café styling creates the feeling of an outing for those who can't necessarily get out.



3.2 Meals

All meals are prepared on site and it is notable that residents are encouraged to eat in the dining room where possible. There is a four weekly rotating menu on display, snacks are available on small trollies in the main areas at all times. Regular morning and afternoon snacks are provided these include fresh fruit along side the cakes and pre-packaged snacks on offer.



Lunch service begins at 12.30 on both floors and, on the day of our visit, the dining rooms were fairly well attended on both floors. The meals looked and smelt very appealing and were all served while hot. The daily menu on display uses photographs and written descriptions of the meals, reflecting the 'Dignified Dining'² best practice guidelines. We observed residents being reminded of their choice and always offered an alternative if they did not now want the meal they had chosen earlier.



² <https://www.ageuk.org.uk/wp-assets/contentassets/2d42698f64294f3993e75b378eb3292a/dignified-dining-toolkit-v6.pdf>

The day we visited was a particularly warm day so some residents on the first floor chose to sit in the lounge to eat lunch or outside the main dining room on the sofas, where they had been comfortably seated for most of the morning. There were plenty of staff on the first floor, some delivering meals to residents in their rooms.

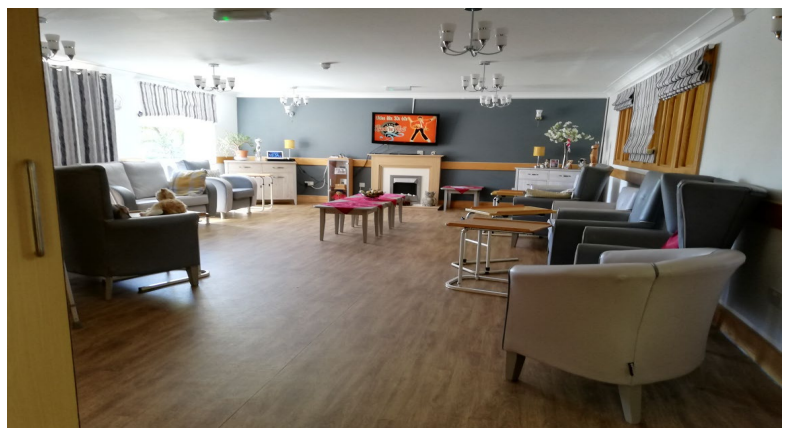
The residents in their rooms who needed assistance with eating had to wait a short while as staff were mainly focussed on those eating in the communal areas.

The second-floor dining room was well attended by residents, the AR noted there were only two staff on this floor to manage the dining room, those who were eating in their rooms, or in the lounge.

Second floor residents in their rooms were unattended, often unable to reach their food, or disinterested, for over an hour as there were not enough staff to manage the communal areas as well as the bedrooms over the meal service.

All staff interactions were seen to be very patient, kind, and caring. Although staff did not have a lot of time to spend engaging with each resident, no one was rushed to finish their meal. Those in the lounge and outside the first-floor dining room who refused a hot meal were offered alternative meals of salad or sandwiches.

Drinks were given to residents with every interaction to encourage them to drink.



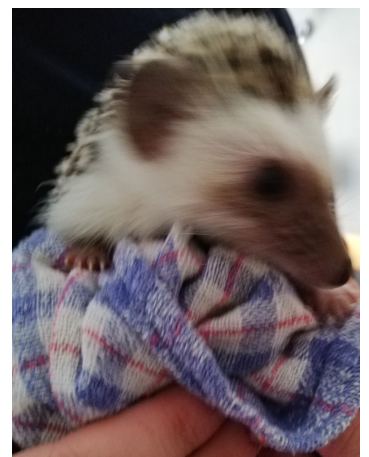
3.3 Activities

The Care Home employs an activities and lifestyle coordinator who works 25 hours per week. There are activities planned out for each month by the activities and lifestyle co-ordinator. The resources are also accessible to all staff when the co-ordinator is not on duty, the care staff also help with the activities. A calendar of activities shows residents and visitors what is coming up in the future and there is a nice display of photos of past events and happenings.

Activities Schedule	
Monday	- Hair by Claire – Hair Salon Pamper Session
Tuesday	- Bingo Arts & Crafts Puzzles & Games
Wednesday	- Gardening/Flower Arranging Arts & Crafts Knitting
Thursday	- Music & Movement Cooking/Baking
Friday	- Quiz/Wordsearch Music & Sing-a-long
Saturday	- Board Games Movie Afternoon
Sunday	- Pamper Session Movie Afternoon



On the day of the visit there was an afternoon visit from a small animal petting zoo – rabbits, guinea pigs, tortoise for residents to handle. This visit was well received by most residents.



There is an electronic puzzle machine to help people keep their minds active. A member of staff was observed spending time using the electronic puzzle machine with a resident who was enjoying the challenge of the 'spot the difference' and the changing picture when it was completed and a new one emerged. The staff member was encouraging, engaging and patient...



A number of friends and family suggested it would be nice to have someone available to sit and read to people who were either unable to leave their rooms or preferred not to take part in group activities.

"[Resident] is alone most of the time, and would like someone to read to [them] or sit and talk"

3.4 Staff

All the staff were observed to be polite, friendly, and patient. Residents clearly liked the care staff and smiled and chatted with them whenever they spoke with them. Residents told us they were comfortable to ask questions or request whatever they wanted.

At the time of the visit the home was actively recruiting for a housekeeper and a night team leader.

Staff are well liked by residents and family members. Staff were seen to be patient and caring when interacting with residents. It was noted that staff let residents know what they were doing or asked for consent before moving or assisting people.

As in most care settings, people worried that there weren't sufficient staff for the number of people being looked after.

'Lounge gets very busy; I often can't find anyone to help me take my husband back to his room'

'I rarely see many staff, when I do speak to any staff, they are really nice, but on weekends when I come in it's difficult to find anyone'



4 Recommendations

As Milton Keynes is looking to become a Dementia friendly City, the more support that you can get locally to support your activities the better, here are a few ideas to help support you:

- Consider developing a Biography Project, this could be carried out by a local school or parish volunteers. Residents can record memories of their life or may wish to write letters to specific people in their family. Photos could be included, the biography can be as short or long as they want, this can be incorporated into reminiscence therapy sessions.
- Consider approaching local schools, the parish or town council to recruit volunteers who could support those residents who struggle to join in the group or organised activities.
- Revisit staffing schedule for lunch service, consider how staffing could be managed to balance provision on both floors and for those residents eating alone, possibly asking for volunteer help during lunch service.
- For those residents with mobility issues, particularly those with wheelchairs, finding the opportunity to allow them time to go out more often with care staff to help enrich their stay in the home.
- Explore the possibility of planned time in the garden with small groups of residents for short periods of time, this may require the help of volunteers to enable it to be actioned.



5 Service provider response

Garden

Access to the garden independently can be difficult for people living in the home, due to keypads and using a lift.

However, Team members do encourage people to spend time in the garden and there are four raised beds to enable people to participate in gardening.

All lounge and dining areas overlook this garden area which also includes a fishpond and fountain that can be seen from above.

Currently we have a volunteer who visits regularly through the week who supports with maintaining the garden which includes fruit, vegetables, flowers, and herbs.

Seasonal produce grown are used as ingredients for meals in the home and photos shared on social media sites.

Meal Service

On the day of the audit deployment of Team members on the second floor could have been much better.

Lessons learned have been discussed with the team following observations and Healthwatch feedback.

During mealtimes there are always additional resources available to support, this includes members of the management and housekeeping team on the day these were not utilised.

Activities

Currently the lifestyle co-ordinator works 25 hours per week.

We have adapted these hours so they are flexible so they can cover morning, afternoon, and evening rather than having a specific start and finish time each day.

This enables the Lifestyle co-ordinator to plan and tailor the activities that are required to the individual ensuring that one to one activity is provided at a suitable time for the person as well as continuing with group activities.

We will continue to keep the lifestyle co ordinator hours under review to ensure they remain sufficient.

Staffing

Team members presence and effective deployment is essential to the safe running of the home.



Each month the dependency levels of people living in the home is reviewed this also identifies the level of team members that is required.

The home would always work within these levels.

The same amount of care team members work in the week as that work at the weekend's. The only difference in Team Members currently is there is no front of house team members present at the weekend.

Recommendations

All recommendations relating to activities will be shared with the management team and lifestyle co-ordinator.

Pre pandemic Dovecote had links with local schools and working together with local communities is very much something we are all keen to develop.



6 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?				



If you could change one thing about your care, what would it be?

