

Neath House

Review of Residents' Social Wellbeing



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1 Introduction

1.1 Details of visit

| Details of visit: | |
|-----------------------------------|------------------------------|
| Service Provider | Excelcare |
| Date and Time | 24/08/2022 10.00am to 4.00pm |
| 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 Neath House 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 10.00am-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 9 residents took part in these conversations.

2.4 Demographics: -

- Participants were aged from 67-96 in age with an average age of 82
- 6 were females and 3 were males
- Residents had been living at the home between 9years and 2 months with the average stay being over 3 years.
- 2 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

Neath House Care home is owned by ExcelCare Holdings Ltd and is registered to provide residential and nursing care for up to 47 residents, and they also support a high proportion of residents with a dementia diagnosis.

The Deputy Manager was a favourite of many residents who wanted a chat whenever he was seen, and he tried to accommodate with a smile and acknowledgement. The Manager helped out during lunch service spending time feeding a bedbound resident. Residents and their families told all told us that staff were liked by everyone.

3.1 Premises

The home is set out over two floors with 20 bedrooms on the ground floor and 27 bedrooms on the first floor. Four of the rooms are used for respite care. The ground floor is split into two areas, Woburn, and Windsor, each with a dining room and lounge area. Woburn has a large conservatory leading to the main garden and Windsor has a large patio area.



The first floor has three designated areas Balmoral, Conway, and Inverness, each with their own dining room and lounge areas two of which have outside seating areas.

The home is coming to the end of a refurbishment program and is looking clean and fresh, each of the areas of the home has its own identity ranging from seaside beach houses to train stations giving the separate areas a clear identity, residents are free to walk between the three areas on the first floor or the two ground floor areas and a few residents have access to both floors dependent on their levels of mental capacity



There are some residents who have 'stair gates' on their rooms these are for a variety of reasons: a resident does not like anyone entering their room unless invited in; a resident is unwell needs quiet but wants to see what's going on; for safety, for example, if a resident is prone to lashing out if startled.

Most of the bedroom doors are now in the 'front door' style and each room has the residents name on the wall outside and includes a small 'bio'. The Bio tells people the resident's preferred name, topics they like to talk about, and a colour coded heart which signifies the level of help required in an emergency – Red=bedbound, Amber=Assistance required, Green=Able to walk.



Having five dining areas with lounges is lovely for the residents particularly as four of these have direct access to outside spaces. However, when lunch service is underway this makes it very difficult for a small number of staff to monitor 47 residents who are not all the main areas but choose to eat in their rooms or lounges not the dining rooms.



The first-floor conservatory was well used by residents, many of whom chose to go into the garden patio area to drink their tea or juice, and some to smoke. The conservatory was also used for the afternoon seated keep fit session run by an external company but attended by nine residents who appeared to be having fun, joining in, chatting, and laughing. Care staff were encouraging, taking part, and chatting with residents.

3.2 Meals

Lunch service begins at 12.45-1pm and is served in all five dining rooms or lounge areas to residents or, if preferred, in residents' rooms. All food is prepared on site and residents make the meals choices in the morning, if they do not like the menu then an alternative meal is offered. The meals looked and smelt very fresh and appealing, care staff took time to present meals well and a few staff commented they also ate the main meals most days.

The photographic menus are helpful, especially if there is something new or unfamiliar on the menu. Attractive photographs of the meal options and the large print demonstrate a good awareness and implementation of guidelines for nutritional care for people living with dementia.



Lunch service began on the first floor, hot trolleys went to each of the three dining rooms in turn, staff served the residents in the dining rooms first, then moved to those residents in lounge areas. Residents choosing to eat in their rooms had care staff taking their meals to them and, if necessary, remaining to provide assistance.

The food looked and smelt very nice, both residents and staff commented on how good the food is. The menu is changed every four weeks but if at



any time a resident does not want what is on the menu, they will be made something different.

Residents and family told us:

'Lunch was good, but sometimes it's cold'

'Lunch was really good, like the food'

'Foods okay, I like it'

'My Dad used to eat here with Mum'

'Sometimes I'd like to eat here myself, the choices are good'

Snacks are offered throughout the day, a mix of pre-packaged and baked cakes and fresh fruit during the afternoon. Each of the dining areas has its own kitchenette so residents can have freshly made tea/coffee or cold drink on request



3.3 Activities & Wellbeing

The Home employs two activity co-ordinators who, between them, make up 7 hours per day each week. The monthly activities schedule is displayed in the ground floor reception area, in the lift and on the first floor near the hairdressers where there is also a small seating area.

| Neath House Activity Planner August 2022 | | | | | | |
|--|---|---|---|---|--|-----------------------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| 1 Hydration Trolley/Snacks Activity Happy Birthday Anne V | 2 Hydration Trolley/Snacks Activity Afternoon Activities | 3 Hydration Trolley/Snacks Activity Afternoon Activities | 4 Hydration Trolley/Snacks Activity Pamper Day with Fiona. | 5 Hydration Trolley/Snacks Activity Music Fun with Fiona 2.30pm | 6 Weekend Activities | 7 Weekend Activities |
| 8 Hydration Trolley/Snacks Activity Prize Bingo with Fiona 2.30pm | 9 Hydration Trolley/Snacks Activity Word Puzzles With Fiona 2.30pm | 10 Hydration Trolley/Snacks Activity Pamper Day with Fiona. | 11 Hydration Trolley/Snacks Activity A trip down memory lane with Fiona. | 12 Hydration Trolley/Snacks Activity Sing a long with Fiona. | 13 Weekend Activities Happy Birthday Jean C | 14 Weekend Activities |
| 15 Hydration Trolley/Snacks Activity Afternoon Quiz with Fiona 2.30pm | 16 Hydration Trolley/Snacks Activity Music Fun with Fiona 2.30pm | 17 Hydration Trolley/Snacks Activity Pamper Day with Fiona. | 18 Hydration Trolley/Snacks Activity Word puzzles & games with Fiona. | 19 Hydration Trolley/Snacks Activity Games Day with Fiona. | 20 Weekend Activities | 21 Weekend Activities |
| 22 Hydration Trolley/Snacks Activity Prize Bingo with Fiona 2.30pm | 23 Hydration Trolley/Snacks Activity Happy Birthday Keith P | 24 Hydration Trolley/Snacks Activity Arts & Crafts with Fiona. | 25 Hydration Trolley/Snacks Activity A trip down memory Lane with Fiona. | 26 Hydration Trolley/Snacks Activity Fitness & Fun with Fiona 2.30pm | 27 Weekend Activities | 28 Weekend Activities |
| 29 Hydration Trolley/Snacks Activity Afternoon Quiz with Fiona 2.30pm | 30 Hydration Trolley/Snacks Activity Karaoke with Fiona. | 31 Hydration Trolley/Snacks Activity Pamper Day with Fiona. | | | | |



On the day we visited, nine residents were in the first-floor conservatory taking part in a seated keep fit class being run by an external organisation.



Photos of special days and activities, such as the Tiny Farm visit, are also displayed in the Home.

There is an electronic puzzle machine in the ground floor reception area, it has an interactive screensaver – swimming fish you can press/catch. The machine is mobile so can be taken to residents' rooms or lounge areas for use. At present it cannot be taken upstairs as the lift is awaiting repair, the machine is very heavy and there is concern the lift may not take the additional weight.

We were told that there are iPads that are taken to residents' rooms for one-to-one sessions, including music therapy, but this was not observed during the visit.

Staff were observed chatting in residents' rooms, colouring, and reading with residents, all interactions were warm, friendly, and caring.

3.4 Staff

Staff were seen to interact with residents as often as possible, when walking in corridors, stopping to check in rooms with residents, sitting in lounge areas whenever a residents wanted a chat. It was nice to see the staff were encouraged to spend the time with residents, all staff appeared to genuinely enjoy their time talking with the people in their care.

The Deputy Manager was a favourite of many residents who wanted a chat whenever he was seen, and he tried to accommodate with a smile and acknowledgement. The Manager was observed helping out during lunch service, spending time feeding a bedbound resident.



Care staff knew residents well and were seen regularly checking in on residents who remained in their rooms.

The staff were observed interacting with residents and were at all times caring and respectful. Team leaders are responsible for medications and are in the process of removing the individual medical cabinets from residents' rooms as they do not keep medications cool enough.

Staffing seems low for the amount of person-centred care that is offered, on arrival staffing was given as 8 team members all day, 5 upstairs and 3 downstairs including the team leader (Team leader is also the deputy manager). During lunch service, the kitchen and office staff help out to ensure all meals were served and individual rooms had meals delivered. One of the activities coordinators is also member of the care team.

There were an additional two staff working a half day morning on the day of the visit on the first floor and without these two staff, two of the dining rooms would have had no staff present for long periods of time. On the ground floor the care home manager was feeding a bedbound resident. The deputy manager was delivering meals to residents and helping on both floors.

All staff were polite, respectful, asked for permission to enter rooms. Explained what their intention was with all interactions, they were friendly and warm with residents who knew all the care staff, mostly by name.



4 Recommendations

As Milton Keynes is on the way to becoming 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:

- Continue the dementia friendly journey by inviting the Specialist Memory Service, the Dementia Information Service, or similar organisation to assess/ re-assess residents whose Dementia may have progressed during the pandemic.



5 Service provider response

Neath Hill Care Home is working with the specialist memory service and discuss any matters with the people living in the home for advice.

Home also works very closely with the GP Practice and the review people who is on antipsychotic medication every 6 weekly and Home always ensure to reduces the use of antipsychotic medication for the people and collaborating with the GP Practice for 6 weekly meeting which includes, GP Practice, Specialist memory service and other health professionals and review the people's care as well as mental wellbeing.

At Excelcare Support Office- offers Dementia wellbeing webinars, invites people's family and the team members and discuss on variety of Dementia related topic which is proven refreshing and knowledgeable.

Home continues to seek support from other organisation which support Dementia and continue to develop.

Managers Comments:

"I have read the report, please one area in the report, I would like to clarify with you.

Comments made on Staffing:-

The statement of the staffing seems low for person centred care?

At Neath, staffing numbers are firstly looked at using the dependencies of the residents we have in the home and we have the ability to flex up or down dependent on their needs.

If we have less beds filled we would flex down and if we have a particular person with high needs there have been times we have resorted to 1-1.

The office staff always help on a daily basis on the floor at mealtimes to offer support so all the residents are offered a pleasant, calm and relaxed mealtime.

I strongly believe that we have staffing levels to support the people in the home for person centred care and in the end of the day it's team work and at Neath Care team members, management, domestic team all help the people. Plus at Neath our agency use so low even we are not using any agency for months which also shows how the home support the people with the consistent care."



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? | |

