

**Enter and View report:**

## **Tickford Abbey**

Review of Residents' Social Wellbeing



Published 2023

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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
<b>Service Provider</b>	Greensleeves Care
<b>Date and Time</b>	16 <sup>th</sup> November 2022 9.40am to 5.00pm
<b>Authorised Representatives</b>	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.



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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 Tickford Abbey 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.<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 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, 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.

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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

The visit was prearranged in respect of timing and an overview explanation of purpose was also provided.

The Authorised Representatives (ARs) arrived at 9.40am and actively engaged with residents between 9.40 and 5.00pm.

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. At the time of the visit there were 26 residents at Tickford Abbey.

In respect of demographics: -

- Participants were aged 70 to 106 years, six of whom were females and three were males.
- Five of the residents had been at Tickford Abbey for 12 months or less.
- Two 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

### 3.1 Overview

Tickford Abbey is a three storey Manor House set in beautiful grounds and has kept much of its original charm. The Home is registered to provide residential and personal care to up to 32 residents and there were 26 people living at Tickford Abbey on the day of our visit. People told us that, overall, they were very happy in the home and felt cared for. When the briefing of the visit was given at the end of the day, we received a positive and welcome reaction to our feedback.

### 3.2 Premises

The premises are in a beautiful setting and every effort has been made to keep original features but to also make the home practical and easy for residents to navigate. The ground floor has many day rooms allowing residents to choose from a TV room, music room, quiet sitting room on the ground floor, and the large bright dining room that looks out over gardens. There are large open patio areas for the less mobile residents.



The space available also means that most rooms do not need to serve multiple functions, so residents are familiar with their purpose. The large windows in much of the ground floor make the space very welcoming, providing good daylight, and allows people to enjoy lovely views of the grounds and wildlife.



The hallways are wide downstairs, so residents' movements are not restricted, although parts of the upper floors are not as easy to navigate. The area known as 'Blossom' is open and easy to navigate with a light corridor, but the older areas of the home are narrower, darker, and on multiple split levels which can be more challenging for those with mobility issues.

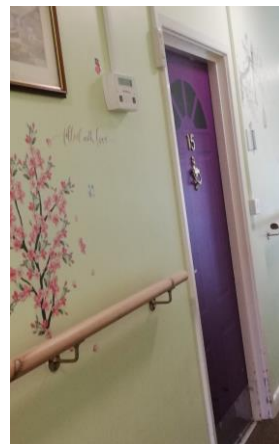
All of the bedrooms that were observed were a good size, with some very large rooms available. The residents are aware that there is a difference in the size of rooms, and one person has recently moved to a large room that she really enjoys. Another resident has requested to move to a larger room, this is something the manager is aware of, and this is being planned.

While the majority of rooms are en-suite rooms, all rooms have a hand basin and there are four rooms that share bathroom facilities. There are also four rooms that could accommodate couples, one of these rooms is occupied by a couple at present.

The residents' rooms were personalised, their own furniture, pictures, and belongings and decorated to their own taste, the cost of redecorating is paid for by the individual resident.

The first floor, where the majority of bedrooms are, also has a sitting room and small quiet room where the hairdresser visits weekly even though this is not set up as a salon anymore and no longer has hair washing facilities. Three of the residents mentioned it was 'hairdresser day' which they enjoy, however they are not happy that their 'salon' has been taken away.

*'I enjoy having my hair done, still makes me feel good'.*



The corridors on the first and second floor have been themed into 'Birds' and 'Blossom' and the residents' bedroom doors are decorated as 'front doors' which supports residents with navigation. Bedroom entrances are labelled with the resident's name, and people can also choose to have a photo of their favourite thing outside their room.





### 3.3 Staff interaction and quality of care

Staff were highly thought of by residents who told us they particularly liked the long-term staff, felt really cared for and felt staff knew what they needed or wanted most of the time. There was a feeling that staff work very hard, and this meant they didn't have a lot of time to spend with individual residents.

Those people who were less mobile and had fewer visitors commented on this, telling us they thought that there was a shortage of staff. Because everyone is so busy, they don't want to be a nuisance but as they are not able to move for themselves feel isolated, if in their rooms unable to socialise. or, when downstairs, put in one place for the day.

Two of the residents said that staff could be gentler at times when personal hygiene was being carried out. One resident found it a very difficult thing to discuss at any time, but more so when it was different carers attending to them. These residents felt uncomfortable mentioning this while they were receiving the care as, generally, they just wanted the process to be over and done with.

In general, however, people told us that staff interaction and attention was felt to be positive and genuine:

*'Staff are pleasant, they really look after me'.*

### 3.4 Activities and engagement

Residents are encouraged to join the activity of the day when they have finished breakfast whether they eat in the dining room or in their rooms, many activities are held in the large entrance hallway which is also where the notice boards for activities and menus are found.



ACTIVITIES					greensleeves care	
Monday	14th	11.15	Craft morning	15.00		One to ones
Tuesday	15th	11.15	sensory	15.00		talk about the world
Wednesday	16th	11.15	Knitting group	15.00		Word game
Thursday	17th	11.15	Making a collage	15.00		quiz
Friday	18th	11.15	Painting group	15.00		Sing a long
Saturday	19th	11.15	Lounge skittles	15.00		Movie and snacks
Sunday	20th	11.15	Church service	15.00		crossword

On the day of the visit residents were enjoying a knitting group in the oldest part of the building where there is a baby grand piano, played most days by one of the residents, a care assistant runs the group which was attended by 5 residents who were making a range of items from a jumper



to a beginner learning the basics, everyone was chatting and enjoying their time together and the resident pianist occasionally played on the piano which turned into a little singsong.

The activities that were observed during the visit had a good attendance and the residents were fully engaged, and the staff were encouraging and helpful. Residents were very happy to talk about their projects and show their work but also to talk about other activities that they had been doing. One of the activities observed was a knitting group which had five attendees of very mixed ability all chatting, helping each other encouraging and gossiping over morning tea, a very happy group. There was clay work drying near the fireplace from the previous day's session which will be painted another day and in another lounge the TV had quiz programs on for four residents who preferred something a little more challenging. The quiet lounge was just that; a quiet space with welcoming seating, and a lovely view of the gardens, for those who wanted to sit and read. Some residents choose to stay in their rooms, even though they are encouraged to have meals in the dining room, no-one is made to go if they don't wish to.

One resident said that things were fine but said that, with no TV in their room, it meant after dinner at 5pm it was a very long and quiet night. Another resident commented that not all activities were suitable due to very poor vision and lack of mobility, but they thought the quizzes were very good.

### 3.5 Mealtimes and food

Meals are prepared on site and residents are offered two choices, lunch is a lighter meal, and the evening meal is the main meal, if the menu option is not to a residents' taste, then the duty chef will provide an alternative meal. Residents are encouraged to eat in the dining room, but some of the less mobile residents choose to eat in one of the lounge areas or in their own rooms.

The dining room is protected from visitors and non-essential staff at meal times to give residents time to concentrate on their meals.



Residents told us that they generally like the food and feel that they can ask for a change to the menu if they do not fancy what is offered, knowing the chef will give them something they like.

Four of the residents commented that the food had improved lately, and they really appreciated that. One resident commented that they were not listened to with regard to diet but just got on with it because they did not want to be difficult.

Observing the dining room was limited with the protected visiting but on the whole residents seemed to be eating and chatting with each other, no rush to finish, with some residents requiring help or encouragement from staff. Those residents that require assistance from the care staff had a member of staff to help them when needed.

Five residents were eating in two separate lounges, two of these residents' required assistance during lunch and three residents ate in their rooms.



'Food is well cooked, I don't have a big appetite anymore so it's always too much for me, but lovely'.



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## 4 Additional findings

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When feedback was given to the Manager and her team at the end of the day a request was made for information on Memory service, memory café.

Also, a request for details for animal /farm visits that could come to the home to enrich residents' time.

These have been included in the recommendations section.

A new site for a 'salon' is already being considered on the ground floor of the care home. We will still include this as one of the recommendations, in order for the provider to give a fuller response to their progress on this.

Healthwatch Milton Keynes would like to note our appreciation and acknowledge such a positive and welcome reaction to feedback.



## 5 Recommendations

As Milton Keynes is 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 the activities coordinator:

- 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.
- Develop a Biography, 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.
- Memory Club, Newport Pagnell, The Brooklands Centre, Ousebank Street, MK16 8AN Tel: 07518412389 or email [hazel\\_reynolds@hotmail.co.uk](mailto:hazel_reynolds@hotmail.co.uk)
- Consider taking small groups out for trips to local amenities, dementia café, garden center if it is possible to use a minibus for short journeys.

Some Pet friendly options, as discussed, utilised by other care homes in Milton Keynes are:

Tiny animal farm visits by Lucia [lucasvko@wahoo.co.uk](mailto:lucasvko@wahoo.co.uk)

Tiny pony visits by Rob Tel:07990 852858

Cuddly Cavies, who bring guinea pigs, bearded dragon, rabbits, chickens, and a tortoise: Lucia

<https://www.cuddlycavies.co.uk/> or Tel 07856540308

Explore ways to accommodate a hair salon on site as this is a very much valued service for residents.



## 6 Service provider response

- 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.

All residents with Dementia are reviewed every 12 months or sooner if there is a deterioration in their condition. This is all documented in their care plans and the nominated next of kin is informed if they are not present.

- Develop a Biography, 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.

In January 2023, an appointment of an Activity Co-ordinator who works alongside the activity assistants are improving “This is me”. They are also linking in with Community resources to enhance the lives of all who live at Tickford Abbey. For those who have families/friends afar we are very active on Facebook which family and friends are all passing positive comments.

- Consider taking small groups out for trips to local amenities, dementia café, garden center if it is possible to use a minibus for short journeys.

We also have now access to a minibus to ensure those who wish to participate in outside activities.

Since your visit we have started the new hairdresser’s conversion due to be open just after Easter.

All communal lounges have been decorated.

The Activity Co-ordinator has already booked Pet friendly activities which have taken place alongside entertainers covering the various individual’s choices.



# 7 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?				





<p>If you could change one thing about your care, what would it be?</p>	
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