

Broomfield

Review of Residents' Social Wellbeing



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1 Introduction

1.1 Details of visit

Details of visit:	
Service Provider	Broomfield Residential Care
Date and Time	23 June 2022 10am to 3.30pm
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 firsthand.

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 Broomfield Residential 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 Representative (AR) arrived at 10am and actively engaged with residents between 10.00–3.30pm.

On arrival the AR 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, mostly in their own rooms and in the communal areas of the home. The checklist of conversation topics was based on the pre-agreed themes for the Care Home visit. 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 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 10 residents took part in these conversations.

In respect of demographics: –

- There were 34 residents at the time of the visit 4 with empty rooms.
- There was an average age of 86 years, an age range of 75 to 97 years.

Of those taking part in conversations:

- 5 were females and 5 were males – (including one couple)
- 5 residents had been in residence for less than 12 months
- 2 residents were accompanied by friends or family, whilst the remainder were unaccompanied.

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



3 Summary of findings

Broomfield Care Home is privately owned and registered to provide residential and nursing care for up to 40 people. They also support a high proportion of residents who have a dementia diagnosis.

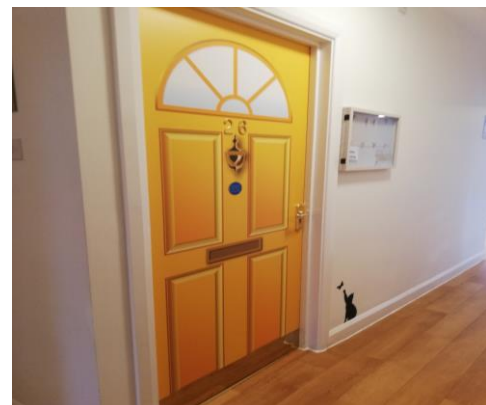
On the basis of our visit, we found the staff at Broomfield to be kind, gentle and encouraging, and the improvements to the premises made by renovations that have been completed have been much appreciated by residents.

3.1 Premises

The care home has almost completed a program of refurbishment which has been carried out over the last two years.

The refurbishment has split the home into the 'quiet' Asprey's in the original old building and Foxhill and Hipwell in the newer building. To help residents identify their rooms more easily, part of the refurbishment for Foxhill has included personalising the 'front doors' to each room and the corridors becoming more decorated, the corridors in Foxhill and Hipwell have also had handrails fitted along one side.

Most rooms have a 'memory' type box outside each door with photographs of the resident rather than just a name and door number for each room, this is yet to be completed and is only on a few rooms in Foxhill at the time of the visit.



In Asprey's, which is the original building, they have tried to keep the furnishing of the smaller reading nooks in keeping with the building, in the new area they are more modern.

The quiet Asprey's is a an improvement that has been felt by the residents. An access code is required to enter or leave the Asprey's part of the home, a few residents of this area do have a pass card and free access. The ability to move Asprey's has improved the quality of life for several residents and for some of the more nervous residents, the move to this quiet area has alleviated previous concerns.

Asprey's has its own open plan lounge/dining room where residents dine and do quiet activities and rarely have the television on, the residents are free to join all activities on offer in the main lounge and to eat meals in the main dining room if they choose.



Asprey's Reading Nook



Hipwell Reading Nook

The refurbishment has worked well, the handrails in the new extension leading from the main entrance to the main lounge and dining room are practical but unobtrusive.

This corridor is more welcoming now with the addition of 'front doors' to each bedroom, and the memory boxes outside rooms are a nice feature for dementia residents. The permanent 'hairdressers' at the main entrance is a nice addition that allows residents to book their appointments and have a 'salon experience' when getting their hair done.

The more mobile residents told us that having freedom of access is a real positive, although the access to the rear garden from the carpark gave rise to a concern from a couple of residents. They told us that the step from the carpark to the garden has resulted in a fall and felt that, as there are a few residents that use this access, maybe it should be included in the refurbishment program.



3.2 Activities

The fulltime activities coordinator employed by the Home was conducting a seated keep fit when the visit started followed by a musical singalong which was attended by many residents who were taking part with enthusiasm.



There is a program of regular activities on offer and the activities coordinator is willing to provide anything that will keep the residents happy. In the dining area the day and date are always on display with interesting local activities.



There is a large TV monitor in the main lounge displaying all types of images from wartime to 30's,40's,50's advertising slogans and is described as a dementia friendly screen.



The garden room is used for some one-to-one activities, quieter games and carers checking in with residents and having chats for wellbeing checks or to take residents into the garden to sit and have a drink and fresh air and some gentle exercise.

There is a large viewing window from the nurses' station into the garden room, this view allows staff a clear view of all areas without restricting access for residents. Visitors also use the garden for visits with their loved ones.

There is the facility to have birdsong playing in the garden room when the weather is not nice enough to sit outside.

There are many activities on offer with good easy to read signage, and staff willing to help and engage with all residents who wish to take part. Most activities are in the main area of the care home and many of which are noisy which is why the Asprey's residents choose not to join in. They would however like some activities, but would prefer quieter, more sedate, choices.

The activities coordinator has had Dementia training. She holds residents' meetings to try and engage the residents in the choice of activities that she offers and has asked for information on pet friendly visits and more engagement with dementia support

The residents were very pleased with the new Asprey's quiet area, they were all aware that they could join in the activities that were on offer in the main lounge and felt that repeated requests were not necessary. That we were told by residents that they didn't need reminding as they had the calendar of activities, and at breakfast the carers asked if they wished to join in with anything, highlights the efforts that the staff make to ensure that people in their care are not bored or isolated.

3.3 Staff and Wellbeing

Everyone told us they knew the Manager and felt they could speak to her if they needed anything. The permanent staff were well liked, knew the residents well, and were observed to show care and consideration for residents. The family members we spoke to all commented that the long-term staff were really friendly and caring.

'Some of the staff are really friendly and nice'

'Staff are lovely'

'Made to feel so welcome'

'I don't have to worry now that I know he's safe'



For the most part staff were very highly thought of, particularly the long-term and medical staff who residents thought were very kind, caring and compassionate. However, it was reported that some of the newer and younger care staff had used raised voices inappropriately at times and had even used bad language on occasion when dealing with more challenging residents

'The medical Staff are really lovely'

'The long-term staff are really great'

Residents appreciate that the staff have far too much to do, so cannot give them long periods of one-to-one time, even though they said staff always try to respond to requests quickly and chat whilst working. Residents and families believed more staff are needed especially during nights and weekends.

'More one-to-one care, so there is less isolation'

'Staff are always so busy and, on the go,'

One resident commented that they had been bought a gift for their birthday – a drinks measure – it was a personal gift from a member of staff which was greatly appreciated.

.'I see the staff in town, they always stop and chat and give me updates, they are so kind'

3.4 Meals

Lunch was served at 12.30, sandwiches, sausage rolls or cheese on toast and soup, a side salad was offered although no residents chose to have salad. The residents appeared to be happy with lunch, they ordered their choices in the morning, and the sandwiches were all freshly made.

Some residents chose to eat in the main dining room, many ate in the lounge or in their rooms. The Asprey's residents stayed in their quiet dining room or their rooms by choice

Most residents said they were quite happy with a lighter lunch and an evening meal.



The main meal is served at 5.30/6pm it is not cooked onsite it is supplied by Appetito; the AR was not present during the evening meal service.

Appetito's food really split the residents' responses between really good to really bad, the AR didn't see the dinner service so was unable to comment.

The home does offer a full cooked breakfast along with a range of cereals and fruit juices. Breakfast is well liked apart from it was reported it is served on cold plates and is often cold when it arrives in rooms and over at Asprey's.

When asked about the evening meals they were mostly happy with the food, a few were not happy at all and asked if hot plates could be provided so that the food could remain hot, this was a similar request for breakfast, as a full English breakfast is offered but residents felt it is often cold by the time it was served.

'Could we have hot plates for hot food'

'Hot plates for breakfast, then breakfast would be good'

The residents said if they ever asked for anything, someone would always get it for them, so it didn't matter what was offered, they were happy anyway.

The longer-term, more mobile, residents were less happy with the food, the evening meal particularly and preferred to eat out or provide their own meals, they questioned why food could not be prepared on site.



4 Recommendations

- Consider at the installation of a ramp and handrail to replace the single step from the carpark to the rear garden following the fall of a resident, as this access is used by more than one resident, one of whom is registered blind.

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

Some Pet friendly options, as requested by your activity's coordinator, utilised by other care homes in Milton Keynes are:

Tiny animal farm visits by Lucia lucasvko@wahoo.co.uk

Tiny pony visits by Rob [Tel:07990 852858](tel:07990852858)

Cuddly Cavies, who bring guinea pigs, bearded dragon, rabbits, chickens, and a tortoise: Lucia <https://www.cuddlycavies.co.uk/>

Or [Tel 07856540308](tel:07856540308)



5 Service provider response

'We are very pleased with the report however the recommendation for the front of the building to be made more secure is not something in the refurbishment plan. As discussed on the day, the door is for emergency use only. The refurbishment plan included a new entrance with ramp access, stairs with handrails and disabled parking spaces which we feel is ample. Unfortunately, the "old" front of the building would require extensive works to be compliant and therefore have informed the residents that use it that it is unsafe and must not be used.'



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?	

