

Bletchley House

Review of Residents' Social Wellbeing



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1 Introduction

1.1 Details of visit

Details of visit:	
Service Provider	Gold Care Homes
Date and Time	25/05/2022 10am to 4pm & 01/07/2022 10am to 2pm
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 dates 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 Bletchley 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, identifying any areas of concern

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 and their family members.

¹ <https://publichealthmatters.blog.gov.uk/2015/12/08/loneliness-and-isolation-social-relationships-are-key-to-good-health/>



3 Methodology

We made two visits to Bletchley House as the Healthwatch Milton Keynes team felt there had been some inconsistency between the staff and the resident understanding of the care provision in practice.

The first visit was prearranged in respect of timing and an overview of the purpose of the visit was also provided in advance.

The Authorised Representative (AR) arrived at 10am and actively engaged with residents between 10.00am–4.00pm.

On arrival the AR introduced themselves to the Regional Manager as the new Manager was still in induction training. The details of the visit were discussed and agreed. The AR checked with the provider whether any individuals should not be approached or were unable to give informed consent. The Manager handed over to the Administration Manager who 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 second visit was unannounced, as the Healthwatch Milton Keynes team wanted to explore how the residents were finding the new manager and her approach. The AR arrived at 10am, alongside the Milton Keynes Council Compliance Officer who was making a scheduled visit, the ARs was at Bletchley house between 10am and 2pm. Upon introduction to the new manager, it was noted that she appeared to be well informed, open, and happy to engage. It was clear to the AR that the wellbeing of the residents, and the staff, was foremost in her mind.

The AR used a semi-structured conversation approach (see Appendix A) in meeting residents on a one-to-one basis, mostly in the communal areas of the home, a few residents in their own rooms. The conversation topics were based on the pre-agreed themes for the Care Home visits. 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 and family members 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.



There are 44 rooms at Bletchley house and 32 residents at the time of the second visit.

The home is split over two floors, ground floor general care home, first floor nursing and dementia care.

Two residents were not available on the day of the first visit due to outings, one resident was in hospital during both visits.

A total of 16 residents and family members took part in these conversations.

In respect of demographics: -

- Participants were aged between 50 and 93 years.
- 12 were female and 4 were male.
- Most residents are aged 70 plus.

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

4 Summary of findings

4.1 Premises

Since our visit 12 months ago there have been improvements to the building and gardens – there are no longer building works opposite the front entrance which has reduced noise levels. The gardens at the rear of the building have had a makeover thanks to a team from The Duke of Edinburgh Awards. This was mentioned in the report following our last visit and the schedule had had to be revised due to the fluctuating pandemic restrictions. It was great to see that this project had not been lost during the uncertainty of the last few years. The results look professional, and the residents told us that they enjoyed spending time in the garden.



There has been a second visit from the Crack It! team of students from the Lord Grey Academy, they have remodeled the garden for the residents. More planting and painting has taken place with some resident involvement. Bletchley House held a celebration BBQ with the students, friends, family, residents and the Chair of West Bletchley Council, Veronica Belcher all in attendance. The AR reported that this was a great initiative as the residents said they enjoyed having young people around as well as having the garden done for them.

The home is being refurbished and it appears the completed works will make the Home environment even more pleasant. As the AR had noted during the first visit that few of the residents' bedrooms felt 'homely', this may be an opportune time to get their input into the decoration of their rooms.



4.2 Activities

During the first visit we saw a lot of activity planned for the Jubilee weekend with one resident running the planning of the day and coordinating the activities.



Adjacent to the ground floor dining room is the main lounge which leads to the cinema room. The lounge is also the main activity room, at lunchtime, the residents could choose whether to move through to the Dining Room or to stay where they were for their meal. Some of the residents' choices appeared to be related to their mobility. Staff were observed to support residents when moving between rooms on the ground floor.



The new Manager advised during our second visit that recruitment for the Activities Coordinator is ongoing. In the meantime, the Manager has been putting together a weekly plan so residents can see what is coming up and carers have time to get resources together.

Until the Activities Coordinator is in place the care staff have been taking on this role between them to try and keep residents stimulated and engaged.

All activities will be dependent on the current lockdown measures in place. All social distancing measures will still apply.						
Week commencing 1 st July						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10:30-12:30 Exercise Class	Independent Hobbies	10:30-12:00 Baking Session for World Chocolate Day	10:30-12:30 One to One Time	Independent Hobbies	10:30-12:30 One to One Time	
	Nail Care with Carers	All day in the garden for national BBQ week			Nail Care with Carers	
2:00-3:15pm Musical Quiz	Independent Hobbies		2:00-4:00pm	2:00-4:00pm Ten pin bowling	Independent Hobbies	2:00pm Tippie & Toyle's Wimbledon Picnic's
	Film on in the cinema after lunch				Film on in the cinema after lunch	
		& Celebrations for Birthdays this week				

4.3 Meals

The dining room was brightly decorated and included the 'covid-pod' which has direct access to the garden, there are thoughts of turning this area into a 'tuck-shop' or something similar for the residents.

Lunch is served from 12.30 with the menu available the day before so residents know what choices there will be. A resident told us that if people really don't like the menu, the chef will make something simple instead. During the first visit the lunch service was completed by 1:45, with tables cleared and residents moved to the cinema room and lounge for the afternoon's film. There was lively discussion and debate about what the film might be.

During our second visit, far fewer residents chose to eat in the dining room, only 9 in total were observed. The remainder of residents chose to eat either in their rooms, a couple in the lounge and a few on the ground floor in the corridor communal area, staff were happy to accommodate to ensure the residents were eating. Carers were seen sitting with residents chatting and encouraging them to eat.

The chef is new, and residents told us that they hoped his lovely food is a sign of things to come:

'Breakfasts are great.'

'Today's was lovely, he's a new chef.'

People told us that the chef provides meals the residents like and is happy to make alternatives for those who want something different to eat. During the second visit the AR saw the chef serving in the dining room and chatting with residents.



The chef was happy to speak to the AR, invited them to look around the kitchen, and asked them if they needed or wanted anything to eat.

4.4 Staff and Wellbeing

Staff on the ground floor knew all the residents by name, were careful to explain medications when giving these to residents and were observed offering drinks and snacks to everyone. The residents obviously knew the staff well and were engaging with them easily.

The new Manager confirmed that a number of new staff had started but that recruitment was ongoing as there were a number of vacancies, permanent and 'bank', to be filled.

The family of one resident on the first floor commented that they felt that care had improved over the last month:

'I really hope the new Manager sticks with it; things feel good at the moment.'

The New Manager has a good understanding of the improvements that were needed from the time she took over and in the short time she has been in place there has been a noticeable change. One family member of a resident commented.

'At the moment it feels good, I like the new manager.'

The long-term staff on the ground floor showed a great deal of care and compassion for the residents and the residents that were able to chat told us they feel comfortable and safe:

'Never regretted moving here.'

'I'm better off here.'

'I would much rather be here than at home on my own.'

The AR observed a marked difference on the first floor between the two visits. On the second visit it was seen that there were more residents with different staff and more personalised attention being paid to residents. The AR noted that the bed bound residents had been given a change of clothes if needed after meals. The AR noted that the staff to resident ratio could still be improved for those people with complex needs or challenging behaviors. However, the AR was reassured by the improvements already in place, and the Managers plans for the future.



4.5 General comments

During the first visit the AR observed that most of the residents who were able to leave their rooms, including many from the first floor, had been brought to the main lounge area. There were a number of ground floor residents who chose to stay in their own rooms rather than joining the larger group. During this visit, the first floor was almost empty because most residents had been taken out for the day or had been taken down to the ground floor for lunch and the 'movie' afternoon. The only people left upstairs were several bedbound residents and one person with advanced dementia who, because of the secure stairwells, is able to walk the floor freely, and likes to try to talk to everyone on the floor. The AR observed that there was no one to one care being provided to the bed bound residents as the staff were supporting the Ground Floor lunch service.

On the second visit the AR noted that there was a much calmer atmosphere in the home. On the Ground Floor, most residents were still in the process of getting up and about, chatting with carers and other residents, with no rushing to get people into the lounge or dining areas.

The AR was pleased to note the difference on the first floor. There were 13 residents in their rooms and staff on the floor. As the AR was not recognised as a regular or known visitor, they were happy to report that a staff member, very politely and appropriately, stopped them and checked who they were and why they were there. The Clinical Lead was on duty and was observed to be very caring and knowledgeable about all of the residents and their individual needs.

We were also advised that the appointed GP visits every Friday and is very supportive should the home have any requests.



5 Recommendations

The recommendations made in our previous report remain largely unchanged as the new staffing team at Bletchley House will now be in a better position to act on them.

- Consider 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. These groups will be able to help staff in developing further tools and activities to further support residents' mental health and emotional wellbeing.
- Consider working with local Memory Clubs to provide further support with activities and stimulation for those residents living with Dementia.
- A recommendation that is being made to all Care Homes and the Dementia Friendly Milton Keynes initiative is to develop a Biography Service. This could be carried out by local Secondary School students or local parish volunteers. Residents can record memories from their life or may wish to write letters to specific people in their family. Photos could be included, and the biography could be as short or as long as they would like it to be. This could also be incorporated into reminiscence therapy sessions.



6 Service provider response

The purpose of this Enter and View programme was to engage with residents and their relatives or carers, to explore their overall experience of living in Bletchley House Residential Care Home.

Sadly, the New Manager that was in place at the time of our last visit is no longer at the Care Home and a New permanent Manager has yet to be secured.

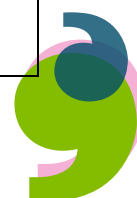
The provider was given 20 working days in which to respond and due to a change in management has been given several reminders and time extensions, but, as yet, Healthwatch Milton Keynes have not received a written response to this Enter and View report.

We look forward to monitoring the improvements against our recommendations when we visit this care home next.



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?				
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?	

