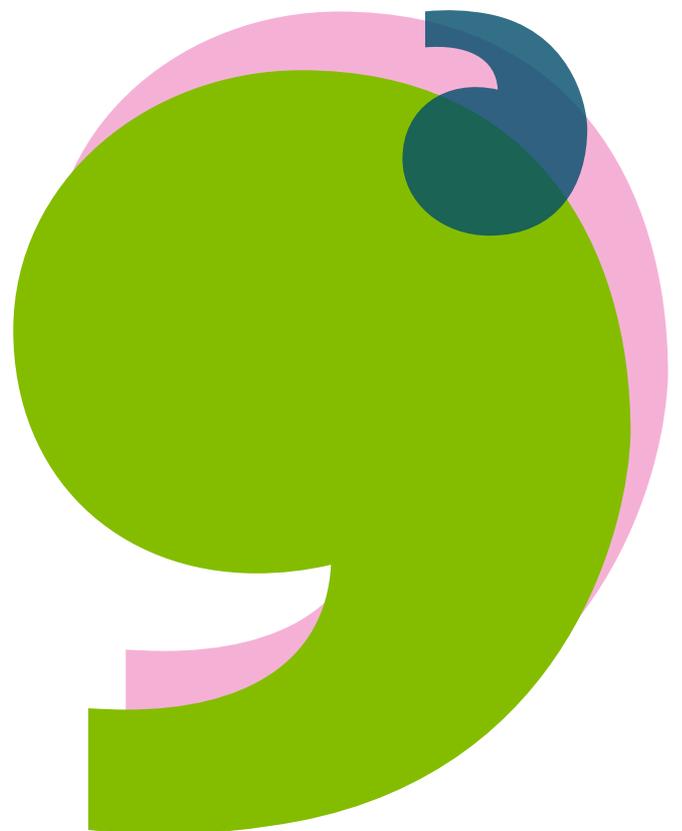


The Willows Care Centre (Excelcare Holdings)

Review of Residents' Social Wellbeing

March 2019



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1 Introduction

1.1 Details of visit

Details of visit

Service Provider	Excelcare Holdings
Service Provider Address	The Willows Care Centre Heathercroft Great Linford Milton Keynes MK14 5EG
Time and Date	10:30, Tuesday 19 th March 2019
Authorised Representatives	Diane Barnes and Hazel Reynolds

1.2 Acknowledgements

Healthwatch Milton Keynes would like to thank The Willows Care Centre 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 View is 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 at The Willows Care Centre. 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

Social isolation or loneliness has been recognised as having an impact on people's physical health and emotional wellbeing. Therefore, Healthwatch Milton Keynes determined this theme as the stated purpose of our planned programme of Enter and View visits, which are taking place at Care Homes across the Borough. Healthwatch Milton Keynes seeks to explore with residents their experiences of social life in such settings.

We know that, just because people are living in homes with other residents, does not mean they are immune to loneliness or social isolation. It is 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; 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 can access physical activity alongside social activity.

Milton Keynes Council provided Healthwatch Milton Keynes with a list of care homes receiving council funding, from which sixteen homes were randomly selected for visits in 2018/19. When all sixteen visits have been completed, Healthwatch Milton Keynes will collate themes of experience that are found to be common across all settings visited and provide a summary of recommendations to all Care Home providers across Milton Keynes.

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 Home was fully prepared for the visit and Healthwatch posters were displayed throughout the premises, advertising the visit to residents and visitors.

The two Authorised Representatives (ARs) were at the premises between 10:30 and approximately 13:00.

After an introductory discussion they were then shown around the home by the Manager but were given freedom to move around all the communal areas and into private rooms if given specific consent by residents. It was understood from the outset that in a setting such as this where many residents have impaired cognitive capability, the numbers available for interview could be severely limited. It was agreed that staff would be able to advise which residents were able to give informed consent for interview.

The ARs used a semi-structured conversation approach (see Appendix A) in meeting residents on a one-to-one basis. The checklist of conversation topics was based on the pre-agreed themes for the Care Home visits. Residents and family members were approached by ARs, who introduced themselves and Healthwatch, and asked if they would be willing to discuss their experiences. Additionally, the ARs spent time observing routine activity and the provision of lunch. The ARs recorded the conversations and observations via hand-written notes.

A total of nine interviews were carried out; seven with residents and two with family members, who spoke on their behalf. In respect of participant demographics: -

- Six were female and three were male
- Six had been in long-term residence (more than two years)
- Six were residing on the residential unit
- One was residing on the dementia unit, accompanied by a relative
- Two were residing on the nursing unit, one of which was also accompanied by a relative

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



3 Main findings

3.1 Summary

About the establishment

The Willows Care Centre is a very large care home with 128 places for residential, nursing and dementia care.

The Home has three floors, categorized by the level of care residents require; nursing care on the ground floor, dementia care on the first floor and residential care on the top floor. Each floor is divided into two units, with each unit looked after by its own staff. The Home has nursing staff as well as care staff. The Manager and her deputy are both Nurses.

On the basis of this visit, The Willows appears overall to be a well-managed and professionally run establishment with a good calibre of friendly, experienced staff and the majority of participants could not suggest anything they would change about the Home.

During the visit, the following aspects were considered:

- Social engagement and activities
- Staff interaction
- Premises
- Lunch time

Notable positive findings

- A schedule of planned activities is on offer, including room-based activities for less mobile residents.
- Residents were complimentary of the staff and Healthwatch observed many friendly, caring interactions between staff and residents.
- The premises are clean, bright and attractively decorated.
- Residents were content with the food they receive and the choices available.

3.2 Social Engagement and Activities

Notable positive findings

The home has two full-time Activities Coordinators and a planned schedule of activities, advertised by large illustrated notices displayed on the walls, so residents can see what's happening that day.

The manager told the ARs that smaller scale activities take place in each unit in the mornings, with larger scale activities, such as a visiting singer, happening in the afternoons.

One-to-one music activities take place in the resident's rooms.

The Home has established a relationship with a school in the local community, so children come in to do art activities, dancing and, at Christmas, the children performed a carol concert for the residents.

The ARs were told there have been outings to a garden centre. The Home do not organise big excursions, as the large number of residents would mean many residents would be excluded.

Residents on the residential floor spoke of bingo, ball games and music.

“I can choose... There are games downstairs if you want to go, but I'm not really that sort of person. I go to the lounge and watch... I like to spend evenings in my room.”

“I come to the lounge. I made friends with [another resident].”

At one end of the dementia unit, we observed positive interaction between a group of residents, sitting with the Activities Coordinator, painting and playing hangman. The residents appeared to be enjoying themselves, engaged in conversation and were looking forward to having a cup of tea.

Other residents with more advanced dementia were sitting in the adjacent sitting room - they seemed happy and content, appreciating any interaction received, such as someone holding their hand and speaking to them at their level.

A resident on the dementia unit told us they used to like quizzes and crosswords, but now prefer to read alone in their room. Whilst they did not want to spend time in the lounge and “I like my own company”, the resident spoke fondly of musical interests held throughout their life and their enjoyment of classical music.



Some residents said they prefer to watch what they want on their own TVs.

“I can’t always get what I want on my own little TV, but I can get more [programmes] in [the lounge].”

“I like watching soaps on my TV.”

It was evident that visitors are important to residents and family visits were referred to. It was not clear whether they were taken out by family members but a recent walk with a member of staff was spoken about enthusiastically by a couple of residents.

“[Staff] took us out for a lovely walk last week. My daughter lives miles away so I don’t see as much of her as I’d like.”

Monthly residents’ meetings are held so that residents are offered the opportunity to make suggestions and give feedback. Additionally, each resident has a monthly individual review meeting, where they can discuss/update their care plans and raise any issues. Family members are encouraged to join these meetings.

Opportunities for improvement

On the day of the visit, the only activity witnessed on the residential floor was ‘Film time’, which was an old sitcom playing loudly. At this point, three residents were asleep and two were trying to talk to ARs. The TV remained on whilst residents were eating lunch in the adjoining dining area. One resident told us they did not enjoy watching TV and another reported they found it an annoyance.

“The TV is annoying - sometimes there’s 4 or 5 people in here and no-ones watching but no-one switches it off.”

Whilst a well selected film or programme can be ideal, leaving the TV on ‘in the background’ may be disruptive at times. Having staff regularly check in with those in the room regarding volume/channel, would ensure that the television did not become a barrier to quiet enjoyment of the space.

Whilst we recognise the difficulties in providing individually tailored activities in such a large Home, one resident told us they would like the opportunity to go and watch football or cricket. Another was very keen on quizzes and told us, when asked what they would change about the Home, that they would like to have more quizzes. Whilst the two Activities Coordinators seemed to be well appreciated, the way activities are planned and coordinated may not be sufficient for over 100 residents, who may appreciate more opportunities to do the things they most enjoy.

The Home has a prayer room and a Roman Catholic Priest visits, however the local Parish Council have not been able to supply a visiting Vicar/Minister to provide a regular church or communion service in this large Home. The Home is proactively pursuing the Parish Council in this matter.



3.3 Staff Interaction

Notable positive findings

Residents were very positive when asked about the staff at the Home:

“They’re first rate. Overall very good. I couldn’t fault them if I wanted to.”

“You get some awkward ones everywhere you go, but they are nice... They will get you a cup of tea in the middle of the night if you want”

“At bedtime I get myself to bed, but if at times I did need help, they’d be there.”

“Bosses and carers are all great. If I want something, I just have to buzz. Carers are essential.”

“Always seem very attentive and kind.” - *friend of a resident*

The ARs received a warm welcome and found staff to be friendly, helpful and receptive to the visit and observed numerous instances of kind, caring interactions between staff and residents. Staff appeared to know the residents well and had developed good relationships with them.

The ARs were impressed by the manager and the staff they spoke with, who all seemed very caring and suited to their chosen work. Staff demonstrated care and concern for a resident that was not eating well and were relieved when our AR reported that resident had eaten some food.

It was observed that staff wear their own clothing, as opposed to a uniform, a decision which is perhaps intended to make this large Home feel more ‘at home’.

Opportunities for improvement

Whilst the staffing levels overall seemed adequate, the ARs felt that the dementia floor would benefit from increased staffing, particularly around mealtimes.

Residents with dementia are typically more demanding by virtue of their condition and tend to need greater levels of support.

During the busy lunch period, there seemed to be an increase in the sound of call bells, which were quite loud. Without sufficient staffing levels during busy periods, staff may not be able to respond quickly to residents’ needs.



3.4 Premises

Notable positive findings

This purpose-built Home is bright, clean and in good decorative state. Although very large, an institutional feel is avoided by the separate units, each with its own lounge and adjoining dining room. Top floor residents have free use of the lifts, but the second-floor dementia unit is key-coded.

The communal lounges are comfortable, each furnished with armchairs and a large screen television. Fruit bowls and colourful displays of artificial flowers lend a homely feel. Books, CDs and puzzles are also provided for residents to use.

ARs also observed a Sensory Room and Games Room on the dementia floor, which residents could freely use, plus a Quiet Lounge, also on the dementia floor, presumably for residents who require a calm and quiet space.

Residents' rooms are large, comfortable and have carpeted flooring, as well as en-suite facilities. The décor is well maintained, and residents are encouraged to personalise their rooms with their own photographs and belongings. Each room has the resident's name, along with the name of their key worker, clearly displayed on the door. All rooms are fitted with call bells and some are fitted with mattress sensors for safety, where appropriate for the individual.

There is a large, attractive conservatory that looks out onto a pleasant garden, where there are also three reminiscence shops (although these are closed during the Winter months).

Opportunities for improvement

The ARs noted that the Home devotes the ground floor to the nursing unit - the only floor with access to the large enclosed and secure garden. There are 43 residents with dementia on the first floor, who are safeguarded (by key pad access) from exiting the floor unaccompanied by stairs or lift and, therefore, require assistance if they want to access the garden.

One resident, in response to being asked by ARs if there was one thing they could change about the Home, recounted how they were no longer allowed to leave their unit alone, following an incident of leaving the premises without staff knowledge:

“...Since then I've not been allowed out [beyond the end of the corridor] unless I have someone with me. I feel trapped.”

It was not clear how much access residents have to the gardens and in some cases there may be restrictions in place to ensure the safety of individual residents. Nevertheless, there may be ways for the less able residents to enjoy the outdoor space more freely.



3.5 Lunch Time

Notable positive findings

Most residents were happy with the provision of food at The Willows; five said they liked the food and three spoke positively about the element of choice and availability of alternative meal options.

“You get a choice. Sometimes if I don’t like it, I can have cheese on toast instead. There’s always a good sweet... There’s plenty of food - 3 meals a day and tea, biscuits and cake between.”

“I’m a bit picky. I don’t like baked beans - we get a lot of those. You can ask for something you’d like and, if they can do it, they will. My favourite is cheese on toast.”

“[The food is] mostly good. I liked it today... There’s a choice. There’s always ice-cream!”

The ARs observed a lunch service on the day of the visit. The food, which looked and smelt appetising, was prepared in a main kitchen on the ground floor and then taken on heated trolleys to the different units to be served in the dining rooms.

There is always a choice of two main meals at lunchtime and the Home provides alternatives to those who want something different. Each unit had the menus displayed on the wall - a large-print ‘Today’s Menu’, plus a smaller-print plan for the whole month.

The AR on the residential floor observed an efficient lunch service run by two members of staff; food was plated up for residents and served promptly. Residents on this floor were sitting three or four to a table, everyone feeding themselves independently without difficulty.

Residents, particularly those in the dementia unit, who had difficulties eating were provided with personalised meals, such as pre-cut or pureed food.

One resident spoke to ARs about their reduced appetite and lack of desire to eat, saying they “had to die sometime”. Staff appeared to be concerned and were closely monitoring the resident’s food intake. All residents at the Home have end of life care plans to discuss residents’ wishes for the future.

Opportunities for improvement

The AR observing the dementia unit saw high standards slip during the lunch period. Many of the residents on this unit had lunch in their own rooms and needed help to eat their food - whilst all the available staff were fully engaged with doing so, there were simply not enough staff available to assist all those who needed help eating, plus answer bells etc. The manager did address this with the ARs and spoke of difficulties attracting appropriate volunteer mealtime helpers.



4 Recommendations

Social Engagement and Activities

- Empower residents to have more control around television volumes and programmes when using the lounge and during mealtimes to avoid distraction and allow residents to focus on eating.
- Look at ways to support residents in pursuing their personal interests and perhaps consider engaging the help of Age UK Milton Keynes, to see whether residents' special activity requests could be made possible.

Staff Interaction

- Seek ways to ensure an adequate amount of staff are available to assist residents who require help eating. Again, external organisations, such as Age UK Milton Keynes, may be able to support the sourcing of meal-time befrienders.

Premises

- Explore ways to afford better access to outdoor space for all residents at the Home, to promote a sense of freedom and independence.

Lunch Time

- Ensure residents individual care plans are frequently updated to reflect preferences regarding food.



5 The Willows Response

Please see below the recommendations made and the homes responses:

Empower residents to have more control around the television volumes and programmes when using the lounge and during mealtimes to avoid distraction and allow residents to focus on eating.

Residents already have access to the remote controls and can control the volume and programme on offer. On the day of visit it was film morning and the residents had chosen what to watch. The staff have been made aware of background noise and choice as some residents do choose to eat in the lounge so they can continue to watch TV. However if no one is in the lounge staff are aware of the need to turn the TV off.

Look at ways to support residents in pursuing their personal interests and perhaps consider engaging the help of age UK Milton Keynes, to see whether residents' special activity requests could be made possible.

All residents are invited to complete paperwork on admission so staff are aware of hobbies and interests and these can be built into the activity programme.

The home will ask all residents at the next resident meeting if they have any special activity requests and approach Age UK following this to see if they can support.

Seek ways to ensure an adequate amount of staff are available to assist residents who require help eating.

The home has reviewed this point on numerous occasions following the inspection and do not feel that there are any concerns around this area and that all residents are fully supported and in an appropriate time frame with their nutritional requirements. We will continue to monitor this and take appropriate action should we feel this is no longer the case.

Explore ways to afford better access to the outdoor space for all residents at the home, to promote a sense of freedom and independence.

Residents can access the garden at any time and staff support them to do so. As discussed with the inspectors the configuration of the beds was set when the home



was commissioned, this is a contractual issue, however we agree that it would have been better to have more able residents on the ground floor, none the less staff continue to support residents to access the outside space.

Some residents need support to access the garden and this is given and residents are encouraged to access the garden.

Ensure residents individual care plans are frequently updated to reflect preferences regarding food.

This is already undertaken all care plans are updated a minimum of monthly. The chef also visits residents on resident of the day, to discuss their individual preferences.

Kind regards

Dionne Quay
Home Manager
Willows Care Home



6 Appendix A

Prompts for interviewing residents (plus family members when present)

Name/ Age

Amount of time resident in this home?

Been in other homes before this one?

What do you enjoy doing with your time? (Explore, eg why, when, how, frequency, who, etc)

Is there anything you'd like to do with your time but can't (What, why can't you, have you asked, what was the reply, etc)

Who do you enjoy spending time with in here? (When, how, where, frequency, Do you like mixing with the other residents? What chances are there to do that? Etc)

What can you do outside of the home? (Where, when, any barriers/problems? Etc)

How do you find the staff generally? Do you feel respected here in general?

Do you feel well looked after? (General feeling of care but also is laundry back correctly, teeth and hair care?)

Do the staff help you do the things you'd like to do (who is helpful, do you feel able to ask, do they ask you? any barriers? Etc)

How do you find out what activities are planned? Do you get a say in what those activities are?

How is the food? Do you enjoy mealtimes?

What is the best thing about this care home?

If there was one thing you could improve about this care home, what would it be?

Prompts for observers

Are the surroundings and furnishings comfortable? Safe? Clean? Sufficiently spacious? Is the décor well-maintained and attractive?

Are the staff attentive and sufficiently in evidence, responsive to requests, respectful, cheerful with residents?

Do the residents appear relaxed, content? Are they able to socialise?

Is the food appetising, nicely served?

Does the home appear well-organised?

Are carpets/ flooring plain and unpatterned?

Are doors (toilets etc) colour coded to aid recognition?



Enter and View - Observations for Care Homes

Quality of Care and Social Interaction

- Are residents **acknowledged** by staff?
- Are staff kind, respectful, cheerful? **Rapport** with residents?
- Do residents seem **content/relaxed/peaceful**? Are they able to **socialise**? Given **privacy**?
- Do residents look **comfortable**? i.e. not slumped in chairs
- **Music** - can residents listen to music? On in background? Is it appropriate?
- **TV** - can residents actually see/hear it?
- Are there **activities** to keep residents' hands occupied?
- Are residents being given adequate **attention**? In a timely manner?

Building and Surroundings

- Is the **temperature** suitable? Residents appear too hot/cold?
- **Flooring** - Matt rather than sparkly/highly reflective, no busy patterns, or dark areas that may resemble obstructions/holes
- **Signage on doors** - clearly labelled with images to aid understanding, toilets easily identifiable?
- **Doors to residents' private rooms** - ways to recognise their rooms?
- **Décor** - well maintained/colourful/cheerful/attractive?
- **Cleanliness** - are areas safe, clean and tidy?

Other

- **Noticeboards** - clear and easy to use? Are there timetables for activities and trips? Well presented? Up-to-date?
- **Activities** - what activities are on offer? Variety? Outings?
- **Food** - looks appetising? Nicely served? Choice? Look at menu. Appropriately prepared for individual's needs? Are they receiving encouragement? Someone sitting with them?
- **Visitors** - is there an open-door policy?
- Are there volunteer **befrienders**? Mealtime helpers?
- Is there a **management** presence?

