

Enter and View Report Ashby House

May 2021

Review of Residents' Social Wellbeing



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1 Introduction

1.1 Details of visit

Details of visit:	
Service Provider	Barchester Healthcare Homes
Date and Time	12 th May 2021, 10.00-15.45
Authorised Representatives	Nikky Rawlings

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 Ashby House. As well as building a picture of their general experience, we asked about experiences specifically related to how COVID-19 and the related restrictions impacted on their lives and on their care.



2.2 Strategic drivers

For this coming year Healthwatch Milton Keynes will be working in partnership with Milton Keynes Council and the Clinical Commissioning Group, undertaking joint visits so that a well-rounded view of the operation of the care home/service can be understood. Healthwatch Milton Keynes will be specifically focusing on the experiences of the services users and their loved ones.

Social isolation and/or loneliness has been recognised as having an impact on people's physical health and emotional wellbeing. COVID 19 has increased and intensified loneliness and isolation by the very nature of the way in which we have had to manage and reduce the spread of the virus. The 'Hands, Face, Space' guidance and the regulations imposed but the UK Government has resulted in services users not being able to interact with loved ones and friends for over a year. Furthermore, the inability to have social time with other residents has exacerbated the feeling of loneliness and 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 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 understands the pressures the COVID 19 pandemic has placed upon both services and service users alike. We have received a significant amount of feedback with regards to the necessary changes made to service delivery required to promote safety for all. It is our intention to be able to formally report the impacts of the COVID 19 regulations on both services and those who use the services and their loved ones through this year's Enter and View Programme.

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 visit was conducted in a COVID safe manner with the appropriate PPE as agreed in advance with the provider.

The Authorised Representative (AR) arrived at 10am and actively engaged with residents between 10.30-14.45

On arrival, after being asked to sign in, a member of staff took a swab of the AR's throat and nose (LFT). The AR then waited in their car until the results were known. The AR was asked to complete a set of forms so that the test results could be accurately recorded onto the government website.

Following the negative LFT result, the AR introduced themselves to the Manager and 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 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). The checklist of conversation topics was based on the pre-agreed themes for the Care Home visits in conjunction with Milton Keynes Council Quality and Compliance team. Additionally, the AR spent time observing routine activity and the provision of lunch.

All conversations took part in either one the communal areas or the resident's bedroom, maintaining the appropriate social distancing at all times. 2 took place in the lounge and the further 2 in their rooms. The AR was given a list of suggested residents who were able to give consent to talk to from the Senior Carer on duty. In all instances the AR advised each resident that the conversation was voluntary and they could withdraw at any time. A total of 4 residents took part in conversations. The AR recorded the conversations and observations via hand-written notes.

In respect of demographics:-

All 4 residents were aged 85 and over

3 of the 4 residents were female

All 4 had been in residence for around 1 year

All 4 had not previously resided in other care homes

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



3 Summary of findings

3.1 Overview

Ashby Home care home is owned by the Barchester group and is registered to provide residential and nursing care for up to 65 people, they also support a high proportion of residents who have a dementia diagnosis. On the day of the visit, they were caring for 41 residents.

The current manager has been in post for a year and demonstrated a passionate approach to the operation of the home and expressed a clear vision for the future.

The residents stated that they feel safe and well cared for. Staff were observed to actively engage with residents and there was a real sense of caring.

HWMK posters detailing our visit were displayed in the reception area and reminders to keep residents and staff safe were dotted around the Home.



3.2 Premises

The Home is clean and well decorated well throughout. The home is separated into 3 distinct areas each with its own lounge and dining room. The lounges are well furnished with comfortable seating and cushions giving a very 'homey' feel. There are various books, games and DVD's which are accessible alongside a TV. The dining rooms were laid out with tablecloths, tableware, and glassware in preparation for lunch.



The corridors are welcoming with various pieces of artwork on display, one corridor is dedicated to Hollywood glamour!

The manager advised that some development work is planned to begin to make improvements to the use of the space. This will be undertaken in a phased approach to ensure minimum disruption. Additionally, the corridor used predominately by residents with Dementia is to be upgraded. Plans are to create a Sensory corridor to enable the resident to be gently guided through the corridor.

There is a well-maintained garden for use by residents as they wish, there are paved paths and ramps, so it is fully accessible for those who use wheelchairs. A family member was visiting in the garden during the visit.

All residents room clearly displayed their names, some had pictures also. The AR was invited into the bedrooms of two residents. Both rooms were clean, well-presented, and felt very personalised with pictures, soft furnishings, and trinkets.

The windows in both rooms were open which provided good ventilation.

3.3 Staff interaction and Quality of Care

There was a good complement of staff on duty, who all appeared to be busy. The AR witnessed positive interactions during the tour by both the staff and the manager. Three out of the four residents spoken to felt that there are enough staff and all felt that any issues they had would be addressed.

‘It’s like the M1 up and down the corridor’

All staff were wearing PPE, this was worn correctly, and staff were observed washing their hands regularly throughout the day.

All residents were happy with the care that they received, although none were aware of what was stated within their care plan. The people we spoke to all told us that staff are friendly and polite.

‘They are nice’

‘I’m happy here’

During the visit staff were polite and interacted well with the AR, all of them introduced themselves and pleasantries exchanged. The AR overheard a resident who was struggling to eat their lunch. The carer was observed to be calm and responsive, using gentle words of encouragement during the meal.

3.4 Social Engagement and activities

Ashby House employs two activity coordinators who have both been in post for around two years. There is a large room used for activities just off reception where the majority of the group activities take place, such as quizzes, Bingo, arts & crafts and exercise sessions. There is a well-organised programme of activities for residents with the programme displayed on the notice board within the reception area. There are also individual activities provided for residents who remain in their rooms.

On the day of the visit the Home was celebrating National Nurses Day and gave a presentation of thanks to the nurses on site



Now COVID restrictions are easing, residents are able to go out on visits and trips again. The first outing was planned for lunch the following day. This is currently limited to three residents to enable social distancing and guidance compliance.

The Home has good connections with local community. Pre-pandemic, they supported the Duke of Edinburgh award scheme with a local school and have links with the local Scout group, who send homemade Christmas cards to the residents. The Ashby House team are looking forward to being able to resume this type of engagement and support in the coming months.

The AR joined in with a game of Bingo at the request of one of the residents. There was a sense of healthy competition amongst the residents, and they all enjoyed the 'number calling'. There was positive interaction from the staff involved with lots of laughter and support where it was needed.

It is apparent a lot of thought has gone into creating a detailed timetable for activities. The activities team advised that they try to tailor the activities to meet the needs and wishes, but are aware that there are quite a few residents who don't join in. Some of these residents, when asked what they like doing told us:

'I mainly listen to the TV'

'Would like to go to the library or the library van come as I like reading'

Displayed in the reception is the 'Activities Folder' this has many pictures of the residents and staff enjoying a variety of events. It includes a heartwarming section entitled 'What I am most proud of'



3.5 Covid specific engagement

Covid has resulted in many changes that have affected the lives of everyone but especially those who reside in care homes. With the government ceasing visitation to prevent the spread of Covid other measures had to be brought into place to enable family and loved ones to stay in contact.

All of the residents we spoke to had had some contact with family either via the phone or socially distanced visits when these were allowed. Two of these said they would like more contact.

During special occasions the staff utilised video conferencing methods to enable contact between residents and family wherever this was possible. For example, the staff organised Valentine's Day afternoon tea with family members using Zoom.



During the summer Gazebos were assembled in the gardens and people were able to meet in a safe manner, access was via a side gate so visitors were not required to enter the care home, which gave a greater sense of safety.

A spare bedroom was redeveloped into a dedicated visiting room, allowing indoor visits. The full testing regime was required for all that utilised this. More recently, since government guidance relaxed, 'bedroom' visits are allowed, again following the strict testing process to ensure safety for all.



A member of staff commented:

'Residents certainly seem happier now they can see their family and friends again'

In addition to the usual activity programme, the Barchester Group virtually linked a number of their care homes to each other to enhance social interaction amongst residents and staff, arranging quizzes, competitions and other interactive games.

The residents we spoke to also told us that they were happy that the Home had organised their vaccinations as it made them feel a lot safer

3.6 Meal times and food

The AR observed the lunch service in the dining room on the ground floor, where most of the residents were able to support themselves.

The dining room was well laid out with linens, cutlery, and glassware. It was a restaurant style service and the food looked and smelt appetising.

The residents were able to eat independently without any assistance from the staff, which meant that there was little interaction between staff and residents during the meal.

Low level music was played in the background which provided a calm and peaceful ambiance.

All residents agreed that the food was nice and well prepared, but 2 of the 4 would like an increased choice and more variety. They suggested perhaps sweet and sour chicken or a korma occasionally to change things up. During Covid, the Home introduced a series of themed meal days, the residents commented that they enjoyed these and would like more of them.

The menu of the day of our visit was:

- Lunch** Cream of Mushroom Soup
- Creamy smoked ham Carbonara or Quorn and vegetable stew
- Eve's pudding or Eton Mess
- Dinner** Soup of the day
- Southern fried chicken
- Apple and strawberry compote



4 Recommendations

Ashby House is a well led and caring care home. The atmosphere is one of calmness.

In order to further enhance the residents experience of living at Ashby House Healthwatch Milton Keynes make the following recommendations:

- Consider reviewing the menu to include the views and requests from residents, perhaps a fortnightly or monthly theme night could help.
- Explore ways to avoid isolation amongst residents not wishing to participate in organised/group activities
- 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.



5 Ashby House response

- Consider reviewing the menu to include the views and requests from residents, perhaps a fortnightly or monthly theme night could help.

Ashby House catering team reviews our menu on regular basis to make sure dietary needs and preferences are always met. Each individual person dietary needs, likes and dislikes are reviewed during our Resident of the day theme, when our Catering team will go and speak to each Resident individually covering all the Nutritional needs of each person.

We hold regular monthly Resident's meetings where Residents are able to discuss the current menu and provide us with their feedback, which is then cascaded to our catering team who will respond appropriately.

- Explore ways to avoid isolation amongst residents not wishing to participate in organised/group activities

Activities are very important in our Residents wellbeing. To make sure activities are provided to all the Residents our activities programmes include one to one activities which are provided individually to Residents making sure that each person who lives at Ashby House is not isolated and take part in meaningful activities. Our two activity coordinators review regularly and support our care team in delivering activities to Residents on daily basis.

- 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.

Ashby House team is more than happy to take part in developing Biography service for the Residents.

The idea of Biography service was discussed with Residents and our activity team who were very positive about the initiative and look forward to working together with local schools/community and volunteers to put all the great ideas into practice.



6 Appendices

Conversation prompts:

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?	

