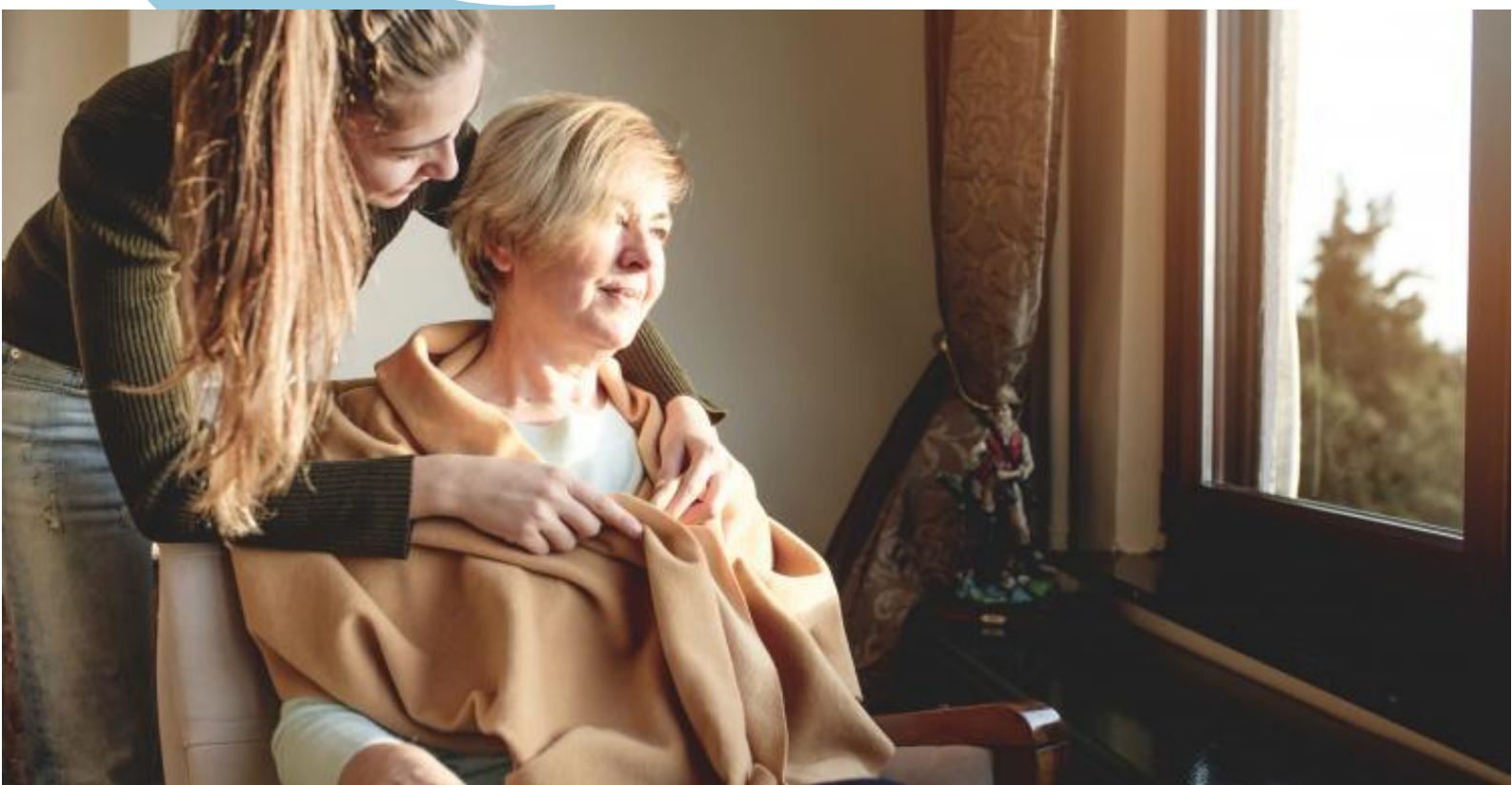




“Care, not Chandeliers”



A Thematic Review based on Healthwatch Milton Keynes' Care Homes Enter and View programme



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healthwatch
Milton Keynes

Introduction

What is *Enter and View*?

Healthwatch Milton Keynes has a statutory remit to Enter and View places where publicly funded health and care services are being delivered. Enter and View is a crucial tool to monitor a patient's experience whilst they are receiving care.

We 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 (ARs) 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.

Why did we choose Care Homes?

Social isolation or loneliness has been recognised as having an impact on people's physical health and emotional wellbeing. Moving into a Care Home can mean significant changes to people's lives. They may be separated from their loved ones, live far away from family and friends and lose their sense of independence. Although people living in Homes are surrounded by other residents and staff, they are by no means immune to loneliness or social isolation. To better 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, or to be lonely without being isolated.¹ Poor physical health is also linked to increased isolation; loss of mobility, hearing or sight can make it more difficult to engage in activities. Therefore, it is important to explore how residents of Care Homes in Milton Keynes can access physical activity alongside social activity.

We agreed with our partners at Milton Keynes Council to run a programme of Enter and View visits to 16 Care Homes seeking to explore, with residents, their experiences of social life and physical wellbeing, as well as their general experiences of care in their Home, and how supported they feel by the service providers.

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

Programme Delivery

Milton Keynes Council provided us with a list of Care Homes receiving council funding, from which the Homes were randomly selected for Enter and View visits. We visited:

Ashby House Care Home

Bay House Residential Care

Bletchley House Residential Care and Nursing Home

Bluebirds Neurological Care Centre

Broomfield Residential Care

Burlington Hall

Caton House Residential and Nursing Home

Devon Lodge Retirement Home

Highclere Care Home

Kents Hill Care Home

Milton Court Care Home

Park House Care Home

Parklands Nursing Home

Water Hall Care Home

Westbury Grange Care Home

The Willows Care Home

We notified Care Homes in advance of each Enter and View visit and provided managers, staff and residents with information about when the visit would take place.

Our Authorised Representatives (ARs) conducted the visits, which all took place during the morning and included the lunchtime period. After introducing themselves to the staff in charge, ARs were given freedom to move around all the communal areas and into private rooms if given specific consent by residents. On average, ARs spoke to 6 participants at each Care Home.

The ARs used a semi-structured conversation approach in meeting residents on a one-to-one basis. Conversation prompts were based on the theme of social isolation, physical activity and general experience.



Residents and family members were approached by ARs, who introduced themselves and Healthwatch Milton Keynes, and asked if they would be willing to discuss their experiences. The ARs spent some time observing routine activities, such as staff and resident interactions, lunchtimes as well as engagement activities like arts and crafts sessions. The ARs recorded the conversations they had with residents and their observations via hand-written notes, which were then collated and summarised to form the individual Care Home Enter and View reports.

All 16 reports can be found in the News and Reports section on the [Healthwatch Milton Keynes website](#)

The purpose of the Thematic Report

During our visits similar themes emerged and, as the project progressed, individual visits built a consistent picture of residents' experiences in terms of good practice, and what could be better. Although our findings relate to the sample of Care Homes visited, we felt that these themes were likely to reflect the experiences of many more Care Home residents across Milton Keynes. We agreed with the Local Authority that our findings and Recommendations would be valuable to other Care Homes.

This thematic report is available to all Care Homes. Our findings and Recommendations are intended to be used as guidance for best practice in the provision of care, from the resident's perspective, with an emphasis on social engagement. By sharing the experiences of people in the Homes we visited, we aim to improve services for many more Care Home residents in Milton Keynes.

Highlights

We collected views from
102 people in **16 Care Homes**
in Milton Keynes during this Enter and
View programme between September
2018 and March 2019

We spoke with residents and their
families about:

- Social interaction & activities
- Staff
- Premises
- Food

We made a total of
85 Recommendations
of which, Care Homes have
committed to address, or have
already implemented
46%

Proportion of Recommendations
by category:

Social engagement **35%**
Staff **32%**
Premises **18%**
Food **13%**

What did we learn?

Overall Care Home standards in Milton Keynes are good. The fundamental elements are in place to provide the foundation for great care. However, we found that standards vary greatly; some homes demonstrate excellent practice, others are satisfactory, with a small proportion of homes falling short in some areas.

Quality of staff is key to the resident experience and we found that most staff demonstrate genuine care, compassion and positivity in carrying out their roles.

We raised few significant concerns regarding the premises or food, with most Homes offering comfortable, well-maintained living spaces and a choice of hot, appetising food.

Tackling loneliness amongst Care Home residents should be a priority for Care Homes by supporting them to enjoy peaceful, yet fulfilled lives with choice, friendship, dignity and respect.



What residents said about Social Engagement & Activities

Organised activities

A varied weekly timetable of group activities is on offer at 14 of the 16 Care Homes; these typically take place on weekdays with separate activities in the morning and afternoon. Residents told us of Bingo, Quizzes, Arts & Crafts, Floristry and Ball Games, as well as visits from external Musical Entertainers. Music is at the forefront of many activities, which often happen in the main communal areas, creating a social hub where residents can go to socialise. Whilst some Homes leave weekends free for family visits, some residents told us they would like more evening and weekend opportunities, particularly those residents who do not receive regular visitors. Planned excursions were less common, with only 5 of the Homes displaying upcoming outings, and emphasis on physical exercise was observed in only 4 of the Homes.

“There’s things going on; a man who plays guitar and sings country and western. I sing and join in.”

Person-centred care

In 12 of the 16 Homes we visited, we observed a culture of person-centred care and activity. Organised activities form a good basis for social opportunity and we observed wonderful examples of resident-led approaches to activities, such as spontaneous singalongs and dancing, which residents told us they thoroughly enjoyed. We also saw Homes tailoring activities towards individuals and one-to-one activities happening at bedsides, such as reading aloud and developing family trees. In several Homes, a life history of each resident is compiled to gain a full understanding of their interests.

Excellence at Devon Lodge...

Staff demonstrate awareness and consideration of residents’ intimacy and relationship needs, supporting privacy, independence and companionship.

Community engagement

Opportunities to be involved in the wider community, which included residents' friends and families, were evident at 8 of the 16 Homes. Residents told us they enjoyed visits from local School Children, Toddler Groups and Music Bands, and we heard about coffee mornings with local Community Groups and Volunteers. Where Homes had active volunteers, such support appeared to be increasing and enhancing opportunities for social engagement. We recommended, however, that there is scope to increase the involvement of external organisations, such as Age UK Milton Keynes, to enhance individual social engagement opportunities for residents. Opportunity for formal religious worship was only provided in 3 of the Homes.

*Community Engagement at Ashby House...
Members of the local community are invited to weekly
lunch and coffee mornings.*

Loneliness amongst the less mobile

Although Homes have plenty on offer to occupy the more physically independent residents, we found it can be a different story for those confined to their rooms as well as the more socially introverted. We made 6 recommendations across the Homes suggesting exploration with residents is needed to enhance social opportunities for every resident. Suggestions included engaging the support of volunteer befrienders.

"I sit in my room and wait for someone to come to me. I feel lonely."

Getting outdoors

These visits took place throughout winter months and may be a reason why we saw little evidence of residents enjoying outdoor space. We were told by residents in 2 of the 16 Homes that they actively enjoyed the gardens. However, in 6 of the Homes, residents told us they would like more opportunity to get outdoors and enjoy the garden or have a walk. Mobility issues and reliance on assistance from busy carers were often mentioned as barriers to outdoor activities.

"I'd like to spend more time in the grounds but I'm not very mobile and they can't always take me."



Addressing the Gender Gap in Care Homes

It comes as no surprise that the resident populace is predominantly female, which leads to notably fewer activities geared toward the interests of the minority of male residents. Following our recommendation, Kents Hill Care Home contacted Men in Sheds to explore ways of involving male residents with likeminded company and conversation.

This is perhaps the time for Care Homes to start thinking about the ways in which they cater for male residents as, according to the 2011 Census, the gender gap among Care Home residents aged 65 and over is narrowing. For the first time, in 2011, one local authority (Kensington and Chelsea) had a greater proportion of men (3.7%) than women (2.2%) residing in Care Homes.

In all English regions and Wales there was a percentage increase in male Care Home residents aged 65 and over between 2001 and 2011. For women, there was a percentage drop in six of the regions in England and Wales. The largest percentage increase for men was in London at 36.8%, while for women the largest increase was only 3.0% in the East of England.²

Best practice in *Social Engagement* looks like...

- Homes provide *daily* opportunities for social engagement, informed by residents' requests and interests.
- Homes offer person-centred opportunities for social interaction amongst less mobile, introvert or minority residents.
- Homes should explore ways to address loneliness amongst residents confined to their rooms and encourage family and community engagement.
- Homes should consider ways to enable residents to get outdoors, particularly where mobility constraints hinder independence.

² Adapted from data from the Office for National Statistics licensed under the Open Government Licence v.3.0.

<https://webarchive.nationalarchives.gov.uk/20160105204853/http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/changes-in-the-older-care-home-resident-population-at-local-authority-level-between-2001-and-2011/sum-how-do-changes-in-the-older-care-home-population.html>

What residents said about Staff

Management

Staff supported by capable, committed Managers with a hands-on management approach was observed to be having a positive impact on the resident experience. In 5 of the 6 Homes in which residents told us their Manager was visibly involved, we identified no significant areas for improvement.

“The way we see it, we work in their home.” - Senior Nurse

Caring staff

Residents were very quick to praise Care Home staff; we heard a lot of positivity about staff in 14 of the 16 Care Homes we visited. It was evident that the calibre of staff in these Homes is extremely important to residents, as are the bonds they form with them. We observed many spontaneous caring, friendly interactions between staff and residents during 15 of our 16 visits.

“Brilliant. All the staff interact with him, whether it’s the cleaner, laundry person, the manager... they know he likes to dance so they’ll have a little jig with him.” - Family Member

Inconsistencies

In almost half of the Care Homes we visited, inconsistencies among staff attitudes and behaviours were raised. Residents talked to us of their hurt, frustration and, in some cases, anger at the lack of sensitivity and patience shown to them by some staff. Residents expressed upset at feeling patronised by staff, with some telling us they felt they were treated like children. Two of the Homes we visited had implemented a policy of a considered and careful use of agency staff to avoid such inconsistencies in standards of care and, in both these Homes, residents gave us unwaveringly positive feedback about staff.

“They are nice. Some are better than others.”



Staff development

Some of the inconsistencies may arise from gaps in training. Effective communication with hearing-impaired residents was not evident in the majority of Homes we visited, which was reflected in comments from residents. Furthermore, specialist dementia care, whilst commendable in some Homes, was not evident in most.

Care Homes should consider comprehensive staff training programmes to include common conditions affecting residents, as well as empowering staff to spot signs of loneliness and depression and intervene accordingly.

“I’m stone deaf - I don’t know if they understand what I’m trying to say... they need to look at me. They don’t understand - a lot of them just write you off.”

Staff availability

We made recommendations to 5 of the Homes around responsiveness to residents’ requests. Residents told us they sometimes had to wait for long periods of time for requests or for their call bell to be answered, particularly around lunchtimes when staff were busy. Whilst 7 of the Homes we visited were well-staffed, over half did not appear to have adequate resource to remain responsive to residents’ needs. Most residents sympathised with pressures on staff, but 3 Homes fell short of meeting residents’ reasonable expectations.

“I like them very much. They are pleasant and always cheerful... They don’t always come straight away but you can’t expect that.”

Diversity

Our care services rely heavily on people whose origins are not British, whether this generation or an earlier one; immigration is vital for many of the caring roles in our society. With Milton Keynes' ageing population, and with the traditional caring roles of families affected by economic and geographic changes, this diversity in the workforce is going to become more important than ever.

Carers go the extra mile at Parklands...

With the family's support, staff voluntarily learnt the language of a non-English speaking resident, to improve communication, social interaction and make them feel at home.

Staff best practice looks like...

- Staff are trained and supported to ensure residents are *consistently* treated with dignity, sensitivity and respect.
- Adequate training is provided surrounding conditions such as dementia and hearing loss, to include effective communication.
- Staff know how to support residents' emotional needs, are able to recognise signs of loneliness and are empowered to act.
- Homes routinely monitor responsiveness to residents' requests, including call bells, and review practice accordingly.
- Families and visitors are made to feel welcome.



What residents said about Premises

Size matters

Care Homes vary in size, with resident capacity ranging from 23 to 148. Interestingly, Homes with 26 residents or less had the least recommendations, with 80% of small Care Homes having no significant areas for improvement raised by the people we spoke to. In contrast, Homes catering for more than 40 residents had a collective 65 recommendations. Evidently, the larger the Care Home, the greater challenge presented to providers.

Priorities

Resident's views about any minor cosmetic issues were outweighed by the desire for high standards of care and this sentiment was echoed by relatives we spoke to. As an example, the décor at one Home required some updating, but the residents and family there were among the happiest we spoke to. Another Home, where many residents have neurological disorders, provided a comfortable, informal and practical environment that puts resident's needs first, such as flooring that does not require loud hoovering and selective use of safety gates to protect resident's privacy. This Home received unanimous praise from those we spoke to.

"It's not chandeliers you want, it's CARE."

Stimulating environments

Many of the Homes had created stimulating environments for residents; photo collages of residents enjoying activities, sensory displays and cheerful artwork were observed in 7 of the Homes. We found readily available entertainment resources, such as books, puzzles, crosswords and DVDs in 7 of the Homes. Pets were also popular in 4 of the Homes; residents told us they enjoyed the Cats, Rabbits, Hamsters and Fish. One Home has a giant tortoise roaming its garden during warmer months.

Sensory stimulation at Bluebirds...

"One wall features a full-sized depiction of a telephone box, with a panel of sensory switches for residents' use."

Supporting social interaction

Seating layouts in 6 of the Homes had been arranged both in lounges and dining areas, to encourage informal social interaction. Most of the Homes also had noticeboards in communal areas displaying information for residents and families, alongside timetables for upcoming events and activities. However, we recommended to 5 of the Homes that further consideration be given to the provision of information relating to social events and activities; particularly where information was jumbled, out of date or non-existent.

Attractive grounds

Twelve of the Homes boast attractive grounds and residents told us that they enjoyed the pleasant views. However, it was not always apparent how easy it was for residents to freely access the gardens.

Best practice in *Premises* looks like...

- Residents should feel a sense of belonging in environments that feel like homes, not hotels; comfortable, welcoming and homely.
- Uncluttered noticeboards or other methods of advertising events, activities, and other information important to residents and visitors.
- Homes should consider ways to enable residents to access gardens and grounds, particularly where mobility constraints hinder independence.



What residents said about Food

Food quality

We found in 11 of the 16 Care Homes that residents were satisfied with the quality of food provided and we observed lunches that appeared hot and appetising in most of the Homes we visited.

“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.”

Alternative options

Most Homes offer a lunch menu with two options for the main course. We heard from many residents about the availability of alternative meals for those who didn’t like the menu options. Residents in half of the Homes commented that they liked the availability of alternatives. Residents in 5 of the 16 Homes also told us their food was prepared to accommodate more practical individual needs, such as liquidised food for those who found chewing and swallowing difficult and those with specific dietary needs.

“They liquidize food for me. I can’t eat sandwiches, so they do me scrambled eggs.”

Excellence observed at Bay House...

“Staff take each resident’s lunch orders in the morning. This helps lunch service run more efficiently and opens up opportunity for social interaction between staff and residents.”

Practical Support

Staff were observed in 10 of the 16 Homes providing practical and compassionate support to those residents who needed feeding. Some received gentle encouragement, whilst others needed full support and were fed by caring, competent and compassionate staff.

Best practice in *Food* looks like...

- Practical, yet caring and compassionate support is provided to all who need assistance and encouragement to eat.
- Residents are involved in menu planning and Homes routinely respond to residents feedback about food options and quality.
- Lunch services run efficiently and processes are in place to ensure all residents enjoy hot meals, whether dining in communal areas or their own rooms.
- A variety of choice is on offer and individual needs, such as dietary restrictions and chewing difficulties, are catered to.



What were the most common Recommendations?

On completion of this programme, we collated all 85 Recommendations that had been made across the Care Homes. To highlight the areas most frequently identified for improvement, we have drawn together the Top 5 Recommendations made within our Enter and View reports.

The Recommendations, together with our findings, formed the basis of the Best Practice guidance referred to throughout this report and the frequency of these Recommendations demonstrate the most significant areas that Care Home providers can improve upon for Care Home residents.

1. Homes should monitor the delivery of care to ensure every resident is *consistently* treated with dignity, sensitivity and respect.

Recommended to 7 Care Homes

2. Homes should provide *daily* opportunities for social engagement, informed by residents' requests and interests.

Recommended to 6 Care Homes

3. Homes should increase person-centred opportunities for social interaction amongst less mobile, introvert or minority residents.

Recommended to 6 Care Homes

4. Staff at Homes should have adequate training and awareness surrounding conditions such as dementia and hearing loss, to include effective communication and emotional support, as well as an ability to recognise signs of loneliness.

Recommended to 6 Care Homes

5. Homes should monitor responsiveness to residents' requests, including call bells.

Recommended to 5 Care Homes

What next for Care Home Enter and View?

Over the next 12 months we will, in accordance with our Enter and View policy, review the actions taken against our recommendations by the Care Homes we visited. Our next steps in relation to this piece of work will largely be determined by what those reviews show and whether we receive feedback from Care Home residents, or their families or carers, that would generate a specific visit to any Care Home.

This report will be shared with Milton Keynes Council, the Milton Keynes Clinical Commissioning Group, Healthwatch England and the Care Quality Commission to ensure that the views of the residents we spoke to, and the recommendations we have made as a result, are used to inform the work of these statutory bodies.

Healthwatch Milton Keynes would like to thank the residents and family members that took part in these conversations for their time and valuable contributions.

We would also like to thank the management and staff of the 16 Care Homes that were involved in this project, notably for their helpfulness, hospitality and courtesy.

