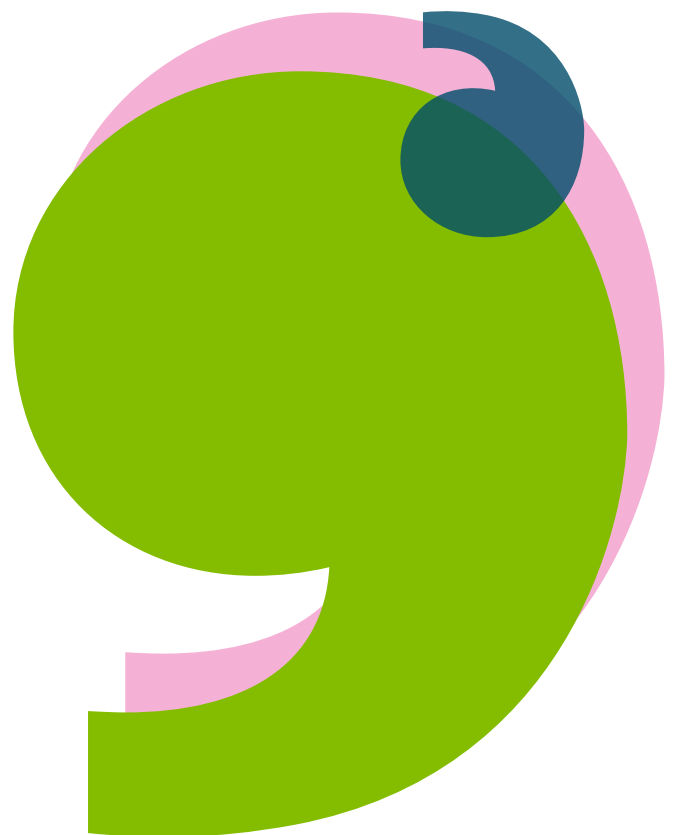




Water Hall Care Home

Review of Residents' Social Wellbeing

November 2018



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1 Introduction

1.1 Details of visit

Details of visit:	
Service Provider	Waterhall Care Home
Date and Time	10am – 1pm, Tuesday 6 th November 2018
Authorised Representatives	Paul Maclean and Diane Barnes

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 first hand.

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 Water Hall 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.

Milton Keynes Council shared with us a list of care homes receiving council funding from which we randomly selected sixteen homes to visit over the course of the next few months. When all sixteen visits have been completed Healthwatch Milton Keynes will collate themes of experience that are found to be common across the settings visited and provide a summary set of recommendations which will be provided 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 2 Authorised Representatives (ARs) arrived at 10am and actively engaged with residents between 10.30-1.00pm.

On arrival the ARs introduced themselves to the Manager and the details of the visit were discussed and agreed. The Manager provided the ARs with a thorough tour of the Home and introduced them to staff and residents along the way. The ARs were subsequently afforded access to all parts of the Home for the duration of the visit.

The ARs used a semi-structured conversation approach (see Appendix A) in meeting residents on a one-to-one basis, mostly in their own rooms. The checklist of conversation topics was based on the pre-agreed themes for the Care Home visits. Additionally, the ARs spent time observing routine activity and the provision of lunch. The ARs recorded the conversations and observations via hand-written notes.

Residents were approached and asked if they would be willing to discuss their experiences. A total of 7 residents took part in these conversations, 3 of whom were situated on the 2nd floor where the less mobile and more elderly were located, and the others were on the 1st floor. There were 50 residents in occupation on that day of whom a large proportion was in some way incapacitated via dementia or other conditions.

In respect of demographics:-

- 6 were aged 80+
- 6 were females
- 4 had been in long-term residence
- 1 resident was accompanied by her daughter whilst the remainder were alone

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



3 Main findings

3.1 Summary

On the basis of this visit Water Hall is observed to be a well-run establishment with residents living in comfortable surroundings and supported by conscientious and confident staff.

During the visit, the following aspects were considered:

- Social engagement and activities
- Staff interaction
- The premises
- Lunch time

Notable positive findings

- The premises are clean, tidy and carefully looked-after.
- The operation seems to be well-managed and organised.
- The residents appear to be physically well cared-for and are mostly content.
- The management and staff are pleasant and congenial.
- Care and pride is taken over provision of food.

Areas for possible improvement

- There may be scope for more social engagement for the more socially-inclined residents.
- Improve speed of response to personal needs and concerns.
- Address environmental issues to improve comfort and reduce background noise.



3.2 Social Engagement and Activities

Notable positive findings

The residents all displayed clear evidence of effective personal care, and were well-dressed, clean and well-groomed. During the visit the ARs observed several instances of personal care by staff taking place (such as hair-grooming or manicures) along the corridors and all were undertaken in a relaxed, caring and good-natured manner.

The Home provides a range of regular activities during the week, with a weekly schedule clearly displayed on notice boards and there seemed to be two or three activities planned each day. Residents also reported that staff kept them informed of events and encouraged them to participate. Most people we spoke to mentioned attending some of the regular activities provided for them, notably bingo and performances from visiting entertainers.

Several residents enjoyed regular and unlimited contact and outings with family members and such contact was clearly encouraged by the Home.

There was also evidence of seasonal social events (e.g. garden parties) and excursions having been planned and taken place, with noticeboards advertising future trips and framed photo montages of events and trips from the recent past displayed along the corridors.

Areas for possible improvement

There may be scope for increasing the amount of everyday social contact amongst the more socially-inclined residents.

It was noticeable during the visit that there were no residents sitting in any of the communal lounges that were situated variously along the corridors. The majority of residents we spoke to reported spending most of their time watching TV in their rooms. Three explicitly said they felt lonely and bored and four said they would like to socialize more:

“I’ve forgotten how to talk to people”

“It would be great to have a laugh with other residents”

When asked why they couldn’t, the reasons were often linked to either a reliance on staff to enable them to access the lounges or an absence of other residents to talk to in their own “local” lounge:

“They often say they haven’t time to take me”

The residents mentioned that the staff were sociable but that they were often too busy to have time for conversation.



Although many residents congregated for lunch in the small dining-areas associated with each lounge, the ARs observed very little conversation between residents over their meals.

There was also some frustration expressed in terms of being unable to undertake preferred activities such as helping with cooking and gardening, spending time in the garden or outside in the local area. On each occasion the residents told us that it was a lack of personal mobility and available staff to help that was the cause. Some residents also disliked the activities laid on:

“They are too childish”

“We get wartime songs, but I wasn’t even born then”.

3.3 Staff Interaction

Notable positive findings

There were several positive comments expressed about the staff with most residents describing the staff variously as helpful, caring and sociable:

“I do like the carers”

“They look after us well”

“They are wonderfully helpful”

The ARs observed many instances of congenial and caring interactions between staff and residents and it was evident that the Manager possesses a detailed knowledge of each resident and their circumstances. The Managers, too, were observed to have a very close and congenial relationship with residents.

Areas for possible improvement

There were some concerns expressed regarding instances of slow response to personal needs:

“Sometimes I can wait an hour for a bedpan”

“They don’t always come if I need the toilet”

“They talk to me as if I’m a 3-year-old”

It was noticeable that the residents on the 2nd floor (i.e. those who are less mobile) were less complimentary than those on the floor below.

3.4 The Premises

Notable positive findings

The Home was observed to be very clean, tidy and well-maintained with many examples of “homely touches” in the corridors and communal lounges, e.g. ornaments, soft toys, personal and group photos and colourful soft furnishings. There were fruit and cold drinks readily available in communal areas. Similarly the residents’ rooms were highly personalized with many personal belongings in evidence.

Books and magazines were readily available and the communal garden was neat.

Areas for possible improvement

The ARs observed some environmental aspects which served to reduce the sense of comfort.

- The absence of carpeting or similar floor cover can amplify sources of noise such as personal alarms, shouts from confused residents, and radios from other rooms. During the visit the ARs on occasion found the noise levels disruptive, even when holding conversations in residents’ own rooms and at some distance from the sources of the noise.
- The lighting in the corridors was dull and there was an absence of natural light.
- The floor cleaning agent gave off very strong antiseptic smell which gave the home a clinical rather than homely air.

The noticeboards in the corridors were observed to be extremely cluttered with a very wide variety of types of information, e.g. safety notices, news updates and policy booklets. The amount of information provided made it difficult to identify priority information and several items were partially obscured or otherwise difficult to access.



3.5 Lunch Time

Notable positive findings

The ARs observed evidence of an overall sense of pride and care being taken in the provision of lunch.

The small communal dining areas were neatly set out for lunch and the three simultaneous lunch services observed were each well-attended. Residents were also given the opportunity to dine alone in their rooms.

The menus were clearly displayed and alternatives to the main courses readily available. It was also apparent that the chef welcomes personal requests (we saw the chef accepting a request from one resident for Eggs Benedict for breakfast at the weekend).

The food looked and smelled appetising and the staff were observed to be carefully recording the food temperature before service began.

There were plenty of staff in evidence helping with food service and the ARs observed several instances of personalised service for residents, e.g. variable portion sizes, practical help with eating, offering top-ups of drinks and gentle encouragement to residents who were not eating.

The chef and Manager were involved throughout the service period circulating the dining-rooms helping with service and interacting with residents.

The residents were largely complimentary regarding food in the Home and the ARs received several positive comments:

“We get a good choice”

“I like the food here”

“The chef is very good”

Areas for possible improvement

There were several less positive views expressed from some residents,

“There’s not enough variety”

“It’s often cold”

“We don’t get asked what we’d like”,

“I complained, and the chef came to see me but nothing has changed”.

It is noted that there are differences in perception in that some residents feel they do have a say in what is provided and others feel unable to influence the menu. The ARs observed a difference in perception between the residents on the 1st and



2nd floors, the latter being markedly less positive. Although there was no firm evidence during the visit why this might be, it may relate to the preference of the latter group to eat in their rooms in view of their mobility issues.

It was also noticeable to the ARs that there was very little conversation between residents over lunch, though many sat together on tables of three or four.



4 Recommendations

Social Engagement and Activities

- Offer the more socially-inclined and able residents the chance to meet and interact informally in the lounges and/or over the lunch periods.
- Explore additional or alternative opportunities for social interaction or activity such as organising regular visits from volunteer visitors or enabling residents to engage more often in their preferred activities (e.g. help with cooking, gardening).
- Find ways to enable the less-mobile residents to routinely interact and spend time outside of their rooms and of the Home.

The staff

- Monitor response times to call bells to ensure residents are responded to quickly.
- Continue to monitor the delivery of care, to ensure every resident is treated with sensitivity and respect.
- It may also be appropriate to check that all staff recognise the need to deal differently with residents who are less affected by dementia.

The premises

- Consider adding some floor coverings to reduce background noise and enhance the sense of comfort.
- Reorganise noticeboards to ensure clear provision of information.

Lunch

- Ensure residents who dine in their rooms receive the food quickly.
- Ensure all residents are aware that they can influence menu planning.



5 Water Hall Response

Firstly Water Hall Care Centre management and staff would like to thank you for the visit from Health Watch we are always striving for improvement to enhance the wellbeing of people that live and use our service. Also to show case the success stories in our service, and what we do well. So we welcome all feedback.

Recommendation Responses

- Offer the more socially-inclined and able residents the chance to meet and interact informally in the lounges and/or over the lunch periods.

People that live at Waterhall are offered choice on a daily basis of where they would like to spend their day where this is physically possible. We will continue to actively encourage social engagement between residents living at Waterhall

- Explore additional or alternative opportunities for social interaction or activity such as organizing regular visits from volunteer visitors or enabling residents to engage more often in their preferred activities (e.g. help with cooking, gardening).

Each resident has an individualized social care plan , this is where residents hobbies and interests are identified throughout the home, staff endeavor to ensure residents are spending their day doing activities of their choice.

This can always be improved upon and we continue to consult with the residents through meetings and Resident of the day on how they would like to spend time. We also have visiting outside activities, such as, external entertainers visiting church service weekly. We also have children visiting from The Nursery and local school. The home also have involvement with MK spot light , and outside coffee mornings in the local community. This list is not exhaustive but a mere example. We will as a result of your visit explore further the opportunities for volunteers to join our team



- Find ways to enable the less-mobile residents to routinely interact and spend time outside of their rooms and of the Home.

In relation to this recommendation, we have to respect peoples choices, if people wish to come out of their rooms to visit communal areas and outside areas we would support them with this. During the summer months residents are more inclined to take up these opportunities in comparison to the winter months. We also have visits out ie to the seaside and other local areas.

- Monitor response times to call bells to ensure residents are responded to quickly.

Response times are always monitored through home manager, also audits, surveys, meetings. Staff are trained to let residents know that they will be with them as soon as they can. Of course, We will continue to monitor this as priority.

- Continue to monitor the delivery of care, to ensure every resident is treated with sensitivity and respect.

Our staff have been trained that these aspects of care are at the core of what we do, however following your visit staff have been reminded of the importance of these values.

- It may also be appropriate to check that all staff recognise the need to deal differently with residents who are less affected by dementia.

We will take this comment on board, residents are treated as individuals, however if a resident feels that they are being treated in an inappropriate manner we will of course address this.

- Consider adding some floor coverings to reduce background noise and enhance the sense of comfort.

The care home was built with both comfort and practicality in mind, lots of thought and research went into the planning of the care home, lounge areas, and bedrooms where requested are carpeted, however corridors and kitchen/diners are tiled, this helps with infection control as they are regularly used areas within the home.

- Reorganise noticeboards to ensure clear provision of information.

We are committed to sharing information with both residents' relatives and visitors, sharing information is an area that the home exceeds at. We



will ensure any information that is no longer relevant or required is removed in a timely manner. Moving forward we are adding technology into the reception area, where information will be seen on a TV loop screen.

- Ensure residents who dine in their rooms receive the food quickly.
Meal service audits are completed in the home on a monthly basis, in addition there are daily spot checks, daily chef visits, however we will continue to monitor this area.

- Ensure all residents are aware that they can influence menu planning.
Within the report you identified that some people are aware that they can influence menu planning, we will reiterate to all residents that use the service that their input into menu planning is of value.

In relation to other areas within the report please find our response

There were some concerns expressed regarding instances of slow response to personal needs:

“Sometimes I can wait an hour for a bedpan”

The comment above that was made to the AR was an historical concern and has been addressed by the home manager in conjunction with the family of the resident whom are very supportive of the manager and staff team.

- The floor cleaning agent gave off very strong antiseptic smell which gave the home a clinical rather than homely air.

The floor cleaning product that is used is a companywide product, and is required to maintain the cleanliness and Health and safety/ infection control procedures. The strong odour that the ARS refer to is very short lived. We will continue to monitor this.

There were several less positive views expressed from some residents,

“There’s not enough variety”

Water Hall has a 4 week rolling menu, which is also changed seasonally, in addition to the menu we advertise alternatives, if people don’t like the choices that are offered daily. We are sorry that someone feels there is not enough variety and we will continue with our surveys and meetings to ensure that we are accommodating all residents in terms of meal choice.



6 Appendix A

Prompts for interviewing residents (plus family members when present)

Name of Home:

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?

