

Lathbury Manor

Review of Residents' Social Wellbeing



Published

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1 Introduction

1.1 Details of visit

Details of visit:	
Service Provider	Valuecare Care Homes
Date and Time	15 th December 2022, 10am and 2pm
Authorised Representatives	Helen Browse & Colin Weaving

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 Lathbury Manor 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 can access physical activity alongside social activity.

Healthwatch Milton Keynes understand the pressures of the COVID 19 pandemic on services and have had a significant amount of feedback with regards to the necessary changes to service delivery and accessibility to promote safety for all. It is our intention to be able to formally report the impacts these changes have had on both services and those who use the services and their loved ones.

For the coming year Healthwatch Milton Keynes will be working in partnership with Milton Keynes Council, undertaking joint visits so that a well-rounded view of the operation of the care home or service can be understood. Healthwatch Milton Keynes will be specifically focusing on the experiences of the services users

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 two Authorised Representatives (ARs) arrived at 10am and actively engaged with residents between 10.00am - 2.00pm.

On arrival the ARs introduced themselves to the Manager and the details of the visit were discussed and agreed. The ARs checked with the provider whether any individuals should not be approached or were unable to give informed consent. 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. It was made clear to residents that they could withdraw from the conversation at any time. A total of 5 residents took part in these conversations and one family member called Healthwatch Milton Keynes the following week as they were unable to be at Lathbury Manor during the visit.

In respect of demographics: -

- There were a total of 26 residents at the time of the visit, only three with full capacity
- All residents spoken to were female.
- Residents who took part had been in residence between a few months and three years.
- 2 residents was accompanied by friends and family, whilst the remainder were alone.
- 1 family member called to share their thoughts after the visit had concluded.

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



3 Summary of findings

Lathbury manor is a residential care home providing personal care for up to 29 people including people living with dementia. At the time of our visit, there were 26 people living at the Home. Lathbury Manor is set in beautiful enclosed grounds that are accessible all year round by residents. The grounds are well stocked with shrubs, flowers, and a vegetable plot which residents help to maintain. There are plenty of seating areas and pathways around the grounds.

Staff are well liked by residents and were observed throughout the visit interacting with residents in a respectful, caring, and compassionate manner.



3.1 Premises

The Home is a historic building, with a newer extension. The dining room was in the midst of a refurbishment during our visit, and we saw that residents were being involved in process and their opinions on colour choices and furnishings were being genuinely considered. This added to the feeling that this was their home, not just 'a' care home. The bedrooms are a good size, welcoming, and full of personal belongings.

The premises are part way through a refurbishment programme, the areas that have been updated are clean and fresh. The areas still to be completed are very tired and there were some areas where we noticed an unpleasant odour, due to the overflowing bins of used continence products.

While we noticed that there was a staff member hand-cleaning a patch of carpet where there had been a spill, we were assured that the downstairs flooring was scheduled to be replaced with more suitable, easy clean, floor



covering in early 2023. This will improve not just the aesthetics but the cleanliness, ease of cleaning, and time and effort for staff

There are two downstairs lounges, both are a good size. The lounge opposite the dining room is where activities take place and is generally noisier and more lively. The other lounge is located at the further end of the hallway and is a quiet space for those who like to sit and read or relax.



3.2 Mealtimes

All meals are prepared on site, residents are given a hot meal at lunchtime and for those whose medication allows, they can have a glass of wine to accompany their meal, the dining room was a busy lively place at lunchtime with the chef serving lunch.

We observed the mealtime to be very communal and happy on the ground floor where most, but not all, residents choose to eat. We noted the enthusiasm that residents had in going to the dining room for lunch, and saw that the onsite chef knew the residents well and plated their portions accordingly.

One very nice interaction we noted was the attention paid to one resident who, we were told only liked bite sized, finger foods. The chef prepares this resident a small plate of different food items and would bring new things if there were foods the resident decided they didn't like. It was clear that this was part of the daily routine, and we were pleased to see that what mattered was that the resident got enough to eat, and, at no time that we saw, was made to seem like an inconvenience at all.

For those who ate in their rooms, lunchtime is a little solitary. Although all residents, whether in the dining room or their own rooms, who required help or assistance during lunch service had a member of the care team to assist them.



3.3 Activities

Activities are centred around the ground floor lounge and dining areas depending on what the activity may be. On the day of the visit a singer was in the lounge and many residents were happily joining in, either singing or dancing or swaying along to the music and everyone seemed to be having a lovely time.

We saw one resident who had become a little agitated at having so many 'strangers' in their house, calm and relax when one of the care staff paired up and started to dance with them to the music of the singer. The resident looked to be enjoying this immensely.

Activities are provided every day for residents and there is something different most days including Fitness Tuesdays, Hairdresser Wednesday and Singing Thursdays. The Home also organises a monthly Church service in house.

One family member told us what a difference the activities coordinator has made, and told us how much their mother enjoyed the knitting, and that quite often the activities lead on to other things such as the formation of little communal groups.:

"I think it has made a real difference"

The activities coordinator works 16 hours a week, and all of the care staff help with activities on the ground floor. The activities coordinator sets aside three quarters of an hour a week for top floor residents who is completely bedbound which is greatly appreciated by this resident. The other top floor residents, who have significantly limited mobility, said they would like more time like this.



3.4 Wellbeing and staff interaction

Staff interaction with residents were seen to be caring and supportive, with some residents needing more help than others. Any requests made of staff were greeted with a smile and a positive response, no resident was ignored or made to wait. All interactions that were observed were caring, respectful and compassionate.

During the administration of medicines that we observed, we noted that staff made sure the resident knew what they were being given and why, and that staff took the opportunity to check if the resident was happy, and if there was anything they needed.

The home is supported by the local GP practice who make a telephone call weekly to check if a visit is required and the District Nurse Team visit twice a week, the Pharmacist carries out regular medication reviews so residents' health is well supported.

Some of the more socially isolated residents mentioned that it would be nice to have someone help them message friends and family, or to have someone to sit and just chat for a while.

There were times when staff seemed very busy and undertaking mixed duties that could be better suited to a machine i.e. carpet cleaning, when bins of bio/personal waste were overflowing on two corridors and needing to be emptied.

There is a strong awareness and appreciation by residents and their families of the improvements that have been, and are continuing to be, made.



4 Recommendations

- Until the flooring is replaced, we suggest investing in a carpet cleaner would be a useful interim measure, as having staff hand washing carpets is not an effective solution to spills or accidents and would be a more efficient use of time, more hygienic and professional.

As Milton Keynes is becoming a Dementia Friendly City, the more support that you can get locally to support your activities the better, here are a few ideas to help support the activities coordinator:

- Continue the dementia friendly journey by inviting the Specialist Memory Service, the Dementia Information Service, or similar organisation to assess/ re-assess residents whose Dementia may have progressed during their time in the Home.
- Consider developing a Biography Service, this could be carried out by a local school or parish volunteers. Residents can record memories of their life or may wish to write letters to specific people in their family. Photos could be included, the biography can be as short or long as they want, this can be incorporated into reminiscence therapy sessions.
- Consider engaging the support of a local Memory Club such as the one in Newport Pagnell, The Brooklands Centre, Ousebank Street, MK16 8AN Tel: 07518412389 or email hazel_reynolds@hotmail.co.uk



5 Service provider response

We would have liked a response to the recommendations we made to the service and were disappointed in the lack of response. We look forward to monitoring the improvements against our recommendations when we visit this care home next year.

The provider was given 20 working days in which to respond but, as yet, Healthwatch Milton Keynes have not received a written response to this Enter and View report.



6 Appendix A

About You (Optional questions)				
Your Name				
How long have you been living here?				
Your provider and your care	Yes	No	Don't Know	Comments
Do your carers treat you with respect and dignity?				
Have you read and signed your support plan?				
If you were unhappy about your care, could you tell someone? Who would you tell?				
Do you think the people who look after you would fix any complaints you had?				
How have your carers helped you stay active/engaged?				
How have your carers helped you stay in contact with friends/family?				
Your Choices	Yes	No	Don't Know	Comments



Do you get to choose your food?				
Do your carers ask your permission before helping you?				
Do you have enough interesting things to do?				
Do your carers give you the information you need to help you make choices?				
Are there always snacks and drinks available when you want them?				
Safeguarding, dignity, and privacy	Yes	No	Don't Know	Comments
Do you feel safe?				
Do you think there are enough staff?				
Have your carers told you what to do if you feel unsafe or at risk?				
Concerns				
Is there anything you don't like about your carers?				
And Finally				
What is your favourite thing about your carers/living here?				



<p>If you could change one thing about your care, what would it be?</p>	
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