



Enter & View: Mallard House

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2 Introduction

2.1 Details of visit

Service provider	Mallard House - PJ Care Specialised Neurological Care
Date and time	4 th May 2023 – 9.30am to 4pm
Authorised representative	Helen Browse

2.2 Acknowledgements

Healthwatch Milton Keynes would like to thank the Mallard House, staff, service users and their families for their contribution to this Enter and View visit, notably for their helpfulness, hospitality, and courtesy.

2.3 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.

3 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.

3.1 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 Mallard House Care Home. As well as building a picture of their general experience, we asked about experiences in relation to social isolation and physical activity.

3.2 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.

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 and the ICB, 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 and their family members opinions.

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

3.3 Methodology

The visit was prearranged in respect of timing and an overview explanation of purpose was also provided.

The Authorised Representatives (ARs) arrived at 9.30am and actively engaged with residents between 10:00am and 4:00pm

The visit was conducted in a COVID safe manner with the appropriate PPE as agreed in advance with the provider. A lateral flow test was completed by the representative prior to the visit.

On arrival the AR(s) 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 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) in meeting residents on a one-to-one basis, mainly in the communal areas. The checklist of conversation topics was based on the pre-agreed themes for the Care Home visits. Additionally, the AR spent time observing routine activity and the provision of lunch. The AR 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 9 residents and three family members took part in these conversations.

In respect of demographics: -

Seven residents were male and two were female

Residents ages were between 46 and 75 with an average age of 58

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

4 Summary of findings

4.1 Overview

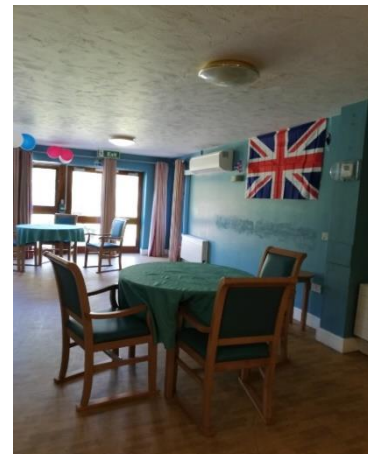
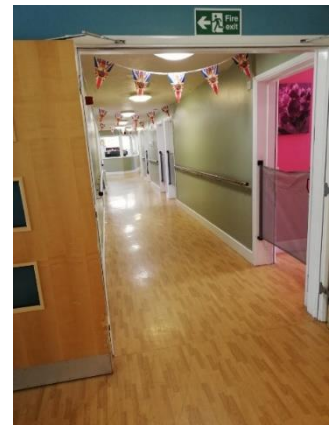
Mallard house is registered to provide nursing and personal care for up to 55 residents. Mallard House is two-story building set in a large property with enclosed rear gardens with each floor of the home having dedicated garden space. Their overall remit of this Home is to provide specialist neurological care to those residents who cannot be supported in more traditional nursing homes due to the level of challenging behaviour and complexity of their neurological conditions. The home is on two floors, 29 bedrooms on the lower floor Oakley Unit where more challenging and late-stage residents and 24 bedrooms on the first floor Brunel Unit with early to mid-stage conditions.

4.2 Premises

The building is a modern two storey brick building with large, well maintained rear gardens, bedrooms are and large spacious and most have personal touches, these are very different for each resident which in itself is great to see the variety of room décor that was present.

The home itself is undergoing a phase of redecoration and the first floor is part way through that so the entrance and hallway have been painted but the lounge is in progress. Any project of this type is complex in a care home that is fully occupied but staff and residents are involved in colour choices and attempts at minimum disruption are all in the planning.

New dining chairs and tables are already in place in the downstairs dining area, these look like normal chairs but are extremely heavy which means residents are less likely to tip them over, they are also more unlikely to move or tip over if people bump into them. There are also only chairs for those who can use them, with table spaces for wheelchairs, so furniture doesn't need moving to accommodate residents.



Artwork by residents



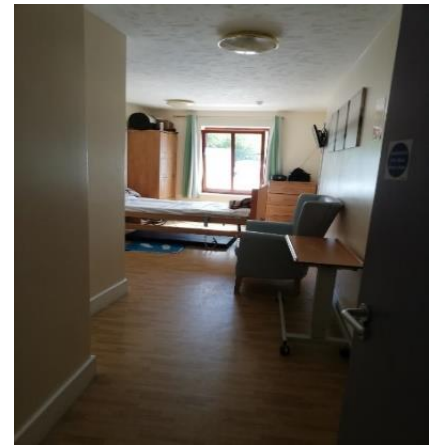
“Creativity is contagious, pass it on.” A quote often misattributed to Albert Einstein, but whoever said it – it is very relevant at Mallard House.

The downstairs main lobby has some really great artwork which has been created by residents in activity groups. The artwork is changed regularly so visitors and relatives can see what can be accomplished with care, encouragement, and compassion.



Many bedrooms on both units have flexible stair gates fitted to them, this allows doors to remain open, staff can see in – stop and chat to those residents who are not mobile but stops residents wandering in and out of rooms other than their own.

The home is about to trial a new AI – infrared monitoring system which will help with patient safety, the system not only notices patient movement or lack of movement but also learns patient habits movements including the ability to monitor BP, pulse, respiratory trace, type of fall (forward, back or trip) this would allow for much faster response to any incident particularly at night – but knowing how someone tripped/fell could be key to how to treat/prevent a repeat particularly if the incident was not witnessed.



Each unit has access to its own private well maintained large garden, residents need to request access, in many cases will need to be accompanied by a member of staff when in the gardens but this is encouraged if residents are able to exercise or just to improve their wellbeing. Brunel unit is about to have a large first floor balcony added to allow residents to ‘go outside’ without needing to go downstairs into the garden itself.



The gardens are often used for BBQs and family days – weather permitting. There are several small shelters allowing for garden visits with family even on windy days.

A small family room is just nearing completion on the ground floor. This will enable family and friends to visit without being confined to a resident’s room, or using the communal area of the home, which can be difficult when young family members are visiting.

4.3 Staff interaction and quality of care

Staff were at all times observed to be attentive, caring, and compassionate. We noted that all staff appeared to have a very good understanding of each resident's individual needs.

During the lunch service staff were encouraging and patient, ensuring residents ate something. If the resident didn't want the menu item that had been provided, then an alternative meal was offered. A wide variety of meals were served. When talking to the chef he was excited to be waiting on a new food 'mold' for pureed food – beans on toast. We understood his enthusiasm when we saw a plated meal that looked like roast chicken potatoes and vegetables, all pureed but looking exactly like the 'real' food. The kitchen had all residents' dietary requirements listed, including their personal likes and dislikes.

A resident returned from a hospital visit after lunch, staff asked what they would like to eat. They wanted their favourite, so it was made for them, they were not expected to just pick something from the menu or have a sandwich. We particularly liked hearing staff ask them, importantly, when would they like to eat? Before a nap or after? Our Authorised Representative felt that this demonstrated the ethos that residents definitely come first for all the staff. The MDT lead noticed this resident was back and stopped in to speak with them and their family to ensure he was up to date with the latest information, as the hospital feedback could take a week to reach the care home.

Residents and family members we spoke to knew about their care plans and said that they had been asked what should be in it. We were told, unprompted, how safe people felt. Family members felt supported as well as feeling that their loved ones were being well cared for.

There are monthly family meetings one on a weekday during the day, one on a weekday evening, and one on a weekend day to ensure there is always one meeting that is convenient for relatives to come and be part of the conversation. The kitchen puts on food for the event to make it a bit of an event and a little more welcoming and inclusive for family members who attend. The family liaison officer sends out updates of events, live music that are planned. Family is always invited and welcome to attend.

4.4 Social engagement and activities

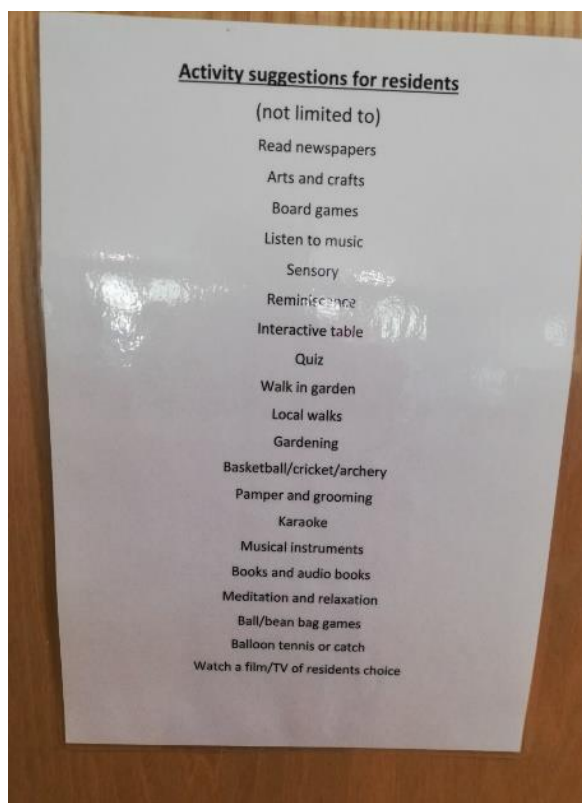
During the visit there was a group activity on the first floor for the Coronation Celebration, making of a large collage to be hung on the wall – an outline of the King’s head on AO paper the lots of printed items to be cut out and stuck onto the sheet. We saw seven residents with greatly varying conditions and abilities actively taking part with help and encouragement from care staff.

Those who were not able to take part were included in the conversation, asked for opinions, played music for, and asked what their choice of music was, ensuring as many individuals as possible were included.

One resident who had no interest but was enjoying the music video had a great chat with a member of the care team about computer games.

There is a diary of activities available, but care staff work with individual residents to ensure that their specific needs are being met.

Activity cupboards have signs for staff inviting them to open up and use the contents with a list of suggestions for people to use as inspiration for activities:



4.5 Additional findings

Most residents were very happy to socialise with each other; residents not actively socialising were regularly checked on by staff and chatted to ensure that they were content with their choice to be alone if mobile, those who were not mobile had care staff who were regularly checking in to ensure that their needs were being met, staff 'knew' residents, they weren't just names on a door.

They have introduced a toothbrush campaign – new toothbrush regardless of age every three months, all residents are encouraged to brush teeth daily and the home has a dentist visit that is arranged via CNWL. Residents also have a weekly 'full body check' to ensure that nothing has been missed in routine meds rounds, meal times, anything a residents might not have mentioned but could be of importance to their wellbeing.

An invitation was extended to attend two internal meetings on the day of the visit – an in-person Multi- Disciplinary Team meeting and an online meeting for the new AI monitoring system.

Staff are also thought of with 'tea for 12'. This a chance for a group of individuals to have an afternoon tea catered for, as a thank you. A thoughtful gesture reflecting the high regard that the organisation has for the hard work their staff put in to maintaining the high standards at Mallard House.

During the visit we noted the calmness felt on both floors, even though activities were taking place on the first floor, and residents were up and about, and visitors were coming and going. Residents who are mobile are free to move around their unit and, if accompanied, can spend time in the large gardens. A few residents have a little more freedom although this is dependent on their mobility and the nature of their condition.

5 Recommendations

During conversations with the manager on the day of the visit he wanted to provide 'fidget boards' for the day rooms but more 'grown up' ones than many that are available or easily available to purchase.

A suggestion, rather than a recommendation, was to approach one of the Retirement villages in Milton Keynes that have fully equipped wood-workshops and have something commissioned by them.

Physios also use the gyms at these retirement homes as, at the moment, Mallard House do not have their own gym but are considering investing. Working more with the Retirement villages could be a good compromise as Mallard house have their own transport both a minibus and a car.

Finally additional support for themselves and family members from another NHS Brain injury Team in Aylesbury was talked about.

Contact details were given to the manager on the day of the visit.

On the basis of this visit, no significant issues were identified through interviews and/or observations.

Healthwatch Milton Keynes would like to congratulate Mallard House on the culture within the Home as well as the physical environment of the Home.

6 Service provider response

I am very happy with your report and do not have any comments for changes.

I think it a very positive and balanced report and would like to thank you very much for such a lovely account of your visit.

It was very nice to meet you and hopefully cross paths again in the future.

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?				
If you could change one thing about your care, what would it be?				



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Milton Keynes

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