healthwatch Milton Keynes

Enter and View Report Becket House

May 2021

Review of Residents' Social Wellbeing

Published 2021

1 Contents

1 Introduction 3
1.1 Details of visit 3
1.2 Acknowledgements 3
1.3 Disclaimer 3
2 What is Enter and View? 4
2.1 Purpose of Visit 4
2.2 Strategic drivers 5
2.3 Methodology 6
3 Summary of findings 7
3.1 Overview 7
3.2 Premises 7
3.3 Staff interaction and Quality of Care 8
3.4 Social Engagement and activities 9
3.5 Covid specific engagement 9
3.6 Meal times and food 10
4 Recommendations 12
5 Service provider response 13
6 Appendices 15

2 Introduction

2.1 Details of visit

Details of visit:	
Service Provider	Simply CareHome Ltd
Date and Time	19th May 2021, 9.30-13.00
Authorised Representatives	Nikky Rawlings

2.2 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.

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 Becket House Nursing Home. 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.

3.2 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/

3.3 Methodology

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

The Authorised Representative (AR) arrived at 9.30 am and actively engaged with residents between 10.00 to 1.30.

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 AR prior to the visit. The results of the test, which was negative was documented on arrival by the care home. The AR was asked to sign in, the visitors book is left within the reception area and not GDPR compliant.

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 Housekeeper 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. The AR was directed to residents who were able to give consent to engage by 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 2 residents took part in conversations, others were approached but either were not willing to take part or unable to give the appropriate consent. The AR recorded the conversations and observations via hand-written notes.

In respect of demographics: -

1 resident was female and the other male

Both residents were over the age of 75

1 resident had been in residence for almost 2 years

Both residents had not previously resided in other care homes

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

4 Summary of findings

4.1 Overview

Becket House is a privately owned care home registered to provide nursing care with a specialty in dementia care for up to 23 residents. On the day of the visit they were caring for 16 people.

The manager has been in post since 2015 and oversaw the recent external refurbishment project.

4.2 Premises

The front exterior of the building has recently been renovated and provides a welcoming feel on arrival.

The building is not purpose built and is set over two floors, with keypad access to ensure safety. Accessibility is via the stairs and there is a lift for use by residents who require it.

The overall décor of the home is good, if a little dated. Various brightly coloured artwork is displayed on the walls which the eye is drawn to. There is a good standard of cleanliness, however upstairs there was a notably strong odour of air freshener which was not pleasant.

The layout of the premises is not conducive to positive interaction and engagement with two lounges at opposite ends of the building. One is currently being used as a storage room for equipment, chairs and hairdressing tools. This room overlooks, and has access to, the garden at the rear. The other is a traditionally laid out lounge with chairs placed around the walls and facing the television. There were 3 residents using the lounge, there was no interaction between them and minimal conversation from the staff who were present; it was pleasant but not homely. An assortment of books and games were available for residents to use also.

The dining room, which is situated at the centre of the home was exceptionally warm and while there were no windows open for fresh air, it was clean and bright. There were several tables and chairs, none were yet laid out ready for lunch. The room led onto a good-sized accessible garden, which has recently been made more secure to enable residents to go outside more often.

Observing from the hallway, residents' bedrooms were clean and tidy with some personalised items which made them look homely. All rooms had the names of the residents outside, and some had a photo also. All visible residents were dressed and groomed.

Due to the majority of the residents preferring to remain in their rooms the atmosphere was utilitarian, there were minimal homely touches throughout the communal areas and it was exceptionally quiet.

4.3 Staff interaction and Quality of Care

Conversations with the manager demonstrated that she has a good understanding of the care needs of her residents. Her use of words reflected care and empathy.

The AR witnessed some interaction between staff and residents, many staff were not visible during the day due, predominantly due to the number of residents who remain in their rooms. What was seen was positive and caring, and there was a noticeable understanding of the person they were supporting with the words used and the conversation.

During one resident conversation the manager joined us part way through. She interacted well with the resident and we had a lively conversation regarding politics and the environment.

Neither of the 2 residents engaged with were aware of their care plan or what details were in it. They did both state that they were happy with their care.

'Best of anywhere'

'They are always washing their hands'

1 resident felt confident that they knew what to do if they have any issues and felt safe, whereas the other was not aware of who they should go to for help if they needed it.

The noticeboard outside the main lounge displayed a selection of thank- you cards from friends and relatives, however there was no information about meals, activities or events, or any news about the general goings on that is usually available for residents or their visitors to read.

4.4 Social Engagement and activities

The role of activity coordinator became vacant at the start of the pandemic. A successful recruitment process has resulted in the postholder commencing at the start of June.

It was very quiet throughout the home with very little going on at all. The TV was on in the lounge but none of the 3 residents seated in the lounge looked as if they were watching or showed any interest in the being programme aired. There was no interaction between the residents observed. The carer in the lounge was very chatty with the AR and commented that they **'are all one big happy family'** but there was no real evidence to support this.

There was no activity schedule, and nothing had been planned for the residents to take part in. Most of the residents remained in their rooms for the entirety of the AR visit.

Neither of the 2 residents who agreed to speak with us feel they have enough to do, one telling us that they never go into the lounge, and the other said they read a lot in their room.

'Feels like I'm wasting my life here'

'Limited conversations with others, they are usually asleep'

'Want to do more for myself, I'm bored'

One resident expressed a desire to go outdoors more and said they enjoyed gardening but said they were not allowed. The AR raised this with the manager who has confirmed the resident will be able to help in the garden. Another resident said that they felt that they would rather just close the curtains and die.

4.5 Covid specific engagement

The AR was told that the Home has had a very challenging time during Covid. A large cohort of staff were not able to work due to shielding, illness, and fear so the Home was very reliant on agency staff for a while. Staff said they felt wholly unsupported by the assigned GP practice, who did not provide any visits to the home at all, all consultations were undertaken via video call. This resulted in additional tasks for the staff who had to perform medical checks as directed by the GP.

Further pressure was felt by their contractual arrangements with the Local Authority Social Care directorate, specifically the around the requirement to support with the capacity pressures felt across the system. The Manager felt there had been pressure to accept people into the home, despite having a positive covid test result, to help free up capacity at the Hospital. We were told that this, sadly, resulted in the death of a resident and the impact of this was felt throughout the care home.

Now that care home visitors have resumed, a dedicated space for visitors has been created. It's a simple space but functional and has achieved its intention. Access is gained from the outside to promote as much safety as possible. All visitors must undergo a Lateral Flow Test and demonstrate a negative response before visiting is permitted. One resident told us they have a regular visitor which helps fill in the time.

4.6 Mealtimes and food

Of the 16 residents 10 ate in their rooms. Three were in the lounge and three in the dining room.

In the dining room the tables had been laid with colourful placemats, cutlery, and jugs of water/squash. The radio was playing in the background, providing a relaxed ambiance.

The residents who were being assisted to eat wore adult bibs which, whilst functional, were a little child-like. No one was rushed with their lunch; it was very relaxed. There was some conversation between the carer and the resident who was being assisted, however, in the main the conversation was with the resident

who was independently having lunch. The AR was also engaged in conversation with the residents during lunch.

Meals were served up on individual trays, there did not appear to be a choice. The food did not look the most appetizing but it was eaten by all. On asking specifically regarding the meals that they were served the responses were,

'I have whatever is going'

'Miss M& S Food'

The menu for the day of our visit was:

Main course **Beef in Red wine sauce, mashed potato, swede/green beans**

Egg Salad

Pudding **Pears with chocolate sauce**

Tables were cleared as residents finished and not at the end after everyone had eaten.

The AR did not fully observe the lounge during lunchtime; however, on returning one resident was still eating and it was positive to witness cultural needs were being observed and respected during the lunch service.

There is no evidence that residents have input into the menu or that there is any choice, although one resident told us they were vegetarian. They said they had a lot of pasta but also that they would like to see some ratatouille or some roasted vegetables on the menu.

Residents told us that staff were always offering cakes and biscuits during the day.

5 Recommendations

- To reconfigure the layout of the furniture in the lounge to facilitate improved social interaction of residents
- That time is taken to produce a range of activities to allow the residents to interact with each other to support their social wellbeing needs
- Explore ways to provide activities for those residents who choose not to or are unable to use the communal areas of the home to support their social wellbeing needs
- Consider reviewing the mealtime process to promote social interaction between residents and staff
- Consider ways to include views and requests from residents in menu planning
- 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.
- Consider inviting the Specialist Memory Service, the Dementia Information Service, and/ or mental health and wellbeing organisations to assess/ re-assess residents whose Dementia may have progressed during the pandemic or to support those residents who may be experiencing mild depression. These groups will be able to help staff in developing further tools and activities to further support residents' mental health and emotional wellbeing.

6 Service provider response

- To reconfigure the layout of the furniture in the lounge to facilitate improved social interaction of residents

  We arrange the furniture to suit each day's activities e.g., films and give the residents a choice of where they would like to sit.

- That time is taken to produce a range of activities to allow the residents to interact with each other to support their social wellbeing needs

  A New activity lady is currently doing her induction and getting to know the residents. She is also completing life story's which will give insight to the residents likes and dislikes and how they would like to spend their time.

- Explore ways to provide activities for those residents who choose not to or are unable to use the communal areas of the home to support their social wellbeing needs

  Staff already provide activities for resident's who are unable to come to the communal areas. Examples are reading, hand massage, manicures etc.

- Consider reviewing the mealtime process to promote social interaction between residents and staff

  Staff sit with residents at mealtimes to support them. The residents are given a choice of where they would like to have their meal and staff interact and support them when required.

  Our normal practice pre-covid was that residents sat together in the dining room, which we hope to resume.

- Consider ways to include views and requests from residents in menu planning

  Our Menus have been designed by taking into consideration the residents likes and dislikes, choices are noted by the care staff on the day and given to the cook.

  The cook is aware of their likes and dislikes, they are noted in the kitchen.

- 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.

  Due to Covid we are restricted by who can come and visit us as we deal with vulnerable residents. Due to the covid situation we not having students currently. Before covid we had regular visits. We have in the past had local parish volunteers. We have life stories which the activity person is reviewing. On completion the residents' choices will be taken into consideration. When the local volunteers are happy to revisit - we will continue.

- Consider inviting the Specialist Memory Service, the Dementia Information Service, and/ or mental health and wellbeing organisations to assess/ re-assess residents whose Dementia may have progressed during the pandemic or to support those residents who may be experiencing mild depression. These groups will be able to help staff in developing further tools and activities to further support residents' mental health and emotional wellbeing.

  We have links with these services. Kevin from the Memory service has recently been in to support us. We will continue to invite outside organisations into the home subject to them accepting our invitation.

7 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?	