



# Milton Court 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	Avery Health Care Group
Date and Time	10am, Tuesday 27 November
Authorised Representatives	Paul Maclean and Diane Barnes
Contact details	01908 698800

## 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



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## 2 What is Enter and View?

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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 Caton House. 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.<sup>1</sup>

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.

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

## 2.3 Methodology

A letter had been sent to all the managers of the target Care Homes introducing them to the Enter and View process and explaining the focus of the visit. This was followed with a discussion between Healthwatch Milton Keynes and the Care Home Manager where the date and timing of the visit were agreed. The 2 Authorised Representatives (ARs) arrived at 10am and actively engaged with residents between 10.30-1.30pm.

On arrival the ARs introduced themselves to the Manager and the details of the visit discussed and agreed. The ARs were subsequently afforded access to all parts of the Home for the duration of the visit.

The home has 3 floors catering for different needs in each wing. The ground floor is designated as residential with those residents requiring nursing care or memory care live on the first and second floor, each with their own lounges and dining areas. There were 120 residents on the day of our visit, with 28 living on the ground floor. Residents were approached and asked if they would be willing to discuss their experiences. A total of seven residents took part in these conversations; six living on the ground floor and one from the light memory/residential wing.

- Five were aged 80+
- Six were females
- Four had been in residence for more than 2 years. One was a recent arrival.

The ARs used a semi-structured conversation approach (see Appendix A for a copy of the questions and prompts) in meeting residents on a 1-1 basis, in their own room or the lounge. 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.

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



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## 3 Main findings

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### 3.1 Summary

On the basis of this visit Milton Court is observed to be a well-run, comfortable establishment whose residents are well provided with social activities and interactions.

#### Notable positive findings

- Residents generally feel safe and cared for.
- Most enjoy a range of activities and social interaction with other residents.
- Staff are pleasant, polite, helpful and caring.
- The premises are very clean, comfortable and well equipped, with a lot of natural light and good heating.
- Restaurants were neatly laid out and well attended at lunchtime, with a calm and relaxed atmosphere. Extra menu options are available

#### Areas for possible improvement

- Some residents expressed concerns about the slow response, by management, to issues of inappropriate behaviour by other residents
- Lack of opportunities to go on outings
- Responses by staff to help residents get around the premises and gardens and to respond to calls for personal needs
- More sources of activity, e.g. books and games, in some communal areas
- The quality and variety of cooked food: in particular, portion sizes and the temperature of served food.

In the sections below we report on each main theme in more detail.

## 3.2 Social Wellbeing

### Notable positive findings

Rooms looked clean and were personalised with the residents' own possessions - ornaments, photos etc. that they had brought with them.

Residents said they feel well looked after and their hair and nails and laundry are tended to. All were well and appropriately dressed.

Residents spoke of valuing a sense of safety. They like the provision of activities and having communal areas for company.

“You are cared for. You don't have to bother about cooking and laundry. You can wander round. You can join in anything you want in activities”

The Home has a lively activities coordinator and provides a range of regular activities during the week. A weekly schedule is displayed on notice boards and residents are given a copy. Most residents mentioned regularly attending activities provided for them, notably bingo, quizzes, bowls and visiting musicians. There is a church service. They told us of the pleasure and stimulation they get from meeting other residents in the lounge to chat:

“I like company”

“We chat and have a laugh”

“I take part in what's going on... Sometimes I stay in my room. They don't force you to do things, but I think I join in most of them”

“I'm a bit lonely. I don't take part in activities, but I like to watch”

Dates of outings are also printed in the monthly newsletter. Some, but not all, spoke of family visits.

### Areas for possible improvement

Some frustrations were expressed by those we spoke to that they felt unable to join in things they would like to do:

“I like the trips but they can't get many of us on (the minibus)”

“There's a cinema upstairs but I need to get taken up in my wheelchair and I don't like to ask”



“I’d like to go in the grounds but I’m not very mobile and they can’t always take me”

Outings are popular but numbers are limited by the minibus size, particularly with the need to accommodate wheelchairs. Several spoke of not being able to go out as much as they would like.

“I go on outings when there’s room for me”

“I don’t get out a lot. Usually the outings get booked up early”

“You can’t always get on the trips as the numbers are so small - you get on one trip and then you can kiss goodbye to getting on the next ones. I want them to hire a bigger coach with toilets, but they say that residents won’t pay extra”

### 3.3 The staff

#### Notable positive findings

Generally, residents spoke well of the staff and used words such as *good*; *willing*; *helpful*; *friendly*; *hard working* to describe them.

“Even if they are busy, they find time to do some little thing. Because they ARE busy. I think they are good”

#### Areas for possible improvement

There were some concerns expressed about slow response to residents’ needs.

“They don’t always come quickly when I need help with the toilet. They do their best but if they are busy with someone else, what can you do?”

“They seem to say every morning how short of staff they are”

“They are very willing and helpful but don’t always do what they say they will do. The response times are too slow sometimes. They don’t seem to use their initiative much”

Some residents had concerns about challenging behaviour in another resident. They did not feel that senior staff have taken prompt enough action.

“... we have asked the manager to sort it out, but it’s been going on for ages and nothing seems to be happening...”

## 3.4 The Premises

### Notable positive findings

The premises are very well decorated and furnished with smart décor, carpets and soft furnishings. They are bright and well lit.

A welcoming entrance and reception area has information boards with menus, activities and notices. The bistro, opening off the reception, has a coffee machine and tables and chairs.

In the bistro a large folder with copies of each month's newsletters was on a table, giving news about activities that have taken place and ones that are planned. A Memory Book has a well presented display of photos taken of activities and outings.

The ground floor lounge looks onto attractive gardens which are accessed through French doors.

### Areas for possible improvement

The downstairs lounge is a very pleasant space with a TV and printed word puzzles on a stand, but lacked books, magazines, and games on shelves to encourage residents' activity.

## 3.5 Food

### Notable positive findings

Meals have two options for each course, with an alternative if neither option is acceptable (e.g. omelette or baked potato or sandwiches).

Some residents spoke approvingly of the quality and variety. Opinion on the size of portions varied.

Residents had been able to raise the matter of food at a meeting. Two residents felt the quality of food had improved.

The dining rooms were well laid out with table linen, cutlery, and glasses. Residents sit in groups of four and choose where they sit.

In the ground floor dining room the food seemed to be served promptly. Plated food for residents in their rooms was then seen afterwards.

### Areas for possible improvement

Opinions on food were very varied. For some it was not the sort of food they had been used to previously.

“It's stuff we never used to eat at home. They usually have to tell me what it is”



“You’d get something you thought you knew and, when it arrived, it wasn’t what you expected”

Others felt it was often not hot enough, particularly the food served in bedrooms. Portion size is a very individual thing - resident views on this differed. Nobody said whether more could be provided if a resident requested it. Some thought money saving measures were the reason for cutting portion size or limiting choices.

“I don't like to ask for more and they don't offer it”

“We've noticed they've cut the portions - and they've put the fees up!”

“Ham and eggs again!”

“We always get cabbage as it's so cheap”



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## 4 Recommendations

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The Management Team at Milton Court may like to use the residents meeting to address the perception noted from the experience of those residents we spoke to that cost cutting and staff shortages lead to a diminished service in some areas.

We also recommend that the management team explore with residents the reasons why some may feel reluctant to ask for help and work with the staff to break down those barriers.

### Social Wellbeing

- Ensure that residents are kept informed about progress and actions against concerns or complaints they have raised.
- Extend activities to provide more stimulation, particularly for residents who are mentally and socially alert.

### The staff

- Improve staff response to residents' needs and requests.
- Create an environment where residents feel staff actively encourage requests for assistance or help.

### The premises

- Provide more readily available informal activities in lounges, e.g. books, jigsaws, games.

### Food

- Look at ways to ensure food is served hot.
- Continue to listen to residents' feedback on the menus, food quality and temperature.
- Consider offering a choice of portion sizes at mealtimes.



## 5 Milton Court Response

The following comments are provided in response to the 'Areas for Possible Improvement' - para 3.1:

- 'Some residents expressed concerns about the slow response, by management, to issues of inappropriate behaviour by other residents'

### Response

We are aware of the particular circumstance of this comment which related to a particular situation with one resident on a memory care unit. The particular resident exhibited aggressive and challenging behaviour towards others which was a marked change in his behaviour. Whilst we completely understand that this can cause and alarm and distress to other residents and unacceptable behaviour is not acceptable, we will, in the interests of residents, families and funding authorities seek to find solutions rather than immediately evict someone from their Home. We work as quickly as possible in partnership with other agencies to identify solutions to the behaviour and only when these have been exhausted or whether the situation is so serious that eviction is the only viable option will this be taken.

In this particular situation, the Home Manager met with the two residents who complained about their fellow resident's behaviour to ensure them that we were aware of the situation and were working to solve the issues and would do so as quickly as possible and in one way or other the matter would be resolved. Shortly after, in partnership with the GP Surgery and dementia support services, steps were taken that ameliorated the problematic behaviour and ensured that the resident no longer became aggressive and the resident could remain living at the Care Home without troubling other residents. We believe that we acted correctly and whilst it may appear to be appear a slow response to some we acted as quickly as possible. When working with complex behavioural issues with people living with a dementia, however, change can rarely be immediate.

- 'Lack of opportunities to go on outings'

### Response

All residents of the Home have an equal opportunity to go on any and all outings and trips. To ensure that this happens there is a Request Book at Reception which records all requests from residents and/or their relatives and who was allocated a place on the very rare occasion that there are more requests than there are places available, but this has occurred on only three occasions in the last 12 months. In the isolated case that this happens priority is given to those residents who do not regularly go on trips and we also put a second outing on the following week so that people do not miss out on a trip altogether. Information about these arrangements has regularly



been given at the quarterly Resident & Relative Meetings with minutes issued to all resident and relatives.

We have one resident who regularly says to all staff and visitors that they rarely, if ever, get to go to activities or go on trips. However, this is in marked contrast to the reality where they will regularly go to numerous activities and on outings only to deny the fact later on to the extent that the Activities Coordinators take photographs to show relatives the denied involvement! In addition, there is a weekly entry in every resident's Care Plan detailing the activities that each resident participates in each week to ensure that residents all get a full programme of activities provided.

- 'Responses by staff to help residents get around the premises and gardens and to respond to calls for personal needs'

### Response

Enabling residents to get out and about is a key priority for Milton Court and Avery Healthcare. All residents are escorted to and from activities if required and can also be supported on a 1:1 basis to attend activities or get some fresh air or to visit other residents and/or areas of the Home. There are, obviously, more residents than staff so there may be occasions when residents have to wait for staff to be available to support a resident with this and it may be that some residents feel that they have to wait unreasonably. We will continue to do all we can to enable staff to support in this aspect of their working at the Home although we cannot guarantee immediate attention. On some activities, for example, we may have over 50 residents attending an activity with the majority requiring physical assistance so there may be somewhat of a 'queue' but we do deal with this as quickly as logistically possible.

With regards to calls for personal needs, for those residents who have the ability to use the call-bell system (other residents have regular observations in place) there is a two-level system so that a resident can press for a call or an emergency. In the latter case, staff will respond immediately and on other calls may have to conclude personal care with another resident before responding. Every call that is made in the Home is recorded in an IT system which is monitored on a weekly basis by the Home Manager to ensure that there are no excessive response times. We fully understand that sometimes when a resident calls for staff, a delay of, say, a minute may seem much longer when you are waiting but there are unacceptable response times in only a vast minority of occasions which is usually when there is an emergency being dealt with by staff. On the rare occasion there is an unacceptable delay this would be reviewed openly to try to ensure that lessons are learned and procedures improved where possible.



- ‘More sources of activity. e.g. books and games, in some communal areas’

Response

There is a wide variety of activity materials including books and games available on every unit at the Home although they may not always be visible. This has been raised with our Activities Team and Unit staff to ensure that such materials are both sufficient and visible. There has not been any occasion when funding for new activity materials has not been approved.

We will also remind residents and relatives that we would be delighted to hear of suggestions for any materials which we can obtain, and this will be regularly reviewed in the Wellbeing & Activity Forum Meetings to which all residents and relatives are invited.

- ‘The quality and variety of cooked food: in particular, portion sizes and the temperature of served food’

Response

To please all the people all of the time on the subjective issue of food preferences is probably an unrealistic goal! Nevertheless, we do strive to achieve that goal and significant improvements have been made in food quality in the last couple of years which is evidenced by feedback received in the regular Resident & Relative Meetings and the Catering Forum Meetings. Indeed, there has not been a formal complaint about food since February 2018.

In addition, there is a Foods Comments Book on each Unit in the Home when residents, relatives and staff can record comments, be they positive or negative, which is read and responded to each month by both the Head Chef and the Home Manager.

With regard to portion size, staff do develop the knowledge over time of each resident and their preferences generally about whether they prefer a small, average or large portion of food and do try to get this ‘right’. Nevertheless, we always say to residents if they would like less or more food than to just mention this to staff who are more than happy to arrange this. As far as food temperature is concerned, we accept that there have been occasional lapses in staff plating hot food on a cold plate which should not occur. We continue to stress the importance to staff of this and to serve hot food on warmed plates. We have also recently addressed a concern on the Ground Floor that some room-service meals were not as hot as when leaving the servery by the use of insulated food delivery containers.

*Paul Bundyford  
General Manager  
7 February 2019*



## 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?

