



# Park House Care Home

Review of Residents' Social Wellbeing

February 2019

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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
Service Provider	Tyringham Care Ltd
Service Address	Park House, Tyringham, Newport Pagnell MK16 9ES
Time and date of visit	10:00 - 13:15, Tuesday 12 <sup>th</sup> January 2019
Authorised Representatives	Paul Maclean and Diane Barnes

## 1.2 Acknowledgements

Healthwatch Milton Keynes would like to thank Tyringham Care Ltd and the Park House Care Home 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 of this specific visit.



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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 View is 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 Park 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.



## 2.2 Strategic drivers

Social isolation or loneliness has been recognised as having an impact on people's physical health and emotional wellbeing. Therefore, Healthwatch Milton Keynes determined this theme as the stated purpose of our planned programme of Enter and View visits, which are taking place at Care Homes across the Borough. Healthwatch Milton Keynes seeks to explore with residents their experiences of social life in such settings.

We know that, just because people are living in homes with other residents, does not mean they are immune to loneliness or social 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.<sup>1</sup>

There is a link between poor physical health and increased isolation; 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.

Milton Keynes Council provided Healthwatch Milton Keynes with a list of care homes receiving council funding, from which sixteen homes were randomly selected for visits in 2018/19. When all sixteen visits have been completed, Healthwatch Milton Keynes will collate themes of experiences that are found to be common across all settings visited and provide a summary of recommendations 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

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

The two Authorised Representatives (ARs) arrived at 10:00 and actively engaged with residents until approximately 13:15.

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 accompanied the ARs on a detailed tour of the Home. The ARs were subsequently afforded access to all areas 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, sometimes accompanied by friends or relatives. Most conversations took place in the communal areas and one conversation took place in a private room. 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 seven residents took part in these conversations.

In respect of demographics:-

- All participants were aged between 88 and 98
- Six were female and one was male
- Five had been in long-term residence (longer than two years)
- One resident was accompanied by a family member, 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, Park House is observed to be a well-run establishment that demonstrates a commitment to personalised care, with residents living in comfortable, attractive surroundings and supported by friendly and caring staff. None of residents spoken to could suggest any improvements, however our ARs have noted some opportunities for improvements based on their observations.

During the visit, the following aspects were considered:

- Social engagement and activities
- Staff interaction
- Premises
- Lunch time

#### Notable positive findings

- The residents feel well cared for and there is a strong focus on personalised care and activity.
- The Home is well-staffed, with members of staff actively engaged in delivering care and demonstrating good rapport with residents.
- The premises are clean, colourful and homely and benefit from attractive, rural surroundings.
- Lunch service is efficient, with staff proactively and compassionately supporting individuals with eating.

#### Opportunities for improvement

- Explore ways to utilise the attractive outdoor space during periods of poor weather and for residents with reduced mobility.
- Find ways to reduce clutter in communal areas and corridors (within the constraints of the character of the building).
- Involve residents in the planning of the menu and ensure all are aware they can request non-standard items.



## 3.2 Social Engagement and Activities

### Notable positive findings

All residents spoke warmly of the care they receive at the Home and none could suggest any improvement in this area. Residents were clean, well-groomed and appropriately dressed, demonstrating evidence of effective personal care. There is also a hairdressing service available for the residents' use.

Residents told us they enjoyed the wide range of activities on offer within the premises, which tended to center around the main lounge, creating a relaxed and pleasant atmosphere, which residents gravitated towards. On the morning we visited, there were around 10 residents in the lounge taking part in a quiz hosted by an enthusiastic organiser.

Five of the residents told us they enjoy the activities at the Home, which include quizzes, singing and a variety of entertainment from external providers. One resident mentioned that they enjoyed the “motivation games” and “playing with the big ball”.

“I like the singing. The lady comes once a week.”

“There are things to keep your mind active. You meet people you've never met before.”

Our ARs were impressed by the focus that the care home management placed on personalised care and activity. There is one full time and one part time Activity Coordinator who create planned programs of one-to-one and group activities, including personalised programs tailored to the individual needs of residents. For example, sensory sessions for residents with advanced dementia.

There are also organised social outings, for which the Home have the provision of a new wheelchair-adapted car. The ARs were told that previous trips included a garden centre and Christmas lights and that there are plans to arrange an excursion to the zoo this Summer.

Two of the residents said they particularly enjoyed reading or watching TV in their own rooms, which they were able to do if they wished.

### Opportunities for improvement

There may be scope to provide residents with more opportunity to enjoy the attractive outdoor space at the premises, particularly when weather conditions may not be optimal.

One resident said they used to enjoy going for walks but felt it was no longer possible. Whilst this was due to personal mobility constraints rather than a criticism of the Home, it may benefit some of the less mobile residents to find ways of enabling them to spend time in the gardens.





“I’ve always loved walking. I’d love a good long walk but that’s not possible. I hope [to go outside into the garden] in the better weather.”

“It’s a shame we can’t get out due to the weather.”

Whilst the organised group activities at the Home are varied and popular, some residents are less inclined to join in. It is worth exploring ways to encourage the more introvert residents to engage in social activity.

“I don’t do the activities. They haven’t asked me to get involved and I don’t ask what’s going on. It’s not like me to say anything.”

There was no evidence on display of upcoming outings and therefore it may be useful to consider an extensive and structured schedule of planned excursions, which might give residents an event to discuss or look forward to. Additionally, introducing an easy-to-read timetable for forthcoming daily activities and entertainment would enable residents to find out what is coming up, rather than relying staff or word of mouth to hear about what is going on.

### 3.3 Staff Interaction

#### Notable positive findings

The residents were complimentary of the staff at the Home and the ARs came away feeling that Park House is a true ‘home’ to its residents. It is worth noting that the majority of the residents praised the staff when asked what they considered to be the best thing about the Home. There were many positive comments from the residents about the staff:

“They are very attentive and gentle.”

“The staff are nice. No-one shouts at anyone.”

“I can talk to nursing staff and say to them “Do you know [this song]?” and they say “Yes I do”. And I might sing a song with them.”

“Kind, helpful and friendly. They talk to you and are more like friends.”

“They are very pleasant and I like them very much. They smile and are always cheerful. They tell me to ask if I need anything. They don’t always come straight away if I need something, but you can’t expect that.”

“You can laugh and joke. They are helpful - if I want something, they’ll get it.”

The ARs received a warm welcome on the day of the visit and were given a thorough briefing and tour of the Home by the Deputy Manager. Staff were friendly, helpful and receptive to the visit, offering help to the ARs and answering questions, as well as introducing them to the residents.

One member of staff told the ARs they had worked at the Home for fourteen years and enjoyed getting to know the residents.

During the visit, the ARs observed a healthy staffing level and many instances of cheerful staff engaging positively with residents, helping them and taking time to talk with them. It was clear that staff knew the residents well and had developed strong relationships with them, which contributed to a warm atmosphere and homely feel. Moreover, jovial interactions between staff added to the friendly mood and staff were equally friendly with visitors.

### Opportunities for improvement

Whilst the overriding standard of care by staff was reported to be very good, one resident felt that staff were not always patient with them, or consistent in their approach. Staff should be encouraged to ensure all residents are treated with equal respect and sensitivity.

“Some are better than others. Some rush you about like you’re a two-year-old. It’s not nice - I tell them I’m too old to rush. Some of them don’t have the patience.”

It was also mentioned by one resident that staff did not always respond to their requests quickly.

During the visit two members of staff were overheard by an AR complaining to one another in close proximity to other people, so it may be appropriate to remind staff to exercise discretion when voicing frustrations.

## 3.4 Premises

### Notable positive findings

Park House is an elegant building in an attractive rural setting, with extensive grounds that are well-maintained and charming in appearance. The Home is registered for 24 residents and each room has the benefit of large windows overlooking the countryside, which residents said they enjoyed.

The spacious main garden is thoughtfully landscaped and promises to be a well utilised space during the warmer months. One resident described the “tranquil surroundings” as one of the best aspects of the Home. The courtyard is home to some hamsters, which provide entertainment for some of the residents.



“It feels like home, not like a hospital or institution. I like the atmosphere...I looked at several places and chose this one.”

The premises are clean, colourful and homely throughout the communal and lounge areas, with several pieces of resident’s artwork displayed on the walls and, despite the age of the building, fittings appeared well maintained. The furnishings and décor give a comfortable and homely ambiance and there are a range of reading materials, plus a wide selection of CDs, DVDs and board games available to residents and visitors. The newspapers are current, allowing residents to read up-to-date news.

The larger lounge is the main social hub of the Home where residents congregate, and activities take place. The ARs found this area to be busy and observed a lot of chatter and social interactions between staff, residents and visitors alike. For residents wishing to relax in calmer surroundings, there is also a quiet room available.

All areas of the premises were tidy with a high standard of cleanliness, including the bathroom and toilet facilities.

There are plans to make further improvements to the premises, such as the construction of a sensory garden and there is already an extensive project underway to build a dementia unit behind the existing house.

### Opportunities for improvement

Whilst the character of Park House is part of its appeal, the age of the building and the fact it is not purpose-built, does present some practical issues; the layout is somewhat rambling, rooms and communal areas are small, and some areas might benefit from attention to décor.

Some of the communal areas had accumulated items of equipment, such as mobility aids and furniture. It may be beneficial to consider other options for storing such items as it was observed that navigating the winding, narrow corridors was problematic, particularly for those with mobility difficulties, and may present a hazard in the event of an emergency evacuation.

The ARs observed a rather varied and jumbled assortment of signage and notices, which may benefit from being arranged in a more logical order to aid residents in finding information.

It may also be useful to consider alternative cleaning agents, as the ARs found the strong antiseptic aroma to detract from the otherwise homely feel of the premises.



## 3.5 Lunch Time

### Notable positive findings

Residents were very positive about the provision of food at Park House:

- Five said they liked the element of choice
- Three said they liked the food
- Three liked that food was tailored to their individual preference

Whilst the menu itself does not list a variety of alternative choices, the Home was accommodating to those who requested something different.

The ARs observed an efficient lunch service; food was plated up for residents and served promptly, portion sizes were generous (save for those who preferred smaller helpings) and the main meal of cottage pie and broccoli looked hot and appetising.

Residents spoke well of the food and made reference to mealtimes being an opportunity to talk with others. Residents were able to choose where they ate and there were plenty of staff mingling with residents and offering support with eating. Where residents required one-to-one support, staff displayed a patient and caring approach in feeding residents individually.

Again, there was a notable focus on individual needs and preferences. The ARs observed several instances of residents being provided with personalised meals, such as pre-cut or pureed food, non-standard items and reduced portion sizes. There was particular attention to detail in this regard, with a list displayed on the wall for staff, specifying each residents likes/dislikes, how they take their tea/coffee etc. This approach is evidently appreciated, with six of the residents making specific positive reference to choice/personal preference, when asked about food.

“I don’t eat much. They know what I like.”

“I like the cooked breakfast. We do get choices for the food we eat. They cut it up for me.”

“There’s always something to eat. There’s a choice.”

### Opportunities for improvement

One of the residents commented that the standard of food was variable and said “some of them think that as we are old we can just be given anything”. There may be opportunity to involve residents in the planning of menus and to ensure that all residents are aware they can request non-standard items.



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## 4 Recommendations

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### Social Engagement and Activities

- Explore ways to best utilise the attractive outdoor space during periods of poor weather and for residents with reduced mobility.
- Consider a more extensive and structured schedule of excursions.
- Consider implementing and displaying an easy-to-read timetable to enable residents to find out about upcoming activities and social events. This may encourage some of the more introverted residents to engage in the activities.

### Staff Interaction

- Continue to monitor the delivery of care, to ensure every resident is treated with sensitivity and respect.
- Remind staff to exercise discretion when having conversations in open resident spaces.

### Premises

- Find ways to reduce clutter in communal areas and corridors (within the limitations of the age of the building).
- Consider simplifying signage and noticeboards for consistency and ease of understanding.

### Lunch Time

- Ensure all residents are aware of the Home's flexibility regarding meal requests and look at involving residents in the planning of menus.



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## 5 Park House Response

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### Response to Health Watch Programme - February 2019

The experience was a positive one and staff were supportive to the visitors. Unfortunately, I as registered manager was not able to be present.

### Response

The residents who are living in the home at present have high level care needs and although we have a variety of outside entertainers coming in, we also have two activity coordinators who have worked in care and have an understanding of each individual's needs.

### Planning a Programme

We do have an activity board but the in house organisers have found it not to be successful. They find being reactive to residents' daily requests far more beneficial. They do plan for events etc. which may involve cooking for Easter Tea or craft at Christmas. They find sometimes engaging with one resident will result in other residents' participation. We ensure that residents who find it difficult in groups have a 1:1 experience most days.

### Planned outings.

These have not proved to be a success in groups. However, we are reactive to taking people out on a 1:1 or 1:2 basis in the wheelchair car to local venues or just for a ride.

Gillian Broadway

Registered Manager

Park House.



## 6 Appendix A

### Prompts for interviewing residents (plus family members when present)

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?

