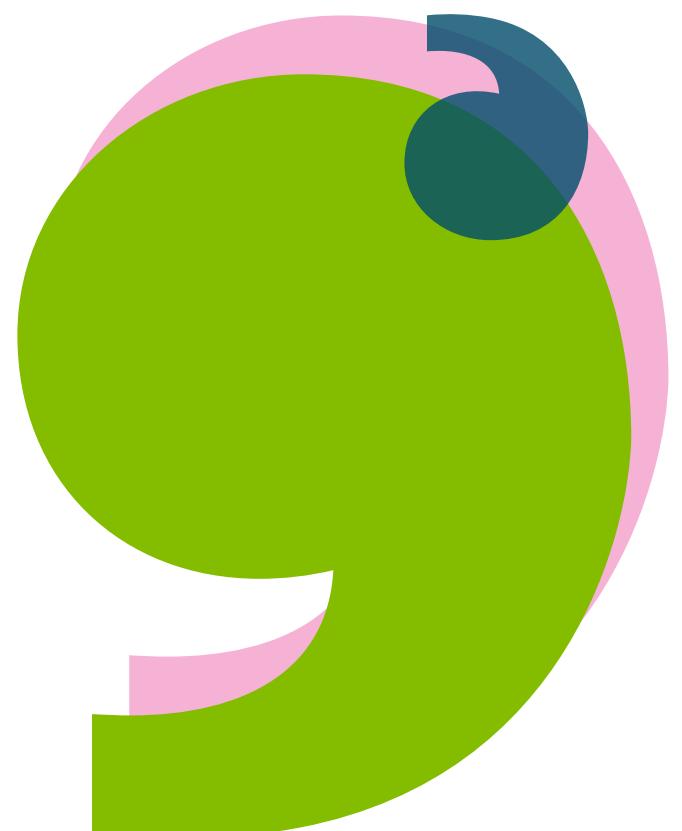


Woburn Sands Lodge

Enter and View Report March 2022



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1 Introduction

1.1 Details of visit

Details of visit:	
Service Provider	Woburn Sands Lodge 60 Station Road Woburn Sands MK17 8RZ
Date and Time	11 th March 2022 between 1pm and 4pm
Authorised Representatives (ARs)	Helen Browse

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 firsthand.

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 Woburn Sands Lodge Care Home. As well as building a picture of their general experience, we asked about experiences in relation to social isolation and physical activity. This visit was carried out alongside a Council Quality and Compliance inspection, Woburn Sands Lodge has undergone a change of management, process review and staff training for some months to achieve required standards.

2.2 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 by 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/>



2.3 Methodology

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

The Authorised Representative (AR) arrived at 1pm and actively engaged with residents between 1pm and 4pm.

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 prior to the visit.

On arrival 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 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, always maintaining the appropriate social distancing. 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 meals. 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 2 residents took part in these conversations.

In respect of demographics:

There are currently 6 residents, the home could accommodate 10. This is not the first care home any resident had lived in.

Three male residents agreed to take part, aged between 50–60 years of age. One person withdrew after a few minutes' conversation.

The homes longest term resident, living at Woburn Sands for over 12 years, didn't want to speak to us on the day but offered to speak if we could go back next week.

One resident is in a self-contained unit and kept their door open but appeared to be asleep throughout the visit. Other residents were by choice in their rooms either asleep or choosing not to take part in conversation.

All residents are under the age of 60, the care provided is predominantly for drug/alcohol dependency and related disorders and as such is a specialised unit, not suitable for dementia or general care purposes.

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

3 Summary of Findings

During this Enter and View visit, the following aspects were considered:

- Premises
- Activities and social interaction
- Meals
- Staff
- Health and wellbeing

Based on this visit, we found that Woburn Sands Lodge is welcoming, friendly and offers a range of activities for residents.

The residents spoken to during the visit were content living at Woburn Sands Lodge, well informed about social activities, monthly meetings, mealtimes and options. All staff were welcoming and informative and showed care and support toward the residents

Premises

The Home is welcoming, light and airy, the entrance hall is bright and is decorated with maps, pictures, and flowers.



The main living room houses a large fish tank, we saw that residents were helping with the cleaning and upkeep. There are three large sofas and a wall mounted TV at one end of the large room.

The opposite end had a computer area and there was a large notice board detailing the activities that were being offered.

A programme of re-decoration is almost complete, so the home is looking bright and clean. The dining room has a large central table which could seat all the current residents if they chose to eat at the same time. The room has tea and coffee making facilities, and is often used by staff to chat/talk to residents.



The garden is also looking very neat, a large patio area with BBQ which is used whenever the weather permits. There is also a covered smoking area that is very popular with residents.



When the AR expressed concern about a large tool shed being left open and unattended during the visit and left unattended, the Deputy Manager rectified this oversight immediately. We were assured that this shed is not routinely left open.

Activities and social interaction

The residents spoken to were keen to speak about the activities that the home organised. The people we spoke to said:

'good to get out and about somewhere different'.

'Trip to Windsor was nice'



Numerous photos of the recent trip to Windsor were displayed on the large notice board in the main living area.

All residents have access to the garden throughout the year.

Staff

Staff were reported as being welcoming, helpful and friendly. When asked about the staff residents' comments were:

"Staff are always available and friendly"

"They're always there, easy to talk to"

"They tell me what my care plan is, even if I don't want to know, they tell me I should know".

When a resident commented on a concern over a family member being in hospital, not having been able to get an update themselves, the Deputy Manager noted instantly when this was mentioned to get an update, knowing where the family member was, and was going to action and update the resident. We felt this demonstrated the high level of care provided, and the personal knowledge staff have of the residents.



Meals

Meals appear fresh and the menu changes weekly. Even though there are set mealtimes, food is prepared when residents want to eat, with a few residents being allowed to prepare their own food whenever they choose. People are encouraged to eat together in the dining room but can choose to eat where they wish. The menus are put together by a former chef and residents told us that their suggestions for menu changes are always welcomed at the monthly residents meeting.



Health and wellbeing

The longest stay resident who has limited mobility, is currently in a room on the first floor. A move to a ground floor empty room was being discussed with this person which would also give better access to the garden, which is something they enjoy.

Each of the residents spoken to was aware of their care plan:

"They tell me about it, they go through it with me all the time". '

"Don't know why I have to keep going over it, they know what's best not me!".

We were pleased to note that the staff ensure people are aware of their care plans and that these are regularly updated.

4 Recommendations

Based on this visit, no issues were identified through interviews or observations.

5 Service provider response

The provider should be given the chance to provide a response once the draft report has been written. Did the response include any immediate service improvements?



5.1 Appendix 1

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?				

