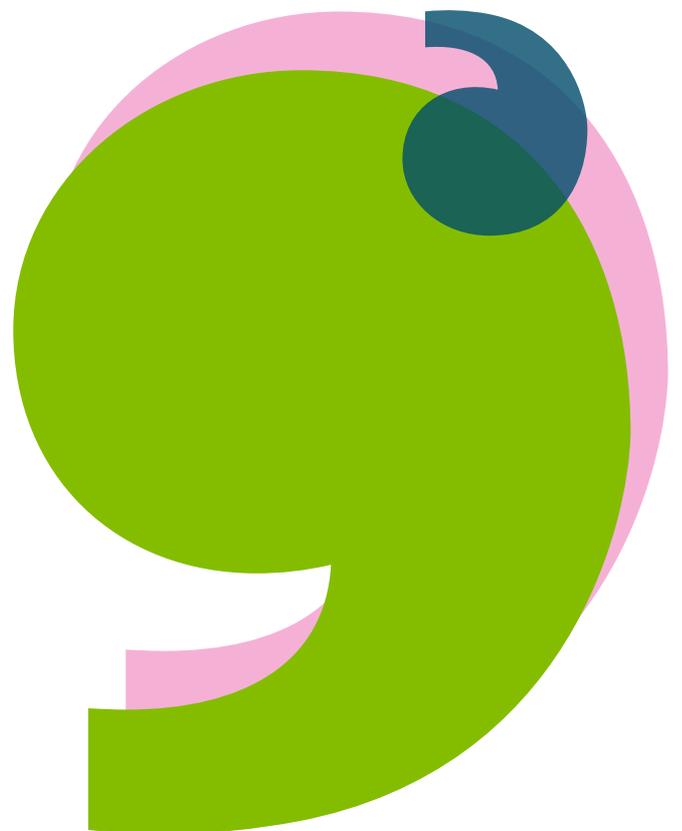




# Kents Hill Care Home

Review of Residents' Social Wellbeing

October 2018



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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
Service Provider	Maria Mallaband Care Group
Date and Time	10am, Friday 28 <sup>th</sup> September 2018
Authorised Representatives	Paul Maclean and Hazel Reynolds
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 Kents Hill. 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 two Authorised Representatives (ARs) arrived at 10am and actively engaged with residents over a 3-hour period between 10.30-1.30pm.

On arrival the ARs introduced themselves to the manager and were allocated a member of the management team to act as liaison and agree the details of the visit. The ARs were afforded access to all parts of the Home though it was suggested (with AR agreement) that the focus for most of the visit should be the ground floor where residents were more likely to be able to participate fully in conversation. The residents situated on the two upper floors were all in advanced stages of debilitation and required more specialist care.

The ARs used a semi-structured conversation approach (see Appendix A for a copy of the questions and prompts) in meeting residents individually and including friends and family in the conversation if they were visiting. The checklist of conversation topics was based on the pre-agreed themes for the Care Home visits. The ARs also spent time observing routine activity and the provision of lunch. The ARs recorded the conversations and observations via hand-written notes.

The ARs limited their contact to residents who were to be found in communal areas during the visit. It should be noted that these residents were most likely to be more independent and active than many of the others.

Each resident in the lounge was approached and asked if they would be willing to discuss their experiences. A total of ten residents took part in these conversations, of whom seven were able to provide detailed opinions. Of the forty-eight residents in occupation on that day, there was a large proportion who were in some way incapacitated through dementia or other conditions who were in effect unavailable to us. Consequently, the ten conversations represented a 100% sample of those residents in communal areas who were willing and able to participate.

In respect of demographics:

- 7 of the 10 were aged 90+
- 8 were females
- 9 had been in residence for 2 years or less (including 2 who were there for respite care)
- 7 had not resided in other care homes.



At the end of the visit, the Care Home Manager was informally briefed on the outcome.

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## 3 Main findings

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### 3.1 Summary

On the basis of this visit Kents Hill is observed to be a well-run establishment with contented and relaxed residents living in comfortable and pleasant surroundings and supported by conscientious and capable staff.

#### Notable positive findings

- The residents felt relaxed and content.
- The environment was comfortable, spacious, tidy and clean.
- The staff were reported to be helpful, friendly, respectful and cheerful.
- The activities and entertainment organized by the Home were popular with residents.

#### Areas for possible improvement

- The choice and quality of meals.
- Greater use of the garden area.
- Provision of more responsive personalised care.

### 3.2 Social Wellbeing

#### Notable positive findings

The residents interviewed drew considerable satisfaction from their social interactions in the communal areas and five explicitly observed that chatting with other residents was a source of particular pleasure. Throughout the visit the ARs observed that the main ground-floor lounge was consistently populated with residents engaged in conversations. One resident who was on a respite visit said that she was on her third such visit to Kents Hill “because I enjoy it and I like mixing with the friendly residents”.

The residents also appreciated the flexibility to engage with others as they wished, e.g.: - one said, “We can come and go as we please” and another “Some feel like chatting and some prefer to stay in their rooms. There’s no pressure.”

There was also enthusiasm expressed by five residents towards the programme of activities provided by the Home with particular approval for the outings, bingo sessions, talks and quizzes. One resident said, “It’s good to meet people and to use my brain”.

The ARs observed the current weekly schedule clearly displayed on notice boards and the programme of activity was varied and plentiful. These activities were well-advertised to residents :

“We get a weekly sheet with all the details”

“They tell us when there’s something on”. There was also advanced notice given for external outings to enable residents to plan ahead.”

Seven residents also enjoyed more solitary activities such as watching TV and reading books and magazines. The ARs observed a well-stocked library and other filled book-cases along the corridors plus current newspapers freely available on tables.

This Healthwatch visit coincided with a Macmillan Coffee Morning taking place in the main foyer which was very well-presented and organised. Many of the cakes were donated by the local community and there was a steady flow of residents and visitors mingling around the cake stall which created a congenial atmosphere.

### Areas for possible improvement

Although most residents were satisfied with the range of activity available to them one male resident observed that he would appreciate the chance to have more masculine company. Another said that they had asked the activity coordinator if it were possible to organise a Scrabble session and

“she said they would think about it and that was 3 weeks ago, and she still hasn’t got back to me.”

The ARs also observed several residents on the ground floor sitting alone in their rooms with the doors open and staring into space, apparently inactive.



### 3.3 Staff Interaction

#### Notable positive findings

Seven of the residents were very complimentary regarding the care they receive from the staff and there were many positive comments offered during the conversations:

“They are lovely and always happy to chat”

“They are very understanding and take great care with my medication”

“They will do anything for us”

“They do things for us without being asked”

“They’ve been very approachable and responsive”

“I feel comfortable asking them for help”

Five of the residents reported that the staff were the best aspect of their experience at the Home.

The ARs observed several interactions between staff and residents and saw the staff to be respectful and good-humoured. The ARs also received a very positive response from staff during the visit and found them to be consistently helpful, hospitable, polite and cheerful.

Additionally, the ARs observed that there were colourful personalised welcome posters placed on the doors of new residents.

#### Areas for possible improvement

There were a small number of comments that related to staff being too busy to provide personalised care:

“I’d like to spend more time in the garden, but I can’t go alone due to the wheelchair. Staff say to me they are too short-staffed to take me and they say, “we’ll come if we have time” but they don’t come.”

“They are often too busy to help me, so I try to catch them when they are free. This morning no-one came to empty my bag and it overflowed and I got soaked - they said they were too short staffed.”

During the lunch service in the ground floor restaurant the ARs observed only two staff on duty to serve fourteen residents and one of those staff was only partially in evidence. Some diners could have been more attentively supported.



Similarly, although during the visit there were several staff on duty (e.g.: - nurses and cleaners) there was very little evidence of dedicated carers readily available, apart from a young person who was on a 2-week work-experience programme.

### 3.4 Design and Layout of Premises

#### Notable positive findings

The residents were not specifically asked about their surroundings, but several positive comments were made regarding the comfort, cleanliness and warmth of the building.

The ARs observed that the interior was modern, well maintained and furnished and that the communal areas were tidily organized and bright and airy. The public toilets were spotlessly clean.

The noticeboards in the corridors were tidily arranged and maintained with information clearly presented.

Externally, the frontage was very tidy and the main entrance colourfully decorated with tubs of plants.

#### Areas for possible improvement

The Home surrounds a sizeable garden and many of the ground floor rooms and communal areas overlook it. During the visit it was noted that the garden was not being used even though the weather was very pleasant. Although it was tidily maintained with plenty of seating it was rather drab in appearance compared to the colourful frontage.

One resident noted:

“it doesn’t seem to get used much”

and another said:

“I can’t get into it even though my room backs onto it because I can’t get my wheelchair out myself”.

Indeed, one AR conducted a conversation outside at the request of a resident and struggled to navigate the wheelchair through the self-closing door from the communal lounge.

The ARs also noticed periodically a rather strong chemical smell in a lounge and around the corridors. The source was unclear, and it quickly dissipated but was quite strong and unpleasant when encountered and was out of keeping with the otherwise pleasant surroundings.



## 3.5 Lunch

### Notable positive findings

The ground floor dining area was pleasantly organised and laid out, with the residents who chose to dine together seated around communal tables.

The atmosphere was calm, and the food was served to the fourteen residents by two staff members. There was a selection of drinks offered including wine.

### Areas for possible improvement

Although this was not on the original list for discussion, five residents commented during the visit that the food was disappointing in terms of quality and/or choice and four of them said that it would be the one aspect of their experience that they would wish improved, e.g.:

“The food isn’t very good here”

“The food is the shortcoming.... it’s tasteless”

“Food is edible but not wonderful. It’s a bit repetitive and not much choice.”

The ARs observed that the main course appeared overcooked and unappetizing and one resident made a point of showing the ARs how unacceptable her food was on the plate and indeed her chips looked very dry and overcooked.



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## 4 Recommendations

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On the evidence of the visit this is a well-run establishment and therefore the suggestions listed below constitute ideas for enhancing an apparently effective operation rather than addressing serious concerns.

### Social Wellbeing

- Consider the social needs of the minority male residents.
- Ensure that resident suggestions for new activities are properly considered and responded to on a timely basis.
- In respect of residents alone and unoccupied in their rooms, ensure they are truly alone of their own volition.

### The staff

- Review staffing levels to ensure that appropriate personal care is available, e.g.: - to enable access to the gardens, mealtimes, etc.
- Ensure that residents are updated when a request has been made, e.g.: - avoid such responses as “if I have time”, “we’ll think about it” etc.

### The premises

- Explore the opportunity to make more use of the garden area and improve ease of access for residents, e.g.: - those with wheelchairs.

### Lunch

- Consider involving residents in menu planning to try and increase variety.
- Review food quality.



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## 5 Kents Hill Response

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### Social Wellbeing

- While we do not have many male residents or staff, we do have young male volunteers visiting at weekends on a fortnightly basis as part of the Duke of Edinburgh award programme. We have also begun looking at ways we can involve our male residents in groups such as Men in Sheds to provide them with more male company and conversation.
- We have many board games, including Scrabble, available and an extensive activity programme which allows residents to play the games of their choice.
- Staff do check in with resident's sitting in their rooms, to make sure that they are happy on their own. Because we have such a busy activity schedule, a lot of our residents enjoy taking some time out to relax in their own company.

### The staff

- As staff levels are adequate (or better) at any given time, we were surprised to hear that short staffing was mentioned in relation to residents' requests or calls are not being satisfactorily responded to. We take this very seriously and have discussed this concern with staff.
- All the garden is accessible to the lower ground but within the guidelines of our Fire safety Policy and Risk assessment, we do have to have self-closing doors.

### The premises

- Our residents do go in the garden when the weather permits. We have areas of produce growing, which doesn't produce colourful arrays, but the residents enjoy growing and eating their vegetables.
- The garden gets frequently used during the spring and summer months, we hold BBQs/fetes/gardening club, afternoons teas, the residents have had their lunches out there.
- Staff, including the manager, take the residents out in good weather for a stroll around and to relax in the peaceful surroundings.



## Lunch

- Our chef dishes up the dinners, so that the staff can serve them. Our staffing levels are within the above the parameters required. The residents using the dining rooms are quite independent and we encourage this.
- We have previously consulted with the residents about a new and varied menu. We take the quality of our food very seriously and will endeavour to resolve this.

## Further comments:

All chemicals used within the Home meet the COSHH guidelines, but we will try to identify which product was causing the strong smell noted by the Ars.

We hold relatives and residents' meetings bi-monthly, where any concerns can be aired or improvements suggested. The manager has embedded an open-door policy on complaints and these are taken and responded to in a timely fashion. These outcomes are seen as positive and improve life for our residents.



## 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)

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 do you find the staff generally? Do you feel respected here in general?

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?



