



# Ashby House

Review of Residents' Social Wellbeing

November 2018



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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
Service Provider	Barchester Healthcare Homes Ltd
Date and Time	November 23 <sup>rd</sup> 2018
Authorised Representatives	Liz Whalley and Diane Barnes
Contact details	Healthwatch Milton Keynes 01908 698800

## 1.2 Acknowledgements

Healthwatch Milton Keynes would like to thank Ashby House management, staff and residents, for their contribution to the Enter and View programme.

## 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 the visit was to engage with residents and their relatives to understand their experience of living in Ashby House with a particular focus on the themes of social isolation and activities.



## 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 semi-structured interview schedule (see Appendix A) was developed during a workshop of Healthwatch Authorised Representatives (ARs), facilitated by Healthwatch staff. 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 enquiry.

This was followed up by a detailed discussion with the new manager of Ashby House and the date and plan for the visit were agreed. It was understood from the outset that in a setting such as this where many residents have impaired cognitive capability, the numbers available for interview would be limited. It was agreed that staff would be able to advise which residents were able to give informed consent for interview.

Posters explaining the visit were sent a few days in advance of the visit. These had not been distributed so residents and frontline staff were not aware that we would be visiting.

On arrival the ARs made themselves known to the most senior person on duty and provided them with a letter confirming the purpose of the visit. The home has a new manager after a period without a permanent manager. He had been in post for two weeks at the time of our visit. They were then given freedom to move around all the communal areas and into private rooms if given specific consent by residents.

During this visit six interviews were carried out. Of the six, two were with a relative speaking on behalf of a resident and one other with a resident together with a relative. Of the six interviews, three were women and three were men. The ARs began by introducing themselves and Healthwatch and explaining the purpose of the visit. They then asked if the resident was willing to participate. At the conclusion of the visit a discussion was held with the Manager to address any general queries that had arisen and the next steps in the process.



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## 3 Main findings

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### 3.1 Summary

On the basis of observations made at this visit we found Ashby House to be a friendly home, recently refurbished with attractive décor and comfortable furnishings, creating informal spaces that promote opportunities for social interaction

#### Notable positive findings

- An interesting and varied programme of activities including regular opportunities for cooking, gardening and regular outside visits.
- Ashby house benefits from community involvement which is valued and encouraged in the life of the home.
- Specialised care for dementia is a feature of the home.
- After a period of staffing changes in the kitchen, feedback from residents about the food has been noted and responded to.

#### Areas for possible improvement

- Further attention to the procedure for serving food at mealtimes could improve the time it takes for residents to receive their lunch.
- Response times to call bells were commented on adversely by some of those interviewed.

Ashby House is a care home offering residential and nursing care, and has a dedicated Memory Lane community, comprising of two smaller units that specialise in the care of residents living with dementia and other related conditions. The home is registered for 64 people and on the day we visited there were 58 people living there. The majority of our visit was centered in the residential and nursing area.



## 4 Social Opportunities

The activities on offer and observed at Ashby House were felt to demonstrate a strong commitment to providing a friendly, stimulating environment, valuing social interaction, family relationships and maintaining links with the wider community. The following aspects were considered:

- design and layout of premises
- staff behaviour
- social and community engagement
- activities and entertainment
- Friendship
- Mealtimes

### 4.1 Design and layout of premises

The home had just undergone a major refurbishment and, as a result, the modern décor and furnishings looked clean, attractive and comfortable. There are carpets throughout and it is well lit and with big pictures on the wall.

In the entrance hall there are chairs and tables with a coffee machine and small cakes for residents and visitors to help themselves. A tea trolley serving residents was also in the lounge at the time we arrived.

The lounge opening off the reception area is comfortable and homely with armchairs scattered around. Armchairs are arranged around small coffee tables, creating an informal atmosphere conducive to small group conversation. There is an electric piano.

The dementia wing has not yet been refurbished and is awaiting redecoration. The wing is in good condition but lacks the smartness and colour found across rest of the building. There are small pieces of pine furniture in the corridors and communal areas with decorated handles that add a homely, less institutional touch. Three-dimensional objects hang on the walls allowing residents to touch and handle them.

There are well laid out patios with access from lounges. These are paved, grassed, and have flower beds. There are circular pathways incorporated to allow a stroll.

Information about weekly activities was on a noticeboard in the entrance lobby but this display was not very conspicuous. The reception area had a carousel with





various Barchester Healthcare leaflets relating to Ashby House, and a noticeboard in the corridor displayed large photographs of residents involved in activities. Leaflets giving details of Christmas activities and activities for the coming week were on tables in the lounges. The quality of the literature has a corporate style and looks professionally produced.

## 4.2 Staff Interaction

The atmosphere appeared warm and friendly. The AR's saw staff interacting respectfully with residents. For example, in the dining room, they were asked individually, by name, what they would like to eat and given time to think and reply. Residents that were interviewed praised the staff:

“Carers are wonderful, very caring.”

“Staff are lovely, they look after me well”

“if you feel sad they come and talk to you, but not for long, they're busy”

While interviewing one resident the AR observed her ring the bell as she needed the toilet urgently. It was 12.20pm, lunchtime. The resident noted that pressing the button was “pointless”. The bell rang for 10 minutes without anyone arriving. Fortunately, a known member of the housekeeping staff was working in the corridor and she came in and assisted the resident.

Two of those interviewed referred also to the call bell:

“You can't always get the help when you want it”

A relative said the staff were generally good but that they just need more time:

“They just haven't got the staff. Ring the bell, no one comes.”

This person said they sometimes responded to the bells themselves, to see if it was something they could help with.

We asked a member of staff about the call system and how they knew which room was calling. They pointed to the call display on the wall and said that one of the displays was not working. This was mentioned to the manager who took note of this and said the system was checked every day.

Perhaps another pressure on staff time is reflected in the following quote:

“Night staff sometimes don't understand how much pain you're in. Sometimes I don't get my Temazepam till 11pm and it's too late.”

### 4.3 Social and Community Engagement

Ashby House has an open-door policy for family and friends. The new manager is keen to encourage residents to come out of their rooms and socialise. Volunteers help with outings and activities and the manager told us the home has a good supply of volunteers, particularly students from nearby MK College, nursing students and local schools and is keen to involve them. He values the benefits that social interaction and stimulation brings. He said that family members get involved and this is borne out by the number of residents who had family members visiting while we were there. The manager also told us that these family members engage with other residents, not just their own relatives.

The lounge appeared to be well used and also has an electric piano for music and singsongs. Members of the local community are invited in for lunch and coffee mornings each week.

### 4.4 Activities and entertainment

There are two Activity Coordinators and there is a regular programme of weekly activities and outings. A timetable of the activities is displayed in the reception area. While we did not find out how often individuals actually get to have a turn at outings, head massage, or one to one activities, one resident told us:

*“We’ve had opera singers, ballet dancers, line dancing. Never lonely here”*

A group usually goes out for a trip within Milton Keynes each week and volunteers and family members help with these. There is a full timetable of Christmas outings and activities planned. On the morning of our visit a group of four residents were getting ready to go on a trip in the minibus to central Milton Keynes with the four accompanying adults that are required to assist with the outing. Other outings include visits to John Lewis for coffee, Frosts Garden Centre and Costa Coffee at the hospital or to go to a local church. One resident said she went on a trip every 4 to 6 weeks. Not all residents want, or are able, to go out, however.

It is not the season for going outside but reference was made to residents potting plants very recently. Other indoor activities include cooking, gardening, arts and crafts and singing. One resident was looking forward to making mince pies the following week:

*“You have the Christmas of a lifetime here”*



## 4.5 Friendship

Three of the six people interviewed said they enjoyed sitting in the lounge. Residents were sitting in the lounge whilst we were visiting - there was no television and there was some general interaction between residents and their relatives.

A fourth resident only has access to a specialist chair in the lounge on alternate days. As a result, each alternate day is spent in bed. This relative we spoke to wants the resident to be in the social milieu of the lounge. The relative feared no one spent time talking to the resident on the days when they were bedbound, as they were only repositioned every four hours. The relative also commented that often, on these days, the resident's teeth would not have been cleaned or hair combed so the relative would do these. The relative thought the home needed a floating member of staff or volunteer to go in and chat and check that bed bound residents have something to drink. Because this resident can only sip, their relative worries about dehydration.

*“It's good here for the ones who can do things but for the ones who can't - they get left behind lying in bed”*

A resident with reduced mobility said that they used to go to the dining room but was too uncomfortable to sit there for too long, so now preferred to stay in their room. This resident is now not interested in the activities and is happy to watch their television and told us that their family visits regularly. They enjoy chatting to the staff and other visitors that pass by their room and thinks that they like the talks as well.

*“I'm never lonely”*

This resident knew the names of several of the staff and spoke fondly of them, remembering details of their families that had been shared in conversation.

## 4.6 Mealtimes

Mealtimes are an important focus for the day and an opportunity for social engagement. There are two dining rooms, one in Memory Lane (the specialised community for residents with Dementia) and one in the residential area, which is where the AR's sat and observed. A menu was displayed in the reception area and on a lectern in the dining room. The height of the lectern would make it difficult for wheelchair users to read but most tables also had printed paper menus.

The dining area was laid out, restaurant-style, with tables for four, tablecloths, napkins, cutlery and glasses. Food was served from an adjoining kitchen. Residents are offered a choice of two meals (with sandwich options if neither meal option



appeal) but this is done verbally once they are sitting at table. The staff member then goes to get the food and carries it back to the table. This is later repeated for the main course and then for the dessert. Consequently, the whole process takes a very long time - having sat down at 12.30, some people did not get their main course until 1.15. Two people had family with them and were having conversations, but the others sat in silence. Eight people ate in that dining room. Meanwhile staff were taking trays of food, one by one, through to residents eating in their own rooms.

A family member commented,

“Barchester wanted the restaurant image but it is much slower. It was better before, when the food was served from a trolley in the room.”

The dining room we visited in the Memory Lane was different - staff were sitting with residents, helping them eat and talking. It seemed much more convivial. The food had been brought along on a trolley. Quiet background music was playing.

There were some complaints about food having too many spices and herbs. This was not, however, the case with the menus & the food we saw. There had been agency chefs for some time, but a new chef has started recently and is “*taking notice after feedback*”. The food we saw looked appetising and residents in the dining room appeared to eat well.

One resident felt the food standard had dropped and was now bland, with no salt in it. The resident had a tray in their room and pointed out that there were no vegetables with her pork casserole. They had chosen a tomato, but it wasn't provided. The alternative had been mushy peas which was felt to be more suitable for the other meal option of fish and chips than for the casserole dish.

## 4.7 Additional findings

There is a small, dedicated room for hairdressing and the hairdresser came into the lounge with a resident after a haircut, with friendly banter ensuing between the hairdresser and the residents.

AR's saw evidence around the home that individuals were valued. An 'Employee of the Month' notice was displayed with a photo of the staff member. One resident had a certificate entitled 'Wish upon a Star'. This activity helps make a personal wish, which written on the certificate, come true. Another notice showing how feedback had been acted on, was also on display: 'You said....We did'

The AR's noted that visitor parking in the area around the home was difficult. There was parking for staff and this was full. The roads alongside the home had



double yellow lines. Relatives may have to walk some distance when making a visit if travelling by car.

## 4.8 Recommendations

- Monitor response times to the call bells to provide a quicker response in order to assess need. Consider identifying a member of staff to be free to respond during busy periods such as mealtimes.
- Review the experience of residents confined to their rooms to ensure they are not left for long periods of time but have social contact at regular intervals during the day
- Review the lunchtime process so that meals are served promptly, and long waiting times are avoided. Consider the use of making menu choices prior to sitting at the tables.



## 5 Ashby House Response

We would like to thank the Local Healthwatch for their visit to our service. We would like to provide assurance that we take all feedback about the quality of services seriously. As a result we will be reviewing the recommendations to help enhance our services and the quality of provision further.

We also thought it would be helpful to provide a little more context in relation to particular areas identified in the report for the reader.

On page 8 the report states: “The dementia wing has not yet been refurbished and is awaiting redecoration. The wing is in good condition but lacks the smartness and colour found across rest of the building.”

We are pleased that the quality of the environment on our Memory Lane Unit was identified as being in ‘good condition’. A number of our residents living with dementia are able to relate to objects and an environment from different eras. It is for this reason that the unit has a 1960’s theme.

We were extremely pleased to be awarded our 10-60-06 accreditation for people living this dementia. Part of this accreditation considers having a dementia friendly environment for our residents. Colours in corridors are themed to help orientate people to different areas of the unit and may not reflect the colours in other areas of the home.

On page 9 the report states: “The resident noted that pressing the button was “pointless”. The bell rang for 10 minutes without anyone arriving.”

On page 9 the report states: “They just haven’t got the staff. Ring the bell, no one comes.”

We have a system to calculate staffing hours based on the current needs of the residents and this is kept under regular review. There may be occasions where people may need support and may experience delays because staff are supporting other people with their care needs. We would expect that all staff on the floor to respond to call bells to provide a response and reassurance. We will continue to monitor responses to call times and we will ensure that the deployment of staff is also kept under review.



On page 11 the report states: “Three of the six people interviewed said they enjoyed sitting in the lounge. Residents were sitting in the lounge whilst we were visiting - there was no television and there was some general interaction between residents and their relatives.”

We were pleased that you had an opportunity to speak with residents. There are different communal areas within the home to give people different experiences. Where residents were interviewed is a designated ‘quiet lounge’ and therefore there is no TV in this area. This gives relatives and residents an opportunity to spend time together without other distractions. However, should they wish to spend time watching TV together, there is a TV room at the bottom of the corridor.

On page 11 the report states: “A fourth resident only has access to a specialist chair in the lounge on alternate days. As a result, each alternate day is spent in bed. This relative we spoke to wants the resident to be in the social milieu of the lounge. The relative feared no one spent time talking to the resident on the days when they were bedbound, as they were only repositioned every four hours. The relative also commented that often, on these days, the resident’s teeth would not have been cleaned or hair combed so the relative would do these.”

We have a range of different equipment and are currently reviewing our equipment so that it is available for those with specific needs. There are occasions where some people may wish to spend time in their own room and their wishes are respected on these occasions.

Where residents require support or care in their rooms, their needs are assessed and regularly reviewed. Where risks are identified in relation to people’s skin integrity, appropriate assessments and care plans are put in place. Repositioning and the frequency would be based on the individual needs of the person. Where people require more support in their own room, our activity co-ordinators have been asked to go into rooms on a daily basis to spend time with people. Care staff, and domestic and laundry services are also encouraged to chat with people to reduce any feelings of isolation.

We are sorry that the relative felt their relative’s care on these occasions was sub-optimal. We keep records of daily personal care and would be happy to discuss the care provided (where appropriate).

We have not been made aware of any complaints from the family and would encourage them or anyone else to come and talk with the management or leadership team about any shortfalls or concerns in care.



On page 9 the report states: “Night staff sometimes don't understand how much pain you're in. Sometimes I don't get my Temazepam till 11pm and it's too late.”

Medicines have to be prescribed in line with the prescriber's instructions. There is one occasion where there was a delay of one hour in the administration of this medication.

On page 10 the report states: “It is not the season for going outside but reference was made to residents potting plants very recently.”

We recognise the importance of continuing with people's interests despite the different seasons. Whilst it had been a little too cold for residents to spend time outside, they had been involved in potting indoor plants recently in the Bradwell dining room.

On page 12 the report states: “There were some complaints about food having too many spices and herbs” and “One resident felt the food standard had dropped and was now bland, with no salt in it”.

We regularly seek feedback about the quality of the food and the Chef always considers the feedback and incorporates this into the menu planning. Recently we had received some feedback from both relatives and residents that they did not want any herbs nor seasoning in their food. The consensus was that people preferred plainer menus hence this was fed back to the new chef when he commenced.

In relation to people feeling food was too 'bland', we have addressed this in our relatives' meeting and have taken on board feedback to provide more seasoning but not make food too spicy. These requests have been considered and we will continue to seek feedback regularly.

On Page 13 the report states: “Consider the use of making menu choices prior to sitting at the tables.”

Menus are available in a number of different areas and any special requests are accommodated where possible. For those who choose/require care in their rooms, they are advised of the menus and asked for choices prior to serving the meals. Those who choose to eat in the restaurant/dining areas are given a choice of food. For some people, asking them prior to their meal may cause confusion about the time or cause distress if they then did not want the meal they had chosen. Therefore we offer plated options to help support people make 'real time' decisions about their food choices.

We will speak with staff about the deployment to ensure that residents do not wait long between meals.

With thanks to you and your team.

