



Bluebirds Neurological Care Centre (PJ Care)

Review of Residents' Social Wellbeing

March 2019

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1 Introduction

1.1 Details of visit

Details of visit

Service Provider	PJ Care Limited
Service Provider Address	Bluebirds Neurological Care Centre Faraday Drive Shenley Lodge Milton Keynes MK5 7FY
Time and Date	11:00 - 14:00, Thursday 7 th March 2019
Authorised Representatives	Gill Needham Liz Whalley Hazel Reynolds

1.2 Acknowledgements

Healthwatch Milton Keynes would like to thank the Bluebirds Neurological Care Centre 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 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 at the Bluebirds Neurological Care Centre. 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.¹

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 experience that are found to be common across all settings visited and provide a summary of recommendations to all Care Home providers across Milton Keynes.

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 Home was fully prepared for the visit and explanatory Healthwatch posters were displayed throughout the premises, alerting residents and visitors to the upcoming visit.

The three Authorised Representatives (ARs) were at the premises between 11:00 and 14:00.

After an introductory discussion with the Lead Nurse, they were then shown around the home by the Activities Champion but were given freedom to move around all the communal areas.

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 could be severely limited. Residents and family members were approached by the ARs, who introduced themselves and Healthwatch, and asked if they would be willing to discuss their experiences. However, as the level of impairment in independence, functional ability at Bluebirds is moderate to severe, residents often lack capacity for decision-making in most or all domains of their life.

In advance of the visit, Healthwatch consulted a specialist Dementia Champion to discuss the potential barriers and limitations presented in an environment where service users had such complex needs, particularly with regard to communication. With such limitations in mind, a list of observational prompts (see Appendix A) was prepared by Healthwatch in conjunction with our dementia specialist. The prompts were designed to identify signs that were indicative of good care and happy residents, as we were aware that standard interview questions used in other visits would not be appropriate for this client group, and had potential to cause undue stress or confusion to residents. The ARs recorded detailed observations via handwritten notes.

Due to residents limited mental capacity, it was difficult to engage residents in extended conversations, therefore comments were only given by one resident and two relatives.

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



3 Main findings

3.1 Summary

About the establishment

Bluebirds Neurological Care Centre has 25 beds and supports adults living with degenerative neurological conditions including, but not limited to: dementia, Alzheimer's and acquired brain injury.

On the basis of this visit, Bluebirds appears to be a first-rate care home, well managed and run by friendly, confident staff who are fully committed to the needs of the residents.

During the visit, the following aspects were considered:

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

Notable positive findings

- The Home offers a high standard of person-centred care, tailored towards residents' individual needs.
- The Home is well-staffed, with members of staff actively engaged in delivering care and demonstrating good rapport with residents.
- Décor is bright, clean and tidy and supports residents' needs.
- Feedback about food was positive and staff offer proactive and compassionate support to individuals with eating.



3.2 Social Engagement and Activities

Notable positive findings

- Residents are calm and content with plenty of opportunity for social interaction and spontaneous activity
- Personal Activity Programmes are tailored to each individual resident's life history and interests

The Home demonstrates an impressively strong focus on person-centred care and activity. The Activities Coordinator told Healthwatch that the Bluebirds unit has an activities team consisting of two staff members - one to cover each shift.

On the day of the visit, there were many residents in the lounges, where they have free access. All were relaxed, content and well looked after. There were several carers, along with one volunteer, sitting with residents engaged in friendly, caring interaction.

Some of the residents sat in the lounge were playing with 'twiddle' blankets and dolls. The Home also uses therapy dogs, which are popular with residents.

There was music from the 60's and 70's playing from a Smart TV in the lounge and some residents enjoyed singing along to the songs. Whilst there is scheduled weekly music session, a resident-led approach is taken - so if one person sings, an impromptu sing-along is encouraged. The ARs were told of a disco that had happened the previous week, and all residents were able to join in dancing, including wheelchair users. Indeed, music is at the forefront of many activities - a speech and language therapist also visits weekly to run a therapeutic singing session.

A resident told us he enjoys music and dancing and attends external groups. He said he reads the papers and "though he's not a great reader, he likes to think, and inspiration comes to him often".

The Home is also keen to make use of the interests and hobbies of staff; one staff member was proud to recount how she had provided a tasting activity for a resident with a keen interest in food.

The Home has a small sensory room, equipped with a light projector, juke box, balls and toys, although the room is kept locked, so residents must be accompanied by a member of staff.

A family member told us that, whilst her partner can do very little, all residents have a Personal Activity Programme tailored to their individual needs, which is displayed in their rooms. For this purpose, a life history of each resident is compiled to gain a full understanding of their interests.

"They include him as much as they can, even if he can't actually take part."



Additionally, residents are given support to go on outings, including home visits and those which pursue their personal interests, and are always accompanied by a carer. A relative told us their loved one was accompanied to an externally run therapy group twice a month.

3.3 Staff Interaction

Notable positive findings

- Friendly and caring interactions between staff and residents
- Staff are unhurried and have plenty of time for residents
- Competent, intuitive staff read subtle cues in residents' behaviour to anticipate their needs and respond quickly

The interviewees were full of praise for the staff, particularly when asked what they felt was the best thing about the Home:

“Very astute in their duty.”

“Brilliant. All the staff interact with [him], whether it's the cleaner, the laundry person, the manager... They know he likes to dance so they'll have a little jig with him.”

“What's nice is they all say hello to me and use my name, sometimes a hug.”

“The level of care because I don't worry about him when I'm not here. It's peace of mind because I know he's being closely monitored.”

“They only recruit very caring people.”

The ARs were impressed by both the quality of staff the sufficiency of staff ratios.

The ARs were told by the manager that staff are recruited and trained in the culture of the company and to be “all here for the residents”. This was clear to see; the ARs observed many instances of friendly, caring and positive social interactions between staff and residents.

It was evident that all staff, regardless of grade or role, knew the residents well and addressed each of them by their first name. One resident, due to psychiatric irregularities, carried their own room key - the ARs observed a member of cleaning staff requesting their key so she could clean the room, demonstrating a respect for residents' privacy and needs.

Staff appeared to be well prepared for the visit; they were welcoming and keen to tell the ARs they enjoyed their work and felt supported by management. One member of staff spoke positively to the ARs about their training and said it felt like a family. During the visit, the ARs observed an aura of quiet efficiency amongst staff - they communicated well and worked as a team to ensure residents were the top priority.



3.4 Premises

Notable positive findings

- Premises are clean, tidy and well maintained
- Décor and furnishings are bright and cheerful, whilst also meeting residents' practical needs

The building is clean, tidy and well-organised, with wood-effect vinyl flooring throughout, to allow easy cleaning. The ARs observed crumbs being swept up using a brush, to avoid the noise disruption of a vacuum cleaner - another example of residents needs taking priority.

The two lounges are bright, well-lit and cheerfully decorated, and both open out onto a pleasant, well-maintained garden. The lounge seating is arranged into groups to encourage social interaction.

One wall features a full-sized depiction of a telephone box, with a panel of sensory switches for residents use. Photo collages of residents at past events and bunting strung across rooms and corridors lends a cheerful, homely atmosphere.

Noticeboards are well-organised with notices arranged according to their intended audience, e.g. 'Information for Relatives'. Residents birthdays are also displayed and, on the day of the visit, the walls were decorated ahead of St Patrick's Day celebrations.

The private rooms are all well-furnished with en suite facilities. Residents can choose the colour of their 'front door', which also displays their name and family photo, to assist them in identifying their rooms. Personalisation is encouraged; one bedroom had been personalised, in conjunction with the family, for a resident with a keen interest in football.

Many of the doors are fitted with safety gates to keep residents from wandering into others rooms uninvited, or whilst trying to sleep etc. The metal bars have been covered with fabric to appear less imposing and the manager explained to the ARs that they were used in adherence with the Mental Capacity Act (2005).

A new extension to the Home offers residents separate shower rooms and wider doors to rooms enabling residents in beds to be wheeled out more easily.



3.5 Lunch Time

Notable positive findings

- Food looked appetising and well presented
- Residents had plenty of help, attention and encouragement to ensure they could eat their meal
- Meals are tailored to residents' individual needs and preferences

Lunch was served at 12 o'clock, at which time residents were gently encouraged by staff to choose a place to eat, either in one of the two lounges or the dining room.

The music was also switched off at this point, so residents were able to focus on eating. All residents were kitted out with bibs and appeared to eat with reasonable enthusiasm.

The dining area is informal and comfortable, with a series of circular tables - each seating four people. Staff sat alongside them, at least one to a table, to assist those who needed help. The mealtime was unhurried; some residents spent a long time eating, yet staff were patient and encouraging.

The majority of residents ate their lunch in the dining area, whilst others, who required a quieter setting to eat, were being fed or helped to eat in the lounges.

Whilst the ARs did not see a set menu, the Home provides residents with personalised meals, such as pre-cut or pureed food, according to their needs and preferences.

One relative, whose loved one is provided with pureed food due to difficulty swallowing, said she tastes the food and it is full of flavor. Another resident told us "the food is superb".



4 Recommendations

Since no areas for improvement were identified by interviewees and no issues arose from observation, Healthwatch have no recommendations to make and suggest instead that the Home continues to monitor the delivery of care, to ensure every resident continues to be treated with the high standard of care and respect that they currently enjoy. Furthermore, Healthwatch would encourage the Home to develop the work they are doing in supporting staff to share their own specialties/interests with residents.

On the basis of this visit, Bluebirds Neurological Care Centre demonstrates excellent examples of good practice in the delivery of care of this particular client group.



5 Bluebirds Response

Thank you for your email.

We will continue to provide a high standard of care to our residents.

Thank you

Anna

Anna Lesniak | General Manager, Bluebirds

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PJ Care
specialised neurological care



6 Appendix A

Enter and View - Observations for Care Homes

Quality of Care and Social Interaction

- Are residents **acknowledged** by staff?
- Are staff kind, respectful, cheerful? **Rapport** with residents?
- Do residents seem **content/relaxed/peaceful**? Are they able to **socialise**? Given **privacy**?
- Do residents look **comfortable**? i.e. not slumped in chairs
- **Music** - can residents listen to music? On in background? Is it appropriate?
- **TV** - can residents actually see/hear it?
- Are there **activities** to keep residents' hands occupied?
- Are residents being given adequate **attention**? In a timely manner?

Building and Surroundings

- Is the **temperature** suitable? Residents appear too hot/cold?
- **Flooring** - Matt rather than sparkly/highly reflective, no busy patterns, or dark areas that may resemble obstructions/holes
- **Signage on doors** - clearly labelled with images to aid understanding, toilets easily identifiable?
- **Doors to residents' private rooms** - ways to recognise their rooms?
- **Décor** - well maintained/colourful/cheerful/attractive?
- **Cleanliness** - are areas safe, clean and tidy?

Other

- **Noticeboards** - clear and easy to use? Are there timetables for activities and trips? Well presented? Up-to-date?
- **Activities** - what activities are on offer? Variety? Outings?
- **Food** - looks appetising? Nicely served? Choice? Look at menu. Appropriately prepared for individual's needs? Are they receiving encouragement? Someone sitting with them?
- **Visitors** - is there an open-door policy?
- Are there volunteer **befrienders**? Mealtime helpers?
- Is there a **management** presence?

