



# Devon Lodge Residential Home

Review of Residents' Social Wellbeing

March 2019

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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
Service Provider	Amberley Healthcare Limited
Service Provider Address	Devon Lodge 18 Theydon Avenue Woburn Sands MK17 8PL
Time and Date	11:00 - 13:30, Thursday 28 <sup>th</sup> March 2019
Authorised Representative	Nadine Lynch

## 1.2 Acknowledgements

Healthwatch Milton Keynes would like to thank the Devon Lodge residents, management 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 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 Devon Lodge. 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 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.

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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 Home was fully prepared for the visit and explanatory Healthwatch posters were displayed at the entrance, next to the visitor's sign-in book, informing residents and visitors of the upcoming visit.

The Authorised Representative (AR) was at the premises between 11:00 and 13:30.

After an introductory discussion they were then shown around the home by the Manager but were given freedom to move around all the communal areas and into private rooms if given specific consent by residents. 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. It was agreed that staff would be able to advise which residents were able to give informed consent for interview.

The AR used a semi-structured conversation approach (see Appendix A) in meeting residents on a one-to-one basis. The checklist of conversation topics was based on the pre-agreed themes for the Care Home visits. Residents and family members were approached by the AR, who introduced themselves and Healthwatch Milton Keynes, and asked if they would be willing to discuss their experiences. On this particular visit, there were no visiting friends or family within the communal areas to participate. Additionally, the AR spent time observing routine activity and the provision of lunch. The AR recorded the conversations and observations via hand-written notes.

A total of three residents were interviewed. In respect of demographics:

- All participants were female
- Participants were aged between 85 and 94
- Participants had been in residence for at least one year

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



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## 3 Main findings

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### 3.1 Summary

#### About the establishment

Devon Lodge is a small converted family-run care home, situated in the historic town of Woburn Sands. The Home has capacity for 24 residents and offers one double bedroom.

On the basis of the visit, Devon Lodge was found to be well-managed and homely establishment, supported by friendly, caring and experienced staff who enable residents to maintain independence and nurture outside interests.

During the visit, the following aspects were considered:

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

#### Notable positive findings

- The atmosphere is happy, caring and relaxed; it feels like a home.
- There is an impressive emphasis on supporting resident's independence, as well a varied activities programme that promotes social interaction and physical exercise.
- The Home is well-staffed, with members of staff actively engaged in delivering care and demonstrating good rapport with residents.

## 3.2 Social Engagement and Activities

### Notable positive findings

Residents spoke warmly of the care they receive at the Home and all were well-presented, demonstrating evidence of effective personal care. The interviewees explained that a hairdresser visits once a week and a chiropodist comes once a month. Residents said they also enjoyed regular manicures and pedicures.

“We have a hairdresser every week... Nails and feet done by a chiropodist once a month.”

Indeed, on the day of the visit, a ‘pamper morning’ was taking place in early celebration of Mother’s Day; several residents were sat in the lounge having their nails and eyebrows done. Whilst the population of the Home is mainly female, a gentleman resident also took part in this activity.

The atmosphere was calm, with residents engaged in relaxed social interactions with staff and fellow residents. Most were either knitting or chatting to the beautician in the lounge, whilst receiving treatment. It was evident that some residents had formed friendships.

“[The best thing here is] the friendly atmosphere - I don’t get lonely.”

The Home has a full-time Activities Coordinator, who has been in post for two years and there is an Activities Programme displayed on the wall in the hallway (see Appendix B), which is changed weekly.

“[The Activities Coordinator] is very good at getting us to do things... We go out for walks; we play board games... do flower arranging... The Woburn sands Band... Some aren’t up to it.”

“It’s been really nice. I enjoy all the activities - join in everything I can.”

One resident also reported being encouraged to engage in physical exercise:

“I can’t walk without this [frame] but we’re kept pretty busy, most of us... We have our exercises once a week and we move our legs and feet like this [demonstrated circular leg motions].”

Residents seemed quite satisfied with the variety of activities available to them and it was clear from conversations that residents were supported to remain independent and do things outside of the Home too.

“You can go into the village and buy one or two things you need. Helping Hands take us wherever we want to go.”

“I still go to the WI and Arts Society. If you don’t use it, you lose it. Out and about, that’s me!”

“I belong to Dega Day Club in Aspley Guise... If there’s something we want, we ask and, if it’s viable, we can.”





The Home encourages engagement with the wider community and arranges regular visits from a local school. One resident told us some children had come in recently to sing to them.

Another resident spoke enthusiastically about how the Home celebrates special occasions:

“They always do something for special occasions - Valentines, Halloween... At Christmas there’s a tree in every room! Everybody gets a Christmas present.”

On the day of the visit, the weather was pleasant, and two residents were sat in the garden, whilst others sat in the ‘Sun Lounge’ with the doors open, knitting and talking to one another. Additionally, residents with wheelchairs were observed coming and going from the premises (walking to the local high street) accompanied by staff.

### 3.3 Staff Interaction

#### Notable positive findings

The residents interviewed were very positive when asked about the staff:

“Excellent, no complaints. Very helpful and pleasant... Nice to chat to.”

“I think they’re all very nice people - helpful, cheerful, approachable.”

“Very good, kind, considerate people. They make it as much your home as they can.”

The AR received a warm welcome and found all staff to be friendly, helpful and receptive to the visit. During the visit, the AR observed a healthy staffing level and many instances of cheerful staff engaging positively with residents, addressing them all by their names and having a joke with them. It was clear that staff knew the residents well and had developed good relationships with them, which contributed to a warm atmosphere and homely feel.

“The way we see it, we work in their home.” - *Senior Nurse*

Many of the residents were hearing impaired and the AR observed effective and respectful communication between staff and residents; staff were close to residents and in their line of sight, when speaking to them. Staff seemed unhurried and spent time engaging in caring and tactile interactions with the residents.

Formal residents’ meetings are held every 2-3 months, but the manager is involved with residents day-to-day and explained that sits with the residents every lunchtime to listen to any concerns.

“It’s small and comfortable and everyone’s treated with respect.” - *Response to being asked their favourite aspect of the Home*

Many of the staff have been at the Home for a long time. The Manager, who has worked at Devon Lodge for 18 years explained to the AR that, when agency staff are occasionally used, specific staff are requested (who have worked at the Home previously and meet the high standards expected by the Manager).

The Manager demonstrates a passionate attitude towards person-centred care and it evident that this ethos is instilled in all the staff. There is a strong focus on respecting the wishes of residents in their Home and supporting them to maintain their independence.



## 3.4 Premises

### Notable positive findings

Devon Lodge is situated in quiet residential area in close proximity to the high street, doctor's surgery and dentist.

*“It's well placed - dentist and medical practice... close to my family.”*

The premises are clean and tidy throughout, with subtly patterned carpeted floors and armchairs in good condition. The décor is attractive and homely, with pleasant pictures on the walls, including a photo collage of the residents.

The main social hub of the Home is on the ground floor. There is an open-plan L-shape, made up of the 'sun lounge', dining room and main lounge, which all overlook an attractive, well-maintained garden. There is also a 'quiet lounge' containing a library of books for residents use, and where some residents also like to spend time with their visitors.

The sun lounge has a conservatory-style roof, with blinds to provide shade if needed. During the visit, residents mentioned the room was getting too warm - within a few minutes a member of staff came to pull the blind across.

The main lounge, where the pamper morning was taking place, has more seating and TV; the AR noted the TV was switched off during the visit, allowing residents to chatter amongst themselves in a relaxed and calm atmosphere. Indeed, there was a notable absence of any 'commotion' caused by call bells or raised voices.

The dining area, we were told, is usually set out with individual tables dotted around. However, on the day of the visit, a more formal setting had been arranged in aid of a special Mother's Day lunch and the table had been decorated with fresh flowers, rose petals and napkins (see Appendix C).

All interviewees were asked if there was anything they would change about the Home - two residents responded to this question commenting that they would like to make more of the garden, one added "but they are doing something about that now".



## 3.5 Lunch Time

### Notable positive findings

All the residents spoken to said they were happy with the food and that alternative choices were available to suit preference and dietary needs.

“I think [the food] is pretty good - no complaints. If you don't like it, you don't have to have it and they produce something else.”

“It's fine... Frequently there are sponge puddings but I'm not keen - I have fruit and yoghurt instead.”

“The food's fine. She always does the table beautifully... I have a dietary problem and they're very good about that.”

On the day of the visit, staff helped to seat residents at the dining area from 12:15 ready for lunch, which was served with quiet efficiency at 12:30. Food was plated up in generous portions and looked appetising. The Mother's Day lunch was well attended (16 residents at the table) and each resident was given a flute of champagne to join a toast. Music from 50's/60's was put on quietly in the background and residents appeared to enjoy chatting amongst themselves. None appeared to require any assistance with eating, although some of the less able residents had lunch taken to them in their rooms.

A raffle table had been set up in the dining room and every resident was given a raffle ticket. Staff told us “no one pays anything - it's just for fun”. At the end of the meal, the raffle prizes were handed out. Staff involved the residents with the draw and there was plenty of friendly banter. After the meal, one resident made a small speech thanking the chef on behalf of the residents, which was met with spontaneous applause.

## 3.6 Additional positive findings

Two residents, when asked about personal care, were particularly appreciative of the way their laundry was handled:

“We get our washing done and beautifully ironed.”

“They do your laundry - pretty careful with your things.”

Residents individual personal needs are also recognised. The Manager spoke passionately about the emotional needs of residents and gave examples demonstrating an awareness and consideration, particularly surrounding residents' intimacy and relationship needs. The Home supports residents to maintain relationships and all staff are mindful of the residents' need for privacy.



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## 4 Recommendations

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On the basis of this short visit no significant issues were identified through the interviews and observations.

We recommend that Devon Lodge continues to listen to residents' suggestions for improvement. Healthwatch Milton Keynes would commend Devon Lodge on its ethos around independence and social engagement and suggest that this Home demonstrates excellent examples of combatting loneliness and supporting friendship in this particular client group.



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## 5 Devon Lodge Response

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Thank you for the finished report of your visit to Devon Lodge. It was a pleasure to have you with us for most of the day.

We are delighted you recognised the positivity throughout the home as my staff always strive to be positive and happy in their work every day. I really am very proud of them!

I feel that we have benefited by your visit, as we have had the opportunity to listen and take time to reflect on what we do and how and where we can improve our duty of care.

We will continue to improve when we need to, so thank you for your valuable input in this matter.

Kindest regards,

Elizabeth Fellows  
Registered Manager  
Devon Lodge Residential Home



## 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?



## 7 Appendix B

**ACTIVITIES WEEK BEGINNING 25<sup>TH</sup> MARCH**

<b>MONDAY</b> 25 <sup>TH</sup>	MORNING	WAITROSE CROSSWORD
	AFTERNOON	RESIDENTS CHOICE
<b>TUESDAY</b> 26 <sup>TH</sup>	MORNING	EXERCISES
	AFTERNOON	HAIRDRESSER FLOWER ARRANGING
<b>WEDNESDAY</b> 27 <sup>TH</sup>	MORNING	MORNING WALKS HAIRDRESSER
	AFTERNOON	BOARD GAMES
<b>THURSDAY</b> 28 <sup>TH</sup>	MORNING	LUCY BEAUTICIAN
	AFTERNOON	SPECIAL MOTHERS DAY MEAL
<b>FRIDAY</b> 29 <sup>TH</sup>	MORNING	COOKING RESIDENTS CHOICE
	AFTERNOON	PUZZLES AND GAMES
<b>SATURDAY</b> 30 <sup>TH</sup>	MORNING	STABLES VISIT LISTEN TO THE
	AFTERNOON	WOBURN SANDS BAND 7PM
<b>SUNDAY</b> 31 <sup>ST</sup>	MORNING	SHERRY MORNING
	AFTERNOON	HAPPY MOTHERS DAY





# 8 Appendix C

