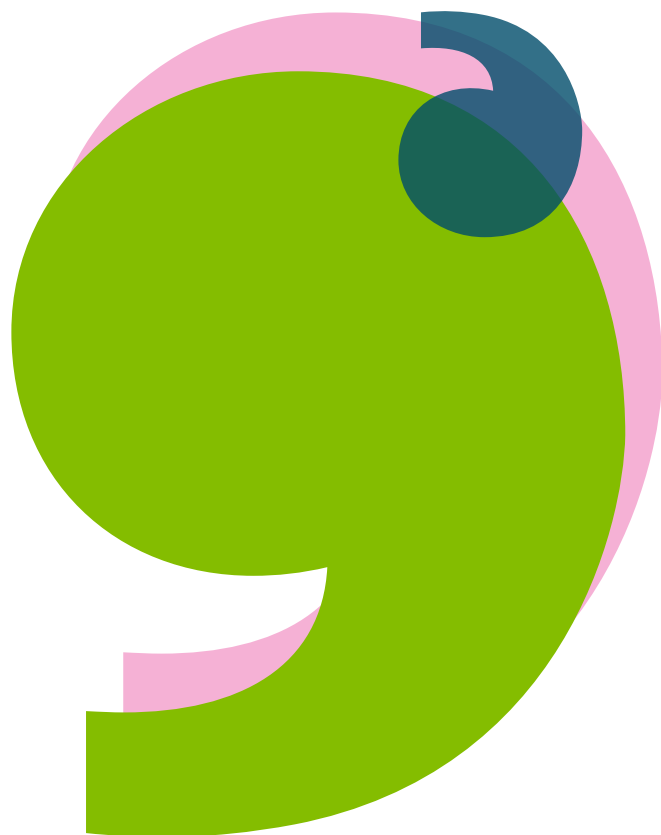




Bay House (Olney Care Homes)

Review of Residents' Social Wellbeing

March 2019



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1 Introduction

1.1 Details of visit

Details of visit:	
Service Provider	Olney Care Homes Limited
Service Provider Address	Bay House 31 Weston Road, Olney MK46 5BD
Time and Date	10:30, Tuesday 5 th March 2019
Authorised Representatives	Diane Barnes and Tracy Keech

1.2 Acknowledgements

Healthwatch Milton Keynes would like to thank the Bay House Care Home residents 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 Bay House Nursing Home. 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 Care Home, alerting residents and visitors to the upcoming visit.

The two Authorised Representatives (ARs) were at the premises between 10:30 and approximately 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 manager and her deputy also telephoned members of residents' families and invited them to come and speak to the ARs during the visit.

The ARs 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 ARs, who introduced themselves and Healthwatch, and asked if they would be willing to discuss their experiences. Additionally, the ARs spent time observing routine activity and the provision of lunch. The ARs recorded the conversations and observations via hand-written notes.

A total of four interviews were carried out; two with residents and two with family members. In respect of participant demographics:

- Three were female and one was male
- Three had been in residence for less than two years
- Two residents were accompanied by family members who spoke on their behalf

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



3 Main findings

3.1 Summary

About the establishment

Bay House is a small care home, converted from a period property, situated in the historic market town of Olney. The Home has capacity for 23 residents and offers three double bedrooms.

The population of Bay House residents are aged between 67 and 98, many of whom have varying stages of dementia.

On the basis of this visit, Bay House was found to be well-run establishment, supported by friendly and caring staff, with an impressive focus on creating a caring and homely environment for its residents.

During the visit, the following aspects were considered:

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

Notable positive findings

- The atmosphere is very happy, caring and relaxed.
- There is an emphasis on one-to-one conversations between staff and residents and evidence of strong rapport.
- The Home is well-staffed, with members of staff actively engaged in delivering care and demonstrating good rapport with residents.
- Residents spoke highly of the food and staff offer proactive and compassionate support to individuals with eating.



3.2 Social Engagement and Activities

Notable positive findings

All residents spoke warmly of the care they receive at the Home and none could suggest any improvement in this area. Residents were clean, well-groomed and appropriately dressed, demonstrating clear evidence of effective personal care. Two interviewees explained that a hairdresser and chiropodist visit regularly.

*“I do feel well looked after. I’ve never had to complain.
All the personal stuff is handled pretty well.”*

Activities are held in the lounge, which include board games, jigsaws, bingo, quizzes, softball activities and sometimes a visiting singer.

One resident told us they enjoy knitting baby blankets to donate to hospital and keeps busy reading and completing puzzle books.

Another resident said they liked watching The Proms on TV in their room.

“There are quizzes and bingo... The music man comes - the carers come in too and have a dance.”

There is no planned schedule of activities. Instead, activities seemed to happen organically; a song on the radio might prompt a spontaneous sing-along. Most activities appeared to be led by staff, rather than external entertainers.

Residents are told what is going on, whilst encouraged to join in, they are not pressured to take part if they want to relax in quiet. The lounge is well used, so residents are often around when activities take place.

Staff focus is on talking to residents and enabling them to be involved in everyday activities. Where appropriate allow residents who wish to, to undertake small jobs such as setting the tables, to instill a sense of purpose.

3.3 Staff Interaction

Notable positive findings

There were many positive comments from the residents and their relatives about the staff:

“Wonderful.” - family member

“Excellent. And I wouldn’t say that lightly. I have complete trust... I have a good relationship with the staff... There’s a lot of laughter and touching, hugs... They make a big effort for Christmas, Valentine’s Day...” - family member



“Ooh, they’re lovely. They make me walk a bit every day. It’s a nice, friendly home.”

“Happy to ask for things. Staff are mostly good and no one is objectionable. The staff are helpful and make sure we are occupied.”

During the visit, the ARs observed a healthy staffing level and many instances of jovial, caring and tactile interactions with residents, helping them and taking time to talk with them. It was clear that staff knew the residents well and had developed strong relationships with them, which contributed to a warm atmosphere and homely feel. Moreover, staff were equally welcoming to visitors.

The manager has worked at Bay House for 30 years in various capacities and feels that they have ample staff. The manager also explained that no agency staff are used.

The residents were complimentary of the staff at the Home and the ARs came away feeling that Bay House is a true ‘home’ to its residents. It is worth noting that, when asked what they considered to be the best thing about the Home, interviewees had nothing but praise for the standard of care and homely atmosphere.

“The difference is the word ‘home’. There’s a caring atmosphere. It’s a *home*. She is very calm here - there’s a calmness in her eyes that wasn’t there before... It’s open house for visitors.” - *family member*

3.4 Premises

Notable positive findings

The premises are clean and homely throughout the communal areas, with a range of reading materials, plus a selection of CDs, DVDs and board games available to residents and visitors. Fresh flowers added to a cheerful ambiance.

The lounge is the main social hub of the Home, where residents congregate, and activities take place. There is also an attractive garden visible from a large window in the lounge.

Over time, the Home has acquired some additional feline lodgers; there are five cats that live on the premises, which are enjoyed by the residents.

Opportunities for improvement

Whilst the age of Bay House is part of its character, the fact it is not purpose-built does present some practical issues; rooms and communal areas are small, and some areas might benefit from attention to décor. Because the rooms are small and lack storage, furniture and equipment does somewhat encroach on the space.

Additionally, there did not appear to be easy access from the communal areas into the garden.

The ARs were advised that arrangements were underway to replace the damaged carpet in the entrance hall.

However, these issues were unquestionably outweighed by the Home's high standards of care and this sentiment was echoed by the residents' relatives:

“[The building] needs a bit of TLC but's not a priority. It's the care you pay for.”

“It's not chandeliers you want, it's *care*.”

3.5 Lunch Time

Notable positive findings

The ARs observed a lunch time service in the dining room, where food was served up in generous portions and looked and smelt appetising.

The majority of residents ate in the dining room and three sat in the lounge. Staff were proactive in offering residents help with eating. Other residents had their meals taken up to them in their rooms.

Each mealtime at the Home has two options and each resident is asked earlier in the morning what they would like. A menu for the upcoming month is also displayed in the reception.

When asked about food, the residents spoke well of the meals:

“Fabulous, if Christmas dinner was anything to go by! Mum loves it - home-cooked, there's a choice. Staff help them eat at mealtimes.”

- *family member*

“It's good. He loves his food... They make cakes for birthdays.”

- *family member*

“The cook is good. I've put on weight. They come around and take your order before... There's a choice of two things.”

The manager told us residents preferred more traditional menu options. On the day of the visit, residents were offered beef stew or sausages and, as it was Shrove Tuesday, dessert was pancakes with a selection of fillings.



4 Recommendations

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

We recommend that cosmetic improvements to the premises should be considered, as evidenced in section 3.4. However, Healthwatch Milton Keynes would commend Bay House on its caring ethos and positive staff culture and suggest that this Home demonstrates excellent examples of good practice in the delivery of care to this particular client group.



5 Bay House Response

The provider was given 20 working days in which to respond but, as yet, Healthwatch Milton Keynes have not received a written response to this Enter and View report. We will of course update the published report once a written response is provided.



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?

