Broomfield Residential Care

Review of Residents' Social Wellbeing

March 2019

Contents

1 Introduction

1.1 Details of visit

Details of visit:	
Service Provider	Eminence Care Service (Broomfield) Limited
Service Address	Broomfield Residential Care Yardley Road Olney Buckinghamshire MK46 5DX
Time and date of visit	11:00 – 14:30, Thursday 28th March
Authorised Representatives	Liz Whalley and Gill Needham

1.2 Acknowledgements

Healthwatch Milton Keynes (HWMK) would like to thank the Broomfield 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 of this specific visit.

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 Broomfield. 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 experiences 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 with management, in respect of timing, and an overview explanation of purpose was also provided.

The two Authorised Representatives (ARs) were at the premises between 11:00 and 14:30.

On arrival the ARs made themselves known to the most senior person on duty (the Manager) and provided him with a letter confirming the purpose of the visit. The Manager was prepared for the visit and a Healthwatch Enter and View poster announcing the visit was displayed in reception. After an introductory discussion with the Manager, the ARs were first shown around the home and were then 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 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 Milton Keynes, 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.

It should be noted that, due to the number of residents at Broomfield with impaired cognitive ability, it was difficult to engage many in conversation. Additionally, there was only one relative available at the time of the visit, so opportunities for interview were limited.

A total of four participants took part in these conversations. In respect of demographics: -

- Three were female and one was male
- One resident was accompanied by a visiting friend, 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 of visit

Broomfield is a privately-owned residential care home, currently occupied by 28 residents. A substantial renovation is planned to improve the layout of the Home and increase the size of resident's rooms, with the addition of en suite facilities.

The Manager spoke to us at length about the challenges of caring for residents with dementia.

During the visit, the following aspects were considered:

- Social Engagement and Activity
- Staff interaction
- Premises
- Lunchtime

Notable positive findings

- The premises are clean with plenty of natural light.
- Lunchtime was calm and relaxed, and residents are satisfied with the food provided at the Home.

Opportunities for improvement

- There are limited examples of opportunity for social engagement or activities and the environment absent of stimulation.
- The premises lack a homely feel; it may be possible to improve décor to lift ambience and to revise the layout of seating areas to promote more social interaction.
- There may be a requirement for staff development in addressing the needs of those with hearing impairments and other conditions likely to affect residents.

3.2 Social Engagement and Activities

Notable positive findings

The ARs observed a poster on display, detailing monthly one-off entertainment events, such as visiting singers. The ARs were also told about a previous visit from a local group of beaver scouts within the community, who had come along to entertain the residents.

A generic activity poster was displayed on the wall. The manager explained it had been displayed to provide activity suggestions to staff.

There was also a touch screen computer available for those able to use it.

Opportunities for improvement

On the day of this visit, there were very few examples of opportunity for social engagement or activities.

The Home does not have a designated Activities Coordinator. The ARs were told that all staff were responsible for providing a range of activities for residents. However, the only activity witnessed during the visit was a ball being thrown and caught with one resident for a minute or two. Indeed, residents showed little awareness of any available organised activities – "not that I see".

Residents in the lounges had a TV only, for entertainment. In the larger lounge, most residents were watching daytime TV, in the same room, there was another TV screen showing more tailored content.

An undated weekly activity plan was on display, but gave little detail other than 'morning exercise, helping with meals, group activity or individual time.' (see Appendix B). For residents who were able to express themselves, the lack of stimulation was clearly frustrating:

> "There's not enough to do to pass the time. [The daily newspaper crossword and puzzles are] my lifeline, because it's a job to fill your time."

One resident clearly missed doing some of their favourite activities, such as walking and handicraft, but was realistic about their own limitations:

> "My legs would give out… I'd love to go across the fields and have a wander… I used to love knitting and sewing but my hands won't let me."

Another resident seemed sadly resigned to an absence of activities that met their interests and preferences:

> "Not much going on in that way here. I'm unclubbable."
>
> "Had a do the other day [Christmas] based on Elvis – so noisy."
>
> *[AR: what music do you prefer?]*
>
> "I like Beethoven but can't expect…"

Another interviewee commented that there was no stimulation for residents and remarked on the poor provision of outings:

> "They care for them physically but not mentally."

From the evidence collected on the day of this visit, it appeared to be a particularly lonely existence for these residents and their individual needs did not seem to be being addressed. One talked about being surrounded by people who '*just sit and stare*' and would like more opportunity for casual conversation.

> "It's a long day – they get you up at 8 o'clock, and at 6 o'clock they bring your dressing gown – I never went to bed before 11! If I'm reading, they come and turn the light off… They don't cater for anybody doing something a bit different – a little library?"
>
> "It's like being in a prison with madmen."
>
> "I wish I had someone to talk to - just talk, tell you what's going on."

3.3 Staff Interaction

Notable positive findings

The manager at Broomfield has been in post for seven years. He gave the ARs a tour of the building, addressing the residents in a friendly manner as he walked round.

In general, interviewee comments about their treatment by staff were appreciative:

> "They're very good - if you've got a complaint, they stop and listen to what you say."

> "They're friendly - helpful to get through this last stage."

Opportunities for improvement

Some of the comments given by participants, when asked about staff, suggested issues:

> "Very nice people… The staff don't have a lot of time."

> "One or two things - I think 'I wish they wouldn't do that.'"

> "Variable. Some are good, some not so good."

The staff interactions observed by Healthwatch Milton Keynes appeared to be task-focused. The ARs saw little evidence of staff interacting with residents other than to transfer to chairs, serve at lunchtime or help feed.

Comments from one resident suggested some staff were failing to take account of the issues presented by hearing impairment, and the need for the resident to lip-read:

> "I'm stone deaf – I don't know if they understand what I'm trying to say… they need to look at me. I've told them off: 'If you don't look at me, don't speak'. They don't understand. A lot of them just write you off."

3.4 Premises

Notable positive findings

The premises appeared clean throughout with plenty of natural light. Furnishings, whilst basic, were also clean. There are no carpeted areas, which allows for easier cleaning.

There is a large lounge and a dining room area in the extension, which is furnished with round tables for residents to use at mealtimes.

The extension part of the building has an attractive 'garden' conservatory, with artificial lawn and bird sounds.

Residents' rooms are small yet clean with dementia friendly beds, and each resident's door has their name and photo displayed. For those unable to use call bells, alarmed mats are provided. The upcoming refurbishment will provide fewer but considerably larger rooms, some with en suite, and with new furniture.

Opportunities for improvement

There may be opportunity to make the premises more homely; all the paintwork is white with no contrast colours, which can feel 'clinical'. Whilst there were a few pictures on the walls, there was no visual stimulation by way of touchable objects or thematic displays. Neither was there any evidence of photographs of residents, other than on their doors.

The ARs noted that chairs in the lounge were arranged in long lines, facing the TV; the Home may like to consider revising the layout of furniture and seating to encourage informal social interaction.

There are plans for the Home to undergo substantial refurbishment. As it currently stands, the layout presents challenges due to two separate buildings (known as 'main' and 'extension'), connected by a long corridor, which effectively divides the Home's resources and services. Residents are distributed randomly between the two buildings.

3.5 Lunch Time

Notable positive findings

Food at the Home is provided by an external catering company, 'Apetito', which specialises in catering for the health and social care sector. Chilled food is transferred to a special oven, where it is cooked and then ready to serve. The food appeared appetising and a choice of meals was presented to residents at the table for them to see. The residents interviewed thought the food was good.

On the day of the visit, 15 residents ate lunch in the dining area at small circular tables, adorned with tablecloths and fresh flowers. There were four members of staff facilitating lunch in the dining area; one serving the food and three helping some residents to eat.

The atmosphere during lunch was calm, friendly and efficient, although there was little social interaction between staff and residents.

Opportunities for improvement

On the day of the visit, there was little evidence of social interaction between staff and residents. Mealtimes can be a good opportunity for staff build rapport with residents, or to engage in caring and tactile interactions whilst feeding residents who require support.

4 Recommendations

Social Engagement and Activities

- To ensure residents have daily opportunities for social engagement, develop a varied programme of activities informed by residents' interests and physical needs, including room-based and communal activities, or even excursions.
- Look at ways to support residents in pursuing their personal interests and consider engaging the help of Age UK Milton Keynes, to see whether residents' own interests can be indulged, which might include better access to outdoor space.
- Consider providing a range of multisensory materials, such as 'twiddle blankets', dolls and musical instruments, to encourage physical and mental engagement.
- Consider more selective use of the TV, ensuring content is suitable for the intended audience.

Staff Interaction

- Continue to monitor the delivery of care, across all shifts, to ensure every resident is consistently treated with sensitivity and respect.
- Seek ways to ensure staff are available to spend time addressing the social and emotional needs of residents, as well as the more 'practical' needs. Again, external organisations, such as Age UK Milton Keynes, may be able to support the sourcing of volunteer befrienders.
- Address consistency in staff awareness of and response to needs arising from residents' conditions, such as hearing impairment and dementia.

Premises

- Review the layout of furniture in the lounge to encourage informal social engagement, even when there are no planned activities.
- Explore ways to make the premises more homely and provide a more stimulating environment to encourage reminiscence and lift mood.

Lunch Time

- Encourage staff to use mealtimes as an opportunity to engage with residents.

5 Broomfield Response

Dear Healthwatch Milton Keynes

Sorry for the delay in response to your report. Below is the response to the query I raised during your visit.

- 1.A significant number of our service users are local authority funded, in particular by Milton Keynes Council. Historically the rate of increase has been minimal at for several years at 0%. Additional funding has been requested and whilst some has been given, this does not generally meet the level of increases faced in terms of wage growth, pension introduction, etc. This has a direct impact on the level of care that is able to be provided.

- 2. Attached is an action plan of what will be done in addition to reviewing the recommendations made from the report.

Sebastian Vvube | Home Manager

Broomfield Residential Care

Healthwatch Milton Keynes Visit – 28/03/2019			
Sebastian Vvube			
09/05/2019			
Action Item	**Timeline**	**Assigned To**	**Outcome & Date**
Opportunity to improving activities provided	30/05/19	Seb/Kim/Rahim	Varied daily activity programme now in place, that include multi-sensory material available from a newly formed activities store area such as musical instrument etc. Activities based on personal interests in place – 6/05/2019
Improving staff Interaction	On going	Seb/Kim	Feedback has been given to staff following our internal observation tools and ongoing. Briefing sessions held post shift to feed back.

Improving premises – to make them homely – dementia friendly	31/12/19	Seb/Rahim	The lounge lay out has been reviewed and reconfigured. Further dementia works due as part of refurbishment works planned.
Improvement at Lunch time staff interaction with residents	Ongoing	Seb/Kim	Feedback been given to staff following our internal observation tool and on going

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 Daily Plan

Time	Activity
08:30 – 09:30	Helping with Breakfast (E)
09:30 – 10:00	Morning [illegible] (E)
10:00 – 10:30	Morning Ex[illegible] (M)
10:30 – 11:00	Group Activity (E)
11:00 – 11:30	Individual Time (M)
11:30 – 12:00	Group Activity (M)
12:00 – 12:30	Individual Time (E)
12:30 – 13:00	Helping with Dinner (E)
13:00 – 13:30	Documentation