

Enter and View Report Kents Hill

May 2021

Review of Residents' Social Wellbeing



Contents

Contents.....	2
1 Introduction	3
1.1 Details of visit	3
1.2 Acknowledgements	3
1.3 Disclaimer	3
2 What is Enter and View?	4
2.1 Purpose of Visit	4
2.2 Strategic drivers	5
2.3 Methodology	6
3 Summary of findings.....	7
3.1 Overview	7
3.2 Premises.....	7
3.3 Staff interaction and Quality of Care	8
3.4 Social Engagement and activities.....	9
3.5 Meal times and food.....	11
4 Additional findings.....	12
5 Recommendations	13
6 Kents Hill response	14
7 Appendices.....	15



1 Introduction

1.1 Details of visit

Details of visit:	
Service Provider	Maria Mallaband Care Group
Date and Time	19 th May 2021, 9.30-14.00
Authorised Representatives	Tracy Keech

1.2 Acknowledgements

Healthwatch Milton Keynes would like to thank the service provider, 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 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 this Enter and View programme was to engage with residents, their relatives or carers, to explore their overall experience of living in Kents Hill Home. As well as building a picture of their general experience, we asked about experiences specifically related to how COVID-19 and the related restrictions impacted on their lives and on their care.



2.2 Strategic drivers

For this coming year Healthwatch Milton Keynes will be working in partnership with Milton Keynes Council and the Clinical Commissioning Group, undertaking joint visits so that a well-rounded view of the operation of the care home/service can be understood. Healthwatch Milton Keynes will be specifically focusing on the experiences of the residents and their loved ones.

Social isolation and/or loneliness has been recognised as having an impact on people's physical health and emotional wellbeing. COVID 19 has increased and intensified loneliness and isolation by the very nature of the way in which we have had to manage and reduce the spread of the virus. The 'Hands, Face, Space' guidance and the regulations imposed but the UK Government has resulted in services users not being able to interact with loved ones and friends for over a year. Furthermore, the inability to have social time with other residents has exacerbated the feeling of loneliness and 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 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.

Healthwatch Milton Keynes understands the pressures the COVID 19 pandemic has placed upon both services and service users alike. We have received a significant amount of feedback with regards to the necessary changes made to service delivery required to promote safety for all. It is our intention to be able to formally report the impacts of the COVID 19 regulations on both services and those who use the services and their loved ones through this year's Enter and View Programme.

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 Authorised Representative (AR) arrived at 9.30 am and actively engaged with residents between 10.00 to 14:00

The visit was conducted in a COVID safe manner with the appropriate PPE as agreed in advance with the provider. A lateral flow test was completed by staff on the ARs arrival.

The AR introduced themselves to the Manager and the details of the visit were discussed and agreed. Because the Visitor's Pod was being utilised for the conversations taking place in this visit, the staff gained consent from the residents and brought them to the pod.

The AR used a semi-structured conversation approach (see Appendix A). The checklist of conversation topics was based on the pre-agreed themes for the Care Home visits in conjunction with Milton Keynes Council Quality and Compliance team. Because of the arrangements for the visit, it was not possible for the AR to spend time observing routine activity and the provision of lunch. However, the staff at Kents Hill organised a portion of the lunch to be set aside and the AR was able to have lunch, albeit alone in the dining room.

The AR recorded the conversations and observations via hand-written notes.

In respect of demographics:-

1 resident was male and three were female

All residents were over the age of 75

The manager was unavailable, due to meetings, for an informal briefing at the end of the visit.



3 Summary of findings

3.1 Overview

Kents Hill Care Home is owned by the Maria Mallaband Group and is registered to provide residential, nursing, palliative, and respite care for up to 75 people. On the basis of this visit, limited by strict COVID-19 safety precautions, Kents Hill was observed to be clean and orderly with the safety of the residents at the forefront of the day to day running of the home.

Staff interactions with residents were observed, from a distance, to be natural and friendly. Residents appeared to be very comfortable with the staff.

3.2 Premises

The Care Home exterior is clean and well maintained and the windows were being professionally cleaned at the time of the visit.

The entrance foyer and corridors that were able to be observed during this visit were spotlessly clean and tidy, with no trip hazards or clutter to be seen.

The conversations with the residents were held in the visitor's pod. This is a purpose-built lean-to attached to the outside of one of the care home's rooms, separated by the windows of the building, with a speaker/ microphone unit to allow conversation.

The visitor's side of the pod (pictured below) has been decorated to look like a beach hut and contained hand sanitiser, tissues, and the seats are easily cleaned plastic chairs. It is a clean and comfortable space which allows private conversation.



The resident's side of the pod (pictured below) looked to be comfortable and warm, the high-backed chair provided stability for those getting in and out of the chair, as well as some further sound proofing for conversation if the door was left open during the visit (decided by the resident).



3.3 Staff interaction and Quality of Care

While the use of the visitor's pod during this visit meant that the scope to view more general staff and resident interactions was limited, the AR was able to observe a number of candid moments occurring in the busy hallway behind the visiting room. Staff treated the residents with what appeared to be genuine affection and care, no resident passed a staff member without some level of conversation.

The residents reported feeling safe and well cared for. The people we spoke to suggested that, throughout the pandemic, there were times that there were fewer staff than normal. However, they all followed up by saying that the staff had managed very well and they had not had to wait for care or attention at any time.

Everyone we spoke to was aware of, and had contributed to, their Care Plans. One resident told of the thorough review carried out during the creation of their Care



Plan. This led to a complete health check and medicines review resulting in a change to their medication which had made a huge difference to the way they felt.

“They have worked wonders for me here. When they changed my pills, I’m back to what I was!”

Another resident told us that they liked that they were treated like an adult and involved in conversations about her care. This particular resident had been on a big morning walk in the garden and was quite tired during our conversation. As they tired, they became a little confused about the reason for our conversation and anxious that they weren’t the right person to be talking to. The AR reassured them that there were no right or wrong answers and that the conversation had been enjoyable. The AR suggested that, as they were tired, the AR would get a staff member to come and help them back to their room. The staff were easy to find and helped reassure the resident that ending the conversation was absolutely fine and assisted the resident back to their room for a rest.

Two residents spoken to had moved to Kents Hill during the pandemic and had experienced the COVID-19 safe quarantine period. Both agreed that the staff had been very attentive during the time they had been confined to their rooms. They both reported that the staff were very friendly and that their meals, snacks and drinks had all been brought to them without prompting.

One of these residents explained that their GP had talked to them about going into a Care Home because of their health conditions, talked them through the options and they had been given a choice of two Care Homes, Kents Hill being one of them. They said they were very happy with their choice.

One person we spoke to liked that the carers needed to help with dressing and bathing always gave them the choice of when they would get up, or get ready for bed. They said the staff were always courteous and knocked or asked before they came in to the room or carried out any personal care.

3.4 Social Engagement and activities

Upon entering the home, we could see the progress that staff and residents had been making in their ‘Step Up for Dementia’ challenge to raise money for the Alzheimer’s Society. They eventually raised around £1000.00.

Because two of the residents we spoke to had only just come out of their quarantine period, it was difficult to get a sense of what social engagement or activities had been provided during the pandemic. Although photos taken during this time show that there were a number of events including a St George’s Day celebration, bingo, and an innovative socially distanced Sunflower planting day with a local day nursery.

One resident told us that, even when family were unable to visit, they would phone every evening. They were pleased that their family had all been vaccinated and were able to come into the home (after having a negative Lateral Flow Test) to visit her in her room. The resident said they missed the conversations that used to happen when there were a number of visitors and families all sitting in the lounge area but quite understood, and agreed with, the restrictions.

They told us they had stopped watching the news to protect themselves from the amount of bad news being reported and further said:

“There’s no good getting yourself upset - we all have to follow the rules”

They felt that the Care Home were doing a great job at keeping the residents safe but said that they were looking forward to being allowed to get out again.

One resident said that, although they were a self-confessed loner who preferred to stay in their room with their books, they went twice a week to the Keep Fit classes and really enjoyed them.

One of the newer residents, after having been released from the COVID-19 required quarantine period, felt very sad and quite lonely. Exploring this throughout the conversation, it appears that because the staff had become very familiar with the resident, this person did not necessarily experience the same introductions and socialisation period with other residents that would have happened at any other time.

This was discussed further with the volunteer staff member who had brought the resident through for the visit. The AR had briefly met another resident, before they were called away for lunch, who had similar background and life experiences to the new resident. Because this particular resident had been at Kents Hill longer, and was an extremely sociable person, it was suggested that the staff could make introductions between the two. The volunteer agreed and was going to arrange for the two residents to meet and perhaps be at the same table for a meal to encourage conversation.

Another newer resident was finding making friends quite difficult but said they were still very happy to be in such a lovely place. They told us they were sad about having to give up their pets and that they missed them a lot.



3.5 Meal times and food

We were told by the residents that the food was lovely and that there were always 2 choices for every meal and that they could always ask for a jacket potato or something if they didn't like what was on the menu. The portions were large but not overwhelmingly so. One resident reported not particularly liking the fact that staff would sit and have meals at the same time as the residents. However, other residents said they enjoyed that.

Because of the Covid safe restrictions in place, the AR was unable to observe the mealtime. The staff organised a meal to be provided for the AR as the visit was quite a long one. This was eaten, alone, in the smaller café style dining room. The dining room was light and airy and spotlessly clean.

The meal was a very tasty salmon pasta dish (pictured below) and the AR was very impressed that there was no lingering smell throughout the Home and hallways afterwards.



4 Additional findings

All of the residents we spoke to were very happy with their rooms and enjoyed the fact that they were able to personalise them so much. One resident had their own bookshelf, one was awaiting the delivery of their recliner from their own home.

People told us that the GP would come to visit the home and one person said if they needed the dentist, their family would take them. They were looking forward to being allowed out to go and have their eyes checked.



5 Recommendations

- The introduction of a 'Welcome Home' programme would ensure that new residents have the best opportunity to settle in well, no matter the circumstances surrounding their arrival. This could include, perhaps, a resident 'matching' process so that new residents were introduced to people with similar interests and outlook.
- Consider inviting an Optician to carry out in-home eye tests, especially for those more vulnerable residents who may not have the networks to go out to appointments. People experiencing gradual sight deterioration may not always be aware of how their eyesight has changed.
- A recommendation, drawn from conversations held during this visit, that is being made to all Care Homes and the Dementia Friendly Milton Keynes initiative is to develop a Biography Service. This could be carried out by local Secondary School students or local parish volunteers. Residents can record memories from their life or may wish to write letters to specific people in their family. Photos could be included, and the biography could be as short or as long as they would like it to be. This could also be incorporated into reminiscence therapy sessions.



6 Kents Hill response

- The introduction of a 'Welcome Home' programme would ensure that new residents have the best opportunity to settle in well, no matter the circumstances surrounding their arrival. This could include, perhaps, a resident 'matching' process so that new residents were introduced to people with similar interests and outlook.

During pre-admission gather as much information as possible regarding the residents and how they live their room to look like.

Invite family to decorate and get the room ready for the resident prior to admission. Photos up and other favorite items arranged

Welcome pack with welcome card, fruit bowl, snacks, favorite magazines, favorite sweets.

Partner up with resident committee member/ friend to have meals at the table.

1:1 activity time with Lifestyle coordinator

1:1 discussion with the chef and resident or family to prepare favorite meals.

- Consider inviting an Optician to carry out in-home eye tests, especially for those more vulnerable residents who may not have the networks to go out to appointments. People experiencing gradual sight deterioration may not always be aware of how their eyesight has changed.

Service available and in house optician visiting

- A recommendation, drawn from conversations held during this visit, that is being made to all Care Homes and the Dementia Friendly Milton Keynes initiative is to develop a Biography Service. This could be carried out by local Secondary School students or local parish volunteers. Residents can record memories from their life or may wish to write letters to specific people in their family. Photos could be included, and the biography could be as short or as long as they would like it to be. This could also be incorporated into reminiscence therapy sessions.

Residents corresponds with local school children, we also had overseas students contacting residents. 4 students from local grammar school who are applying to study medicine volunteering every weekend and starting discussions for small projects.



7 Appendices

Conversation prompts:

About You (Optional questions)				
Your Name				
How long have you been living here?				
Your provider and your care	Yes	No	Don't Know	Comments
Do your carers treat you with respect and dignity?				
Have you read and signed your support plan?				
If you were unhappy about your care, could you tell someone? Who would you tell?				
Do you think the people who look after you would fix any complaints you had?				
How have your carers helped you stay active/ engaged?				



How have your carers helped you stay in contact with friends/family?				
Your Choices	Yes	No	Don't Know	Comments
Do you get to choose your food?				
Do your carers ask your permission before helping you?				
Do you have enough interesting things to do?				
Do your carers give you the information you need to help you make choices?				
Are there always snacks and drinks available when you want them?				
Safeguarding, dignity and privacy	Yes	No	Don't Know	Comments
Do you feel safe?				
Do you think there are enough staff?				
Have your carers told you what to do if you feel unsafe or at risk?				



Concerns	
Is there anything you don't like about your carers?	
And Finally	
What is your favourite thing about your carers/living here?	
If you could change one thing about your care, what would it be?	

