

# Milton Court

Review of Residents' Social Wellbeing



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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
<b>Service Provider</b>	Milton Court Care Home, Tunbridge Grove, Kents Hill, MK7 6JD – Avery Healthcare Group
<b>Date and Time</b>	Visit 5 <sup>th</sup> May 2022 10am to 4pm
<b>Authorised Representatives</b>	Helen Browse and Sam Simmons

## 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



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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 firsthand.

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 Milton Court Care Home. As well as building a picture of their general experience, we asked about experiences in relation to social isolation and physical activity.



### 3 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 services users 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 by 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.<sup>1</sup> 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.

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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/>



## 4 Methodology

The visit was prearranged in respect of timing and an overview explanation of purpose was also provided.

The 2 Authorised Representatives (ARs) arrived at 9.45am and actively engaged with residents between 10.00am-4.00pm.

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 each representative prior to the visit.

On arrival the ARs introduced themselves to the Manager and the details of the visit were discussed and agreed. The ARs checked with the provider whether any individuals should not be approached or were unable to give informed consent. The Manager provided the ARs with a thorough tour of the Home and introduced them to staff and residents along the way. The ARs were subsequently afforded access to all parts of the Home for the duration of the visit.

The ARs used a semi-structured conversation approach (see Appendix A) in meeting residents on a one-to-one basis, mainly in the communal areas or visitors pods if they were available, maintaining the appropriate social distancing at all times.

The checklist of conversation topics was based on the pre-agreed themes for the Care Home visits. Additionally, the ARs spent time observing routine activity and the provision of lunch. The ARs recorded the conversations and observations via hand-written notes.

Residents were approached and asked if they would be willing to discuss their experiences. It was made clear to residents that they could withdraw from the conversation at any time. A total of 22 residents took part in these conversations.

### In respect of demographics:

There are 105 residents at Milton Court.

28 General Residents; 41 Dementia Residents; 36 Nursing Residents

Conversations were had with 22 residents/family members of which 18 were Female – 4 Male

Ages range from 59 to 95 – majority of residents being in their 80's & 90s

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



## 5 Summary of findings

The Care Home has an open welcoming entrance which looks through to the gardens. The home itself is set out over three floors; at the time of the visit the third floor (20 beds) was not in use. Each floor has its own dining room, large lounge/activities room and a smaller quiet room. The corridors have easy chairs at intervals so residents can sit by a window and look out or just stop and rest for a moment. The upper floors are accessed via stairs or lift; an access code is required to reach these floors or to leave the Home.

Floor two is the nursing floor and is split into two units one currently with 16 residents with 1 Nurse and 3 carers the other unit has 20 residents with 1 nurse and 4 carers.

Floor one is the Dementia or Memory Floor, which is how this floor is referred to by the residents. It is split into two units of 21 residents and 20 residents. The floor can be easily split into two separate units, this has been very useful for isolation and infection control purposes; there was a sickness outbreak on floor one during our visit, so the 21-bed unit was locked down.

The ground floor is the general Care Home where residents have freedom to come and go at will, have free access to the gardens, leave to go out if able. There are 28 residents on this floor. The dining room and lounge areas appeared to be recently decorated, the family area leading to the garden via the main reception was also clean, fresh, and welcoming. The décor in the main corridors is a little more dated but clean and neat. Fresh flowers in reception, giving a pleasant airy atmosphere. The laundry area was well organised with individual resident named lockers/pods for clean laundry and a good fresh smell. All rooms throughout the home looked clean, fresh, and well cared for. One resident complimented the maintenance staff for being very responsive and polite when the light in her bathroom played up.





## 5.1 Activities

Activities observed on the ground floor included seated keep fit classes, memory club, and afternoon tea, all of which were well attended, and residents appeared to be having a good time. We observed that even when the activities ended many residents remained and chatted or waited for the next activity to begin.

We were shown the tall planters in the garden that the gardening club have planted up in readiness for the Jubilee celebrations. There is a large notice board showing recent pictures of some of the activities that residents have taken part in.

On the first floor one to one memory sessions were observed and staff were seen to encourage residents with whatever activities they chose to attempt. There were memory books on show in most residents' rooms as well as their own personal items, there was also a very good memory book in the lounge on the dementia floor, where the corridors had images of film stars on the walls rather than generic floral prints found elsewhere.





## 5.2 Meals and mealtimes

Meals are planned and a choice is offered, including a vegetarian option for each meal, a vegan resident commented that

*'They cater for me very well'*

The food looked and smelt appealing; the AR reported that the vegetarian cottage pie was very tasty.

The dining room on the ground floor was laid out with white linen table clothes, flowers on each table, only two or three people to a table but close enough together for conversation, a lot of conversation and friendly chatter was observed over the mealtime. Residents also mentioned that the menus were discussed in their monthly meeting and felt that they have the chance to put their opinions forward for any changes.



Staff were friendly and attentive; residents and staff all knew each other by name.

On the Memory floor, two residents sat 'eating' breakfast for several hours, well past lunchtime and staff just kept topping up their fluids, ensuring they had everything they needed and that they were okay. This was a routine the two residents had developed, and staff were happy to accommodate this. The nurse commented:

*'they're more hydrated by sitting here, it's better for them'*

Many of the residents on this floor required a lot of understanding and had very different and individual needs, which could be demanding for so few staff, but staff were observed to be caring and attentive. Staff were happy to answer any questions asked about individual residents, demonstrating the personal relationships between staff and residents.

### 5.3 Additional findings and observations

The building and grounds are well maintained, welcoming and light. The furnishings and décor are clean and fresh, the corridors are the only area that seemed, in some areas, in need of updating.

Activities are on offer to all residents, these appear to be well attended, were enjoyed, and looked forward to by the residents who appreciated the variety of activities provided.

The food was a big topic of discussion, afternoon tea was a favorite and morning biscuits, lunch and evening meals were both enjoyed but many felt the portions were on the large side and there was a lot of waste. The residents reported that they like the input that they have into menu decisions in monthly meetings.

Staff were highly thought of by all residents that were spoken to.

All residents knew the Care Home Manager and the Deputy manager by name. Residents were also very fond of one particular member of the staff who is expecting a baby very soon and had thrown her a baby shower. That staff member told us:

'They don't ask how I am any more they ask me how 'Archie' is doing, this little one must hold the record for the number of Grandparents any child could have!'

When asked if there was one thing you could change, most residents had to try really hard to think of something to say. The two comments received after much thought were:

'My pie had a soggy bottom today'

'It would be nice if we could start using the minibus again, so we can go out more'

Mostly they just said:

'NO'



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## 6 Recommendations

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- Consider a discussion with the residents, at the monthly meeting, about possible timelines for the reintroduction of the use of the Minibus for outings.
- Consider offering a choice of meal sizes to accommodate appetite and reduce possible food waste.



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## 7 Service provider response

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- Consider a discussion with the residents, at the monthly meeting, about possible timelines for the reintroduction of the use of the Minibus for outings.

The residents already have input into the activities that are put on within the home including any trips outside of the home in the minibus, the minibus is already in use and so there is no further action required in relation to this recommendation.

- Consider offering a choice of meal sizes to accommodate appetite and reduce possible food waste.

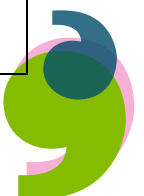
The home offers a choice of portion sizes at meals times and different plate sizes to reflect this.

The home will revisit portion sizes with the residents and up date care plans and dietary requirement information to reflect this. The home will aim to complete this by 30<sup>th</sup> June 2022.



## 8 Appendix 1

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?				



<b>Your Choices</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>	<b>Comments</b>
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?				
<b>Safeguarding, dignity and privacy</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>	<b>Comments</b>
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?				
<b>Concerns</b>				
Is there anything you don't like about your carers?				





<b>And Finally</b>	
What is your favourite thing about your carers/living here?	
If you could change one thing about your care, what would it be?	

