

# The Stratford's

Review of Residents' Social Wellbeing



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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
<b>Service Provider</b>	Cinnabar Support and Living Ltd
<b>Date and Time</b>	16 <sup>th</sup> June 2022 10am to 3pm
<b>Authorised Representatives</b>	Helen Browse

## 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 The Stratford's Care 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

As social isolation or loneliness has been recognised as having an impact on people's physical health and emotional wellbeing, Healthwatch Milton Keynes determined this theme as the stated purpose of our planned programme of Enter and View visits to Care Homes across the Borough and explore with residents their experiences of social life in such settings.

We know that, just because people were living in homes with other residents, did not mean that they were somehow immune to loneliness or social isolation. It's 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 understand the pressures of the COVID 19 pandemic on services and have had a significant amount of feedback with regards to the necessary changes to service delivery and accessibility to promote safety for all. It is our intention to be able to formally report the impacts these changes have had on both services and those who use the services and their loved ones, identifying areas that require support.

For the coming year Healthwatch Milton Keynes will be working in partnership with Milton Keynes Council and the CCG, undertaking joint visits so that a well-rounded view of the operation of the care home or service can be understood. Healthwatch Milton Keynes will be specifically focusing on the experiences of the services users.

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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 Authorised Representatives (ARs) arrived at 10am. Covid protocols were fully observed at all times and actively engaged with residents between 10am and 3pm.

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. It was felt two residents were not able to take part for health reasons. 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, mostly in the lounge area of home. The checklist of conversation topics was based on the pre-agreed themes for the Care Home visit. 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 5 residents took part in these conversations.

In respect of demographics: -

- The average age of residents is 73, the youngest being 45 oldest 98.
- There are a total of 12 residents – the home is at full capacity
- 2 male and 3 female residents participated, most conversations took place in the main lounge, conversation with a resident's family took place in the residents' room.
- Two residents were not able to take part, not mentally competent. Another resident was out for the day with a friend.

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



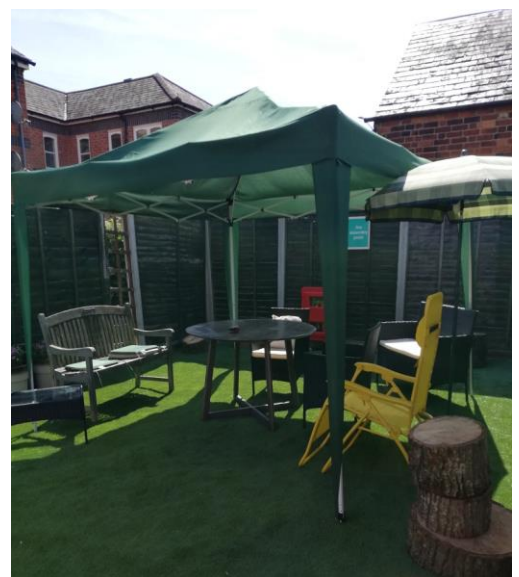
## 3 Summary of findings

### 3.1 Premises

The care home is coming to the end of a refurbishment program, the main lounge and dining area is light and airy leading to a garden area with plenty of seating and cover. One resident commented that her bedroom was decorated her favorite colour before she moved in. The residents had their favorite spots in the lounge and dining area for meals or activities. The television was on when a resident requested it. The stairwell and upper corridor are the final are to be decorated but this is already planned. Most bedrooms have been decorated, rooms mainly have toilets and wash basins with shared shower/wet rooms. As a smaller home it has a welcoming and homely feel about it.



There is a little work still to be done in the garden – a new fence is planned and the manager is looking at how she can accommodate a naked sunbathing request from one resident without upsetting the onlooking neighbors.





### 3.2 Activities

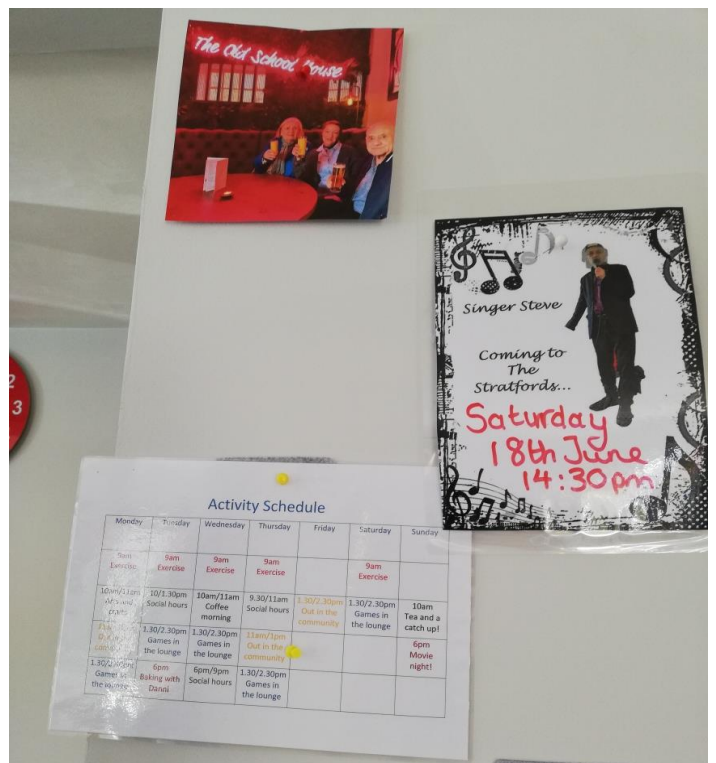
There was much talk about a visit from an OWL sanctuary the day before the visit when the residents had been able to hold/handle Owls. They have regular visits from 'the animal lady' who brings in guinea pigs, chickens, and other animals for the residents to handle.

The morning of the visit had been seated keep-fit, which had just ended when the visit began but the residents were all chatting about it and how much they enjoyed it, a little competition over who could touch their toes or not. One of the residents then went for a walk around Stony with a carer.

One resident was a little tired after a late night out to the theatre the previous evening with a carer to see 'Bat out of Hell'.

The activities are varied and tailored to individuals likes, there was a great deal of appreciation from residents for the activities that were offered and the staff that accompanied them to the days out, walks, meals, trips, and everything that the activity staff and carers did for them.

Several residents have days out with friends and family members on a regular basis.





### 3.3 Meals

Food got high praise from all the residents, even a gentleman who was non-verbal managed a 'fist pump' when desert of apple crumble cake was mentioned – he had just finished his 'soft' main meal and the carer asked if he would like desert.

Everything is prepared in the kitchen daily, the chef or cook as she refers to herself has been there a while and loves her job one resident said

'If I don't fancy what's on the menu and I ask – they always make me something I like'

'Food is always tasty'

'There's always a chat about what we're having to eat'.

The food looked and smelt really good, the kitchen was clearly set up for all the residents needs for soft foods, liquid foods, halal with resident names on everything diabetic markers – as well as resident photos to make thing really clear who needed what.

### 3.4 Staff interaction and quality of care

Every member of staff smiled and chatted, knew all the residents by name and the residents knew them.

A few newer residents were unsure but happy and relaxed and comfortable enough to ask.

*'Why am I here then?'*

with no distress or unease because the staff were very reassuring anticipating the question, patient and very caring. There was a change of care staff during the visit, but this was completely seamless for the residents. Cares chatted, ensured everyone was up to date with the day's activities talked to the residents told them who was coming in and who was going home.

After speaking to the family of a resident they commented

*'The minute we walked in here, I felt relieved, it's amazing'*

*'We know Mum is safe, we can call anytime, the staff are so kind and caring'*

When speaking to residents we asked, would they change anything the comments were

*'No, they're amazing'*

*'They are all Brilliant'*

*'They are so friendly here'*

*'Nobody interferes, I can be myself here'*



## 4 Additional findings

When residents were asked about care plans, they were quite clear that there was a 'file' that had all of their information; all of the staff know everything there is to know about me and where to find what I need,

*'They know more than I do really, probably for the best'*

When talking to the manager about dementia care she expressed an interest in more support and information or possible training options. In our exit meeting the manager also requested any information that may be available on sensory deprivation support, the council compliance office is going to provide this information.

This home has a welcoming friendly atmosphere, and the residents appear calm, relaxed, and happy:

The staff all appear to give 'a little more than it's a job', their interactions with residents were warm and caring as though dealing with family members. A new staff member began on the day of the visit, all staff made a point of welcoming the new staff member, introducing them to all the residents.

The manager was available to all residents throughout the day, who clearly knew she was.

*'The boss lady', 'anything we want she gets it done'.*



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## 5 Recommendations

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- Begin dementia friendly journey by inviting the Specialist Memory Service, the Dementia Information Service, or similar organisation to assess/ re-assess residents whose Dementia may have progressed during the pandemic.
- Develop a Biography, this could be carried out by a local school or parish volunteers. Residents can record memories of their life or may wish to write letters to specific people in their family. Photos could be included, the biography can be as short or long as they want, this can be incorporated into reminiscence therapy sessions.
- **Memory Club – Stony Stratford** Community Church, Horsfair Green MK11 1JW, Monday afternoon 2.30-4.00pm part of outreach  
Stony Stratford Community Church 07518 412 389  
[office@stonystratfordcommunitychurch.co.uk](mailto:office@stonystratfordcommunitychurch.co.uk)



## 6 Service provider response

- We have visits regularly from the care home liaison team/Memory Service and have also provided staff training refreshers via these professionals around dementia and other mental health conditions.

The Managers personal statement:

*We have an amazing team here at The Stratford's who continually strive to provide person-centered, dynamic, and caring support to the diverse resident cohort within the home.*

*We work very closely with family and friends of all of our residents to ensure we are taking care of everybody who lives here in a truly holistic way.*

*We pride ourselves on keeping our service feeling like a home and continually ask and listen to what the people living here want to make them feel most safe, fulfilled, and most comfortable in their lives.*



# 7 Appendix 1

<b>About You (Optional questions)</b>				
Your Name				
How long have you been living here?				
<b>Your provider and your care</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>	<b>Comments</b>
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?	

