

**Enter and View Report Milton Court
November 2022
Review of Residents' Social Wellbeing**



Milton Court

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Published

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2 Introduction

2.1 Details of visit

Details of visit:	
Service Provider	Avery Healthcare
Date and Time	23 rd November 2022: 10am to 4.30pm
Authorised Representatives	Tracy Keech & Helen Browse

2.2 Acknowledgements

Healthwatch Milton Keynes would like to thank the service provider, staff, service users and their families for their contribution to this Enter and View visit, notably for their helpfulness, hospitality, and courtesy.

2.3 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.

3 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.

3.1 Purpose of Visit

While visiting Milton Court was to be a part of the planned programme of work, this visit was undertaken unannounced at the request of the Local Authority after their compliance visit raised concerns. The purpose of this visit was to ascertain the residents' experience of the care they received.



3.2 Strategic drivers

For this coming year Healthwatch Milton Keynes will be working in partnership with Milton Keynes Council, 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.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/>

3.3 Methodology

The visit was unannounced in respect of timing an overview an explanation of purpose was provided on arrival.

The Authorised Representatives (ARs) arrived at 10am and actively engaged with residents between 10:00am and 4:30pm

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 the representatives prior to the visit.

On arrival the AR(s) 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 AR was afforded access to all parts of the Home for the duration of the visit.

The AR(s) used a semi-structured conversation approach (see Appendix A) in meeting residents on a one-to-one basis, mainly in the communal areas. The checklist of conversation topics was based on the pre-agreed themes for the Care Home visits. Additionally, the AR(s) spent time observing routine activity and the provision of lunch. The AR(s) 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.

In respect of demographics: -

Total of 23 residents took part in conversations with 7 of the residents accompanied by family or friends.

Five residents were male and eighteen were female.

Residents spoken to had lived at the care home:

Less than three months = 3,

Three months to one year = 7,

One to three years = 9,

Over three years = 4.

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



4 Summary of findings

4.1 Overview

Milton Court is a large care home, they are registered to provide residential and nursing care for up to 148 residents. At the time of this visit there were 139 people in residence, and a reasonably high proportion of their residents have a diagnosis of dementia.

4.2 Premises

The home is set out over four floors. With the ground floor mainly housing residents requiring general or residential care. On the first floor the residents with dementia are on one wing and residents with dementia as well as nursing needs live on the other wing. The third floor provides nursing with additional care needs. The fourth floor had recently reopened with just eight residents who required more intense or one to one care. The Home had recently reopened this floor to trial it as a Virtual Ward setting² but this pilot use has come to an end.

Each floor splits into two wings and each has its own lounge and dining areas with its own nursing station and staff.

The ground floor has a welcoming coffee area leading from the main entrance for friends and family to sit with relatives if they want a change from sitting in their rooms or the larger lounge areas. This coffee area also leads out to a patio area and well-maintained gardens.

The first floor has a dedicated cinema room which has a large selection of films on the shelves, although it was unclear how often this was available to residents as it is located on the secure memory (dementia) floor, this was not in use during our visit.

Residents' rooms were generally of a good size, the majority were clean and tidy with ensuite facilities. Rooms were personalised with pictures, soft furnishings and, in some cases, pieces of the residents' own furniture.

² <https://www.mkuh.nhs.uk/news/introduction-of-virtual-wards-across-milton-keynes>



4.3 Staff interaction and quality of care

Staff were observed to be constantly busy, cleaning, updating notes, medication rounds and most observed interactions were caring and compassionate. However, in the main, staff appeared to be too busy with these tasks to spend much time with residents. This has implications for the experience of care for both bedbound residents and new residents.

One resident told us that, although they had a brand new chair, with pressure relieving cushions and a riser to assist with getting in and out of it, they had not been out of bed for a number of days. They had been told that they had to stay in bed because they had pressure sores.

We observed a carer assisting a resident to eat their lunch, while shouting across the room to one of the residents with dementia to eat their lunch. No other interactions with the dementia resident were observed during the visit.

When residents were asked were they confident any complaints would be dealt with, we were told:

'They look like they are listening whenever you complain but unless it's a maintenance issue, they just get out the rule book and nothing changes.'

One family member was concerned about the time it had taken for a mattress to arrive to relieve pressure sores, they had been waiting for over a week and they were still waiting with no timeframe given as to when it would arrive.

Two different families told us that their loved ones were rarely out of bed or dressed when they arrived to visit or take them out. They told us they found this difficult to understand. Less mobile residents also told us that care staff rarely offered the choice of whether to get up or not.

'I get fed up just lying in bed. They never think to ask if I want to get up and sit in the chair.'

Personal hygiene for this group of residents was also a concern from having incontinence pads changed to cleaning of dentures, cleaning/trimming nails along with how often residents were given showers or had hair washed.

We spoke to one person who told us, at around 10:45am, that they were still waiting on staff to come back and change her continence pad as they were still wearing the ones they had slept in the night before. This resident had become bedbound because it appeared there were not the staff to get them up and out of bed. We went and reminded the staff members on the floor that this person would like a fresh pad but, when we checked in with the resident at around 3pm, this had still not been done.



We were disappointed to hear from a number of residents who had become bedbound by default, and it was hard to hear them blame themselves for needing so much of the care staff time when the carers were so understaffed and so busy. Residents who are not mobile felt that personal care was not always carried out with care or respect and staff could be quite rough at times, the feeling was that they 'just get it done'.

Residents who needed assistance getting out of bed, dressed, and/ or bathed told us that this wasn't always possible because there weren't enough staff available to help. Of these residents, the only ones who said that they had their teeth cleaned were those with dentures. The dentures were taken away at bedtime, popped into some cleaning fluid and given back to them in the mornings. Those who had their own teeth said they hadn't had their teeth cleaned for a long time. Some of these residents told us they ate a lot of mints to keep their breath fresh which will lead to a greater likelihood of them needing dental attention.

'I would really like to see a dentist to get new dentures and for someone to cut my fingernails, and to get a new shaver as mine got broken'

'The hospital clinic said I had to have a shower every day, but it doesn't work. I didn't have one this morning because they only had 2 staff to look after 31 people.'

One area of the dementia floor did not have beds or residents changed until after 2.30pm. The odour of the soiled items sitting in the hallway was overpowering for a length of corridor past 10 rooms.

One family member told us that their loved one had become very isolated because the use of the floors had changed and so it was now a Dementia floor, and even though they didn't have dementia, they weren't moved to a different room. There are far fewer activities available and staff do not encourage people to join in or sit in the communal areas.

'There is no emotional connection or engagement. Her teeth haven't been cleaned in a while. They could try harder to shower her - she tells them no so they don't. She can be very stubborn so I get it, but it's not nice for her to be so unclean. She has stopped sleeping in her bed, maybe because of the cut or maybe because of the other residents coming in so she is just sat in her chair all day and all night. I have to remind them to change her towel.'

4.4 Meals and Snacks

The food looked and smelt appealing, and residents said the choices were good and changed regularly. They told us that they were able to have some input at the monthly meetings even though they didn't feel their suggestions were taken seriously.

We spoke to one fairly new resident who was trying to make their meal choices and even though other residents were aware they were vegetarian; the staff were not.

Most of the residents liked the food both the quality and quantity were commented on by many of the residents who appreciated the main meals and that snacks, teas, hot and cold drinks were always available. The hydration menu was easily visible and available on most surfaces on all floors. This made for a good visual reminder for residents to maintain hydration and nutrition.



Lunch on the day of the visit was:

Roast pork with seasonal vegetables and a selection of potatoes

Or

Vegetable Pizza

Dessert – Bread and Butter Pudding

Or

Yoghurt and fruit or cheese with biscuits available on request

Several relatives on the dementia and nursing floors commented that staff were always pleased they were around at mealtimes so that they could feed their relatives at mealtimes. Family members said they were more than happy to do this but felt concerned about what happens when they are not



available as there are not sufficient staff for the number of residents that require help.



The dining rooms were nicely presented and practical, although they appear to still adhere to the COVID rules of only two seats per table. This can be pleasant but does limit the social aspect of a communal dining room.

One family member noted that the food was not individually planned, but accepted that in a large Home such as this, it would not be practical.

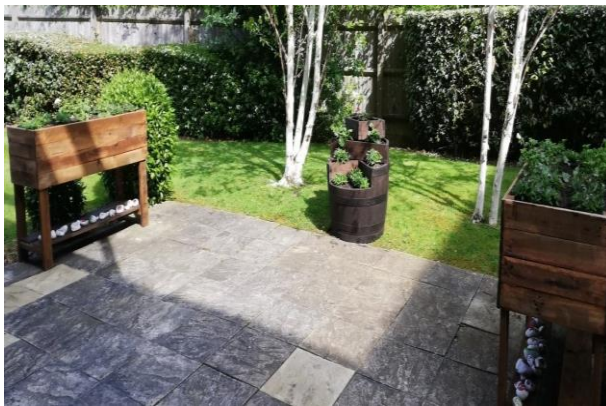
Another family member told us that their loved one was very fussy with food and they found the food at Milton Court to be very good.

'The food is usually pretty good, there is a lot of it - and I probably don't need all of it because I am just laying here. A lot of sweet things. Cheese and crackers would be nice.'

4.5 Social engagement and activities

The activities lady was well liked by residents and the efforts to put on activities and day trips was greatly appreciated by those who were mobile enough to attend. A theatre trip to a matinee performance had taken place on the day of our visit for those able to attend. Residents on the ground floor were very appreciative of the efforts the activities lady makes to keep them active and engaged, they told us they believed that a second part time person was soon to join the team, which they were really looking forward to.

The seated keep fit class is much appreciated and usually well attended by those who are able to leave their rooms. It is worth considering how to deliver a similar programme to those unable to attend these classes.



Planters tended by the gardening club add to the look of the gardens and provide a much-valued activity to residents who enjoy the outdoor activities.

The less mobile or bedbound residents felt more isolated and would appreciate more time with either care staff or activities staff. These residents would love to join in the activities, especially days out but feel excluded from these trips. These residents may benefit from receiving visits from local schools or clubs to feel engaged and involved in the Home life.

'I'd like to go out, I see them all going out but that has never happened for me'.



5 Additional findings

New residents were not familiar with either the routine of the care home or their care plan. Some family members questioned how long they took to come from hospital and expected after 3 months that everything should be in place. Some of the long-term residents noted that:

'New residents are left in their rooms; it makes life easier for the staff', 'They don't get a welcome pack that tells them where to go for meals, they don't know to go and look in reception'.

Most residents were very happy to socialise with each other although some of the residents who are bedbound or have limited mobility told us they would like the opportunity to socialise but said they know this doesn't happen due to lack of available staff.

The ARs were concerned about the level of general hygiene for those residents who relied on care staff to keep their bed and bed tables clean. While speaking to one such resident, we noted that the full urinal had been left on the bed table. We assumed that the care staff had left the resident with the urinal to provide some privacy and that they would return to take it for emptying and cleaning in a short while. The resident's orange juice had also been spilled on the table and we were able to move their electronic tablet out of the puddle and dry this for them.

We were surprised and disappointed that the care staff who next entered the room, about 25 minutes into our conversation with the resident, placed the cup of tea and the afternoon snack on the table next to the urinal, in the remnants of the spilled juice. We were with this resident for around 45 minutes in total and the urinal remained where it was, as did the clutter and sticky mess.

Our feeling, echoed in the comments made to us by residents and their families, was that people living in Milton Court were being looked after, but not being cared for.

6 Recommendations

- Consider reprioritising staff tasks to allow more time to provide personal care – tooth/denture cleaning and nail care was a cause for concern with many of the less mobile residents and an observation on the dementia and nursing floors. Teeth/dentures should be a daily activity, and more than an overnight soak is required for good oral hygiene. Nails need to be trimmed regularly and hands kept clean, hand gel is not sufficient.

Hygiene or personal care when directed by medical advice needs to be adhered to in the same way medication is prescribed and it was apparent that this is not always the case for residents.

- Consider ways of alleviating isolation for those residents that have mobility issues, more one to one time with care staff, more time in group situations, enlist the help of volunteer groups as befriending service to sit and talk with residents.
- Review the status of those currently bedbound residents and consider whether they could be helped to be more mobile through better equipment or physical therapy.
- Explore ways to improve the orientation process for new residents, this could be as simple as codesigning a new welcome pack with existing residents. Existing residents will know what information is missing or needs elaboration.
- A suggestion has been made to all Care Homes to develop a Biography service. 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. This was discussed about in previous visits, but the local school visits could not continue due to covid.

If help is required a possible support contact is Water Eaton Church Centre, MK2 3RR Call 07510 203 166 or Email: info@memoryclub.co.uk

- We would recommend a deep clean of the rooms and suggest that there is an exploration of whether the current flooring is appropriate for each of the Home's areas.



7 Service provider response

The Care home has had a change of registered Manager since this visit took place, the New Manager has seen the report but has not yet responded.

We will revisit Milton Court in the future and provide an updated report.

8 Appendix A

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?				

