

Westbury Grange

Review of Residents' Social Wellbeing



Contents

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
3	Strategic drivers	5
3.1	Methodology.....	6
3.2	In respect of demographics: -	6
4	Summary of findings	7
4.1	Premises	7
4.2	Meals	8
4.3	Activities	9
4.4	Staff	10
5	Recommendations.....	12
6	Service provider response	13



1 Introduction

1.1 Details of visit

Details of visit:	
Service Provider	MHA (Methodist Homes)
Date and Time	28/07/2022 10.00am to 4.00pm
Authorised Representatives	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



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 Westbury Grange 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

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.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 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.

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

¹ <https://publichealthmatters.blog.gov.uk/2015/12/08/loneliness-and-isolation-social-relationships-are-key-to-good-health/>



3.1 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 and actively engaged with residents between 10.00–4.00pm.

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, mostly in their own rooms. 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 5 residents took part in these conversations.

3.2 In respect of demographics: -

- Participants were aged between 78 and 89 with the average age being 83.
- 4 were female and 1 was male
- 4 had been in residence for 4 months or less, 1 had been in residence over twelve months.
- All residents were accompanied by a family member.

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



4 Summary of findings

Westbury Grange is a relatively small facility registered to provide residential nursing and dementia care for up to 45 residents. The Home is laid out over two floors that has managed to create a spacious yet homely feel throughout all most areas of the care home.

'It's a fantastic place'

4.1 Premises

Care has been taken during the refurbishment program to brighten and identify key areas of the home. It has a large outside space where the home keeps two rabbits for the residents to look after. Residents can also have visits from their own pets in the care home.

The Premises are laid out over two floors with the ground floor providing care for residents with dementia, and those residents with dementia and nursing needs being cared for on the first floor. Each floor is divided into two units.

The ground floor has access to the large garden area which is used by the residents and has plenty of seating, covered areas, raised beds, and a large rabbit hutch which is home to the care home's two rabbits.



The large reception area leads to a 'Bistro' which is open for tea and coffee, afternoon teas, and can be used by family and friends to join residents for meals or celebrations.



There is a permanent hairdresser on site, a small shop run by the neighbouring sheltered housing team, and a well-stocked library that is also used for quieter activities for small groups.

Downstairs has just had a refurbishment program completed and most bedrooms now have 'front doors' which allows for residents to recognise their 'home'. The hallways and seated areas are bright and airy, and some areas are decorated to resemble bus stops and other familiar places to find seating. There are many small reading nooks in the corridors by windows.



4.2 Meals

Meals are served in each of the separate dining rooms on the two floors of the care home and also in the 'café' at the main entrance where visitors can have meals, coffee, or a glass of wine with residents.

The Menu is the same throughout the care home, and is on a four-week rotation, the chefs that are working each day deliver the food to the dining rooms and chat to the residents about the food each day asking for their feedback. Alternative meals are always offered to residents who are not happy with the daily menu choices. If the residents are not happy or have suggestions, this information is fed back to the head office who create the menu options.

Small portions are provided to most residents on initial service, when this is eaten a second portion is offered before a desert is offered. Some residents happily choose to eat more on a few occasions and others decide not to. Staff say this saves on waste but also, for some residents, the smaller portion often encourages them to eat something.

Snacks are mainly made in house, along with the cakes and biscuits. Seasonal fresh fruit is offered every day, alongside savoury snacks of crisps and crackers. Drinks are always offered.

Family members are offered a meal if they are visiting at mealtimes as staff feel the company of family encourages people to eat well.

'I can visit anytime I like, even meal times'



Fish and Chip Friday is a very popular day according to a few relatives who commented on how good the fish and chips were. The resident whose husband is in the home said they go to the bistro on a Friday and have a glass of wine, its late afternoon early evening but it's a treat and makes them both feel a little better.

'The staff are so lovely; it makes all the difference.'



4.3 Activities

There were various activities available, and the co-ordinator spends time with residents to try and find suitable activities for those residents who are not able to join in the group activities, finding music and art therapy sessions in their rooms to suit the individual's needs. The monthly programme of activities is prominently displayed, and activities are not limited to residents alone.

The care home encourage family to join any activity their loved ones wish them to attend

What's on at Westbury Grange in July?							
	SUN	MON	TUES	WEDS	THURS	FRI	SAT
Week	24 th	25 th Sophie	26 th	27 th Sophie	28 th Sophie	29 th Sophie	30 th Julia
Special Days	Pam C Bday			Margaret H Bday			
AM	Active Minds	Mass 11:30 Tickford	Familio Gazettes & One to Ones Coordinated by Team	Manicures	Ark Farm Visit 2-3:30PM	One to One Bistro Lunch X2 residents each unit	Colouring & Film Night Coordinated by Team
PM	Active Minds & Tablet Games Coordinated By Team	Love 2 Move with Sophie 2PM Cedars		Music Therapy 2pm Tickford (All Welcome)		Love 2 Move with Sophie 3PM Lovat/Tickford	

Activities may be subject to change.

On the day of our visit, the afternoon activity was a visit from a petting zoo with Donkey, goats, chickens, sheep, pigs, dogs. This activity was also open to relatives and friends to attend.



Many of the residents liked quieter pastimes looking after 'babies' and the home has a number of 'robot' cats and dogs that a few of the dementia residents choose to look after.

Family and residents spoke highly of the activities coordinator who makes sure there are a lot of activities to keep residents occupied and ensures those who have special needs due to mobility or other issues are well catered for with music and art therapy as individual sessions.

4.4 Staff

The staff were very highly regarded by family members, who told us that the staff were very supportive, kind, and helpful. Family members believe that the staff maintain a calm and caring atmosphere that helps to keep their loved ones feeling safe and secure.

Staff took time to chat and spend time with residents even though they were busy at all times. It never appeared to be an interruption or a chore when staff were interacting with individual residents. All residents were familiar with the care staff and managers that spoke with them and happily chatted.

'Staff are so lovely'

'I know they care about Mum'

'As soon as I walked in here, I knew it was the right place for Mum'

MHA, the owners of Westbury Grange, has a training program for overseas staff and there are three new staff who will be spending three months on an induction program at Westbury Grange before it is decided where their long-term position will be.



During the afternoon of the visit a volunteer, a young woman who comes in a couple of times a week, was in the care home upstairs. She was there to spend time talking with residents and to help out with the afternoon tea round,



5 Recommendations

On the basis of this visit no issues were identified through the interviews and observations.

We would, however, like to note the instances of best practice we observed during our visit, in particular, around the meals. Involving family, and offering smaller portions is mentioned in the 'Dignified Dining' Guidelines² and Healthwatch Milton Keynes are pleased to see good dementia informed practice in use.

² <https://www.ageuk.org.uk/wp-content/assets/contentassets/2d42698f64294f3993e75b378eb3292a/dignified-dining-toolkit-v6.pdf>



6 Service provider response

We are very proud of Westbury Grange Care Home and also its reputation within the community.

We always strive to do our best. We treat our residents as individuals and offer person centred care.

We support our relatives as we understand the difficulties in making that decision to put their loved one into a care home and trusting them into someone else's care.

Our Staff team are highly experienced and longstanding and always go the extra mile and we will continue to work within MHA's values of Respect, Dignity, Nurturing the mind body and spirit and inspire the best in each other.



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?				
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?	

