Enter & View

Ashby House
June 2023

healthwatch
Milton Keynes

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2 Introduction

2.1 Details of visit

Service provider	Barchester Healthcare Homes Ltd
Date and time	7th June 2023 between 9.30am and 3pm
Authorised representative	Colin Weaving and Diane Barnes

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

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

3.2 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 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.

3.3 Methodology

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

The Authorised Representatives (ARs) arrived at 9.30am and actively engaged with residents between 10:00am and 3:00pm

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 the representative 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 Manager provided the AR with a thorough tour of the Home and introduced them to staff and residents along the way. The AR was subsequently afforded access to all parts of the Home for the duration of the visit.

The AR used a semi-structured conversation approach 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 spent time observing routine activity and the provision of lunch. The AR 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 8 residents and family members took part in these conversations.

In respect of demographics: -

Three residents were male and five were female with an average age of 81 years.

4 Summary of findings

4.1 Overview

Ashby house is a purpose-built care home on a single level and is registered to provide nursing and personal care for up to 64 residents. The home has three discrete care units: general residential, nursing care, and advanced dementia with each unit having its own lounge and dining areas.

4.2 Premises

The home is laid out in a quadrangle around the central courtyard which brings daylight to all areas of the home and means that all bedrooms look out onto the well-maintained gardens around three sides of the care home. The central courtyard opens onto the mainly dementia friendly area of the care home's lounges and dining areas,

The main entrance has the main dining area and lounge for the general residential residents and close to this is a permanent hairdresser. Most of the bedrooms are on the outside of the building, with a few overlooking the central courtyard, this gives all residents light and bright rooms with views of greenery and wildlife.

The residential dining room has a more formal look with table clothes, whereas the dining room in Memory Lane (dementia unit) is less formal with large tables seating bigger groups and a few smaller tables. The nursing unit has its own dining area. However, residents can choose to eat in any of the dining areas. This means that if they have friends in other areas of the care home, they can join them for meals if they wish.

There are several lounges: a pleasant not-too-big, not-too-small size with good sofas/armchairs, TV, and shelves. Lounges have a comfortable feel as well as looking smart. There was not much use or activity in these areas earlier in the morning but the lounge near the entrance was well used from mid-morning. Residents were gathering there ready for lunch in the nearby dining room. Several residents were sitting reading papers or sleeping in the afternoon.

The communal areas overlook secure, well-maintained, and pleasant garden areas and a large internal patio/garden. The patio doors open onto the outside with wide access for wheelchairs etc.

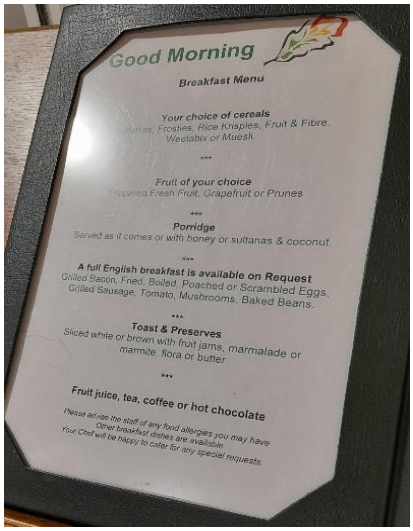
Bedrooms are not very large but are bright and look clean and tidy. There were personal photos and paintings on the walls. Being on the ground floor, most look out onto trees and garden so get plenty of daylight. One resident who was mostly in bed, said they could see the trees. Another had a bird feeder outside their windows. Rooms have basins and a toilet. Shower rooms are along the corridors rather than separate showers in each room.

There are some small cosy seating areas in addition to the lounges allowing residents to have quiet spaces to sit and chat, read, or look into the gardens. The lounges are well-furnished, each with distinct furnishings to identify them as unique spaces, each dining area has different decor and table setting. The corridors and general décor is quite different in 'memory lane' to the other units giving the home distinct areas without having to have obvious labels, there are names for each unit and entry codes, but these are discreet. The main entrance and general residential is a little more 'hotel reception' in appearance with a welcoming drinks area outside the lounge.

4.3 Staff interaction and quality of care

Staff seemed to be caring and encouraging, there were more staff visible with the dementia residents offering support in the communal areas, particularly during mealtimes. There is relaxed morning routine that allows residents to get up at their own pace and have breakfast at a time that suits them, no one is made to get up early morning and have breakfast first thing, on the day of our visit most residents were up and about and finished breakfast by 11am. Menus are not on display throughout the care home and meals are chosen at mealtimes.

Many of the residents using the residential dining room are wheelchair users, we observed that those using wheelchairs are given the option, where appropriate, to stay in their wheelchair or be moved to a dining chair for meals.



Lunchtime begins at 12.30 with each unit having a hot trolley in its dining room to serve from and residents can choose their preferred meal when seated, those who eat in their rooms have a meal brought to them once they have chosen. The one common complaint about the lunch menu was that the only choice was meat or vegetarian, some residents do not see this as a choice. The breakfast menu makes it clear that 'non-menu' options are available, but we are unsure whether this offer is made clear with the lunch menu.

Food is always a topic of conversation when we visit care homes, and we understand it can be difficult to please everyone. Many residents felt the food was good but repetitive and commented that

the chefs change often and think maybe they have trainees working there as most of the meals are simple. Some of the bedbound residents commented that food was cold when it arrived with them as plates were not warmed before plating.

We observed three residents being given help to eat, and saw others being asked whether they would like the meat cut for them. Staff seemed to be observant and were encouraging those who were not getting on very well.

Some residents were very quiet, concentrating on their food. But there were four people sitting together who arrived early and sat on after they had finished the meal. They were chatting happily, and it looked to be a very sociable occasion.

4.3 Staff interaction and quality of care

We received some conflicting comments regarding nursing/dementia care; some very complimentary some less so. The observations the Authorised Representatives on the day were of caring and considerate staff that were patient and understanding, although it was noted that staff were sitting with residents, going through our conversation prompts with them before we had approached them to ask if they would like to speak to us.

Some of the family members comments were:

" Staff always seem so busy, but I can talk to anyone about anything."

"Staff are always caring and kind to my [family member]"

"Would like to see more care staff about, but they look after [resident] well."

"Better communication from staff about issues would be good "[Family member] is always clean and tidy when I visit, I know [family member] is safe"" … their laundry management seems poor with stuff going missing frequently."

While there is a 'You said… We did" poster displayed on the wall; family members told us that where issues had been raised:

"Have had other residents entering the bedroom, even trying to get into bed, just not acceptable."

"We are told the situations have been resolved but we don't know how or what's in place to ensure it won't happen again"?

"Sometimes communication with management is very slow or not forthcoming."

Residents told us:

"I don't get my incontinence pads changed often enough, once a day is not good enough – I would prefer to use the commode but have difficulty walking unaided."

"Staff work their socks off – They are short of carers - the carers say so. They can't get the staff - low pay etc"

"I need an eye test, but they can't arrange it."

4.4 Social engagement and activities

There is a program of activities for residents who are mobile and active. There's a gardening club organised by the activities coordinator who seems well liked by residents, however residents commented that there had been more than one activity person in the past. This reduction in staff means that the less mobile residents appear to have less attention or one-to-one now due to fewer hours available for the activity coordinator.

The hairdresser and manicure is very popular and any outdoor activities or trips out are the most popular with residents. We were told more of this type of activity, especially where those needing a bit more support could be included, would be very welcomed.

An example of best practice that we would commend is the provision of activities and entertainment over weekends as this is often overlooked when designing activity programs. Weekends and evenings can be very long and lonely for residents who don't have friends or family visiting during these times.

5 Recommendations

- 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 existing reminiscence therapy sessions.
- If help is required with activities or support for residents with dementia, it may be useful to contact a local memory club: https://www.healthwatchmiltonkeynes.co.uk/advice-and-information/2019-07-08/dementia-memory-clubs-and-support-groups
- Consider reviewing methods of communication with relatives; follow-up communications after GP visits, and resolution communications following complaints and queries, as the current process has left many relatives wondering what actions have been taken.
- As 'roaming' residents have been mentioned in previous reports, we would suggest approaching the MK Council Care Home Liaison to provide support to staff in reducing challenging behaviors and their impacts on other residents.
- As part of Ashby House's holistic care provision, we recommend inviting some of the mobile health services, such as optometrists, to make regular visits to the Home.
- 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 such as befriending services to sit and talk with residents.
- Explore the possibility for more varied menu options, many residents don't feel a meat or vegetarian option to be a choice and the menu itself is repeated quite often. We would recommend exploring ways to apply the guidelines suggested in the Age UK 'Dignified Dining' toolkit: https://www.ageuk.org.uk/bp-assets/contentassets/2d42698f64294f3993e75b378eb3292a/dignified-dining-toolkit-v6.pdf

6 Service provider response

Health watch Milton Keynes

12th July 2022

RE: Ashby house

Thank you for your email dated 21st June 2022 and forwarding your report you're your visit on 26th May 2022

I have now had an opportunity to look at the recommendations following your visit and have detailed my response below. For ease of reference I have referenced your recommendations in bold and my response is directly below.

Consider reviewing the menu to include the views and requests from residents, perhaps a fortnightly or monthly theme night could help.

The chef has reviewed the menus with involvement of the residents with one to one and group meetings including residents who are on a modified diet. He asked about residents likes and dislikes and has devised a summer menu with their preferences in mind.
I have implemented a comments book in the dining room to gather feedback from my residents.
We have monthly resident meetings where we gather feedback from our residents and ensure this is actioned. We have monthly theme days such as seaside day or chocolate day which my residents enjoy.

Explore ways to avoid isolation amongst residents not wishing to participate in organised/group activities

Our activities calendars are refreshed weekly. Our activities team have feedback from the residents daily and during the residents meeting about the activities and entertainment they would like.
One to one activities are scheduled on the activities calendar. This includes aqua paints, jigsaws, a sensory trolley, hand massages and manicures. Use of Ipad for games and communicating with families. Reminisce with residents using google maps and you tube.
During my walk round the home I ensure one to one interventions are happening for residents who prefer to be in their room.

A recommendation 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.

The home will look into joining the initiative of the biography service. This would be something our residents would enjoy.
We have a community engagement plan in place and we have monthly community engagement meetings. We have lots of involvement from local schools and colleges in from Buckinghamshire. We have 2 volunteers who come to the home weekly who are students from local schools.

I hope this provides you with assurance around the processes we have in place, however if you require any further information or clarity please do not hesitate to contact me.

Yours Sincerely

Francesca Fosu
Acting General Manager

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