



Enter & View

Highclere Care Home
June 2023

healthwatch
Milton Keynes

1 Contents

1 Contents

2 Introduction	2
3 What is Enter and View?	3
4 Summary of findings.....	6
5 Recommendations	10
6 Service provider response	11

2 Introduction

2.1 Details of visit

Service provider	HC One
Date and time	7 th June 2023; 9:30 – 5pm
Authorised representative	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

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

The Authorised Representative arrived at 9.30am and actively engaged with residents between 10:00am and 5:00pm

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 9 residents and three family members took part in these conversations.

In respect of demographics: -

Three male and nine female residents took part with an average age of 90. Two residents at Highclere are 100

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

4 Summary of findings

4.1 Overview

Highclere is a purpose-built Care Home set out over two floors and is registered to provide personal and nursing care for up to 40 residents. The premises are light and welcoming with a calm and quiet atmosphere throughout the home.

At the time of this visit the home was fully occupied, although two residents are in hospital currently. Eight of the rooms are dedicated Seacole beds; these are part of an NHS initiative to offer recovery and rehabilitation outside of a hospital environment. Visitors are welcome although Care Home prefers that visits are not made over mealtimes.

4.2 Premises

The ground floor is residential care with nursing care on the first floor, Seacole beds are spread over both floors of the care home.

The ground floor has a large lounge area, a smaller seated 'snug', and a conservatory leading to the large gardens. The dining room caters for both floors and is set out with a variety of seating for larger groups and smaller table settings for two or four. Spaces are intentionally left for wheelchair users to allow as much independence and choice as possible.

The first floor has a cosy seated area at the central point and there are plans to extend a lounge area on the first floor allowing first floor residents a good view over the gardens.

The main areas of the home have been undergoing refurbishment and the carpets are slowly being removed and replaced with more easily cleaned flooring which will carry through to bedrooms as they are decorated. However, some residents have requested carpet in their rooms, and their preferences are always taken into consideration.



There are activity reminders and displays in the main entrance to the care home and in the downstairs lounge area. There are displays showing clear date/day and time in several places in the home.



There are large private gardens at the rear of the property, these contain a quiet seating area with plenty of shade. The garden is accessed from the main lounge through a conservatory, and residents are free to go into the level grounds most of the time. Although, there is a step here that would benefit from a small ramp so wheelchair users and those who are mobile but visually impaired could access the garden, more safely and unaided.



As well as being a well-maintained garden where residents and visitors can sit and enjoy being outdoors, the area also has a raised garden bed that some residents enjoy helping to plant.



4.3 Mealtimes

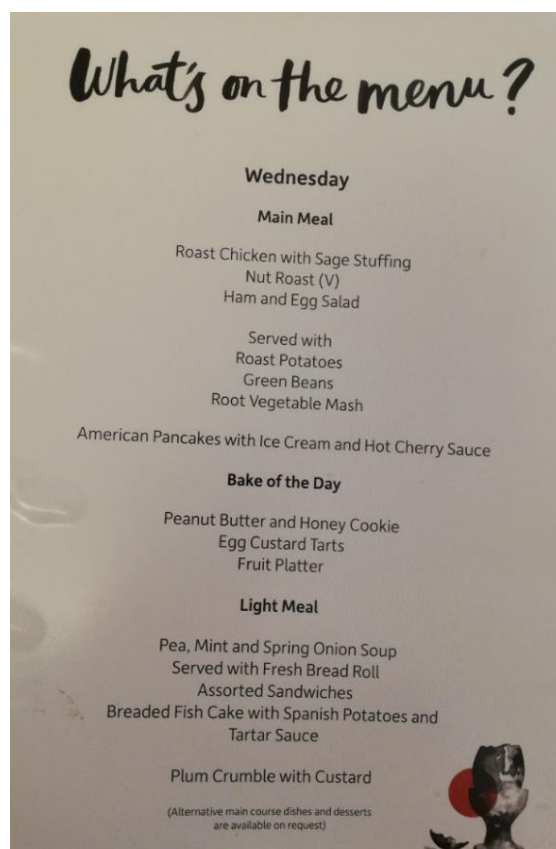
At lunchtime the residents were concentrating on their meals, eating well. The food looked and smelt good and was reported to taste good too. A few longer-term residents told us that Highclere had once been a BUPA home and since the change, they felt that they have a reduced range of options and that chicken featured too regularly on the menu now. The majority of residents, however, told us they enjoyed the food and the variety. We also noted that there was a vegetarian option available each day, and that the Care Home has a 'vegetarian for life' accreditation² which means that there is a general understanding that residents with religious or ideological dietary requirements should have an appropriate meal option.

The chef/cook serves lunch each day so that she can see what residents like and dislike. The chef is attentive and chats with any residents who are not eating to ask if they would like something else from the kitchen.

There were drinks available all day for residents. Residents also told us there were always snacks available for themselves and their visitors.

Evenings are light meals of sandwiches or soup depending on what individuals would like. Staff were seen to be asking each resident what they would like to eat, with a small suggestion of their favourites to prompt those who needed a little help.

Most residents were very happy to socialise with each other; and they had their preferred places for eating lunch together.



² <https://vegetarianforlife.org.uk/>

4.3 Staff interaction and quality of care

Staff interactions were observed to be friendly and caring. Staff, when asked for anything, were responsive and positive. All of the residents and families we spoke to said that staff knocked before entering their rooms, and that they explained what they were doing when providing care and support.

A couple of people mentioned things 'being lost in translation' but that this was not a barrier to the care or support they were given. It was felt that the staffing levels were generally good, although it was noted that there were fewer staff visible at handover times and weekends. Residents were concerned that some staff seemed to work an awfully high number of shifts and felt that this wasn't good for those staff members.

Every resident we spoke to either knew about their care plan or it was visible in their room, with those that said they had been asked what should be in it also telling us it was updated often. We were also told, unprompted, how safe people felt living at Highclere.

The older residents we spoke to, who are quite remarkable, said they would like more physical activity once or twice a week. These comments were made by those residents in the 90–100 year old age group, so possibly something to consider for everyone.

4.4 Social engagement and activities

We were told there is usually a full week of activities, and the residents are kept entertained. Staff usually join in the activities to keep residents' company.

Sadly, the new activities lady was on holiday for a week and was greatly missed by the residents as she is very much appreciated and well liked. A number of residents said they were sad that the previous activities lady had left but this was because of their feelings about change as they all told us they liked the new staff member as well.

The quizzes and dominoes were mentioned, with some residents saying they would like to see more going on. Weekends and evenings can be long and fairly tedious if there is nothing to keep people occupied.

This is a common view expressed by residents in many of the care homes we visit, especially when the activities are reliant on one staff member being present.



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 and can be incorporated into 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 the possibility of installing a ramp at the entrance, exit from the conservatory to the patio area, this is a small drop of only three or four inches but, for wheelchair users, less mobile, or visually impaired residents, makes mobility on their own very restricted.
- 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 options for more varied activities when your activities lead is on leave, the residents were very aware that they also had a 'holiday' from activities whilst she was on leave.
- We would like to commend the instances of inclusion and best practice in offering vegetarian meal options. A further suggestion would be that incorporating the 'Dignified Dining'³ guidelines would further enhance the mealtime experience for residents, particularly when thinking of the value of family and friends as part of protected mealtimes.

³ <https://www.ageuk.org.uk/bp-assets/contentassets/2d42698f64294f3993e75b378eb3292a/dignified-dining-toolkit-v6.pdf>

6 Service provider response

04/07/2023 Thank you so much for your report. Will sent the response as soon as possible. Kind Regards, Home Manager.

October 2023 - No further response received from Care Home.



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