



Enter & View

Bletchley House – MK3 7JS
October 2023

healthwatch
Milton Keynes

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2 Introduction

2.1 Details of visit

Service provider	GCH (Midlands) Ltd
Date and time	3 rd October 2023 11am – 2pm
Authorised representative	Tracy Keech and 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 Bletchley 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 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 Representatives (ARs) arrived at 10am and actively engaged with residents between 10:15am and 2:00pm

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 Administrator 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 AR 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 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 7 residents and one friend took part in these conversations.

In respect of demographics: -

Two residents were male

Five residents were female

One resident was under 60 years old

The visitor is a long-time friend of one of the residents and visits often

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

4 Summary of findings

4.1 Overview

Bletchley House is a residential care and nursing home. It is registered to provide personal and nursing care for up to 44 residents, for adults under and over 65.

On the basis of this visit, Bletchley House was observed to be clean and orderly, with a focus on improving the experience and well-being of the residents. We hope that the current staff to resident ratio doesn't suffer once the Local Authority begin placing people in the home again. We also hope that the Care Home continue to limit their admission of residents to those with care needs that they can competently and confidently care for.

4.2 Premises

The Care Home is a two-storey purpose-built care home, situated in a quiet cul-de-sac with limited parking available. The Home was very clean and free from any trip hazards.

There is a small, seated, reminiscence area, decorated with photos of famous people, local street scenes and photos of some of the residents in their younger days. This area is well utilised by small groups of residents who have created firm friendship groups while living in the Home.



There is a large garden area which can be accessed through the dining area and provides a pleasant space for residents and visitors to sit, weather permitting.



The bedrooms are spacious and well decorated with plenty of space for personalisation. We saw a variety of personalised items in people's rooms, such as photos, favourite blankets, and bookshelves. The rooms that were empty and ready to be occupied were all bright and comfortable looking.



There is also a small and comfortable looking cinema room with a large screen television and a wide variety of DVDs for residents to choose from. The wing-backed armchairs have footstools so that people can put their feet up and relax with a good movie, with coffee tables nearby so that drinks and snacks are within reach.



4.3 Staff interaction and quality of care

We observed genuine care and affection in interactions between staff and residents. The residents clearly knew the staff well, including the maintenance man, activities lady, the new manager, and her deputy. We noted that the conversations were easy between everyone and that residents appreciated the chats as well as the unprompted offers of drinks and check-ins to make sure people had something to do or to read. When we asked if people felt they were treated with respect and dignity, we were told:

"I suppose really, they do. Yes, the staff are nice to me"

"New manager is very helpful and approachable - there are problems at the moment with the Agency staff though. They try to recruit permanent staff but can't get the right people."

It was nice to see that all of the residents who are able to get out of bed, even if they chose to stay in their rooms, were up, washed, and dressed. One resident told us about how one of the staff help her to do her hair, and how much she enjoyed it.

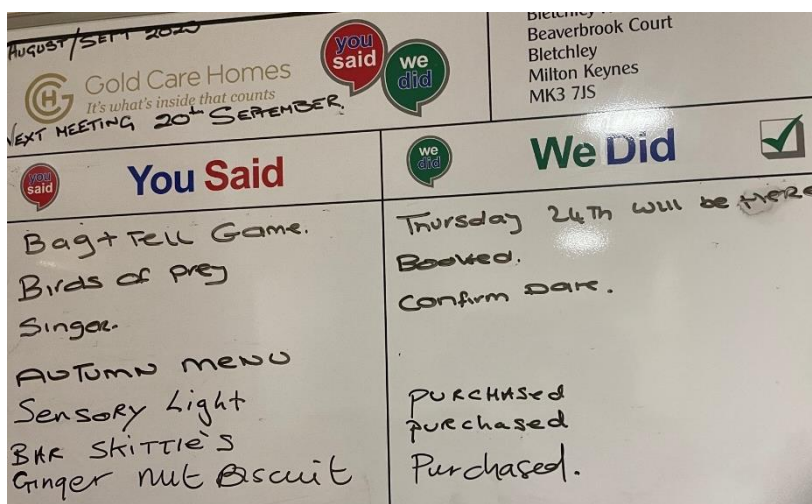
While we were visiting, the routine fire alarm test was being carried out. It was nice to see that staff made sure that each resident knew it was about to happen and that people were ready and not surprised or worried when the alarm sounded.

We were in one of the small lounges speaking to residents when the test occurred, and we noted that the fire door did not close adequately. We passed this observation on to the maintenance team member running the test, they noted this and added the necessary adjustments needed to their list of tasks.

There were a number of 'friendship groups' observed, the home seems to help make introductions between new residents and some of the others with similar interests which is a nice touch.

We noted that there were plenty of staff, all engaged in tasks but all managing to spend time with residents in the lounges. There was less evidence of this level of engagement with those bedbound residents who told us they would like to have someone just sit and chat with them more often.

We saw the poster advertising the bi-monthly relatives' meetings where families can come and have their say about what is happening in the home and talk about the care their loved ones are receiving. We also saw the 'You said...We did' board showing that resident suggestions were acted upon.



4.4 Social engagement and activities

The social calendar appears to be fairly full and quite varied in order to provide meaningful and fun things for residents to do. Even when people told us that , for example, flower arranging wasn't 'their thing', they then told us that they enjoyed the quizzes or bingo – or one of the other group activities. One person told us:

“ [I] don't join in many of the things but I like the quizzes and bingo - might do flower arranging as I asked for it”

We observed those who preferred to sit in areas where activities were not taking place being offered magazines, or even staff checking that what was on the television was what the people wanted to watch, and that the volume was ok for them.

A couple of residents said that they would quite like to go out more often in groups, rather than just on their own but, overall, people told us they were fairly happy with the Home's Social Life. We were able to tell the new manager that one of the residents had on a previous visit, expressed an interest in applying for one of the part-time activity coordinator roles although they had been discouraged from applying at the time. We were pleased to note the positive response to this and are reasonably confident that this is a conversation that will be had with the resident.

We were told by residents who were bedbound that they would like to have more interaction, somebody to spend time just chatting with them. This is something we hear from bedbound people in all of the care homes we visit and is one of the reasons we have made the same recommendation to all homes regarding developing a biography project.

We sat in on one of the quizzes and enjoyed seeing how much laughter and banter this created among the group. We were also impressed at the displays of the residents' art and craft work; residents were quick to tell us which ones were theirs and were justifiably proud of their efforts. There are some very artistic and creative residents at Bletchley House, so it was nice to see that these interests and talents are given an outlet.

Bletchley House Weekly Wellbeing Planner						
All activities will be dependent on the current lockdown measures in place. All social distancing measures will still apply.						
Week commencing 2 nd October 2023						
Monday	Tuesday	wednesday	Thursday	Friday	Saturday	Sunday
11.00- 12.30 pm 	11.00- 12.30 pm 	11.00-12.30pm 	11.00-12:00 	11.00-12.30 	11.00-12.30 	
00pm – 3.00pm 	2.00pm – 3.00pm 	2.00pm – 3.00pm 	2.00pm – 3.00pm 	2.00pm – 3.00pm 	2.00pm – 3.00pm 	



4.4 Mealtimes and food

We observed the lunch service and enjoyed seeing the full dining room. People are encouraged to eat together rather than alone in their rooms, although this option is available for those who prefer it.

Several staff members, including the manager, sat and ate lunch with the residents. As this was an unannounced visit, and from the reactions of the residents, we could see that this was a normal occurrence. The menu was good, and the food looked and smelled lovely. From our observation, lunch was a happy, well attended, and jovial affair and no one was rushed to finish and leave.

The food is prepared on site and the residents told us that they enjoyed it. We asked what would happen if they didn't like either of the options on the menu, and one resident told us:

There are two choices for everything - I don't know if they would make anything else - it's so good, I have never had to ask for anything different.

One person told us that they thought the food was very good but didn't think it was very 'diabetes friendly'. They suggested the chef could perhaps do better with the choices as there were 6 people with diabetes to cater for.



4.5 Additional findings

Bletchley House has, historically, been inconsistent in the results of the regulatory inspections by the Care Quality Commission, and the Milton Keynes Council Quality and Compliance team. The care home goes from Good to Requires Improvement and back again from visit to visit. Our own team have visited 4 times prior to this unannounced visit, with equally inconsistent results. Milton Keynes Council Adult Social Care commissioners asked Healthwatch Milton Keynes to visit as the new Bletchley House management team felt that the care home had never had an Enter and view visit before.

On the day of our visit the regional quality manager was on site, at the request of the new manager, which we felt demonstrated the positive attitude towards improving and maintaining a good standard of care by the manager. This also meant that the regional manager was able to take part in the conversation following the visit.

As part of the conversation, we told the regional manager that it was our feeling that a large part of the issue that Bletchley House has is the inconsistency in management and this probably accounts for the up and down nature of the service. We have included links to our previous reports as they may be of use in future planning.

The 2019 visit, the manager had only been in post for one month:

<https://www.healthwatchmiltonkeynes.co.uk/report/2019-05-09/bletchley-house-enter-and-view>

The 2021 visit, the home was being managed in the interim by the Service Development Manager – We were worried about residents with dementia showing signs of depression and there being no support for them.

<https://www.healthwatchmiltonkeynes.co.uk/report/2021-01-24/bletchley-house-care-home-enter-and-view-report>

We did not receive a response to our 2023 report. There was another new management team in place when we visited. This team had changed again by the time we sent the report for their response. We visited twice for this particular report as our AR felt there were inconsistencies between staff and resident understanding of the care being provided.

<https://www.healthwatchmiltonkeynes.co.uk/report/2023-04-27/enter-and-view-bletchley-house-care-home>

5 Recommendations

- 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.
- Consider ways of alleviating loneliness for those residents who are confined to their rooms, 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.
- Consider adding menu planning to the regular residents meeting agenda to allow residents a level of autonomy in their diet.

6 Service provider response

1. 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 session.

Our activity coordinators started working very closely with the families to create a life story that can help our residents with dementia to recall important aspects of their life and communicate these to other people, creating opportunities for connection and interaction. Our residents at Bletchley often experience problems with communication and memory, we identified that Life stories can be very beneficial in helping them recall important aspects of their life and communicate these to other people, creating opportunities for connection and interaction.

This gives carers and care home staff a better understanding of the resident's life – this can help them provide better care, enable meaningful conversations and activities and make the person feel valued and respected.

There are several ways of producing a life story, however at Bletchley we are working on creating:

- Collages or memory boards: images often work well to encourage reminiscing and can be useful for residents in the later stages of dementia who have difficulty reading. As well as photos of important people, places and occasions, that can be include other items such as postcards, pictures printed from the internet and newspaper or magazine clippings. This will be discussed with the residents in the upcoming resident`s and relative`s meetings and ideas and wishes will be incorporated in the upcoming refurbishment.
- Reminiscence or memory boxes: these can be particularly useful for residents with sensory impairments such as sight loss or perceptual problems, or for people in the later stages of dementia who rely more on touch or smell to communicate and connect. Memory boxes can include a variety of items, such as jewellery, toys from the past, items of clothing, postcards, theatre or sports programmes, toiletries, and ornaments. As part of our Dementia friendly

environment standards, memory boxes are in place in front of some residents bedrooms and will be placed in front of all as part of our refurbishment project, so residents can display any memories or personal information which they would like visitors and staff members to know about them, but will also enable wayfinding for residents living with dementia. This is a project which the activities co-ordinator is working on with the residents and families together in arranging these boxes.

- The home is currently working on developing biographies with residents and families and are recorded in the About Me form on the PCS. Further work will be expanded and completed with the activity co-ordinator in alliance with the residents and families. Organizationally, we are currently seeking to attract volunteers in our services, which will support our residents with companionship and recording memories.
2. Consider ways of alleviating loneliness for those residents who are confined to their rooms, 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.

Looking to our residents at Bletchley House we identified that: for some of our residents residing in a nursing home in itself creates a sense of belonging, to be a part of the nursing home environment can make one feel safe, cared for and surrounded by familiar faces. It also provides routines and a system. For other residents the relatives –Maintaining contact with the world outside of the nursing homes stood out as an avenue to handle loneliness. Some residents used the phone as a channel to proactively reach out but also as a conduit to make themselves available for incoming communication. Furnishing residents 's room with familiar objects to make the resident feel more at home. Personal hobbies–Enabling the residents to occupy themselves with a pastime pursuit (hobby) of their own liking. Forming individual relationships with both fellow residents and nursing home staff appeared to be a valuable tool against loneliness. One to one activity is taking place with the residents that are cared for in bed and recorded on PCS care plan

We are also in the process of developing individualized activities plans and past resident`s history, which will include ideas based on the resident`s preferences and likes.

This will be displayed in the resident`s bedrooms, to support staff members in the interaction with the residents.

Organizationally, we are currently seeking to attract volunteers in our services, which will support our residents with companionship and recording memories.

3. Consider adding menu planning to the regular residents meeting agenda to allow residents a level of autonomy in their diet.

Menu planning will be introduced on residents meeting agenda to identify residents' preferences and wishes regarding their food. A food survey will be introduced in the home to give residents the opportunity to make suggestions and comments regarding their food and the chef/manager will be completing this daily with the residents. Dietary notifications are updated, and kitchen staff are provided with a copy to have a clear understanding of resident's diets and needs. More diabetic foods will be ordered to catered for residents with Diabetes and suitable dishes will be provided by the kitchen staff.

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?				
If you could change one thing about your care, what would it be?				



Committed to quality

We are committed to the quality of our information. Every three years we perform an in depth audit so that we can be certain of this.

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