



# Enter & View

Ashby House  
May 2024

**healthwatch**  
Milton Keynes

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# 2 Introduction

## 2.1 Details of visit

<i>Service provider</i>	<i>Ashby House - Barchester Healthcare Homes Ltd - MK6 5LS</i>
<i>Date and time</i>	<i>15<sup>th</sup> May 2024 – 9.30 am to 4.30pm</i>
<i>Authorised representative</i>	<i>Helen Browse</i>

## 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

*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 increased and intensified loneliness and isolation by the very nature of the way in which we had to manage and reduce the spread of the virus.*

*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.<sup>1</sup> 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 sees the legacy the COVID 19 pandemic has left on both services, and service users alike. We understand that the effects of the pandemic have been long-lasting and there are continuing pressures on the wider services that support Care Homes. It is our intention to be able to formally report the impacts of these on both services and those who use the services and their loved ones as part of 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.*

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

*The Authorised Representative (AR) arrived at 9.30am and actively engaged with residents between 10:00am and 4.30pm*

On arrival the AR 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 visit. 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 and family members 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, many of whom were accompanied by family members, took part in these conversations.

**In respect of demographics: -**

Three residents were male and six were female. The majority of residents were accompanied by family members during conversations.

Ages ranged from 68 to 94 with an average age of 86 years.

The duration of stay in the care home of those residents spoken with ranged from 3 months to 6 years.

We spoke to 5 residents who had been living at Ashby House for less than 1 year, and 4 who had lived at Ashby House for a year or more.

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

# 4 Summary of findings

## 4.1 Overview

*Ashby House is a purpose-built single storey Care Home, registered to provide nursing, dementia, or personal care for up to 64 people. At the time of our visit, 61 people were living at Ashby House. The Manager has been in place for several years so knows the home and residents well. While there has been a new Deputy Manager appointed, the staff team are a well-established one.*

*A plan of works is in progress to update the whole care home, with work having begun on Memory Lane where the first updates will be carried out. This will include handrails, paint finish, as well as the refurbishment of bedrooms*

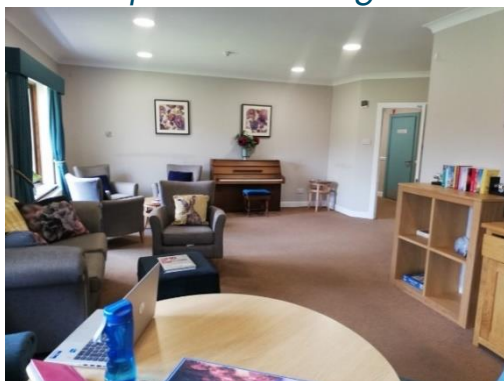
## 4.2 Premises

*The Home is situated in a quiet Cul-de-sac and is laid out in a large square around two courtyards. The layout provides easy access around the building, and out to the courtyard for residents and their visitors. This design also means that every bedroom has a view of green space.*

*Each of the courtyards contain flowerbeds, and patio tables and chairs, this area is well used by residents and their visitors. Two sides of the care home have well maintained gardens with seating and additional outdoor social spaces that can be used for larger groups and entertainment.*



*There are three dining rooms and several lounges of various sizes. These range from small and cosy, allowing residents to socialise in smaller friendship groups, to the larger rooms used for activities and larger groups. Some of these lounges have patio doors which open on to the gardens.*



The onsite hairdressing salon is very popular with residents using it regularly. We were told that, if time allows, residents can also have their nails painted while their hair is being done.

The main entrance has a very different look and feel to the remainder of the home. This area has a clean modern styling, as does the adjacent lounge area. There is a refreshment station where residents and visitors can make a hot drink.



We were told there is a maintenance program underway to update the décor of the Care Home. While the overall décor is a little worn by daily activity, there were a number of areas that residents drew our attention to. A family member told us that the shower in their parent's room was not working and had not been for some time. We also noted that there were areas where the wall mounted lights were very loose, potentially where residents had used them for support, these will need to be prioritised during the maintenance programme.

There was a strong odour of urine on Memory Lane which intensified as the temperature rose during the day. This was reported to the Manager during the visit.

### **4.3 Staff interaction and quality of care**

We observed staff interactions with residents in their rooms, lounge areas and the dining rooms. Staff were busy with little time to chat or pass the time of day with residents. However, we saw that staff consistently asked permission to enter rooms or carry out their tasks.

Residents were observed to be pleased to see staff members and appeared to enjoy their company. A number of residents told us they would like to be able to spend more time chatting with staff but understood that they were busy.

The less mobile residents told us they found the day staff likeable and thought they were happy, chatty, and friendly, but that the night shift communicated far less and often didn't speak at all during interactions and could be a bit rough particularly during personal care.

*"More staff would be nice, they are always so busy, never time to stop and chat"*

*"Some staff just get the job done, don't bother to talk, just too busy"*

*"Some staff are a bit rough with personal care"*

*"Cleaners are amazing, do a great job"*

It was nice to hear that people appreciated the cleaners and the work they did to support the Home.

Some of the residents also experience incontinence, not always a subject that people want to discuss with strangers. Several residents felt that they needed to tell us that they were not always provided with suitable continence products. These residents reported feeling they are being rationed when they are given a daily maximum allowance of products. They said that if this number were exceeded, they were not changed, or else they were given nothing more than a hand towel.



## 4.4 Dining Experience

*With such large and well laid out dining rooms, it was surprising to see that just over half of the Home's residents were eating alone in their rooms. Some people told us this was their preference, but others told us they would enjoy the social interaction that a shared dining experience provides. Those residents who were less mobile felt they missed out because there were not the staff numbers to assist them to the dining area or lounge.*

*One person, who was eating lunch in their room, said they would have enjoyed going to the dining room but, as there is a limited number of suitable wheelchairs, they had to remain in bed. They told us that mealtimes were the social part of their day.*

*The main dining room had 12 residents eating lunch and this area had the most staff helping with service, and a few staff assisting residents with their meals. The smaller dining room had 7 residents and one member of staff, so the remaining four residents of this wing were eating in their rooms.*

*We could see two staff members in the Memory Lane dining room where seven residents were having lunch and there were a further 4 residents eating in the lounge area. This meant that 24 of the Memory Lane residents were eating in their rooms. The residents in attendance in main dining room appeared to have a lower level of need even though the staff to resident ratio was the highest. To this end, it may be worth carrying out an exercise to ensure staffing allocation at mealtimes is appropriate.*

*The dining experience is particularly important for people living with dementia, we will provide a link to the 'Dignified Dining Toolkit' in the recommendation section and strongly suggest that staff are provided a copy, and protected time to read it.*

*Residents told us that they were able to choose their meals, but also told us that the menu was very repetitive. We also heard from several residents that the food could be hotter when they were served. Almost everyone we spoke to made sure to tell us how good the snacks, sweets, and treats were.*



## 4.5 Social engagement and activities

*The Care Home have recently appointed an Activities Coordinator after a long period without one and this has meant activities have restarted in earnest at Ashby House. We were advised that the management team are hoping to add an additional Activities Team member in the near future.*

Residents made it clear in our conversations that they had been very aware that there had not been many activities organised or offered over the past few months. Those who have limited mobility, and/ or do not have relatives that can visit more regularly or are able to take them out, told us that this has been a very difficult time for them.

Organised activities in care homes are often the way that residents, who are strangers to each other when they arrive, are able to learn about each other, find common ground, and form friendships. They are also a good way for people to maintain interests or hobbies they might have enjoyed before moving into a care home.

A Church service was being held on the morning of our visit, with 15 residents in attendance, this is obviously a popular event. When speaking with people in the care home during the day we found that newer residents had not been aware of it and said they would have liked to have gone.

The afternoon's activity on Memory Lane was singing. The staff and residents who were taking part appeared to be enjoying it. Most residents, however, were in their rooms either sleeping, or watching TV. A small number of people had visitors, but most were alone.

There did not seem to be an activities calendar or schedule that residents could easily access.

This is when most residents commented on how little time that staff had to stop and chat, they told us how busy staff were. These residents told us that, even though staff were friendly, the residents felt quite lonely, particularly those who were unable to get themselves up or into a communal area. A number of family members also told us that there needed to be more time allocated to getting people out of bed, even if it is just to get dressed and sit in their chair.

## 4.6 Additional findings

The evening prior to our visit a resident, sadly, passed away. While we were not made aware of this when we met with the manager, we were pleased to note how well this was managed. The funeral directors arrived midmorning, during the Church service, and most residents were completely unaware of the funeral directors' attendance. Staff handled this potentially distressing situation very well.

# 5 Recommendations

## Premises

- ❏ Ensure that the planned programme of works includes and prioritises the general maintenance, such as working showers, that have the greatest impact on residents. Including residents, or the Resident Ambassador, in the

development of the work programme will create a feeling of ownership and belonging by residents.

- ☉ Explore the possibility of, if it is not already, including reflooring high traffic areas such as corridors with materials that are easier to clean. This would greatly reduce the odours resulting from accidents or spills.

#### Staff interaction and quality of care.

- ☉ We suggest that it might be useful for both staff and residents if the CNWL Incontinence team were asked to come in and offer staff some refresher training on the correct use of continence products. It may also be helpful for residents to receive some education around these products as this may change their perception that they are being rationed.
- ☉ The management team should consider spending some time at the Home during the night shift to observe and support night staff. This may lead to uncovering training needs or opportunities that may otherwise be overlooked.

#### Dining experience

- ☉ Consider reallocating staff tasks around mealtimes so they can assist more people to eat with their fellow residents. This may need to include an investment in more mobility chairs or portering chairs, so people aren't inadvertently becoming bedbound or confined to their bedrooms due to inadequate supply of equipment.
- ☉ More residents eating in the dining rooms would have an added benefit of meals being delivered more quickly and remaining hot. While it may take more staff time to transport people, the majority would be freed up to continue with other tasks rather than attending individual rooms to deliver food and assist with eating where necessary.
- ☉ The dignified dining toolkit: <https://www.ageuk.org.uk/wp-assets/contentassets/2d42698f64294f3993e75b378eb3292a/dignified-dining-toolkit-v6.pdf> and Creating a positive dining experience: [creating-a-positive-dining-experience-for-care-home-residents.pdf](https://www.ageuk.org.uk/wp-content/uploads/2019/03/creating-a-positive-dining-experience-for-care-home-residents.pdf)

#### Social engagement and activities

- ☉ While the church service was well attended, we spoke to a number of people who were not aware it was happening. Developing a schedule or calendar of activities and ensuring all residents have access to this will encourage participation for those who are able to attend. As with the mealtimes, many residents would like to leave their rooms more but need assistance or equipment to enable this.
- ☉ Encourage the new Activities Coordinator, and any future team members, to routinely seek advice and suggestions from residents about the type of activity or entertainment they would like to take part in.

*We have suggested to all Care Homes that they look at developing 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>*

# 6 Service provider response

## **Premises**

*Ensure that the planned programme of works includes and prioritises the general maintenance, such as working showers, that have the greatest impact on residents. Including residents, or the Resident Ambassador, in the development of the work programme will create a feeling of ownership and belonging by residents.*

Planned works have now commenced at Ashby House and there is a schedule in place prioritising works that impact on residents daily living.

Residents' rooms do not have showers but all communal showers are in fully working order.

Planned programme of works scheduled.

Discuss any maintenance issues and planned works at resident meetings.

Ashby have a dedicated resident ambassador who we involve in any appropriate planning decisions.

*Explore the possibility of, if it is not already, including reflooring high traffic areas such as corridors with materials that are easier to clean. This would greatly reduce the odours resulting from accidents or spills.*

All corridors are carpeted to maintain the safety of our residents who are frail and at risk of falls.

Ashby House have a fully recruited housekeeping team who are proactive in managing any spillages or mal-odours.

Ashby House will continue to review and take appropriate decisions to ensure the safety of the residents.

## **Staff interaction and quality of care.**

*We suggest that it might be useful for both staff and residents if the CNWL Incontinence team were asked to come in and offer staff some refresher training on the correct use of continence products. It may also be helpful for residents to receive some education around these products as this may change their perception that they are being rationed.*

CNWL continence team have already paid an unannounced visit to audit and review continence management and provided Ashby House with positive feedback.

All of Ashby's continence products are prescribed by the NHS continence service. Residents are assessed and prescribed a fixed number of products over a 24-hour period.

Ashby do purchase extra continence supplies as a precaution in case a resident's supply diminishes or if there is a change in health need. These products are the same brand as those supplied by the NHS.

The CNWL continence team visited Ashby House the week after the Healthwatch visit and audited our residents' continence products. The continence team gave very positive feedback around the management of continence in the home. Some residents requested more products than prescribed and it was explained individually and also at a resident and relatives' meetings that any additional continence products would need to be purchased by resident or families.

The continence team have agreed to discuss any concerns regarding the number of products supplied with residents or relatives if they wish.

*The management team should consider spending some time at the Home during the night shift to observe and support night staff. This may lead to uncovering training needs or opportunities that may otherwise be overlooked.*

The General Manager and Deputy Manager make unannounced visits out of hours to observe practice at night as a minimum of once a month.

The management team complete a daily walk round to discuss any concerns raised overnight and also have daily meetings with head of departments and clinical staff to discuss any issues.

Bi monthly night staff meetings scheduled.

Operational trainer works flexible hours and will work around night staff hours to ensure support and training is provided.

## **Dining experience**

*Consider reallocating staff tasks around mealtimes so they can assist more people to eat with their fellow residents. This may need to include an investment in more mobility chairs or portering chairs, so people aren't inadvertently becoming bedbound or confined to their bedrooms due to inadequate supply of equipment.*

At Ashby House, during meal times a whole home approach is used, ensuring that it is all staffs responsibility to deliver a positive meal experience.

Specialist chairs need to be assessed by the appropriate provider and then will have individual chairs assigned to them. Ashby House does not allocate or purchase wheelchairs for individual residents.

Ashby House have adequate equipment for all moving and handling purposes.

If there is a change in a residents need or if it is raised that a specialist chair would benefit a resident then a referral can be sent to the relevant provider or family can arrange to purchase appropriate equipment.

*More residents eating in the dining rooms would have an added benefit of meals being delivered more quickly and remaining hot. While it may take more staff time to transport people, the majority would be freed up to continue with other tasks rather*

*than attending individual rooms to deliver food and assist with eating where necessary.*

*The dignified dining toolkit:* <https://www.ageuk.org.uk/wp-assets/contentassets/2d42698f64294f3993e75b378eb3292a/dignified-dining-toolkit-v6.pdf> *and Creating a positive dining experience:* <creating-a-positive-dining-experience-for-care-home-residents.pdf>

Ashby House encourage as many residents as possible to partake in the dining experience and recognise how this has a positive impact on life enrichment.

Ashby House also respect those residents who do not wish to engage in the dining experience and enjoy the privacy and comfort of their own room and surroundings. If a resident is physically unable to leave their room then they are supported with meals with dignity in their rooms.

Ashby House will continue to discuss the meal time experience at resident meetings, daily walk arounds and daily head of department meetings.

Any shortfalls or concerns with food temperature will be addressed accordingly.

Nutritional audit completed every 3 months and any actions documented and addressed to evidence how Ashby deliver a positive dining experience.

### **Social engagement and activities**

*While the church service was well attended, we spoke to a number of people who were not aware it was happening. Developing a schedule or calendar of activities and ensuring all residents have access to this will encourage participation for those who are able to attend. As with the mealtimes, many residents would like to leave their rooms more but need assistance or equipment to enable this.*

*Encourage the new Activities Coordinator, and any future team members, to routinely seek advice and suggestions from residents about the type of activity or entertainment they would like to take part in.*

The activities schedule is printed and distributed to residents' bedrooms every Monday morning by the activity coordinator. Planners are also displayed in the communal areas, on the website and social media.

Ashby have also embedded resident of the day, and the activity coordinator will discuss and document residents likes and wishes relating to life enrichment.

Residents will complete a survey at the next residents meeting to evidence that Ashby are delivering activities or entertainment relevant to the residents needs or wishes.

Pictorial activities will be displayed in communal areas on the memory lane community.

An established activity coordinator from a sister home is supporting the activity coordinator at Ashby to ensure life enrichment is embedded in the home.

*We have suggested to all Care Homes that they look at developing 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>*

Ashby house have a dedicated Activities Coordinator who creates biographies with residents on admission to the home and updates on resident of the day. Residents at Ashby House also have a 'getting to know me booklet' which includes photographs, life history and memories. These booklets are used in reminiscence sessions and one to one interactions.

Residents will complete a survey at the next residents meeting to evidence that Ashby are delivering activities or entertainment relevant to the residents needs or wishes.

Pictorial activities will be displayed in communal areas on the memory lane community.

An established activity coordinator from a sister home is supporting the activity coordinator at Ashby to ensure life enrichment is embedded in the home. Ashby house are currently in the process of setting up intergenerational activities with local schools and will program a biography service into this.





## 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.

# healthwatch

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