



Enter & View

Neath House

Published November 2024

1 Contents

1 Contents	1
2 Introduction	2
3 What is Enter and View?	3
4 Summary of findings	6
5 Recommendations	12
6 Service provider response	13

2 Introduction

2.1 Details of visit

Service provider	ExcelCare
Date and time	28 th August 2024 10am to 4.30pm
Authorised representative	Helen Browse and Sarah Hibble

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 Neath 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.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 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

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 10:30am and 4:30pm

On arrival the AR(s) introduced themselves to the Manager and the details of the visit were discussed. 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 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 13 residents and family members took part in these conversations.

In respect of demographics: -

Three residents were male, and ten residents were female.

Of those residents who took part the average age was eighty-three years of age; the age range was from low seventies to high nineties.

The length of stay was very mixed, which gave a good variation of experience: -

Either not disclosed or less than 1 year – four residents

1-3 years = 4 residents

Over 4 years duration = 4 residents

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

4 Summary of findings

4.1 Overview

Neath House is a purpose-built care home in a quiet location registered to provide residential, dementia, and personal care to a maximum of 47 residents. At the time of our visit there were 40 residents living in the Home, with a waiting list ready to occupy all available rooms as soon as they were ready for occupancy. The majority of people living at Neath House are living with a form of dementia.

4.2 Premises

The home is set out over two floors. On the ground floor is the reception and administration area, and the nurse's station. The kitchen and laundry are also situated here so there are fewer bedrooms on this floor

There are two lounge and dining areas on the ground floor, Woburn and Windsor. Woburn has a lounge and a large conservatory which leads to the gardens, and Windsor is a smaller lounge dining room area. There is also a 'coffee shop' in reception that is available for residents, their family, and visitors to use. This has tea and coffee making facilities along with a beverage vending machine and this leads to a ground floor patio area with outdoor seating.



There is also a quiet seating corner where people can sit and have a conversation in relative privacy.

The décor on the ground floor is plain and simple, one area has decals that give the appearance of being in a shopping area, busy and buzzing with people. The remainder is decorated in a pale light colour.

Bedroom doors are being replaced with individual 'front door' style decals which will personalise rooms and act as directional aids for those with cognitive issues. There are pictures along the walls and each corridor has its own theme which is, again, a useful aid for those living with dementia.



The first floor has three dining and lounge areas: Windemere, Inverness, and Balmoral. The décor on this floor has themes and decorations ranging from seaside to train station. This helps residents navigate their way around the home by breaking up corridors and provides landmarks to remind people which part of the Home they are in. There are little seating areas to allow for those less mobile to stop and take a rest on their walks, or to just sit and pass the time while chatting to staff that pass by.

The first floor also has a hairdressing salon where residents can book and have their hair done. The hairdresser will also make 'house calls' to individual rooms so that those who are less mobile can still have their hair done.

The décor and seating by the hair salon is bright, cheerful, and comfortable



The home is currently undergoing a program of works so during our visit there were workmen in the lofts, decorators painting door frames and windows, and, at times, the corridor lighting was going on and off on the first floor. The residents were observed to be perfectly content with all of this activity. Some of the residents were very interested in watching the new people and the novel activity, and others completely ignored it. It was pleasing to see that the home is being slowly and gently updated without unsettling any of the residents.

At present, resident's rooms have 'plates' outside the resident's room which resident's and family members told us they liked as they give the residents name, suggested on topics of conversation that the person enjoys so that staff and visitors can engage in a way that the person will enjoy. These are also subtly coded for staff with a coloured heart motif: **Green** = fully mobile, **Orange** = requires assistance, **Red** = bed bound.

The Manager told us that ExcelCare have suggested they are not keen on this display of information, and the staff team are a little worried that they may be asked to remove them. The AR's suggested exploring ExcelCare's concerns about these plates to find out if there were any modifications that could be made in order to keep them in some form.

4.3 Staff interaction and quality of care

There are many long-term staff at Neath House. The Manager has been in post for over eight years which is good for staff retention and resident care. There is a program of student and staff training which may contribute to the low turnover of staff.

Staff were seen to know each resident by name and chatted easily with people. We saw residents being gently encouraged by staff either to join in an activity, to eat their lunch or to have a beverage. We noted that staff sought consent from people when undertaking care, and all interactions were seen to be conducted in a calm and friendly manner. There was a lot of external activity in the home during our visit, and we observed that staff did not allow any of that to unsettle or disrupt the routine of the resident's day.

Residents who were in their rooms all day, depending on where they were in the home, had differing amounts of footfall past their rooms or activity to watch. Some of these residents did comment to us that they would like a little more 1:1 time as they were unable to join in the group activities, and others were content with being in their rooms, or were unaware of their surroundings.

When we asked family and residents about staff, we were given positive feedback telling us that staff were caring, thoughtful, and really nice people. When we asked about staffing levels, family member expressed a minor concern around visiting at weekends. They told us that there is often a long wait when they arrive to get into the building, as there are fewer people about to answer buzzer. A small number of residents felt that at night they waited longer for call bells to be answered as there were fewer staff rostered on.

One family member said that they would like to see carers who spoke their spouse's language. There had been two members of staff, but they were both now on maternity leave. The family felt that the language barrier was part of the reason that the resident is often alone, whether in their room or sitting alone in the lounge, not joining in with the activities. They have been included when the family specifically ask, but this does not seem to happen all the time. The family did say, though, that the manager always listened and took action when they brought anything to his attention, and they felt that, other than the language issue, their loved one was being looked after well.

When we asked residents and family members what the best thing was about living at Neath house, these are some of the things we were told:

'Mum is well cared for and safe'

'I get lots of visitors'

'Going to listen to music in the conservatory'

'Staff take me out and about'

'Mixing with everyone'

When we asked is there anything you would change, the answer was:

'More 1:1 support - just to talk to [resident]'

'Can't think of anything'

'I'd like to go out sometimes, an outing to look forward to, just sometimes, I feel trapped'

'An interpreter would help'

4.4 Social engagement and activities

Their activities staff are very well liked and have a full schedule of events for residents, these staff were seen to be very respectful when interacting with residents

During the morning there was a 'circle of fun' activity upstairs in the Inverness lounge. There were six residents taking part, we observed all involved having a good laugh, during the combination of singing and seated exercise. The residents were asked for the songs they wanted to sing along to whilst playing the game. The activity had been going for a little while when two additional residents came and joined in the fun.



Neath House Activity Planner August 2024

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			Decorating the Garden with Fiona & Rhian Helen, Grouchy, Pina	Fare Prep With Fiona	Come and Join in our Summer Fair in the Main Garden 15.00-17.00pm	Colouring in Activity Day with Team members
5 Tidying Up the Garden with Fiona	6 Ragbolly Anna's Fitness Fun in lounge 11.45am	7 Pamper Afternoon 14.00pm Movie Night With Fiona 18.30pm	8 Live Music With Mick & his Band in the Conservatory 2.30pm	9 Colouring in Fun with Team Members in the Lounge	10 Music Fun With Team Members in The Lounge	11 Fun Activities with Fiona 12pm Happy Birthday Jean C 30 table
12 Coffee/Tea morning with Pina 11.00am	13 Ragbolly Anna's Fitness Fun in lounge 11.45am	14 Pamper Day with Fiona	15 Live Music with Mick & his Band in the Conservatory 2.30pm	16 Fitness with Ruby in the Conservatory 14.30pm	17 Fun Activities With Fiona 14.00pm	18 Fun Activities with Team Members
19 We Stay With Fiona 11.00am James	20 Ragbolly Anna's Fitness Fun in lounge 11.45am	21 Berberde Lounge music with Bob Jack 11.30am	22 Live Music with Mick & his Band in the Conservatory 2.30pm	23 Fitness Fun with Ruby in the Conservatory 14.30pm	24 Music activities with Team members	25 Film Fun With Team Members
26 Choose an Activity Day with Fiona	27 Ragbolly Anna's Fitness Fun in lounge 11.45am	28 Live Music with Bob Jack 11.30am	29 Live Music with Mick & his Band in the Conservatory 2.30pm	30 Games Day With Fiona	31 Music Fun With Team Members	

In the afternoon there was a singer in the ground floor Woburn Conservatory. We counted 13 residents joining in with the songs and, in the adjoining Woburn lounge, there were four residents who had decided to watch some TV instead of take part in the singing. We saw staff making sure everyone was well hydrated all through the very warm day. We also observed that all juice jugs, whether in the communal areas or in residents' rooms, were labelled with the date to ensure they were fresh.

Throughout our visit we noted that there were residents sitting in all of the lounge areas, residents taking time out in the smaller seating areas inside the home and in the outdoor patio area. Some residents were spending time with family either in their rooms, going out for visits, or sitting outside on one of the patios. The home is welcoming to visitors, and it adds to the general convivial atmosphere.

4.5 Dining experience

Lunch is served from 1pm which provided a challenge to the ARS as, all five dining areas have lunch service at the same time, and as many residents as possible are encouraged to go to one of the dining areas for mealtimes. Residents can choose to eat in any dining room they like which allows them to eat with friends, or to stay where they have been engaged in an activity.

Hot food trolleys are collected from the kitchen and taken to each area. There is a printed text weekly menu visible and there are photo menus on each table giving the days choices, but most residents didn't appear to pay them any attention. Staff ask residents their preference when they are seated.

The food did look and smell appetising and is all prepared and cooked onsite. Staff told us they can have a meal, if they choose, after service has finished. The day we visited; however, it was a very popular menu. There were no pies left, and we saw a number of residents having seconds as well.

The menu on the day was a choice of steak and kidney pudding or Chicken and leek pie with vegetables followed by rice pudding and jam. Because there are some residents who are Gluten intolerant, there was pie filling that had been kept separate from the pastry, so they had a choice of fillings with vegetables. We did not observe any vegetarian option on the day of our visit.



Staff were attentive, caring, used residents’ names and, for those few residents needing assistance with their meal, were letting the resident set the pace of their dinner.

The menu for Tea or supper for the day for our visit was Sausage roll and baked beans or Soup and sandwiches



WEEK 3							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST	Cooked	Cooked	Cooked	Cooked	Cooked	Cooked	Cooked
	Cornflakes, Bran Flakes, Weetabix, Porridge, Tea/Coffee	Cornflakes, Bran Flakes, Weetabix, Porridge, Tea/Coffee	Cornflakes, Bran Flakes, Weetabix, Porridge, Tea/Coffee	Cornflakes, Bran Flakes, Weetabix, Porridge, Tea/Coffee	Cornflakes, Bran Flakes, Weetabix, Porridge, Tea/Coffee	Cornflakes, Bran Flakes, Weetabix, Porridge, Tea/Coffee	Cornflakes, Bran Flakes, Weetabix, Porridge, Tea/Coffee
LUNCH	Cottage Pie with Mash and Seasonal Vegetables Or Sweet and Sour Chicken and Rice	Meatballs and Pasta in Tomato Sauce Or Cheese and Onion Pasty with New Potatoes	Steak and Kidney Pudding Or Chicken and Leek Pie with Mash and Seasonal Vegetables	Roasted Vegetable Platter Or Bacon and Tomatoes Pasta	Fish and Chips with Mushy Peas OR Ham, Egg, and Chips	Chicken Curry Served with Rice Or Beef Casserole with Mash and Vegetables	Roast Turkey and all Trimmings Or Nut Roast
SUPPER	Eaton Mess Hot dogs and Onions Soup & Sandwiches Chocolate Whip	Fruit, Cocktails and Cream Fried Jacket Potatoes with Beans Soup & Sandwiches Selection of Cakes	Rice Pudding Sausage Rolls and Beans Soup & Sandwiches Choc Ices	Butterscotch Whip Cheese and Onion Pie with Baked Beans Soup & Sandwiches Selection of cakes	Victoria Sponge and Custard Spaghetti on Toast Soup & Sandwiches Fruit Jelly	Jelly and Custard Cheesy Beans and Toast Soup & Sandwiches Lemon Drizzle Cake	Semolina and Jam Cold Meats and Cheese with Crackers Soup & Sandwiches Ice Cream with Chocolate Sauce

Everyone we spoke to told us they were happy with the food at the Home, and said there were always snacks and drinks available to them. One family member suggested more fresh fruit could be offered as a snack item, but nobody had any complaints about the variety, portion sizes or freshness of the food.

4.5 Additional findings

When we arrived at Neath House, we were informed that the home had legionella in the water system, and they were awaiting the final test result for the all-clear. This had shown up when some refurbishment works were being carried out, it was treated immediately, and all necessary notifications made. The final chlorination treatment was carried out earlier in the that week we visited. It can take up to 14 days to receive the test results to receive the all-clear.

Bottled water was being used for drinking and cooking. There have been no cases of illness in either staff or residents reported.

During our visit, the water was off for a significant portion of the day. This meant that no toilets could be flushed during this period. We were not made aware of this prior to the water going off. We saw staff using heated bottled water to do wash the dishes in kitchenettes as, due to lack of water, the dishwashers could not be used.

The morning routine had been completed prior to the water going off, residents were washed either with wipes or bowls of water heated in kettles and put into bowls for individual rooms from bottled water. For hair washing the home had purchased 'shampoo caps' so that hair could be washed without water.

Families were not fully aware of the situation; one family member told us that she had taken her Mum to one of the sister care homes to have her hair done that day as her hair had not been washed for a week. They had been told the hairdresser would not be in for a while because there was 'some sort of problem with the plumbing' but they didn't know what it was.

To the credit of the Neath House management and staff team, they had managed a difficult situation successfully with little to no disruption to the daily routines of the residents, and with no one becoming ill.

5 Recommendations

If support with activities or for residents living with dementia, would be helpful, there are a number of local memory clubs who would be happy to have a discussion about what they could offer to enhance your Home's current programs: <https://www.healthwatchmiltonkeynes.co.uk/advice-and-information/2019-07-08/dementia-memory-clubs-and-support-groups>

Consider ways of alleviating isolation for those residents that have difficulty leaving their rooms, perhaps more one to one time with care staff, or consider enlisting the help of volunteer groups such as befriending services to sit and talk with residents. There is also a reasonable active Punjabi Community group on Facebook which may aid in finding Punjabi speaking people who would like to offer befriending or conversation to the home.

6 Service provider response

Neath Hill Care Home currently runs a memory café once a week, providing a supportive environment for people. In response to the Health Watch recommendation, we will actively liaise with community dementia clubs and support groups to enhance engagement. This may include arranging joint activities, inviting community members for visits, and exploring opportunities for external support to enrich our programs.

Home will liaise with Dementia club support groups through <https://www.healthwatchmiltonkeynes.co.uk/advice-and->

[information/2019-07-08/dementia-memory-clubs-and-support-groups](https://www.healthwatchmiltonkeynes.co.uk/advice-and-information/2019-07-08/dementia-memory-clubs-and-support-groups) to explore the opportunities with external groups.

2. Our team members are committed to ensuring that people cared for in their rooms receive regular social interactions. We conduct frequent checks to ensure their safety and well-being. Our Lifestyle Coordinator organizes sensory activities tailored to individual needs, and we ensure that people who are cared in bed also benefit from personal visits from singers and activity groups, bringing entertainment and stimulation directly to their rooms.

To ensure effective communication and cultural sensitivity, we have team members who speak both Punjabi and Hindi. This enables us to better meet the linguistic and cultural needs of residents who primarily communicate in these languages, providing comfort and fostering a sense of belonging.



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 Milton Keynes

Suite 113, Milton Keynes Business Centre

Foxhunter Drive

Linford Wood

Milton Keynes

MK14 6GD

healthwatch
Milton Keynes

www.healthwatchmiltonkeynes.co.uk

t: 01908 698800

e: info@healthwatchmiltonkeynes.co.uk



@Healthwatch_MK



[Facebook.com/HealthwatchMK](https://www.facebook.com/HealthwatchMK)