Enter & View

WaterHall MK2 3QH
October 2024

healthwatch
Milton Keynes

1 Contents

2 Introduction

2.1 Details of visit

Service provider	Excelcare
Date and time	18th October 2024 10am to 3.15pm
Authorised representative	Helen Browse and Colin Weaving

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 WaterHall 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, as well as continuing our independent programme of 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 10:00am and 3:15pm

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 11 residents and family members took part in these conversations.

In respect of demographics: -

Five residents were male, and six residents were female.

The average age of residents who took part in our conversations was eighty-nine with ages ranging from 82 years to 98 years of age.

The length of stay at the care home of residents that were engaged with varied between a few months and two and three and years which provides a varied mix of resident opinions and views.

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

4 Summary of findings

4.1 Overview

Waterhall is a purpose-built care home which first opened in 2008 set in a community location in Water Eaton, Bletchley, close to local amenities and public transport. There is ample parking for visitors.

This care home provides dementia and nursing care for residents.

4.2 Premises

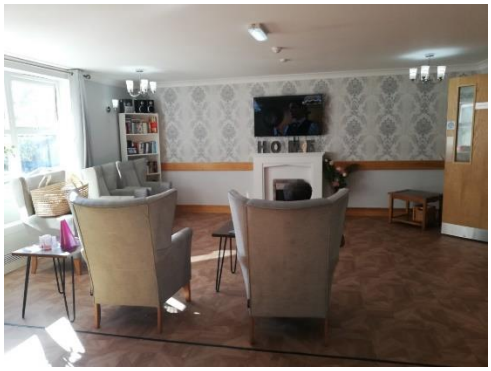
The home has capacity for fifty-six residents – at the time of our visit there were forty-eight residents at the home with residents awaiting the required sign off to move into vacant rooms.

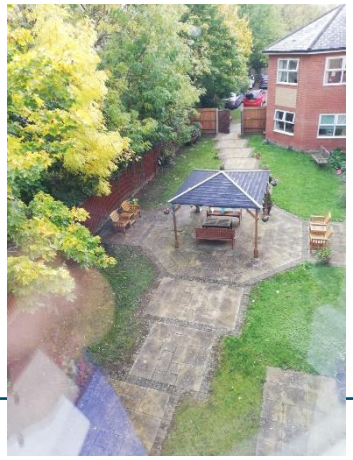
There are also three rooms set aside on the first floor as assessment/respite beds for short term stay – these were not occupied during our visit, but the home had residents due to arrive.

The home is set over the first and second floor of a three-story building – the ground floor is occupied by an NHS service provider.

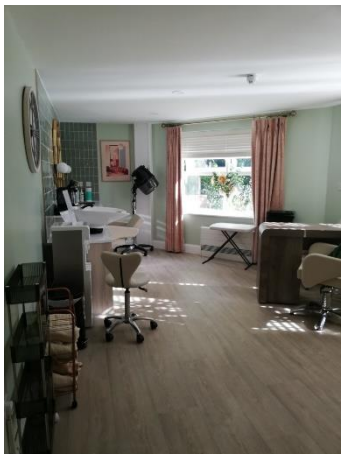
First floor - Willen & Furzton - is nursing and dementia care and the second floor – Caldecott - is Frail nursing and dementia, there are residents with full capacity at Waterhall that have a combination of other care needs whose rooms are on the first floor.

The home has its own entrance with lift and staircase access to both floors and there are lounge and dining areas to both floors.





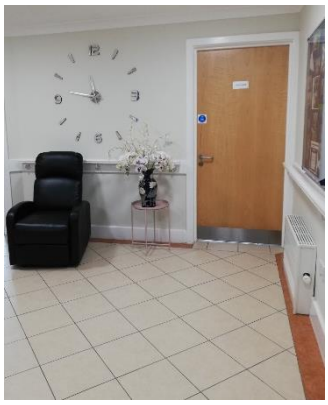
There is a permanent hairdressing salon, a bistro and garden room which residents have access to along with enclosed gardens and covered patio area.



Each floor has the same layout with a central 'spur or hub' that has a communal area for residents, the first floor has less space than the second floor and the décor on the first-floor corridors is minimal, off white with a few paintings and posters outside the dining room and lounge area.

The second floor is far more vibrant, and the hub feels larger because it is brightly decorated with local historical details, seating and electronic puzzle board, books, and games.

Both floors have a quiet seating areas should residents want a little bit of quiet time, the second-floor space overlooking the garden area.



4.3 Staff interaction and quality of care

Staff we polite and friendly with residents, calling residents by name, staff were busy at all times. Staff are well liked by both residents and family, but they have no time to chat, a few family members commented that their loved ones were concerned about 'rough and speed and lack of conversation during personal care, particularly with the male staff, but that at other times they were fine.

When we asked family members about their loved one's care plans, family knew them well, participated in creating them prior to them moving to the care home and were regularly asked about updates to the plans.

An observation from all staff, they do not knock before entering rooms – just enter, most speak – they all knew the residents names and were polite, most smiled and were polite. We asked about any residents who may require translation services, one resident has their own iPad for communication – any resident with special language requirements will have a picture card in their own language in room to help with communication, google translate is used, but if any important information is needed then a family member is asked to attend for conversations.

There is a drive for oral care within the home over the last year trying to encourage residents to improve their oral health, changing tooth brushes every three months and encouraging daily cleaning.

There were a high number of residents who were not mobile within the home at the time of our visit and the majority of residents, regardless of mobility, were dementia related residents so required higher levels of care. When asked how many residents had DoLs in place we were told that only five or six residents did not have one in place at the time of our visit.

This requires staff to be more vigilant, is time consuming and for the few residents who have capacity it is a less comfortable and informal environment.

One family member commented that there were no communal spaces for their relative to sit and chat with other residents, there is no 'coffee morning feeling here' because there is no one to hold a conversation with except staff – and they just do not have the time to stop and chat.

4.4 Social engagement and activities

There is a published activity schedule that is on display in the entrance lobby, lift and residents' rooms. Unfortunately, on the day of our visit the activities coordinator was unwell, but the staff were doing their best to continue with activities. Events are planned well in advance and weekly planners are placed in prominent places for residents and family members to see, lifts, dining rooms, residents' rooms – theses vary from weekly, monthly and special events posters and there are also many boards celebrating past events with photos of residents enjoying events that they have taken part in.

Residents were very aware that the activities lead had been away on holiday and off on leave for some time, the other staff were trying to put things on for then – on top of their usual duties – but they really missed the activities lead.

On the day of our visit there was seated exercise in the morning and a Disco in the afternoon. Both of these activities took place in the first-floor large lounge, they were attended by residents from both floors. The afternoon disco was

attended by many residents in wheelchairs, with the DJ taking requests from each resident – they all appeared to be thoroughly enjoying singing and attempting to dance – with the help of staff - along.

Throughout the day the CareHome Manager and Care Manager were visiting residents for short visits – Meaningful Moments – which could be with any member of staff, a carer, chef, maintenance just someone who has 15-20 minutes to spend with a resident to talk, play cards, read to them, talk about football or cricket, something that is specific to that resident. This is something that the home does their best to offer more than the twice a week on the activity's planner and we observed this on the day of our visit.

4.5 Dining Experience

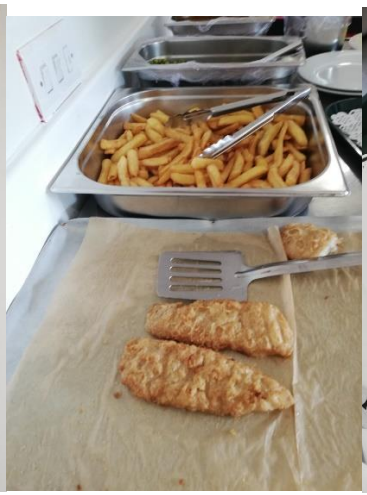
All meals are prepared in the onsite kitchens and the Chef likes to visit residents for their feed back on the daily meals.

On the day of our visit, staff told us it was one of the residents' favourite days – Fish and chip Friday. Lunch is served on both floors; each dining room is set for diners even though many residents eat in their rooms, some by choice, some due to mobility issues


First and second floor dining rooms

During lunch service residents were eating in both dining rooms, some in wheelchairs, eating with and without assistance from staff or family members. Staff were attentive to those who were in the dining rooms, ensuring they had drinks and the choices they wanted and encouraging them to eat and drink.

Residents in rooms were individually delivered trays and staff placed meals in appropriate places for residents to allow them to eat unassisted if able.




Each table in the dining room has a menu on it which is bright and clear, there are also chalk boards in the corridors with the daily meals, but these are far more difficult to read as written in red chalk.

The staff have the option of eating, but they need to order with the kitchen in the morning if they wish to. We did note that there was no poached cod on offer - even though it was on the menu.

One resident had their partner visiting during lunch as a regular visiting routine which gave them both comfort, the resident of companionship and family member of seeing their partner eating well and then being content for the remainder of the day. This family member is also offered a meal whenever in the home at mealtimes and thinks the food is good, as occasionally has lunch.

There was a variety of dietary requirements observed, vegetarian, soft foods alongside the standard menu options and staff were aware of each residents' requirements. Every tray that went to each resident's room had condiments on the trays, as did each table in the dining room – even though some of the residents did comment on the lack of seasoning in the meals, even understanding this might be for a healthier lifestyle.

Some of the residents who ate in their rooms mentioned that the food could be a little on the cool side when they received their meals.

There is a refurbishment program underway and the kitchenette in the first-floor dining room is due to be upgraded very soon. Both dining rooms will soon have new crockery in bright colours which will be more in keeping with their sister care homes. They are also believed to be more dementia friendly than white.

4.6 Choice

The home has a high percentage of residents with mobility issues, from wheelchair users to those who require hoists to get from bed to chair to those who require full support for any movement; residents with mobility requirements have a diverse mix of cognitive ability. This challenges staff and residents' options for choice. Family members feel that their loved ones have to wait for 'a convenient time' for staff to get their loved ones either out of bed, showered or into a wheelchair – never when their relative would like to.

We observed several physically impaired residents that were taken to the activities but spoke to families and they felt their loved ones spent far too much time in bed as hoists we not available or insufficient staff were available to operate them, not giving them the choice of when they got up or out of bed, showered or went to day rooms or how long they spent in chairs.

Most families and residents felt that showers – rarely baths are offered – happened to suit staff timing not residents and hair washing is not a daily or weekly event, even a reluctant occurrence. More often suggested as a visit to the hair salon.

Menu choices are okay, food is always an emotive subject and very subjective. Meals are discussed at resident meetings, but any suggestions are felt to be discounted unless it is an allergy or serious dislike – it is felt that preferences are just talked about.

5 Recommendations

Explore the possibility of an additional activity space: Activities are provided and cater well for those with dementia, which is the majority of the residents, but for the few with capacity, a space for conversation and an activity or coffee morning/afternoon would be appreciated.

Look at personal hygiene details for residents, include regular hair washing as part of the daily/weekly routine. Even though wet rooms are part of each bedroom, offer a bath as an option to residents, this may not be a daily offer but for some residents this is a far more comfortable experience.

Consider ways of investing more time to make this a daily event - Mindful Moments – this is a particularly positive tool, and appreciated by residents, invest in the local community, and try to find volunteers who can join in the ethos of this program.

Invest in staff training to communicate the feeling of residents surrounding 'rough or brisk' treatment during personal care from the male care staff, the staff are otherwise well liked, it was felt they did not know their own strength.

6 Service provider response

Improvement Plan – Healthwatch visit Name of Care Home – Water Hall care Date: 18.10.24 Completed By: Tendai Mangoro				
Action number	Action	Action progress	By whom	Review Date
1	Explore the possibility of an additional communal/ activity space: Activities are provided and cater well for those with dementia, which is the majority of the residents, but for the residents who do have capacity, a space for conversation, activity or coffee mornings/afternoons would be appreciated.	Waterhall has a coffee room and garden room on first floor. The room is used by all people living in the home. We have the activities weekly planner in each room; however, residents have opportunity to choose where they would like to spend their time. We use life story history to complete the activities with the people living in the home. Every week people living in the home are invited to the coffee room to meet with other people and team members	TM SM	30.03.25
2	Look at personal hygiene provision for residents, include regular hair washing as part of the daily/weekly routine. Even though wet rooms are part of each bedroom, offer a bath as an option to residents, this may not be a daily offer but for some	People living in the home are offered choice for a bath or shower. Team members to update care plan soon after supporting the resident to meet their personal care needs. Person centred care plan is completed for each individual with details on preferences, choice and dexterity of an individual to ensure	TM/SM	30.03.25

	residents this is a far more comfortable experience.	they receive the care they wish to receive daily. Home management monitors daily during walk the floor to ensure people receive.		
3	Encourage staff to communicate with residents during personal care. This may be as simple as checking in with residents as to the firmness or briskness of handling, and using this time for more general chat and conversation will increase the 'cared for' sentiment among residents.	Home management completes daily supervision on moving and handling. Lessons learnt was completed with team to ensure all team members are gentle when handling people living in the home. Simulations were completed with team during handovers and meetings on communicating strategies and engaging with people during care delivery. During one-to-one supervisions team members are encouraged to evidence how the support people living at Waterhall to meet their care needs. We discuss the importance of promoting dignity, privacy and independence. The team members at 11am, participate in meaningful moments. All team members stop what they will be doing and go on the unit, meet the resident and have meaningful moment with each resident. We encourage all department members to participate. Team members receive feedback from people living in the home during residents' meetings and care review meetings. The home is taking part in the ROBO - Pets project with BLMK. People living in the home are really enjoying being with the pet, stroking the pets and some residents talk to the pets.	TM/SM	28/5/25

4	Consider ways of investing more time to make 'meaningful moments' a daily event. This is a particularly positive tool and is appreciated by residents. It might be useful to approach some of the community groups and people who are looking to volunteer under the Bletchley Pathfinder programme to find more local people to support the ethos of this initiative.	The home has volunteers from local community who visit to meet people in their rooms and have meaningful moments with the residents. We also have pupils and teachers from local schools who visit the home; meet the people living at Waterhall. The pupils spent time reading, play table games and art and craft with the residents or some residents read the books to will read the children. The home manager has reached out to join the Bletchley clubs and the home would like to participate in the activities of choice. Email was sent to: bletchleyclubs@milton-keynes .gov.uk	TM/SM	28.03.25

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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