Enter & View

Highclere Care Home

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healthwatch Milton Keynes

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2 Introduction

2.1 Details of visit

Service provider	HC-One Group
Date and time	18th February 2025 9.45am to 4.15pm
Authorised representative (s)	Helen Browse & 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 Highclere Care Home. As well as building a picture of their general experience, we asked about experiences in relation to social isolation, physical activity, and the experience of those residents with additional communication needs.

3.2 Strategic drivers

Healthwatch Milton Keynes will be working in partnership with Milton Keynes Council, undertaking aligned 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. 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.

The Authorised Representatives (ARs) arrived at 9.45am and actively engaged with residents between 10:00am and 4:00pm

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 Manager provided the AR with a thorough tour of the Home and introduced them to staff and residents along the way. The AR was subsequently afforded access to all parts of the Home for the duration of the visit.

The AR used a semi-structured conversation approach in meeting residents on a one-to-one basis, mainly in the communal areas. The checklist of conversation topics was based on the pre-agreed themes for the Care Home visits. Additionally, the AR spent time observing routine activity and the provision of lunch. The AR recorded the conversations and observations via hand-written notes.

Residents were approached and asked if they would be willing to discuss their experiences. It was made clear to residents that they could withdraw from the conversation at any time.

A total of 8 residents and family members took part in these conversations.

In respect of demographics: -

Three of the residents we spoke to were male and five were female with ages ranging from 77 to 96 years of age.

There were two residents who used BSL, one profoundly Deaf BSL user and one resident who uses BSL to support their communication.

There was a wide range of reason and method of admission for the residents stay at the home from planned admission for those not managing well at home, to hospital admission, respite care, long term care and EoL care.

Length of stay varied from a month to over three years for the residents that we spoke to.

At the end of the visit, the Manager and Deputy Manager were verbally briefed on the overall outcome.

4 Summary of findings

4.1 Overview

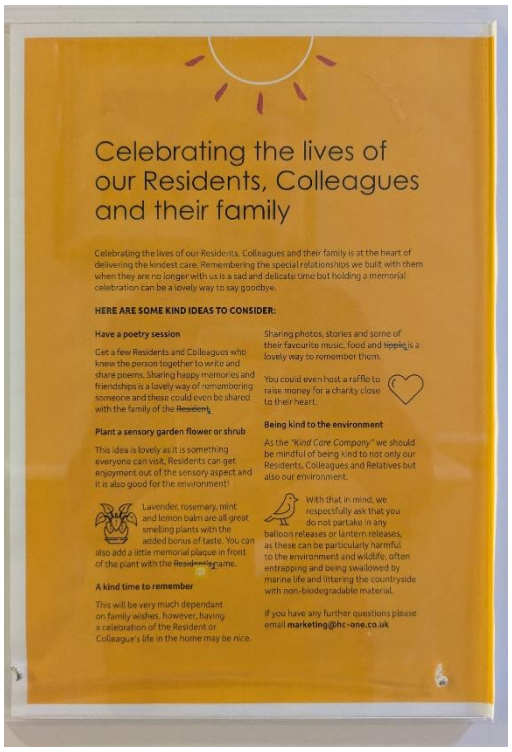
Highclere Care Home is a purpose-built care home in a quiet residential area. It is registered to provide personal and nursing care for a maximum of 40 residents. At the time of our visit there were 38 residents living at the home.

The Manager has been at the home for several years, as have many of the key staff members. The home provides personal care, respite care, and palliative care for persons over 65 years. The home has open visiting hours for family members.

The home also provides training to other Care Providers for:

- First Aid
- Peg Feed
- IDDSI (International Dysphagia Diet Standardisation Initiative) - global standardised way of describing foods and drinks that are safest for people with feeding, chewing or swallowing problems.
- Falls Awareness
- Induction Training

In a dedicated training room, which accommodates up to 12 people, on the first floor of the care home.


Celebrating the lives of our Residents, Colleagues and their family

Celebrating the lives of our Residents, Colleagues and their family is at the heart of delivering the kindest care. Remembering the special relationships we built with them when they are no longer with us is a sad and delicate time but holding a memorial celebration can be a lovely way to say goodbye.

HERE ARE SOME KIND IDEAS TO CONSIDER:

Have a poetry session

Get a few Residents and Colleagues who knew the person together to write and share poems. Sharing happy memories and friendships is a lovely way of remembering someone and these could even be shared with the family of the ~~Resident~~.

Plant a sensory garden flower or shrub

This idea is lovely as it is something everyone can visit, Residents can get enjoyment out of the sensory aspect and it is also good for the environment!

Lavender, rosemary, mint and lemon balm are all great smelling plants with the added bonus of taste. You can also add a little memorial plaque in front of the plant with the ~~Resident's~~ name.

A kind time to remember

This will be very much dependant on family wishes, however, having a celebration of the Resident or Colleague's life in the home may be nice.

Sharing photos, stories and some of their favourite music, food and ~~tipple~~ is a lovely way to remember them.

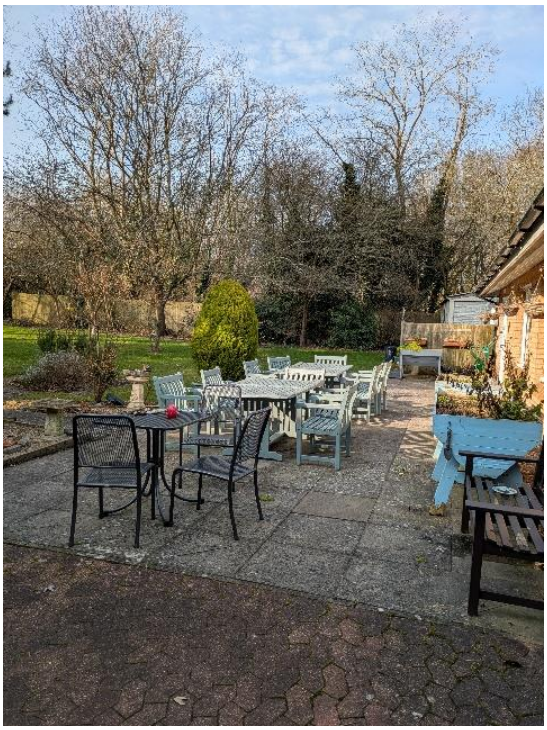
You could even host a raffle to raise money for a charity close to their heart.

Being kind to the environment

As the "*Kind Care Company*" we should be mindful of being kind to not only our Residents, Colleagues and Relatives but also our environment.

With that in mind, we respectfully ask that you do not partake in any balloon releases or lantern releases, as these can be particularly harmful to the environment and wildlife, often entrapping and being swallowed by marine life and littering the countryside with non-biodegradable material.

If you have any further questions please email **marketing@hc-one.co.uk**



4.2 Premises

The home is set over two floors and is easily accessible for wheelchairs. There is stair and lift access from the central hallway. There is a large well-maintained patio and wrap around gardens to the rear and side of the home with easy access for residents from the conservatory.

The home has clear separation of areas on the ground floor, lounge area, a quiet seating area and the dining room. These areas are clearly defined by the furniture layout rather than signage. There is a permanent hairdresser on the ground floor. Bedroom doors are numbered and look like hotel doors rather than front doors.

The first floor is mainly bedrooms with a smaller landing area next to the kitchen that has some seating for residents. This area is about to be redesigned to create an open kitchen/dining area for the first floor. There is no signage on the first floor, apart from the same room numbers as those on the ground floor.

On the ground floor is a bright and welcoming dining room which is laid to accommodate wheelchair users. There are plans for refurbishment to the first floor to provide a dining area for residents so they will be able to choose where to eat their meals.

While all bedrooms have door numbers no additional signage is present in corridors or bedrooms, except the subtle butterfly motif. This motif alerts staff to residents advanced care choices.

Each resident bedroom that was observed displayed personal touches; photos, different paint colours, individual bedding and room layout so that each room made the resident feel ‘at home’. The home has four bedrooms that could accommodate twin beds for couples if necessary.

The home is about to undergo refurbishment so it would be unfair to comment on the minor repairs and décor that could be improved this is already planned work.

We look forward to hearing how the residents were involved in the upcoming refurbishments that are planned for 2025 at Highclere.

4.3 Staff interaction and quality of care

During our visit we observed many interactions with staff and residents and spoke with both residents and family members. We and asked how people felt about felt about staff.

Residents and family members both told us about regular separate meetings that they could attend however they also told us that the family meetings are often at short notice which can make it difficult to attend.

> *"Staff are really friendly"*
>
> *"Staff are friendly but always very busy"*
>
> *"It can be lonely when you're in your room all day"*

We asked residents and their friends and family if they felt that staff treated people with dignity and respect. Everyone we spoke to responded with an unhesitating 'yes!. This was affirmed to us as we observed staff knocking and waiting for a response before entering residents' rooms. We saw how staff addressed and spoke directly to residents rather over their heads to family members.

Residents and family members told us that they felt staff were very friendly and that that staff provided a personal touch to the care they provided.

> *"When we visit [resident] is always well dressed clean and tidy, we don't come at the same time or anything, just pop in"*

While residents didn't always understand what we meant when we asked about Care Plans, we noted that peoples care plans were in their rooms and family members told us they were aware of them.

The GP has a regular in person visit every Wednesday and they have access to an on-call Dr on a Sunday.

With one profoundly Deaf resident having lived at Highclere for three years, it was disappointing that staff did not see the need to organise interpreters for medical or care and treatment decision making conversations. While the resident funds a BSL PA, the PA is not a qualified interpreter and is employed by the resident for social activity, not to provide interpreting for care and treatment conversations.

The need for staff to have a better understanding of d/Deaf communication and culture was highlighted to our ARs when the tea trolley came around. The top shelf laden with lovely looking cakes, biscuits and snacks, which are offered to people. The fruit available is not easily visible and not proactively offered. Our AR, during conversation had learned that the Deaf resident loved fruit and when it was pointed out to them, they eagerly took a good serving. The staff member told us they didn't know that the resident liked fruit. This example is only used to point out that people, in general, forget that Deaf people do not pick up information in the same way that hearing people do; hearing something on the radio or television, or overhearing a snippet of conversation. Communication needs to be directed to them, in a format that they understand.

4.4 Social engagement and activities

There are two wellbeing team members at Highclere – one full time and one part-time – both are very well liked by residents - the Part-time wellbeing team member has done a personal fundraising event to purchase a beneficial piece of equipment for the home – which well used during our visit, this person was particularly mentioned by residents. This particular staff member was the subject of many of the positive comments we received from residents and families.

There was seated exercise in the downstairs lounge in the morning, morning one to ones in the rooms of those less mobile residents, and an interactive crossword in the lounge late morning. It was also the bi-weekly hairdresser visit for those who wanted to attend.

Residents did say they were encouraged to join in activities – even if they did not always choose to join in. The home does now have their own minibus, and they organise trips out to the garden centre, the pub and weather permitting local parks and walks.

The Deaf resident tends to rely on their PA for their social activities as the home have, as yet, been unable to provide an interpreter to enable them to more fully engage in life at the home. Other residents also expressed their feelings to us:

"It's difficult when you can't communicate easily with people, I feel isolated"

It was good to see the activity schedules in residents' rooms however, we could not see them displayed in any of the communal areas of the home. Some residents in these areas told us they were unsure of times and days of events. In part, this could be due to the day and date only being displayed in the main lounge, but not near the clock.

The arts and crafts table is always kept stocked and available to residents, as well as being available for the organised art groups. Most activities take place on the ground floor in the main lounge because it has the space. After the planned refurbishment there will be a larger meeting space on the first floor and activities may be held here in the future.

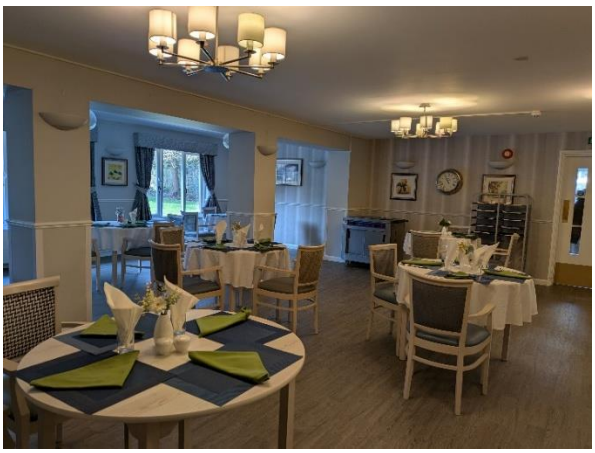
The wellbeing team spend time visiting residents in their rooms engaging with them and encouraging activities which suit the resident and their circumstance.

As part of the activity planning process, residents are asked what they would like to do or places they would like to visit. If the visits are practical, plans are made to include these choices. Past visits have been to garden centres, pubs. Highclere have a minibus can accommodate 2 wheelchairs plus 3 persons and the driver.

Church services are held twice each month and some residents to attend their own churches.

4.5 Dining Experience

The dining room was well laid for all residents, with enough room left clear to manoeuvre wheelchairs. Table settings left chair free ensures that residents in wheelchairs feel that they have been considered at mealtimes. We observed thirteen residents eager to take their chosen places for lunch in the dining room. No residents were observed eating in the lounge area on the ground floor, the remainder of the residents ate in their rooms.



Lunch is usually served at 12.30 and residents are encouraged to go to the main dining room for their lunch if they are able. There were a few residents who asked to have their meal a little later and we were pleased to see the kitchen put their food aside for them to have later. The kitchen has a full list of people's dietary needs, requirements and allergies, and importantly, staff are aware of residents' medication routines and requirements with regards to mealtimes.

> *"If I don't like what's on the menu, they will offer to make me something else, they know what I like – but I am a bit fussy. I know I can be difficult but I'm old, so I can be".*

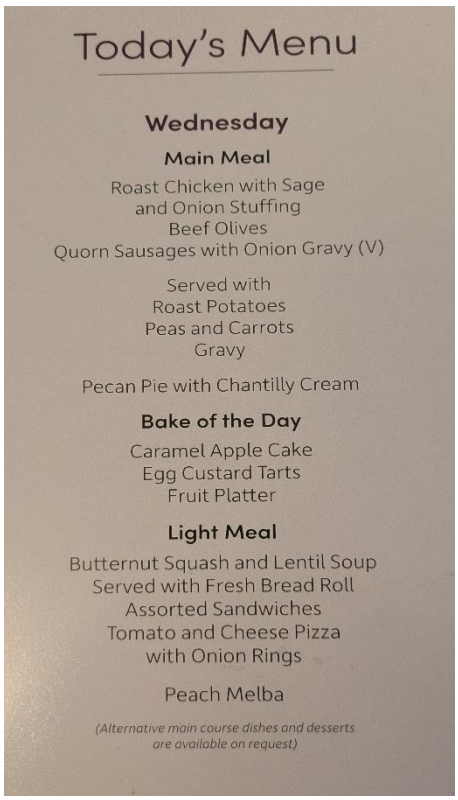
The menu is displayed outside the dining room and is given to each resident in their room.

We saw evidence of the various dietary requirements being met; pureed food, soft food, vegetarian diet, as well as the familiarity with peoples preferences such as not liking peas, not liking mash, portion size variations.

When residents took their preferred seats, they were asked to confirm their choice of meal for lunch and what they would like to drink – there was a wide range of beverages on offer. Wine and beer is also available for those who could partake.

Most residents in the dining room did not require assistance but for the few that did, we saw care staff by their sides helping where needed.

Drinks and snacks were served frequently during the day including fresh fruit.



Today's Menu

Wednesday

Main Meal

Roast Chicken with Sage and Onion Stuffing
Beef Olives
Quorn Sausages with Onion Gravy (V)

Served with
Roast Potatoes
Peas and Carrots
Gravy

Pecan Pie with Chantilly Cream

Bake of the Day

Caramel Apple Cake
Egg Custard Tarts
Fruit Platter

Light Meal

Butternut Squash and Lentil Soup
Served with Fresh Bread Roll
Assorted Sandwiches
Tomato and Cheese Pizza
with Onion Rings

Peach Melba

(Alternative main course dishes and desserts are available on request)

4.6 Choice

Residents felt they were given a good range of choice and autonomy around their meals and their mealtimes. One resident told us that they usually have their breakfast between 9.30 and 10am as she is not an early riser, and staff cater to that. They told us that the chef often tried to get them to be a little more adventurous at suppertime, but that they will eat the things they choose to eat. Residents told us they have a lot of flexibility around breakfast in particular.

People told us that they had good opportunities to make suggestions around activities and outings.

It was unclear whether residents were able to choose the colour schemes in their rooms however, the reflection of residents' personalities, likes and dislikes was evident in the way they were decorated with personal items and belongings.

Choices people have made regarding Advance Care decisions and their wishes regarding being transported to hospital, or not, in the event of a serious health event were subtly but clearly stated on each bedroom door.

5 Recommendations

- We recommend that staff are given training in the Accessible Information Standards and Equality Act duties regarding the use of interpreters. While it would be useful to have some staff who are able to communicate using BSL, this would not negate the requirement for qualified interpreters when having clinical, legal, financial, and capacity conversations.
- Consider the options available for the decor in the corridors of the care home, as a refurbishment program is already planned, involving residents and family members could be a nice activity.
- Use of the Care Homes minibus for resident transport to clubs and social activities run by external providers could be of interest to residents.
- Consider installing handrails in the corridors on both floors, residents that are less mobile may find this helpful and it may improve their confidence and mobility.
- A visitor and resident notice board for upcoming activities and events would be welcome on each floor, this could include daily/weekly menu information.

Examples of Best Practice

We were pleased to see the sympathetic way in which Advanced Care Decisions and preferred place of care wishes have been managed by the care home.

Part of each resident's arrival check is an oral care assessment to ensure that they are not in need of any urgent treatment.

6 Service provider response

Response to Recommendations

Thank you for your thoughtful recommendations aimed at improving the accessibility, engagement, and overall quality of life for our residents. We truly appreciate the time and consideration you've taken to identify areas for improvement. Below is our response to each suggestion:

1. Staff Training on Accessible Information Standards and Equality Act

We fully agree with the importance of training staff on the **Accessible Information Standards (AIS)** and the **Equality Act**. Ensuring our staff are knowledgeable about the use of qualified interpreters is a priority. While having staff trained in British Sign Language (BSL) would certainly be beneficial, we recognize that professional interpreters are essential for complex clinical, legal, and financial discussions. We will begin planning training sessions for all staff to enhance their understanding of accessibility standards and legal duties.

2. Decor in the Corridors of the Care Home

We appreciate the suggestion to involve residents and family members in the refurbishment process. Creating a personalized, welcoming environment is crucial for the well-being of our residents, and their input will ensure that the decor aligns with their preferences. We will explore ways to organize consultation sessions or workshops where residents and their families can share ideas and vote on potential design elements. We look forward to making this process both engaging and meaningful for everyone involved.

3. Use of the Minibus for Resident Transport

The idea of using the care home's minibus for transporting residents to external clubs and social activities is an excellent one. Many of our residents enjoy participating in social activities outside the home, and this initiative could greatly enhance their social connections and overall happiness. We will review our current transport schedule and work on coordinating with external providers to make these opportunities more accessible to our residents. We'll also ensure that safety measures are in place for these outings.

4. Handrails in Corridors

We would like to clarify that we already have handrails installed along all the corridors in the care home. These handrails were put in place to ensure residents have the support they need as they move around

the facility. If there are any specific areas where additional support is required, please do let us know, and we will be happy to review them to ensure everything is safe and accessible.

5. Notice Boards for Upcoming Activities and Events

We agree that notice boards displaying information about upcoming activities, events, and daily/weekly menus would be an invaluable addition to the care home. This will provide residents with a central place to stay informed and engaged. We will work on setting up these boards on each floor, making sure that the information is clear, accessible, and updated regularly. To accommodate different needs, we will explore adding visual elements or color-coded systems that make the boards easy to understand for all residents.

Conclusion

We are committed to making the necessary improvements to enhance the overall experience for our residents, and your recommendations are an invaluable part of that process. We will begin to implement these suggestions where possible and look forward to working together to ensure that the care home continues to provide a supportive, inclusive, and engaging environment for all residents.

Thank you once again for your insight and collaboration.