



Caton House Residential and Nursing Home

Review of Residents' Social Wellbeing

October 2018

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1 Introduction

1.1 Details of visit

Details of visit:	
Service Provider	Sanctuary Care
Date and Time	10am, Friday 28 th September 2018
Authorised Representatives	Gill Needham and Liz Whalley
Contact details	01908 698800

1.2 Acknowledgements

Healthwatch Milton Keynes would like to thank Sanctuary Care and Caton House management, staff, residents and relatives for their contribution to the Enter and View programme.

1.3 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



2 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.

2.1 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 Caton House. As well as building a picture of their general experience, we asked about experiences in relation to social isolation and physical activity.



2.2 Strategic drivers

As social isolation or loneliness has been recognised as having an impact on people's physical health and emotional wellbeing, Healthwatch Milton Keynes determined this theme as the stated purpose of our planned programme of Enter and View visits to Care Homes across the Borough and explore with residents their experiences of social life in such settings.

We know that, just because people were living in homes with other residents, did not mean that they were somehow immune to loneliness or social isolation. It's 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.

Milton Keynes Council shared with us a list of care homes receiving council funding from which we randomly selected sixteen homes to visit over the course of the next few months. When all sixteen visits have been completed Healthwatch Milton Keynes will collate themes of experience that are found to be common across the settings visited and provide a summary set of recommendations which will be provided to all Care Home providers across Milton Keynes.

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

2.3 Methodology

A semi-structured interview schedule (see Appendix A) was developed during a workshop of Healthwatch Authorised Representatives (ARs), facilitated by Healthwatch staff. A letter had been sent to all the managers of the target Care Homes introducing them to the Enter and View process and explaining the focus of the visit. This was followed up by a detailed discussion with the manager of Caton House and the date and plan for the visit were agreed.

It was understood from the outset that in a setting such as this where many residents have impaired cognitive capability, the numbers available for interview would be limited. It was agreed that staff would be able to advise which residents were able to give informed consent for interview. Posters explaining the visit were sent a few days in advance of the visit and these were clearly displayed at various points in the building.

On arrival the ARs made themselves known to the most senior person on duty and provided them with a letter confirming the purpose of the visit. They were then shown around the home by a member of staff but were given freedom to move around all the communal areas and into private rooms if given specific consent by residents.

The checklist of conversation topics was based on the pre-agreed themes for the Care Home visits. The ARs also spent time observing routine activity and the provision of lunch. The ARs recorded the conversations and observations via hand-written notes.

During the visit eleven interviews were carried out. Of the eleven, two were with a relative speaking on behalf of a resident, and one other with a resident together with their relatives. Nine of the eleven conversations were held with female residents. The ARs began the conversations by introducing themselves, Healthwatch Milton Keynes and explained the purpose of the visit. They then asked if the resident was willing to participate. Two people declined to participate. At the end of the visit a discussion was held with the Care Home Manager and the Activities Manager to address any general queries which had arisen.



3 Main findings

3.1 Summary

On the basis of this visit Caton House is observed to be a well-run home which places considerable emphasis on the social engagement of its residents.

Caton House is a Care Home registered for both Residential and Nursing care, including specialised care for people with Dementia. It has sixty-one bedrooms including seven double rooms for couples. There is also a Day Care Centre, available to residents and the wider community. The Home has an open-door policy for family and friends to visit at any time. The ground floor includes a spacious multi-use dining room and several lounge areas as well as a library and a hairdressing salon. There is a well-kept garden open to residents. The upper floor consists of rooms for residents requiring nursing care.

The overall ethos and policies of Caton House were demonstrated a commitment to minimising social isolation. The following aspects were considered:

- design and layout of premises
- staff behaviour
- social and community engagement
- activities and entertainment
- friendship
- loneliness

Notable positive findings

- A pleasantly warm and welcoming environment with a variety of comfortable social spaces (indoor and outdoor)
- Staff in all roles appeared friendly, considerate and respectful to residents
- A full and varied programme of daily activities and entertainment (Monday to Friday)

- Activities appeared to be well attended. The policy is to encourage ‘bed-bound’ residents to attend but there may be some practical barriers to this.
- Light physical exercises are included in the activities programme and residents are able to walk outside in the garden.

Areas for possible improvement

- The time available for quality one-to-one interactions between staff and residents can be limited due to busy schedules
- Some residents reported wanting to see more weekends activities and opportunities for outside visits
- Some residents felt they may benefit from more strenuous exercise and longer walks

4 Social Opportunities

4.1 Design and Layout of Premises

The ARs found the premises attractive and welcoming and therefore conducive to social engagement. There was a friendly, relaxed and informal atmosphere from the reception area and onwards. They observed a variety of informal seating areas dotted around for residents to relax and/or chat with others. All areas appeared clean and tidy with furniture in a good condition. The upper nursing floor necessarily has more of a ‘hospital’ layout but was clean and tidy. A lounge is available on this floor and is currently undergoing refurbishment. The ARs were invited into a number of ground floor bedrooms - these were a good size, comfortable and well furnished. The garden was well laid out with attractive and sheltered seating areas.

4.2 Staff Interaction

The ARs saw evidence of excellent practice in the way staff interacted with residents. The atmosphere appeared to be warm and friendly. Residents were treated in a caring and respectful manner. The manager was seen to sit and chat to individual residents. During one interaction the manager had noticed a resident (with limited communication) pointing at something. She leaned down to follow their gaze and gave an interesting answer to what the resident might be noticing - the reflection on a metal door plate.



The people we spoke to were generally very happy with their treatment by staff and mentioned being on first name terms and feeling like family.

“The staff are lovely - we know them all, the cooks, the cleaners. They treat us well”

Mention was made that staff are very busy and may not have as much time to spend with individuals as they would ideally like. One resident related their experience:

“A bit mixed I think - some are very good, they come and have a few words (they’re too busy to chat) but others want to rush in, do tasks and rush out.”

4.3 Social and Community Engagement

There was clear evidence that social engagement is a high priority in the design and management of Caton House. Some small groups of residents and their relatives were observed chatting in the informal areas and a card game was in progress in the dining room after lunch. The hairdressing salon was extremely popular during the visit and the hairdressers were on very friendly terms with individual residents. They had also been made aware of our visit and introduced us to one of the residents.

The Home has a policy of encouraging contact with the wider community and opens the hairdressing salon and some of the entertainment offered to local people. The Day Care Unit is open to residents and to local people. During the visit, it was well attended. One interviewee said her mother enjoyed visiting the Day Centre and visited three times a week.

Caton House has an open-door policy for family and friends and this was evident during the visit. Everyone was actively encouraged to join in activities and entertainment. This was highly valued by the residents and relatives interviewed:

“anyone can come here at any time and see you - that’s very nice”

“You get to know everyone’s families as they are encouraged to come and join in with quizzes and special nights - so it’s all good fun”

4.4 Activities and Entertainment

The Home employs two part time Activity Coordinators. They publish a weekly list of daily activities which are changed each week. The list is distributed before the weekend and is also displayed in large format on a notice board (see Appendix B). A variety of activities are provided, including music, arts and crafts, games and films. Visiting singers were mentioned as particularly popular.

During our visit, a well-attended Anglican Church service was held in the Dining Room. Services are also held for other denominations. The majority of interviewees were aware of the programme and six of the eleven were regular participants:

“[Resident] likes all the activities, goes to everything even if sometimes [resident] will just sit and watch/listen. [Resident] is good at cards and likes the singing although doesn't hear very much. [Resident] likes the drawing and painting. They play group games and the staff ask what people would like to play.’

some were selective:

“I go through it (the list) and if anything looks exciting I go to it”

others less so:

“we just go into something and if you like it, you stay”

It appeared that, overall, the majority of residents make good use of the activity programme. The ARs were told by staff that all immobile residents were strongly encouraged to (and helped to) join in but that some preferred to stay in their rooms, or found it difficult to be moved:

“I would like to go downstairs sometimes in the wheelchair but there is a timing problem - I wake up around 5 am every morning and by 8am I'm tired and need to sleep. But if staff know you want to get up it has to be by breakfast time, so you have to decide early. Also, if you get uncomfortable in the wheelchair after 4pm you have to wait to be put to bed.”

The extent to which residents are invited to suggest activities was unclear, although it was mentioned that they are invited to choose games to play during the game session. When asked whether there were activities they missed, one resident who loved to sew and knit said they missed having access to a sewing machine. Another (younger) resident said that they missed the gym and energetic walking. The only specific criticism of the programme was that there was very little



entertainment at the weekends although it was noted that films were being shown on the weekend following our visit.

4.5 Friendship

It was clear that friendship groups are important and that residents and staff recognised the benefit of inclusion:

“[Resident] has got lots of friends - X, Y, Z... they sit and talk in the Dining Room” (relative)

“there are 6 to 8 people I talk to regularly, but I’ll talk to anyone, especially if anyone looks depressed, we’ll look after them. The group now is pretty tight together - it’s sad when someone can’t join in”

“They do meals for us and we get to sit next to other people - people we don’t know, and we talk”

Loneliness and loss of friendships were mentioned by people we spoke to:

“Perhaps if a real close friend would come in and join up - that would be nice”

“I had a good friend for three years and then I fell ill and let them go and they found someone else - they all find other people”

Only one resident, who was mainly confined to their room and whose spouse visited regularly, specifically described themselves as lonely:

“I sometimes wonder if it’s worth it, paying for a single room but it gets rather lonely with no one to talk to. I talked to some people and they were going to get people to come and talk to me, but nothing has happened. I said how lonely it gets in here and they promised to get someone to come and chat. I’m used to working and talking with a lot of people”

Others talked about spending most of their time alone:

“It’s a bit of a bore - I just sit in this lovely chair. I don’t take the paper - my eyes are going, can’t watch TV either. I did listen to the radio when I first came in, but someone complained so I haven’t since”

“I like it here. My family lives near. I like being in my room”

While some people will be comfortable being on their own, this is not the case for everyone. There would be some benefit in finding ways to help residents keep in



contact with friends who may now live in other Care Homes or possibly find it difficult to visit because of transport or mobility issues.

5 Physical Activities

While physical activity is clearly important for Care Home residents, needs and opportunities varies between individuals. Two aspects were considered: exercise activities and ‘getting out’.

Light exercise sessions are included in the weekly activities programme (see Appendix C for example). The interviews indicated that these are attended by residents of all abilities. One person, visiting their spouse who had suffered a severe stroke, said that they encouraged their spouse to join in with the exercising and would physically assist with movement during the exercises.

For a much younger and more physically fit resident, these sessions were insufficient. This resident reported that they felt sluggish from lack of vigorous exercise and would like the opportunity to attend a gym, or to take a more vigorous walk in the fresh air.

Opportunities for time outside the building appeared to be limited to either use of the spacious garden or being taken out by relatives or friends who had access to private transport.

“I can go out in the garden any time and I have a walk out there some days. The only time I go out is when my children come to take me - my daughter takes me out round the markets in Milton Keynes”

The question about ‘going out’ was met with rather wistful responses:

“One couple used to take me out - they haven’t been for several weeks”

“My daughter comes and takes me out for lunch or tea. I would love to be able to go out to the shops”

One resident said he couldn’t go out because he was too physically uncomfortable in his wheelchair:

“I can’t go out in the wheelchair. I really need to buy a more comfortable and more complex wheelchair if I want to get out.”

It was clear that some residents are painfully aware of their restrictions. It is a concern (as in any Care Home) that some residents who are fit enough to go out will not have relatives or friends to take them. The activities programme did not



include any outside trips although plans were in progress to arrange outings to a local pub/restaurant.

6 Recommendations

- Ensure processes are in place (and all staff trained) to recognise the signs of loneliness or isolation.
- Explore possible interventions to address loneliness, such as strategies that enable key staff to spend extended moments with residents between tasks or the recruitment of volunteer visitors or befriending services.
- Consider the possibility of bedroom-based games or activities for those who are unwilling or unable to leave their rooms (perhaps using technology).
- Extend the activities programme with regular weekend entertainment
- Develop a programme of outings to meet the needs of specific groups of residents, to include walks, shopping trips and meals out.



7 Caton House Response

The report makes a lovely read and has captured some really useful information that perhaps residents haven't shared with us before. As a Regional Manager covering 8 homes, one of my passions is activities and providing residents with the opportunity to carry out normal daily activities, opportunities to try something new and also for them to know that they have a friendship network within the home.

In October last year, I held a meeting for all of the Activity Coordinators in my region. The idea of this meeting was to provide an opportunity for coordinators to share ideas and best practices, but to also listen to issues/frustrations/difficulties and offer support and advice to one another. For me, the main focus was to look at the client group that we are now caring for and what sort of activities this generation would like to do compared to those admitted to care homes 10 years ago. We talked about the use of technology, more one to one activities and more creative group sessions (not just bingo)! We discussed how we would capture individuals likes and dislikes as well as their aspirations.

The group came up with some lovely ideas such as Happy hour, pamper sessions, men's barbers day (a pint and pork scratching's whilst waiting their turn) and many many more. One of the constraints that came up was time and not always being able to get around everyone. Sanctuary Care have a specific department that promotes volunteering. As a group we discussed how important volunteers are for enhancing the service that we already provide. This year we will be looking at recruiting more volunteers into Caton House that can carry out specific group activities, but more importantly, volunteers who can provide friendship to those who maybe don't leave their rooms or have any visitors. One of my other homes have come up with 'Resident Ambassadors'. These ambassadors welcome new residents into the home and help them settle in as well as providing support for those frailer residents to join in activities. The group liked this idea and would be taking it back to their individual homes.

Sanctuary Care have also piloted two homes to work with Oomph on providing a more comprehensive exercise programme and we hope to roll this out to Caton House, although I do not have any dates as yet. Our new activities coordinator has been testing the water with residents to see how much they can do (without over exerting them), but I will look at how we can provide a gym like experience to those that would enjoy it. We will also look at what initiatives there are locally for residents to attend a gym or swimming pool.



Unfortunately the home does not have its own mini-bus, but we will look into hiring one or borrowing one from one of our other homes so that we can arrange outings.

The activity coordinator's meetings will continue quarterly and I would like to use your report and feedback as a discussion point with them so they understand the bigger impact of the job that they do.

Thank you for your feedback and recommendations, it all helps in us making our service the right one for those that we care for.



8 Appendix A

Prompts for interviewing residents (plus family members when present)

Name

Age

Amount of time resident in this home?

Been in other homes before this one?

What do you enjoy doing with your time? (Explore, eg why, when, how, frequency, who, etc)

Is there anything you'd like to do with your time but can't (What, why can't you, have you asked, what was the reply, etc)

Who do you enjoy spending time with in here? (When, how, where, frequency, Do you like mixing with the other residents? What chances are there to do that? Etc)

What can you do outside of the home? (Where, when, any barriers/problems? Etc)

Do the staff help you do the things you'd like to do (who is helpful, do you feel able to ask, do they ask you? any barriers? Etc)

How do you find out what activities are planned? Do you get a say in what those activities are?

How do you find the staff generally? Do you feel respected here in general?

What is the best thing about this care home?

If there was one thing you could improve about this care home, what would it be?

Prompts for observers

Are the surroundings and furnishings comfortable? Safe? Clean? Sufficiently spacious? Is the décor well-maintained and attractive?

Are the staff attentive and sufficiently in evidence, responsive to requests, respectful, cheerful with residents?

Do the residents appear relaxed, content? Are they able to socialise?

Is the food appetising, nicely served?

Does the home appear well-organised?



9 Appendix B

Weekly List of Activities:

ACTIVITIES FOR THE NEXT 7 DAYS	MON	TUE	WED	THU	FRI	SAT
MORNING	 Play Your Cards Right	 Sing Along	 Suggestions Meeting With Residents	 Knitting Circle	 Hair Dressing	 Relaxing Time
AFTERNOON	 Card Games	 Exercise	 New City Slickers	 Shopping Day	 Treasured Memories	 Relaxing Watching TV



10 Appendix C

Weekly Activity Offer:

Saturday 29 th September	11.30 am 2.15pm	Quiet Morning Films in lounges
Sunday 30 th September	11.30 am 2.15pm	Pre Lunch Drinks in the dining room Relaxing Afternoon
Monday 1 st October	11.30 am 2.15pm	Play your cards right With Jade in the dining room Games Afternoon With Jade in the Dining room
Tuesday 2 nd October	11.30 am 2.15pm	Sing along With Jade in the Dining room Light Chair Exercise and Games With Jade and Loraine in the Dining Room
Wednesday 3 rd October	11.30 am 2.15pm	Residents Meeting With Rebecca in the Dining Room Colouring, Arts and Crafts With Jade in the Dining Room
Thursday 4 th October	11.30 am 2.15pm	Knitting, Chat and Refreshments With Rebecca in the Dining Room Shop Trolley and Films Brought around by Jade
Friday 5 th October	11.30 am 2.15pm	Diary Sheets and 1:1 Visits Brought around by Rebecca Phelelwane Game and Chat With Jade in the Dining Room

Some activities may need to be changed at short notice, we are sorry for any inconvenience.

Rebecca (Activities Co-Coordinator) and Jade (Activities Assistant)

Activities transcribed below to aid reading:

Saturday: Quiet Morning/ Films in lounges

Sunday: Pre-Lunch Drinks in the dining room/ Relaxing Afternoon

Monday: Play your cards right with Jade in the dining room/ Games afternoon with Jade in the dining room

Tuesday: Sing along with Jade in the dining room/ Light chair exercise and games with Jade and Loraine in the dining room

Wednesday: Residents Meeting with Rebecca in the dining room/ Colouring, Arts and Crafts with Jade in the dining room

Thursday: Knitting, chat and refreshments with Rebecca in the dining room/ Shop trolley and films brought around by Jade

Friday: Diary Sheets and 1:1 visits brought around by Jade/ Dawn Song Singers

