

## **Enter and View Report Joint Visits 2022**

### **Becket House**



### **Review of Residents' Social Wellbeing**

Published 2023

---

# 1 Contents

---

1	Contents .....	2
2	Introduction .....	3
2.1	Details of visit .....	3
2.2	Acknowledgements.....	3
2.3	Disclaimer .....	3
3	What is Enter and View? .....	4
3.1	Purpose of Visit .....	4
3.2	Strategic drivers .....	5
3.3	Methodology.....	6
4	Summary of findings .....	7
4.1	Meals and Snacks .....	9
4.2	Staff interaction and quality of care.....	10
4.3	Social engagement and activities .....	11
5	Recommendations.....	13
6	Service provider response .....	14



## 2 Introduction

### 2.1 Details of visit

Details of visit:	
Service Provider	Simply Care home Ltd
Date and Time	26/06/2022 and 07/09/2022
Authorised Representative	Helen Browse

### 2.2 Acknowledgements

Healthwatch Milton Keynes would like to thank the Becket House, 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 of the visits.



---

## 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 Beckett House Care Home. As well as building a picture of their overall experience, we asked about experiences in relation to social isolation and physical activity.



## 3.2 Strategic drivers

For this coming year Healthwatch Milton Keynes will be working in partnership with Milton Keynes Council and the Clinical Commissioning Group, 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 has increased and intensified loneliness and isolation by the very nature of the way in which we have had to manage and reduce the spread of the virus. The 'Hands, Face, Space' guidance and the regulations imposed by the UK Government has resulted in services users not being able to interact with loved ones and friends for over a year. Furthermore, the inability to have social time with other residents has exacerbated the feeling of loneliness and isolation.

It is important to understand the distinction between loneliness and isolation. Age UK defines 'isolation' as separation from social or familial contact, community involvement, or access to services, while 'loneliness' can be understood as an individual's personal, subjective sense of lacking these things. It is therefore possible to be isolated without being lonely, and to be lonely without being isolated.<sup>1</sup> There is a link between poor physical health and increased isolation as loss of mobility, hearing or sight can make it more difficult to engage in activities. It is, therefore, important to explore how residents of care homes in Milton Keynes are able to access physical activity alongside social activity.

Healthwatch Milton Keynes understands the pressures the COVID 19 pandemic has placed upon both services and service users alike. We have received a significant amount of feedback with regards to the necessary changes made to service delivery required to promote safety for all. It is our intention to be able to formally report the impacts of the COVID 19 regulations on both services and those who use the services and their loved ones through this year's Enter and View Programme.

---

<sup>1</sup> <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 on the first visit and unannounced on the second visit, in respect of timing and an overview explanation of purpose was also provided.

The Authorised Representative (ARs) arrived at 10am and actively engaged with residents between 10:00am and 2pm on each of the days the Care Home was visited.

The visit was conducted in a COVID safe manner with the appropriate PPE as agreed in advance with the provider. A lateral flow test was completed by the representative prior to the visit.

On arrival the AR introduced themselves to the Manager and the details of the visit were discussed and agreed. The ARs checked with the provider whether any individuals should not be approached or were unable to give informed consent. The Manager provided the AR with a thorough tour of the Home and introduced them to staff and residents along the way. The AR was subsequently afforded access to all parts of the Home for the duration of the visit.

The AR used a semi-structured conversation approach (see Appendix A) in meeting residents on a one-to-one basis. 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.

In respect of demographics: –

- A total of sixteen residents (including three family members) took part in these conversations or were observed during the visits.
- The participants average age was 86 years (77 – 97 in age)
- Of which fifteen were females and one Male, three residents were accompanied by family members.

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



## 4 Summary of findings

The premises are welcoming and open, this is a character property in a quiet village location, the home is set out over two floors and even though this is an old, character property, it has been sympathetically modernised. There are currently no restrictions on visiting hours.

The ground floor has an entrance porch with a large open lounge and the dining room overlooks the garden and patio area which manages to give the home a welcoming and homely feeling. The décor is dated throughout but everything is clean and relevant to each area, the dining room has bistro style artwork, and the large lounge is light and bright, the second smaller ground floor room is still used as a storeroom/hairdressing room but not in routine use.

The corridors and bedroom doors have no particular identity to them, except the area next to the lift entrance, the corridors are simply painted with no other decoration, room doors are purely functional with room numbers and brief resident details.

The notice board with the activities schedule is just outside the entrance to the main lounge.

The lounge itself has seating mostly around the outside but is split into two areas, one directed toward the TV and the other toward the other end of the room where people tend to sit and chat, the furniture is easily moved for activities to take place. There were between three and five residents in the lounge for most of the day during each visit.



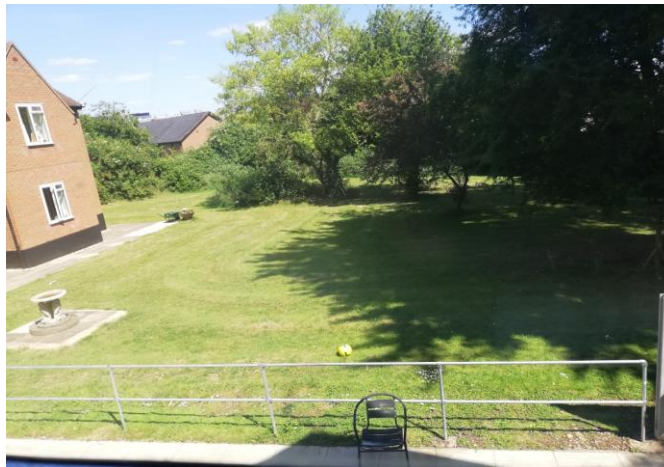
The dining room has good daylight and, as office space as this is extremely limited, the room is often used by staff as extra office space, but this is not an issue for residents as they are always given access.

The nurses' station is on the ground floor opposite the dining room and on the day of the second visit a new nurse had started. There was always a member of staff in the lounge, a minimum of three residents were present during each of the visits. During activities this number increased and all three of the care staff would be in the lounge with the activity coordinator.

The outside security has been significantly improved with new fencing to ensure residents are safe. The garden at the rear of the property and is quite extensive. However, due to the size of the garden, staff are required to accompany residents when outside.

Although the garden has been well maintained and the has been furnished patio furnished with table and chairs, no residents were observed outside during either visit.

Weather permitting, afternoon tea is sometimes served outside, and family members can take residents outside if they wish. There is security access required which means a member of staff is needed to gain access to the garden.



The bedrooms on the ground floor are on a single corridor and easily accessed, most have views of the gardens. The rooms at the end of the corridor are noticeably quiet. There are five residents on the ground floor who did not leave their rooms, for a variety of reasons, did not leave their rooms during the visit.

The first floor can be accessed by the staircases at either side of the building or the centrally located lift. There is no communal area on this floor nor is there a staff area. This floor is where residents requiring nursing care are located although there is no nurses station.





## 4.1 Meals and Snacks

All meals are cooked on the premises, and there was a change of Chef between the two visits. The Chef in post during our original visit was covering maternity leave and has left as that period had ended. While there appears to be a rolling menu, the care staff ask residents each morning what they would like. The kitchen has a full list of dietary requirements for each resident to ensure any choices are appropriate and prepared according to need. Each resident's meal is brought from the kitchen ready plated. Afternoon and morning snacks include fresh fruit as well as biscuits and cake.

WEEK 3	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Breakfast	Choice of cereals, porridge Toast - brown or white bread Fresh fruit juice & fruit	Scramble Egg & bacon choice of cereals, porridge Toast - brown or white bread Fresh fruit juice & fruit	Choice of cereals, porridge Toast - brown or white bread Fresh fruit juice & fruit	Fried Egg & bacon choice of cereals, porridge Toast - brown or white bread Fresh fruit juice & fruit	Choice of cereals, porridge Toast - brown or white bread Fresh fruit juice & fruit	Bacon & egg, choice of cereals, porridge Toast - brown or white bread Fresh fruit juice & fruit	Choice of cereals, porridge Toast - brown or white bread Fresh fruit juice & fruit
Mid Morning	Tea / Coffee - biscuits, fresh fruit						
Lunch or Option	Beef Lasagne pie & Potatoes with Vegetables	Toad in the hole Ham or Cheese Salad	Beef Stew & Dumpling Tuna Jacket with Salad	Homemade Chicken & Vegetable Pie, Potato Salad	Fish & Chips With Mushy Peas Ham, Egg & Chips	Shepherds Pie Sausage & chips	Roast Chicken, Roast Potatoes & Vegetables Jacket Potatoe & Salad
Pudding	Meringue nest & fruit	Rice pudding	Apple Crumble & custard	Samolina Pudding	Chocolate Sponge & Chocolate Custard	Apple Pie & Custard	Trifle
Afternoon Tea	Fresh Fruit	Fruit scones	Cherry Cake	Milk shake / Fresh Fruit Bowl	Scones	Milk shake / Fresh Fruit Bowl	Biscuits
Supper or Option	Corried Beef Hash Selection of Sandwiches/ Soup	Beans on Toast Selection of Sandwiches/ Soup	Hot Dogs Selection of Sandwiches/ Soup	Cheese on toast Selection of Sandwiches/ Soup	Pasta bake Selection of Sandwiches/ Soup	Ham Salad Selection of Sandwiches/ Soup	Home Made Soup, Bread & Butter Selection of Sandwiches/ Soup
Pudding	Strawberry Whip	Ice Cream	Butterscotch whip	Fruit Jelly & Cream	Peaches & Cream	Milk jelly with Banana & Cream	Mandarins & Ice Cream
Snacks	Available throughout the day - crisps, home baked cakes, selection of biscuits, fresh fruit, cheese and biscuit, savory crackers, tea or coffee, fruit squash, fruit juice, water						

When lunch was ready, residents went straight off to the dining room, chose their seating, happily chatting and conversing over lunch. There are often five to eight residents choosing to eat in the dining room, or in the lounge with the remaining residents preferring to staying in their rooms. Residents who are bedbound or in nursing care all eat in their rooms.



The residents were complementary about the food which looked and smelt very appealing on both days that we visited. On one of our visits there was a choice of vegetarian biryani or a chicken roast for lunch. People told us:

*'The food's good, they know what I like'*

*'Lunch was really good, I enjoyed it'*

*'We've got a new chef, she's really good'*

*'It's lovely here and the food is very good as well'*

One family member commented:

*'My sisters' diet has been modified to help with stomach issues, they really do their best to help.'*

Lunch service was observed on both visits, those residents eating in the dining room told us they really enjoyed their lunch. Residents eating in their rooms also said they enjoyed the food and those who were bedbound or required assistance were observed with care staff who were patient and gentle.

All signs of lunch service had been cleared from rooms on both floors within an hour. There were three care staff assisting more than 10 residents in their rooms over two floors, plus the dining room and the two residents in the lounge, the nursing staff were helping but this seemed rushed. One person eating in the lounge was still eating at 2pm as their family member had arrived during lunch.

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

Staff were attentive and caring; they knew all residents and their family members by name. Most relatives told us that the staff were very good and cared for their relatives very well. They also told us that they felt staff were expected to do a lot, not only in their care duties but cleaning as well.

*'Can't fault this place, they are doing the best they can for Mum'*

*'Staff are really good'*

*'The long-term staff are really lovely, but I do have a few issues with some of the agency staff, just not as caring'*

*'I would like to see my loved one in fresh clean clothes every time I visit – I understand that is difficult with their issues'*

*'It's nice, comfortable, staff are nice'*

*'Sometimes it takes a long time to get a response to the call button, I can't move on my own'*



We spoke to the family of a resident who, without assistance, is bedbound. The family have asked that their loved one is dressed and taken to the lounge each day so that mental stimulation is maintained. There was also a request for trips to the garden when possible as this resident loves to be outside. On our second visit, while the family member was on holiday, we noted that this resident was in their room all day with the only interaction we observed was when they were being fed their lunch.

Another family member told us that they would like their relative to be more included. This person is not mobile and requires more than one member of staff to move them to the lounge or dining room, but the relative felt they would be less isolated if this were possible.

*'I would like Mum to be more included, less time on her own'*

The residents and family we spoke to felt that more staff were needed, particularly at night and on weekends where, they said, there was a noticeable difference. They felt that sometimes the staff changes and the unfamiliarity with the home and the residents meant that things took longer, or for residents to make their requests understood more challenging. Some residents said that at night they had a feeling of being alone.

Family members also commented that:

*'One person is expected to do an awful lot of things'*

*'It can take quite a while to get anyone's attention'*

### 4.3 Social engagement and activities

The ground floor had residents in the day room/lounge and after lunch the activities co-ordinator was in which, for those who knew the timetable were looking forward to, she is a much-appreciated source of activity by residents and family members alike and there is a calendar of events on the notice board.



Becket House Nursing Home Weekly Activities Programme	
DAILY ACTIVITIES	
MONDAY	
<ul style="list-style-type: none"> <li>• EXERCISE</li> <li>• BINGO</li> <li>• MUSIC</li> </ul>	<ul style="list-style-type: none"> <li>• ONE TO ONE</li> <li>• LISTENING TO MUSIC</li> </ul>
TUESDAY	
<ul style="list-style-type: none"> <li>• EXERCISE</li> <li>• GIBBY TEA &amp; CHAT</li> <li>• ONE TO ONE</li> </ul>	<ul style="list-style-type: none"> <li>• ONE TO ONE</li> <li>• LISTENING TO MUSIC</li> </ul>
WEDNESDAY	
<ul style="list-style-type: none"> <li>• EXERCISE</li> <li>• ART/CRAFT /OFFER</li> <li>• MEMORY GAMES</li> </ul>	<ul style="list-style-type: none"> <li>• ONE TO ONE</li> <li>• LISTENING TO MUSIC</li> </ul>
THURSDAY	
<ul style="list-style-type: none"> <li>• EXERCISE</li> <li>• QUIZ</li> <li>• MUSIC</li> </ul>	<ul style="list-style-type: none"> <li>• ONE TO ONE</li> <li>• LISTENING TO MUSIC</li> </ul>
FRIDAY	
<ul style="list-style-type: none"> <li>• EXERCISE</li> <li>• ONE TO ONE</li> <li>• NAME GAME</li> </ul>	<ul style="list-style-type: none"> <li>• ONE TO ONE</li> <li>• LISTENING TO MUSIC</li> </ul>
SATURDAY & SUNDAY	
ENTERTAINMENT	
PROGRAMME IS FLEXIBLE AND CAN BE CHANGED TO MEET	



This year, the Home took part in the village scarecrow trail. On our first visit we saw that the gates to the side of the entrance were dressed up with a large 'scarecrow'. All residents took part either painting, crochet, making jewellery.



The activities coordinator also spends time with residents' downstairs on a one-to-one basis from 1-4pm. The lounge area is very quiet when there are no activities underway.

The care staff were observed to be chatting and interacting well with people downstairs but as there are only three staff on shift, plus a nurse, there is no one to spend time with bedbound residents upstairs.

When asked if there was anything they would like to do, we were told:

'I would really like to do more singing'

'I'd like to spend more time in the garden'

'I'm really happy here'

'Just be a bit more active'

'Would be nice if she were taken outside more often'

The hairdresser visits weekly which is well received, they also go to the rooms of those who are not able make it to the hairdressing room without assistance.

The residents on the first floor spend the majority of their day alone. Two people were observed with care staff who were aiding during lunch service, after which residents who are bedbound were settled for a nap. The only other person observed on the first floor during our visit was the nurse undertaking the drugs round. For the remainder of the day this floor had no visible staff present during while we were onsite. Due to the layout of the corridors, it is not possible for residents to chat across the corridors.



---

## 5 Recommendations

---

- Consider ways to enable residents to spend more time in the garden, weather permitting.
- Develop a Biography activity, this could be carried out by a local school or parish volunteers. Residents can record memories of their life or may wish to write letters to specific people in their family. Photos could be included, the biography can be as short or long as they want, this could be incorporated into reminiscence therapy sessions. Having these conversations with people would also reduce the isolation of those residents who are bedbound.
- Look at options for increasing staffing levels during mealtimes, perhaps recruiting volunteers, to allow additional time for those who require assistance.





---

## 6 Service provider response

---

*Residents who like to go into the garden are able to do so.*

*One resident has assisted with weeding & potting plants she assisted with watering the garden every day during the hot summer. Another resident's sister takes her out often for a walk around the garden in her wheelchair.*

*The activity lady is starting to do biography activities.*

*we are currently moving to digital care plans which gives the care staff more time to be with the residents.*

