



Enter & View

Dovecote Manor
Published November 2024

healthwatch
Milton Keynes

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2 Introduction

2.1 Details of visit

Service provider	Excelcare
Date and time	20 th September 2024 between 10am and 3.30pm
Authorised representative	Helen Browse and Gill Needham

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 Dovecote Manor 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 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.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 3:30pm

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

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

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

A total of 5 residents and four family members took part in these conversations.

In respect of demographics: -

Two residents were male, and three residents were female, the average age of those engaged with was 84 years of age.

All residents engaged with had been at Dovecote Manor for more than a year.

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

4 Summary of findings

4.1 Overview

Dovecote Manor is a purpose-built care home, registered to provide nursing and personal care for up to 43 residents. At the time of our visit, there were 42 residents living at the home. The home caters for older persons with dementia, sensory impairment and/ or physical disability. At the time of our visit the Manager had been in place for a short time and was making some small but positive changes that were reported as being appreciated by both, staff and residents.

4.2 Premises

The home is set in a residential location, close to the local community hospital with access to parks and local amenities. The home occupies the first and second floor of a building where the ground floor is occupied by an independent NHS reablement facility, the Windsor Intermediate Care Unit (WICU). Dovecote Manor provides the laundry and catering services to the WICU.

The main reception is a welcoming area and has good information for visitors with a screen showing available activities as well as contact information.

The care home has similar layouts on each floor; three corridors with a central 'hub'. The hub central hub has a seating area and gives access to the lounge, dining areas, and easy views to the corridors.

The main difference between the two floors is the décor. The first floor, Bluebirds, is more neutral and contains the 'bistro' which is a light, quiet, and bright space, well utilised by visitors, staff, and residents. There is a permanent hairdresser's room on the first floor which residents enjoy and family members tell us they appreciate as it allows their loved ones to maintain their appearance.

The first-floor lounge is welcoming with large windows, this inviting space was not heavily used on the day of our visit as most residents were taking part in activities in other areas of the home. The dining room is alongside the lounge and has a few small tables with seating for residents.

The hub on the second floor, Kingfisher, is much more vibrantly decorated with wall murals and more in keeping with dementia friendly décor guidelines. The corridors on this floor are more welcoming and interesting, the murals and aid in orientation of the space.

The 'hubs on both floors are well used by residents as meeting places where they can sit, chat, watch all the homes activity, and enjoy some company away from their rooms. On both floors there are items to occupy residents in these areas along with refreshments and snacks for residents. Staff members told us that they thought redecoration is planned for Bluebirds in the near future.



We noted that the wooden handrails throughout the home are a little rough and in need of resurfacing in places. The roughness was enough to catch and pull the threads of a cardigan brushing against the rail, so our concern is that it may be rough enough to damage fragile skin.

We noticed that the corridor flooring on both floors has an unusual, slightly unpleasant, tacky feel which may be a by-product of the new cleaning products being trialled in the home. We also noted a light, but noticeable, unpleasant odour. When we discussed these issues in the end of visit briefing with the manger, we were impressed that the manager involved other staff in this conversation and the possibility that both issues were potentially caused by the use of too much of the new products was explored.

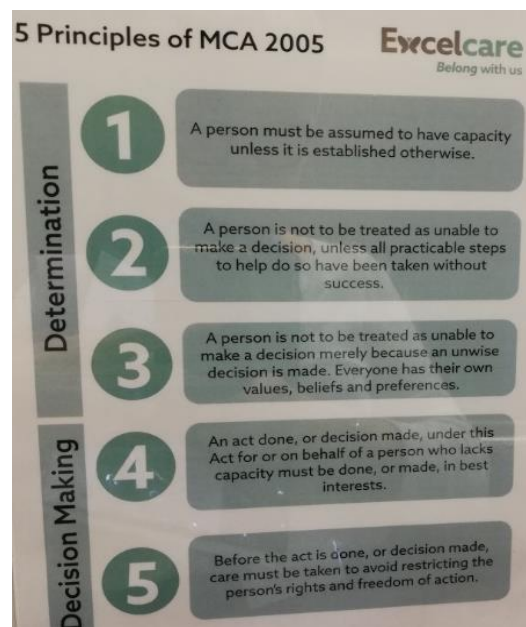
We are reassured that the collaborative approach taken by the new manager will maintain the high standards of resident focussed care that Dovecote Manor that we have observed over the years.

Each resident has a 'name plate' on their room unless they have specifically requested not to. These also have a photo of the resident, a few details about them and are coded with a with a coloured heart of either red, amber, or green. These represent the level of assistance each person would need in case of an emergency: Green – no assistance other than verbal guidance; Amber – may need some support to assembly area/walker but no further assistance; Red – either immobile or partial mobility but not mental capacity to remain unattended required 1:1 assistance

We noted 36 of the 42 rooms had Red hearts but the staffing levels had not increased.

We noted that the home no longer has a sensory room as it felt it is no longer needed. This may be a result of more people being confined to their own rooms, or the addition of more sensory items available within the hubs.

We were pleased to see the clearly displayed reference information regarding mental capacity which allows staff to easily refresh, or check, their thinking and actions against the regulations. This is important in an environment where paternalistic or over restrictive thinking must be avoided.



4.3 Staff interaction and quality of care

All staff interactions with residents were observed to be kind, patient and positive. We noted that staff knocked and announced themselves audibly, ensuring residents knew who they were and why they wanted to enter the person's room. We were pleased to see that the staff members waited for a response before entering, chatting with residents and giving reassurance whilst close to them. Residents appeared to be happy to see each staff member and were seen to be smiling and happily chatting with them.

The family members we spoke to were very complimentary about the care provided by staff. They told us that they get regular contact from the home about their loved ones, with any changes reported on the day. While some residents are bed bound, or prefer to stay in their rooms, the staff do their best to encourage everyone to get up and spend some time in the communal areas.

'Mother likes being out of her room, deaf and immobile but staff have her in the lounge most days'

Some of these residents do feel a little lonely and that the activities are not inclusive, they are not able to join in or the activities are not suitable for them, they would prefer more one to one time.

All of the family members spoken to were familiar with care plans and felt that the home made an effort to get to know the residents before they moved in and that the care plans were updated regularly to reflect the residents current state of health. Families did tell us that, as most residents had become less mobile and required more help since their original arrival in the home, staff had far more to do. They were concerned that there doesn't appear to have been additional staff recruited. They felt that this would mean that staff have little or no time to spend just 'being with' residents anymore.

However, the new Manager has introduced 'Meaningful Moments' each day; a 15-to-20-minute time slot where all staff, including kitchen staff, cleaning staff, maintenance staff, managers, and care staff will take time to visit with residents, particularly those who are confined to their rooms. This time is spent chatting, reading, doing a puzzle, painting their nails, or something specific for that resident. This is to happen at 11am, or as close to it as possible. This interaction is then logged on the residents' records, and information can be used to design future activities, keep track of a resident's general health and well-being, as well as record any deterioration in cognition or mood. We observed five of these moments taking place during our visit and commend the practice as it underscores the role that each staff member plays in making the care facility into a home for the people who live there.

Meaningful Moments		Excelcare
		Belong with us
Creating smiles each day for Mr Bailey and his friends		
Care home	Dove Cote Manor	
Name of suite		
Team member's Name		
Date of activity	/ /	
Time of activity	From:	To:
Who did you spend time with today? (Full name)		
What did you do together?		
Where did you spend this time together?		
How did the person respond to the activity? Please give as much detail as possible.		
How did the person feel after the activity?		
Team member's signature		
Logged as evidence on CMS?	<input type="checkbox"/>	

4.4 Social engagement and activities

Since our last visit to Dovecote Manor, the hours of the lifestyle coordinator have been significantly increased to 45 hours a week. The lifestyle coordinator has developed a full range of activities for residents which are clearly displayed for residents and their families to see and plan their days around.

The lifestyle coordinator told us that she actively engages with residents to ensure they are happy with the activities that are offered. Some family members spoken to have suggested that it would be nice to see a few more activities oriented towards the male residents and their interests. It was unclear whether this view is that of the residents' or the family members themselves.

Activities offered include bingo, movie afternoons, puzzles and games, music and movement, singalongs, and flower arranging where residents pick their flowers from the home's garden.

These activities are delivered separately and in addition to the 'Meaningful Moments' initiative.

Following our last visit, in 2023, to Dovecote Manor, we recommended that the home explore ways to enable residents to spend more time in the gardens. We are pleased to see this has been creatively addressed through part of the flower arranging activity.

During the morning of our visit there was singalong activity on each floor for residents with the activity coordinator. Once lunch was finished, the bedside busking got underway. This is where a performer, 'Busking Bob' with his acoustic guitar, visits each bedroom where he takes requests and sings a couple of numbers for and with the residents.

Residents and their families told us that the activity coordinator is well liked, and they appreciate her enthusiasm for the role. When asked what their favourite thing about the carers and care home was, we were told:

"All the activities – [Lifestyle Coordinator] is marvellous"

September Events		Excelcare Belong with us
Dovecote Manor September Events		
Friday 6 th September 2.30-3.30pm		Sandra The Saxophonist
Wednesday 11 th September 12.30pm		Lunch Club at the Eight Bells
Monday 16 th September 2.30-3.30pm		Blue The Shetland Pony
Friday 20 th September 2.30-3.30pm		Bedside Busking on the Move
Tuesday 24 th September 11am		Church Service with Rev Simon Faulks
Saturday 28 th September Drop-in between 2pm-5pm		Tea & Cake in the Café on Bluebird Tea, Coffee, Cake, Prosecco & Nosecco. Donations to the comfort fund

Upcoming activities		Excelcare Belong with us
Monday 16 th September		
Everybody is invited to join us for our upcoming activities.		
Monday	Arts & Crafts Bedside Buddies Blue, Shetland Pony Visit 2.30pm-3.15pm	
Tuesday	Hair Dresser Pamper Day	
Wednesday	Gardening/Flower Arranging Knitting	
Thursday	Music & Movement Cooking & Baking Bedside Buddies	
Friday	Music & Sing-a-long Quiz/Wordsearch Bedside Busking on the Move, 2.30pm-3.30pm	
Saturday	Puzzles and Games Movie Afternoon	
Sunday	Pamper Day Movie Afternoon	

Dining Experience:

Lunch is served on both floors at 12:45 and, as with all care homes, is one of the busy times of the day. We were pleased to note that another of our 2023 recommendations (*Revisit staffing schedule for lunch service, consider how staffing could be managed to balance provision on both floors and for those residents eating alone, possibly asking for volunteer help during lunch service*) has been actioned. We observed that staff had help during the lunch period to ensure that there were sufficient people to cover the dining room as well as to take meals to residents, no matter where they had chosen to eat, at the same time. We noted that all meals were delivered in a relatively short time from when the lunch trolley arrived from the kitchen.

It was also good to see resident choice being considered when, those who wanted to eat later had their choice of meal plated, covered, and put aside ready to be reheated when they wanted their meal.

The home has replaced its white crockery for more dementia friendly blue, green, and yellow crockery. This demonstrates best practice as, according to research, high contrast dinnerware is an effective way to directly support food and drink intake in people with dementia. The dining tables were laid on both floors to be inviting for residents.

Bluebird's dining room is arranged with small café style tables. There were 4 residents who ate in the dining room here and 2 in the lounge. Kingfisher's dining room has one large table which is set with dinnerware, glasses and placemats. 5 residents chose to eat at this table, 2 ate in the lounge, and 2 residents chose to have their meal in the Hub.

We observed residents being gently encouraged to continue eating, but no one was rushed. Many residents were still eating slowly at 2pm. We saw staff assisting residents who required help and observing and encouraging the residents who did not need direct assistance. Everyone was given drinks and encouraged to drink plenty of fluids. Jugs of juice were available and were labelled with the date and time to ensure freshness.



5 Recommendations

- Investigate the dilution ratio of the cleaning solution being trialled as this maybe contributing to the odour and the 'sticky' unpleasant friction on the floors in the home.
- Check the condition of the handrails throughout the home, as there are areas which have rough or uneven areas that could be dangerous to fragile skin.

Examples of best practice

- The introduction of 'Meaningful Moments' is a great initiative which should reduce feeling of isolation or loneliness among residents
- Clearly displayed principles of the Mental Capacity Act mean that all staff have access to a quick reference guide
- The introduction of high contrast dinnerware supports good nutrition and hydration

6 Service provider response

We appreciate the feedback from the enter and view inspection. The people living at Dovecote are at the heart of everything we do and we strive to continue to grow and develop for the best possible outcomes for these individuals.

Personal evacuation plans are taken into account when the dependencies are completed and the staffing reflects these needs on an individual basis and in line with this, was increased last year on nights also.

Thank you

Home Manager
Dovecote Care Home



Committed to quality

We are committed to the quality of our information. Every three years we perform an in depth audit so that we can be certain of this.

healthwatch Milton Keynes

Healthwatch Milton Keynes
Suite 113, Milton Keynes Business Centre
Foxhunter Drive
Linford Wood
Milton Keynes
MK14 6GD

www.healthwatchmiltonkeynes.co.uk
t: 01908 698800
e: info@healthwatchmiltonkeynes.co.uk
🐦 @Healthwatch_MK
📘 [Facebook.com/HealthwatchMK](https://www.facebook.com/HealthwatchMK)