Enter & View

Caton House – MK3 5NR

Published November 2024

healthwatch Milton Keynes

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2 Introduction

2.1 Details of visit

Service provider	Sanctuary Care Ltd
Date and time	10th July 2024 – 9.30am 4.30
Authorised representative	Helen Browse, Hazel Reynolds

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

3.2 Strategic drivers

Healthwatch Milton Keynes will be working in partnership with Milton Keynes Council, undertaking joint visits, as well as continuing our independent programme of visits, so that a well-rounded view of the operation of the care home/service can be understood. Healthwatch Milton Keynes will be specifically focusing on the experiences of the services users and their loved ones.

Social isolation and/or loneliness has been recognised as having an impact on people's physical health and emotional wellbeing. COVID 19 increased and intensified loneliness and isolation by the very nature of the way in which we had to manage and reduce the spread of the virus.

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

Healthwatch Milton Keynes sees the legacy the COVID 19 pandemic has left on both services, and service users alike. We understand that the effects of the pandemic have been long-lasting and there are continuing pressures on the wider services that support Care Homes. It is our intention to be able to formally report the impacts of these on both services and those who use the services and their loved ones as part of this year's Enter and View Programme

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

3.3 Methodology

The visit was prearranged (this was a follow-up to a visit in 2023) in respect of timing and an overview explanation of purpose was also provided.

The Authorised Representatives (ARs) arrived at 9.30am and actively engaged with residents between 10:00am and 4.30pm

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 16 residents and family members took part in these conversations.

In respect of demographics: -

Five residents were male, and eleven residents were female, ages ranged from forty to 100 years of age giving an average of 83 years.

The length of stay at the home ranged from a few months to over five years.

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

4 Summary of findings

4.1 Overview

Caton House Residential and Nursing Home is a purpose-built care home on a residential estate. It is registered to provide personal and nursing care for a maximum of 62 residents. On the day we visited, there 56 residents, including 5 who were there for respite care. There was also a new resident due to move in later that day.

The home is registered to cater to adults over 65 years of age for general residential care, mild dementia, nursing and palliative care. The Manager was clear with us that residents whose dementia had a presentation of aggressive or disruptive behaviours would be asked to move to a more suitable facility. The Manager meets with prospective residents to discuss their needs prior to welcoming residents to ensure a good fit for them and the other people in the home.

At the time of our visit there were 25 residents on the ground floor which caters for general residential and dementia and 31 residents on the first floor caring for dementia and nursing residents.

4.2 Premises

The home is set over two floors, the main entrance has the manager office, seating for visitors and relatives, the hairdressers, a kitchen, and the entrance to the Day Centre which runs alongside the Care Home.

The ground floor has a large dining room which is bright and spacious, with a 'Bistro area' set up for tea and coffee or smaller groups at the entrance and the far end of the room has sofas providing a comfy seating area.

There are several small seating areas in the corridors on the ground floor in addition to a smaller sitting room.

One resident particularly enjoys sitting at a junction in corridors near the lift, it's a busy spot for people traffic so there is always someone to chat to. They told us they like to have their morning coffee or afternoon drink there and watch the world go by.

One of our Authorised Representatives (ARs) noted that the room numbering did not seem to follow a logical pattern. With 62 rooms in the Home, and one named corridor, the rooms numbered 95 and 152 felt confusing as all corridors lead off from a central point. The décor is clean and fresh but does not use colour or themes to aid in wayfinding. The room numbers and names are clearly displayed, the issue with numbering notwithstanding. Some resident's rooms have more details provided and this is presented in a friendly, conversational, and for some residents more details are present in a helpful, conversational, manner.

There is a large patio garden, which is well maintained, provides plenty of seating, and is used by many residents and family members. This is also the smoking area for those residents who smoke. There is also a smaller internal courtyard, but this is not as well used by residents.

The first floor has a much smaller lounge and dining area as most residents on this floor are either unable to, or choose not to, eat in the dining room or spend time in the lounge.

We noticed an unpleasant odour in one corridor on the first floor, this was discussed with the manager at the debrief at the end of the visit.

4.3 Staff interaction and quality of care

There are several staff at Caton House who have been with the care home since it opened, and they told us they are happy there. This continuity of care has benefits for the residents, especially those with dementia who respond well to familiarity. The Home also has a new Deputy Manager in post after a reasonable period without one, the Deputy told us that part of their plans for the home included refurbishing the internal courtyard to make it a more welcoming and usable space for residents.

The interactions that we saw between residents and staff were all positive, although observing care was mainly limited to activities in the ground floor lounge and lunch service. It was difficult to observe staff interactions at any other time as staff were not seen with residents in rooms, some people told us this was their preference and others said they would prefer to have more company. One resident specifically mentioned the night staff and told us how much they enjoyed the banter they share when staff help them back into bed if when they have to get up in the night.

Residents who could remember, and their families, told us that they had completed a care plan when they first arrived at the home, but no one was able to remember any conversation about updating or changing care plans since then. One family suggested that care plans perhaps need to have highlighted 'personal preference' section that said whether a resident preferred tea or coffee, whether they liked to be up and dressed or left in bed, whether they liked the TV on or not.

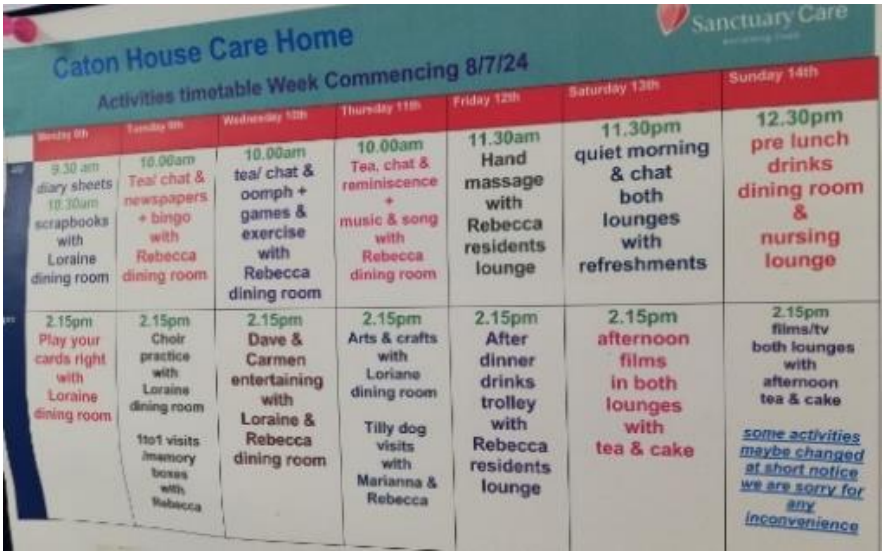
Everyone we spoke to said that the staff were caring and kind, although people felt that staff were often rushed when providing personal care and those who required assistance felt that there were often long waits for call bells to be responded to. Residents and family told us they would like to see a few more staff rostered on, especially when there is more need for them such as mealtimes and in the mornings and evenings to help with getting up and going to bed.

We were pleased to hear from people that residents were out of bed, dressed, with curtains opened, even if they preferred to stay in their rooms. From our conversations with people, it would appear that Caton House demonstrates good practice such as that championed in the End PJ Paralysis campaigns[2] with people remaining in bed during the day only when there is a need for this.

Residents and family all reported feeling very safe and cared for at Caton House. One resident told us that there had been a time that they had told staff that the behaviour of a neighbouring resident, who had dementia, had become frightening to them. Staff intervened and were able to move the resident with dementia which made the person we were speaking to feel completely safe.

4.4 Social engagement and activities

There are two part-time activity coordinators who are well liked by residents, they try to keep residents entertained with an extensive and varied timetable of events, this can be found in the main corridor, outside the main dining room/lounge and is given to residents weekly. We were pleased to see that there are activities scheduled for weekends as well as through the week.



[2] #EndPJparalysis - End PJ Paralysis accessed September 2024

All residents are welcome to join the activities and are not restricted because they are being held on a different floor. The home has reconnected with local schools which is adding positive enrichment for many residents, and they celebrated the Olympics with a special event with Chestnuts School.

There was no obvious sign of biography books in the resident's rooms that we visited, and as this was an activity suggested following our last visit, we would recommend building on the reestablished school relationships to support developing a biography-based activity. This would link with the memory box and other reminiscence activities very well.

During our visit there was a well-attended morning exercise and games session on the ground floor which had seventeen residents attending throughout. We also observed a few residents dropping in and out during the session. It was good to see that people are able to join for as long as they feel comfortable. The session was started by a volunteer who comes into the home a few days each week and then continued with one of the Activity coordinators. It was engaging and required thought which seemed to encourage more residents to join in.

A few residents were in the room, some were colouring, some choosing to watch proceedings and enjoy being in the company of others rather than in their own rooms. All of the people in the room were observed to be happy and content with what they were doing.

Staff were encouraging, friendly, and attentive. Morning coffee and tea was served during the session which continued until it was time to set up for lunch.

We were told that the men living in the home would enjoy some more activities or talks focussed on more traditionally 'blokey' topics or themes rather than Bingo and arts and crafts.

4.5 Dining Experience

The main meal of the day is served at lunch time and the food is prepared onsite; the chef takes a sample the of days menu to the Manager for tasting before lunch is served each day. Lunch is usually served from 12.30 on the first floor and from 1pm on the ground floor.

There were four residents observed eating in the first-floor dining room with no-one in the lounge. Staff were on hand to assist where needed. We noted that residents were attempting to be independent, and that staff were attentive, patient, and kind.

On the ground floor there were sixteen in the main dining room for lunch and a further three seated in the Bistro area all. We saw one resident who wanted to eat but who was also very unsettled, wanting to walk while she ate. This was quite a difficult task with the resident's choice of meal, we were pleased to observe the staff trying hard to accommodate this, and eventually reaching a compromise which suited everyone.

The general mood in the dining room was light and chatty, a few family members present for lunch and were helping their loved one, and staff were on hand to help others who may have needed assistance.

The food looked and smelt appealing and residents' comments on the food was good:

'Chef is amazing here'
'Only complaint is the portions are a little small for me, but the food is good'
'Family are always invited to special occasions and the food is great'

We spoke to several residents who chose to eat in their rooms for many different reasons, most of whom had said no when staff had asked them to come to the dining rooms. One person who was quite new to the home told us that they were embarrassed by the mess they make when eating. This is a recent development for them so, even though they join in many of the activities, they are not comfortable eating socially. Others told us they have TV programs that they like to watch at lunch time and want a quiet space to watch them as their hearing is not what it used to be. Others told us they just like to be on their own.

5 Recommendations

Recommendations made in the 2023 Enter and View Report that we feel are still relevant in 2024

- A suggestion has been made to all Care Homes to develop a Biography service. 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 can be incorporated into existing reminiscence therapy sessions.

The reconnection with local schools could be a good opportunity to make this a more intergenerational activity.

If help is required with activities or support for residents with dementia, it may be useful to contact a local memory club: https://www.healthwatchmiltonkeynes.co.uk/advice-and-information/2019-07-08/dementia-memory-clubs-and-support-groups

- Review the status of those currently bedbound residents and consider whether they could be helped to be more mobile through better equipment or physical therapy.

- Consider ways of alleviating isolation for those residents that have mobility issues, more one to one time with care staff, more time in group situations, enlist the help of volunteer groups such as befriending services to sit and talk with residents.

Community Action Milton Keynes have a volunteering platform that could support recruitment of appropriate volunteers if required.

6 Service provider response

Having reviewed the report we have developed the following action plan.

Training is ongoing for all staff especially around moving and handling. We have good relationships with other professionals and aim to work more closely with the physiotherapists in order to review those residents that are bedbound. Exercises are currently completed on some residents to help with movement and prevent contractures and this will be rolled out to other residents and to see if this helps with mobility.

Over the last year we have been more robust with Oomph and are now able to support residents with a variety of activities whether residents are joining a group or prefer to be in their room. We have a good volunteer base and they work with individual residents on a 1-1 basis.

We actively seek residents and relatives input in the review of care plans on a monthly which is Resident of the Day and six monthly basis. We encourage relative to participate and provide feedback.

Home Manager
Sanctuary Care
Caton House Residential and Nursing 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.

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