Enter & View

Becket House

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healthwatch Milton Keynes

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2 Introduction

2.1 Details of visit

Service provider	Simply CareHome LTD
Date and time	26th June 2024 between 10am to 3.45pm
Authorised representative	Helen Browse and John Southall

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 Becket 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 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 3.45pm

On arrival the ARs 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 ARs were subsequently afforded access to all parts of the Home for the duration of the visit.

The ARs 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 12 residents and family members took part in these conversations.

In respect of demographics: -

Three residents were male and nine were female with ages ranging from 60 to over 100 years of age.

The length of stay at Beckett house varied from a few months to almost six years.

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

4 Summary of findings

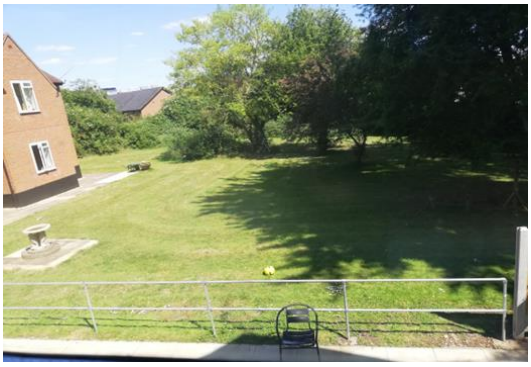
4.1 Overview

Becket House Nursing Home is set in a quiet village, behind the historic village church and surrounded by parklands. Becket House is registered to provide residential and nursing care to people over 65 years of age, and people who are living with dementia. The Nursing home is registered for a maximum of 27 service users, and there were 21 residents living at the Home at the time of our visit.

4.2 Premises

The gravel carpark has no designated disabled parking spots and is not particularly wheelchair or disability friendly for visitors or residents. The original house has been extended and modernised with additional bathrooms; 15 of the bedrooms have en-suite bathrooms with the remainder sharing bathroom facilities. The first-floor communal toilet is not in use as there is no toilet seat and the space appears to be used as storage for mobility aids. There are two staircases as well as a central lift to the two floors.

The ground floor is where the nurses' station, managers office and the kitchen are situated. All the food for the care home is prepared onsite. The main dining room is also on the ground floor. There are patio doors which lead onto the gardens, a large lounge with windows on three sides, and a patio door onto the garden. The gardens have many planters and hanging pots which, we were told, one resident likes to help water in the summer months. Residents need to be accompanied in the gardens because of the stepped access. Because not all residents can manage the steps, access is restricted for safety.



There are two bedrooms situated in the corridor between the front door and the dining room, with the other ground floor bedrooms situated in the extension to the rear of the home. The upper floor of the home has been refloored to create a step free environment however, this has created a reasonably steep incline in the floor level in the older part of the Home.

4.3 Staff interaction and quality of care

Residents and their families told us the staff were well liked by them and we observed that interactions were kind and caring. Residents appeared to be relaxed and happy when chatting with care staff and staff were seen to be observant and responsive to residents' needs. The majority of staff were interacting with residents in the lounge on the ground floor or in the dining room, with only the nurse and one member of staff observed on the first floor during our visit.

During the morning social in the main lounge, one of the more active and mobile residents had a fall while getting up from their armchair. We observed two staff immediately respond to the resident and give an initial assessment while the nurse was called for. The nurse arrived promptly and gave a more thorough assessment before transferring the resident to a chair. The resident's blood pressure was taken, and they were kept under observation for 5 minutes before being given the all clear to go about their day.

The resident, who was fully mobile and doesn't use any walking aids, told us they were absolutely fine and that there had been no need for any fuss, they said they were just annoyed that they had had to wait before they were allowed to carry on.

We noted that the staff had not only responded to the resident who had fallen, but also took the time to make sure the other residents were not alarmed, and that they were kept away from the incident until everyone was sure that the person who had fallen was not in need of any further treatment or assistance.

People we spoke to were, on the whole, aware of their care plans and the residents, or the relatives of those without capacity, said they were able to contribute and were consulted on any changes or amendments that were made regarding their ongoing care.

Both residents and relatives told us that they felt sure that they knew who to speak to, and that something would be done, if they had any problems. They also told us that any issues they had raised had been fixed, and it was also stressed to us that 'problems' was too strong a word for the few little things that they had brought to the staff's attention.

Family members we spoke to said that the home communicated regularly and very well with them.

While one person did tell us they would like staff to knock before they entered their room, all interactions that we observed between staff and residents during our visit were friendly and respectful, with consent being sought, and explanations being given before care was provided. Another person told us they felt safe knowing that people couldn't just enter the home without being checked.

4.4 Meals and Dining Experience

All meals are prepared in the on-site kitchen, with fresh vegetables and freshly baked cakes most days. The main meal is served at lunchtime, which for this home is approximately midday.

Families and visitors can take their loved ones into the garden for a walk, and morning or afternoon tea is often served in the garden to those residents who wish to sit outside. This is tea, coffee, or juice with cakes and biscuits, all made on site.

While the menu is not on display, residents are given the choice of a meat or a vegetarian option and if any resident is not happy with the meal on offer, they are offered an alternative. On the day of our visit, the main meal was roast chicken with vegetables, and potatoes or rice, with a vegetarian alternative to chicken. There is always desert which is usually a sponge with custard or cream, or for those who prefer it, a yoghurt and fruit.

The tables are set out with a smaller table set for 4, and two larger, more communal, tables. This, as we saw, allows for mealtimes to be very sociable spaces, with residents having their 'regular' seats. We saw some residents in both the dining room and lounge requiring assistance throughout lunch.

This does mean that staff are stretched to help with those residents who are bedbound or who choose to eat in their rooms. There are three care staff on shift during the day plus the nurse, and the manager. There are cleaners and kitchen staff on duty as well. With eight residents eating in their rooms, and those we saw in both the dining room and lounge requiring assistance, this appears to leave staff a little stretched for resources during mealtimes.

People told us they enjoyed the meals and those who preferred to spend the majority of their time in their rooms in their rooms commented that the hot drinks were always piping hot when they were brought in.

We were pleased to note that residents have the autonomy to decide when they will eat, with one resident opting to eat later in the day and this choice being honoured.

4.5 Social engagement and activities

During the morning of our visit residents were in the lounge many were colouring, chatting with each other staff were interacting with residents to keep them engaged.

The activities coordinator obviously very well-liked by all residents, we saw how people became quite animated at her arrival and were eager to know what game she had for them for the afternoon. The game was animal bingo and 9 of the residents enthusiastically took part. A number of people chose to remain in the lounge to watch and be part of the social group, without having to play.

The activities coordinator knew all the residents by name, and knew their abilities so runs the activities at a speed to suit her audience. In all of our conversations, this staff member was spoken of very highly. We had a conversation with one resident living with dementia, and one of the things they were able to tell us was how much they loved the dancing, the people watching, and the ladies who help.

A family member told us that their loved one, with fairly fast-moving Alzheimer's, was always in the lounge and, while their communication and cognition had deteriorated, they still enjoyed some of the puzzles and liked being in the company of others. Most of the family members we spoke to commented on how pleased they were that, whenever they visited, their loved one was out of bed, washed, dressed, and in the lounge with company rather than just being left in their rooms all day. The spouse of one resident told us that their loved one looked better, was chattier, is eating better and is always in the lounge, being involved in all of the day-to-day goings on.

With a high proportion of residents living with dementia, we were surprised to see no reminiscence therapies as part of the activities programme. Reminiscence therapy is a biographical intervention that involves either group reminiscence work, where the past is discussed generally, or the use of stimuli such as music or pictures. Although closely related to reminiscence therapy, life story work tends to focus on putting together a life story album for an individual.[2]

One person told us that they liked being in their own room, on their own, because they knew that they would be taken downstairs in their wheelchair if they ever wanted to. They said they are always aware of what is going on so can choose what to take part in. They said they do go down for some of the activities, and especially enjoyed the scarecrow event.

Residents had helped to make a scarecrow to take part in the Loughton Village bi-annual scarecrow activity, their entry now sits proudly in the entry hallway for all visitors to see.

[2] Supporting those with dementia: Reminiscence therapy and life story work | Iriss, accessed September 2024

5 Recommendations

While we were pleased to hear such positive feedback from residents and their families, we are disappointed that we are making the same recommendation as in our last report:

- *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.*

Revised Recommendations 2024

As Milton Keynes is a Dementia friendly City, the more support that you can get locally to support your activities the better, here are a few ideas to help support the activities coordinator:

- Continue the dementia friendly journey by inviting the Specialist Memory Service, the Dementia Information Service, or similar organisation to assess/ re-assess residents whose Dementia may have progressed during the pandemic. Or consider outings to a Memory Club such as Newport Pagnell, The Brooklands Centre, Ousebank Street, MK16 8AN Tel: 07518412389 or email hazel_reynolds@hotmail.co.uk

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- Continue to investigate options for volunteers to increase lunchtime cover for mealtimes for those who require additional assistance.

6 Service provider response

4.2 The access to the garden is not stepped. There is an exit next to the lounge which lead to the garden and is wheelchair friendly. Resident are accompanied for safety.

4.5 Some resident's do have life stories which are in their files. The activity coordinator and family member are working on creating one for those that do not have one.

We have invited the specialist memory services in many times. They are hard to get to come in and assess or re-assess our resident's. We have a nurse from their team that comes for a short visit about every six months but does not stay long enough to assess the resident's

I have a volunteer who comes to assist on some lunch times. Lunches are staggered to ensure residents are given time to enjoy their meal. t's. We have a nurse from their team that comes for a short visit about every six months but does not stay long enough to assess the resident's

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

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