



Enter & View

Burlington Hall
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healthwatch
Milton Keynes

1 Contents

- 1 Contents 1**
- 2 Introduction2**
- 3 What is Enter and View? 3**
- 4 Summary of findings 6**
- 5 Recommendations..... 11**
- 6 Service provider response 12**

2 Introduction

2.1 Details of visit

Service provider	Adara group/Adara Healthcare
Date and time	9 th August 2024 between 10am and 4pm
Authorised representative	Helen Browse and Colin Weaving

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 Burlington Hall 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

For this coming year Healthwatch Milton Keynes will be working in partnership with the regulatory teams within the Milton Keynes Council, the Integrated Care Board, and the CQC, aligning our 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 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 changing regulatory landscape on those who use the services and their loved ones through 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 10:30am and 4:00pm

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 17 residents and family their members took part in these conversations.

In respect of demographics: -

Nine residents were male, and eight residents were female

Of those who chose to give us their age the average age was 87years of age.

Length of stay was very varied from just one week's respite care to over two years with the numbers of residents falling in bands of time being:

Less than six months = 4 residents six months to 1 year = 6 residents

Over 1 year = 7 residents

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

4 Summary of findings

4.1 Overview

Burington Hall is a purpose-built care home which has recently had a large addition which has increased their registered capacity to a maximum of 70 residents. At the time of our visit, there were 61 people living in the home. The home is registered to provide accommodation for people who require personal or nursing care, and dementia care. The home is situated within easy walking distance of the centre of Woburn Sands shops restaurants, and coffee shops

The home provides residential and dementia care, with more than 60% of the residents at the care home during the time of our visit living with some level of dementia.

4.2 Premises

The home has completed a large two storey extension at one side of the property which means the layout of the home is now a 'U' shape over two floors. As the site is not on even ground the home is split with two thirds on one floor; the new extension has a lower ground floor, and the original part of the home has a first floor.

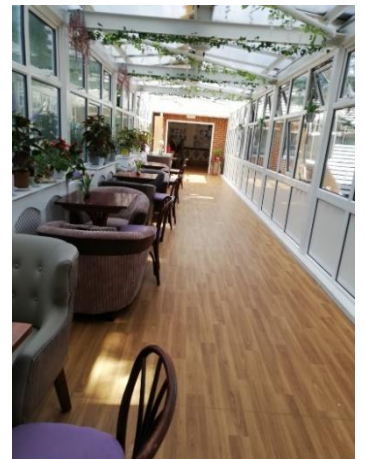
The refurbishment of the original bedrooms and living areas of the care home has begun but as there are residents in the home, this will not be a quick process, by design, to keep disruption for each resident to a minimum.

There is a large garden with a very generous patio area which has finished its renovation and has large gates leading to the rear car park, which is also gated for security, this means residents can use the garden as much as possible.

The building has two named areas, the original house is *Larch* and the new part is *Maple*, they are linked together by a 'bridge' which provides a seating area overlooking the garden. The bridge is original to the care home as are some of the rooms on Maple, the lower ground floor conservatory, and meeting room.

When the new extension was completed, residents were offered the choice of moving from the original building into the new part. Some of the residents chose to stay where they were

Redecoration of the original bedrooms and a start on the smaller living spaces has begun. The décor will match that of the new building with each bedroom gaining a full ensuite bathroom rather than the existing shared bathrooms. Residents will slowly be moved to a refurbished room, allowing older rooms to be updated while disrupting residents as little as possible.



4.3 Staff interaction and quality of care

There was an event being held on the day of our visit. Staff were busy all morning making sure all residents were up, dressed, happy, and ready so that they could have lunch before the event. Staff were seen to be encouraging residents to come outside, gently persuading and occasionally cajoling. All interactions observed were kind, thoughtful, and caring. It appeared that the residents were enjoying the banter and conversation.

Relatives we spoke to were very positive about staff and their support. People told us that they felt that, as well as their loved ones being well looked after, they felt supported and cared for by the Manager, who is always available to them.

We were told by a small number of residents who required assistance with personal care that staff were a 'little rough' although they felt, along with the more independent residents, that staff were mostly kind and caring. Because this issue around personal care has not come up since 2019, it may reflect a need for refresher training for long term members of staff, or a review of the personal care provision training for new staff.

We were pleased to be told, by a high proportion of both residents and their family members, that their general health, behaviours, and conditions have vastly improved since being in the care of Burlington Hall.

When we asked residents and their families what they most liked about living at Burlington Hall, we were told:

"The peace of mind for my daughter; the confidence in my treatment makes everything easy for the family"

'I feel safe here'

One resident wasn't feeling very talkative and didn't want to answer specific questions but was very complimentary about the home and said that it was very pleasant, and the staff were very good. They told us they felt very safe here. This mirrored the majority of the comments people made, that is, feeling safe, feeling cared for and a feeling of family. The manager was specifically mentioned by almost everyone we spoke to as being the lynch pin of the home's ethos, she was referred to as being hands on and approachable.

When we asked what change people would make to improve their experience of life in Burlington Hall, people who were bedbound said either that they would like to get out of bed more, or that they would appreciate more to do. Residents who were more mobile were, overall, happy with life at the home. A small number of people mentioned that laundry occasionally gets 'a bit mixed up', particularly their underwear. This has been a recurring theme over the course of our visits and the new processes put in place following previous recommendations may need closer monitoring or reviewing.

The remaining nuns were all very appreciative of the effort that has been made to accommodate their needs, allowing them to meet their religious obligations and remain active in their faith.

Dining Experience

The dining experience at Burlington Hall is well organised with four dining rooms, one on each level, to accommodate for the needs of the residents at the care home. The seating arrangements are varied so that people can choose to sit together around large tables, in smaller groups, or even individually

The nuns eat in silence in the small dining room that was provided when the order was a little larger. There are now a few residents who join them at mealtimes and observe their preferences so, on the day of our visit, eleven residents were enjoying lunch, silently together, in this dining room.

We observed 39 residents having lunch across the 4 dining rooms, with a few residents having gone out for lunch, and the remainder eating in their rooms. We noted that there were staff on hand to help all those residents who required assistance with their meals.

The chef serves lunch to the main dining room on Maple and to the Nuns and residents in their dining room as he likes to get first hand feedback on the food that is being served. We visited on a Friday and the menu further reflected the way in which the home accommodates cultural and religious needs.

The lunch menu on the day of our visit was battered fish or Sea Bass in butter sauce, creamed potatoes or chips, peas and tartare sauce, followed by Apple and Pear Crumble with ice cream

We noticed how quiet the room went when food was served and how quickly the residents began to eat. We observed people with happy smiles and then slowly beginning to chat amongst themselves. All comments made to us about the food was positive. People told us how much they appreciated the fact that their hot meals were always still hot by the time they got them.

We were told that there was always food and plenty of snacks. One person even went as far as to say that, if anything, there might be too much good food.

Staff were seen not to rush anyone; they observed, allowed individuals to eat at their own pace, made sure there were plenty of drinks on offer, and encouraged residents to drink plenty as it was a very hot day.

4.4 Social engagement and activities

There is a busy social calendar of activities that residents told us they appreciate and enjoy. This is supported by the 'Friends of Burlington' volunteers, a group of individuals who have a rota to help with; activities, 1:1 time with residents, help with special events. Some of these volunteers are family members who wanted to continue supporting the home although their family member is now deceased

The home supports these volunteers with training, help, and encouragement which means that, in return the home has a network of wonderful willing help. So far they have: set up a puzzle exchange programme, give weekly support for dementia friendly exercise classes, and help at tea parties.

There is a large display board of the activities outside the Managers office which is one of the busiest areas in the home, and a smaller one outside the nuns dining room.



A few of the gentlemen we spoke to said they would like a some more 'manly' activities. They told us that they enjoy the odd trip to the pub and would like to add, perhaps, some trips to the garden centre or some talks, but that they are not so keen on the painting and crafts.

There are regular church services, including one on the morning of our visit, held in the new Maple lounge of the care home. There is also a prayer room in the part of care home where the sisters are located and is available for all residents to use if they would like.

In May 2024 the residents took part in a 'Time Capsule' ceremony. This was attended by the local Mayor who came along to the official burial of the capsule in the new garden.

The garden party on the day of our visit is not the first event for friends and family this year. So far there has been a summer BBQ and a dog show with a prizegiving and there are plans for more events.

The afternoon tea party held the day of our visit was very well attended with as many residents as possible encouraged outside. The garden is accessible, so wheelchairs and mobility aids were no barrier. Those who chose to remain inside were well cared for. We saw staff checking all afternoon to ensure that people wanted for nothing. Those on the lower ground floor could stay in the cool inside watching everything but only being as involved as they wanted to be.

Community Connections

There are very good connections with the local community and the Manager believes that the home should be a part of the community, not just be in the town.

Things like the free community puzzle swap, which is run by the volunteers, help maintain these community connections, as do the events such as the tea parties. The local charity shops supported this tea party by giving all their summer hats to the home Manager. It was a very hot day, so the manager popped out to purchase a few hats and when the shops realised what the purchases were for, they donated them all, ensuring residents stayed cool for the afternoon.

There is space available at the home that has a covered exterior seating area and access through an external side entrance. The home's Manager has offered this newly decorated, private, comfortable space to the Citizens Advice Bureau. The community had lost this service due to it not having a suitable venue. If this goes ahead, there will once more be a drop-in service available to, and for the benefit of, the wider community.



5 Recommendations

On the basis of this visit Burlington Hall is observed to be a well-run, comfortable establishment whose residents are well provided with social activities and interactions.

- ④ A review or closer monitoring of the new laundry processes is recommended in order to address any gaps in its implementation.
- ④ Consider refreshing the personal care training provision to ensure that staff are more mindful when supporting frail residents in transfers and when providing personal care.

Examples of best practice

While it was not a recommendation, the nuns' wish for a separate area was mentioned in a previous report. We are pleased to note that the Adara Group have demonstrated a wholly inclusive approach by providing a faith room, and a separate dining room, for this group of residents.

The connections and relationships that the manager and staff of Burlington Hall maintain with the local community are an example of the way care homes can avoid the isolation that can come from moving into residential care.

6 Service provider response

We thank Healthwatch Milton Keynes for the Enter and View visit to Burlington Hall on 9th August 2024.

We value the feedback provided in the report and are pleased to note the positive observations regarding the care environment, staff interactions, and community engagement at our care home.

This document outlines the actions we have taken in response to the recommendations made and highlights our ongoing commitment to delivering high-quality, person-centred care.

Response to Recommendations

1. Laundry Process Monitoring

Observation: Occasional mix-ups in personal laundry items, particularly underwear.

Action Taken:

- We have reviewed the laundry process and implemented additional checks at key stages to minimise errors.
- All staff have been briefed on the importance of handling personal items with care and accuracy.
- We have ordered laundry tags for all residents that have not brought their own tags to improve labelling options to ensure clothes are easily identifiable.
- Discussed with family members to allow us to order laundry tags from Attach a tag.
- Keyworkers are allocated for all residents and one of their duties is to ensure that all clothes are labelled.

2. Personal Care Training

Observation: A small number of residents noted that staff were occasionally “a little rough” during personal care.

Action Taken:

- A refresher training programme for all care staff is scheduled in small groups over the weeks, with a focus on handling frail residents sensitively.
- Online refresher training has also been reallocated to all staff.
- Induction training for new staff has been updated to incorporate these best practices.
- Seniors will monitor staff performance and provide immediate feedback to reinforce positive behaviours.

3. Activities for Male Residents

Observation: Male residents expressed a desire for more tailored activities, such as trips to pubs and garden centres.

Action Taken:

- We have updated the activities calendar to include trips to local pubs and garden centres. We have taken residents to Green Man Pub, The Swan and Frosts Garden Centre on a few occasions.
- We are exploring partnerships to arrange talks or demonstrations of interest to male residents.
- Regular feedback from residents will be sought to ensure activities align with their preferences.
- Male carers are having small group gatherings with the male residents every few weeks to discuss male topics.

4. Engagement for Bedbound Residents

Observation: Bedbound residents would like more opportunities for activities and engagement.

Action Taken:

- We have introduced new in-room activities, including music therapy and sensory engagement tailored to individual needs. As well as beauty therapy such as nail painting and foot massages.
- Our Meta headset is being used to provide immersive experiences for residents unable to leave their rooms.
- Regular one-to-one visits by staff and volunteers have been increased.

5. Community Engagement

Action Taken:

- A monthly puzzle swap is organised with our Friends of Burlington group and advertised on social media to welcome the community.
- The nun's community is still ongoing, even though we have sadly have less nuns due to bereavement.
- Family members that have lost their loved ones are encouraged to speak with 'Talking Elephants', which is a connected to the local bereavement group.
- We are continuing to have local visits from the churches and schools. We have a pen pal service with a local school which includes letter writing to and from our residents.

Ongoing Best Practices

1. Faith-Based Inclusivity:

- We continue to support the nuns with dedicated spaces for their faith-based practices, ensuring their spiritual and dietary needs are met.

2. Community Engagement:

- Additional events, such as our monthly puzzle swap, BBQs, dog shows, movie nights, pub nights, special event parties and monthly tea parties are planned to strengthen community ties and welcome visitors from outside of the home.

3. Volunteer Programme:

- We remain committed to supporting the “Friends of Burlington” volunteers, providing training and opportunities for them to contribute to residents' well-being.

Closing Remarks

We are committed to continually improving the quality of care and services at Burlington Hall, guided by feedback from residents, families, and partners like Healthwatch Milton Keynes. We appreciate the positive observations in the report and have taken proactive steps to address the recommendations made.



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)