



Enter & View

Castlemead Care Home
June 2023

healthwatch
Milton Keynes

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2 Introduction

2.1 Details of visit

Service provider	Castlemead – ExcelCare Ltd
Date and time	14 th June 2023 9.30am to 4pm
Authorised representative	Helen Browse and 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 Castlemead 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 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 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 but 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.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 that the COVID 19 regulations had on both services and those who use the services and their loved ones through this year's Enter and View Programme.

<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 9.30am and actively engaged with residents between 10:00am and 4:00pm

The visit was conducted in a COVID safe manner with the appropriate PPE as agreed in advance with the provider.

On arrival the AR(s) 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 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 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.

A total of 24 residents and family members took part in these conversations.

In respect of demographics: -

Ten residents were male, and fourteen residents were female the average age of residents who took part was 77 years.

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

4 Summary of findings

4.1 Overview

Castlemead care home is registered to provide personal and nursing care for up to 79 residents. This purpose-built care home is carrying out an ongoing refurbishment program and is laid out over three floors. It is set in well cared for grounds and within easy walking distance of the town Centre.

4.2 Premises

The home sits in large well-maintained grounds with front gardens, and the main entrance is set out as an area for sitting and chatting in comfort. This provides a welcoming space used by residents and their family members.



Castlemead has three levels: the ground floor (Holly) provides nursing care with 25 rooms, first floor (Daisy) provides residential/dementia care in 30 rooms, and the second floor (Poppy) has 24 rooms looking after residents with advanced dementia, each floor is being decorated to reflect the residents' needs.

The nursing floor has a clean light décor, there is an individual feel to many of the residents' rooms, the corridors are quite plain and room signage is very simple.

The first floor is yet to be refurbished, the next step is to refit the kitchen and dining room along with the lounge and main lobby area. The corridors on this floor will also have an update, at the moment they are quite plain, with bedroom doors and signage very simple.



The second floor has had the kitchen and dining room updated. While there are still some updates to be made, the main lobby for this floor and the nurses' station are going to be moved, but the long single corridor to the majority of bedrooms is decorated in a dementia friendly way. Bedroom doors were more distinctive and colourful, with scenery along a very plain wall giving atmosphere and direction.



4.3 Mealtimes

Staff were seen to be caring and patient with residents, taking time to explain what they were doing at each interaction, and responding to requests with a smile. Lunchtime was calm, and residents were offered alternatives if the meal they had ordered was no longer what they wanted to eat, the food looked and smelt really good.

Residents all seemed to like the food and family members also commented that they were welcome to join their relatives at mealtime if they wished to and have a meal with them, in some cases this helped encourage individuals to eat. Menus were found in lifts, corridors, and in most quiet seating areas so it was easy to see what was on offer that day.

Alongside the menus was a calendar showing what today's day and date was. We saw several residents being offered items from an alternative menu when what was on offer was not encouraging them to eat. Crockery is still all white and clear glass, maybe this is planned for change in line with research to coloured plates and glass to encourage hydration and improve appetite in line with current guidelines. Age UK's 'Dignified dining toolkit' may be helpful for staff caring for residents on the Poppy and Daisy floors.²

Those residents requiring assistance had a carer to help when needed, nobody was rushed even though there was an afternoon activity planned.

Our ARs observed drinks being offered all day, the kitchen areas had snacks available and some of the residents were very aware of where these were and could help themselves. Fresh fruit was also available to anyone who wanted it.



² <https://www.ageuk.org.uk/wp-assets/contentassets/2d42698f64294f3993e75b378eb3292a/dignified-dining-toolkit-v6.pdf>

4.3 Staff interaction and quality of care

Residents told us that they felt very safe and well cared for. As always, people told us they felt that staff were very busy, and when there were absences due to holidays or illness staff were even busier. However, people also made it very clear to us that they never felt rushed or abandoned with one resident telling us:

“Can always have more staff; but she said they are not dashing around like headless chickens as they were at [previous Care Home]”

This resident said they didn't get the impression that they're desperately short of staff here and said it felt much calmer and in control.

People were well dressed, appropriately for the weather, and well groomed. When our AR complimented one resident on her immaculately groomed hair, the resident told us that it had just been done and highly recommended the hairdresser to us.

Relatives felt that staff were very caring, and well liked which is reflected in the comments we received from residents and their family members::

‘Staff are always cheerful and polite; they are very approachable’

‘They really look after her well’ ‘Staff couldn't be nicer’

‘They are fantastic here’

‘They treat her like family’

Due to the particularly warm weather many residents were wearing sandals or no shoes, which was very reasonable, it was one of the warmest days of the year. However, this showed that toenails needed trimming in many cases, some more urgently than others.

With the high level of level of care that we observed, and that residents and families reported to us, we assume that the home staff organise regular visits from the podiatrist and the GP and suggest it would be useful for residents and families if these were advertised as well as the more ‘fun’ activities are.

4.4 Social engagement and activities

There are a lot of organised activities for residents, and a very comprehensive calendar of events is clearly displayed at various places in the home.

On the day of our visit residents spent the afternoon in the garden doing a mixture of seated keep-fit, word games, quizzes, ice cream. This created a very happy atmosphere, and the garden was full of general laughter all afternoon. A large number of residents were in attendance; some fully mobile, some in wheelchairs. People had been telling us how much they were looking forward to the afternoon while we talked to them in the morning.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1 Bingo 11am Hairdresser Kirsty	2 Mk shopping trip 10.30am	3 Bedside buddies
4 Bedside buddies	5 Quiz 11am Bedside buddies	6 Games in the garden Bedside	7 Church service 2pm	8 Arts and crafts Hairdresser	9 Bingo 11am arts and crafts	10 Bedside buddies
11 Bedside buddies	12 Quiz 11am Bedside buddies	13 Tea pot and sing 3pm	14 Garden games	15 Bingo 11am Hairdresser Arts & crafts	16 Sound therapy 10.30am	17 Bedside buddies
18 Bedside buddies	19 Ragdolly Anna's 11am Games	20 Quiz 11am Gardening	21 Tea & cake At church 10.30	22 Hairdresser Arts and crafts	23 Bingo 11am Bedside buddies	24 Bedside buddies
25 Bedside buddies	26 Quiz 11am Beside buddies	27 G fitness 2pm	28 Zoo lab 2pm	29 Tea & cake at church 10.30am	30 Bingo 11am Bedside buddies	

Due to the heat gazebos had been erected to give additional shade, and staff were close at hand to ensure residents kept hydrated. The fun was brought to an end to give residents time to come indoors and freshen up before tea, although it was clear that many residents would have been happy to carry on. This is obviously a popular activity, and the setting is perfect for it.

Residents that are able can walk into town, for those that need assistance small groups will go for the short walk with members of care staff, at different times, some for the service in the local church, others just for a walk to the shops.

The home has a 'bedside buddies' scheme for those less mobile residents for someone to come and spend a little time with residents. This is part of the activity coordinators' role but as there is only one person in post it is not clear how much time they have to spend with individuals. Many of the bedbound residents had little to do other than watch TV, some residents did not find TV engaging and when we chatted with them it was clear they were lonely, several did not have family or friends that were nearby so had few, if any visitors.



Staff were at all times, friendly, chatty, and tried to engage with residents but as always have little time to sit and pass the time of day with residents before being needed elsewhere.

4.5 Additional findings

- One member of the care staff was commended by many residents, this was reflected by the management team who confirmed that this particular staff member was being recognised at a company awards celebration in recognition of their outstanding work.

One of our very experienced Authorised representatives noted after carrying out this visit:

“While Castlemead might not be perfect, it seems to be one of the better ones and thank goodness we have some good quality care homes and people willing to work there and do their best for the people in need of their care and support.”

5 Recommendations

- 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.
- 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>
- Explore different methods of cleaning spills in bedrooms, on the first and second floor particularly, several rooms had very sticky floors mainly around seating areas.
- As part of the refurbishment plan, consider including the replacement of 'blown' double-glazing in some of the upstairs bedroom windows, as this is the only outside view for some residents.
- Review the flooring in one of the bedrooms that has carpet near the window and vinyl in the remainder of the room, the carpet is past a stage where it could be cleaned, this was discussed with the manager on the day of the visit.
- 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.

6 Service provider response

Thank you for your report and the positive feedback that recognises our dedication to Castlemead.

I have read the report and there are a couple of points that I would like you to review please whilst the report is still in draft form:

On Page 9 when you refer to 'However, this showed that toenails needed trimming in many cases, some more urgently than others' When you write, 'with the high level of care that we observed and that residents and relatives reported to us we assume that the home staff organise regular visits from the podiatrist and GP and suggest it would be useful for residents and families if these were advertised as well as more fun activities'

Could this wording be amended please as there is a weekly GP ward round every Thursday and all residents and relatives are aware of this and we also have a 2 visiting podiatrists who comes every 6 - 8 weeks and their contact details are supplied to relatives and residents via our newsletters that are sent out weekly. Bookings are arranged directly with them either via us or family members.

Unfortunately, not all people we support are compliant when they have a visit so we sometimes have to rebook them which can lead to some people have longer toenails. Preferences are also documented in the person's care plans.

On page 10 you refer to: 'The home has 'bedside buddies' scheme for those less mobile residents for someone to come and spend a little time with residents. This is part of the activity coordinators role but as there is only one in post it is not clear how much time they have to spend with individuals.'

We actually have an activities coordinator for each floor all working all working 5 days per week and all were in on the day of your visit however you may have only noted the one on the floor you was on? Each floor has a dedicated activities coordinator. The bedside buddy scheme does not only relate to activities but also includes ancillary team members, carers and us as managers.

Did you document the names of people who you chatted to who were clearly lonely? As there are very few people who do not have regular visitors of family and friends and we have many residents who have mobile phones who talk to relatives and friends regularly. Although as previously said we have people living on all floors who are living with a dementia so may not remember if family and friends visit if asked but if there is anyone

we have not identified we can ensure they have additional support going forward?

In relation to the recommendations in section 5:

Happy to look into Biography service and to liaise with the memory club. I believe Sally, our Activities lead knew the AR due to their connection but will ensure we create that link.

In relation to the floors we use an industrial cleaner from a pump system and following a hospitality audit realised some team members were using too much product which has caused some of the floors to have a build-up. We have now reiterated this to all team members responsible for floor cleaning.

We have already provided a list of blown windows and this has already been added to the refurbishment plan. The Regional maintenance team are in the process of organising replacements. I would have confirmed this if asked on the day of the visit.

The flooring in the room which was part carpet has already been replaced and the person's preference was to have his whole room vinyl so the whole room was refloored the week before last following our discussion.

In relation to people who are isolated by mobility; we have a dedicated activity coordinator on each floor as well as a hostess on each floor in addition to care team to support people who are in their rooms as well as encouraging group activities. We have also supported the local school with volunteers completing work experience and Duke of Edinburgh awards. We will continue to explore other services to support.

We appreciate the last comment from the AR however the wording that the home 'might not be perfect' makes it sound poor.

I hope you do not mind me giving some feedback as well as actions we will take. Thank you for your consideration and I look forward to hearing from you.



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