



Enter & View

Lathbury Manor
December 2023

healthwatch
Milton Keynes

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2 Introduction

2.1 Details of visit

Service provider	Valuecare Lathbury MK16 8JX
Date and time	Friday 8 th December 2023 – 10am to 4pm
Authorised representative	Helen Browse

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 Lathbury 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

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 by 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 can 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 COVID 19 regulations on both services and 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 4:00pm

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 four residents and three family members took part in these conversations.

In respect of demographics: -

One resident was male, and all others were female, the majority of residents in the care home are female. Of the 28 residents living at Lathbury Manor at the time of our visit there are just 5 male residents.

The average age of residents interacted with was 88 years.

The length of stay at the care home for those residents spoken to range from less than 3 months to 6years in duration.

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

4 Summary of findings

4.1 Overview

Lathbury Manor is situated in a small village location a few miles outside Newport Pagnell, the home itself is in an old manor house adapted in a sympathetic way for purposes, the rooms have large windows and for the most part high ceilings. The home is registered to provide accommodation for up to 29 people who require personal or nursing care, two of the rooms at the home can accommodate couples.

4.2 Premises

The home is set out over three floors; the main entrance leads to a dining room, two large lounges and a smaller sensory lounge. A wide staircase leads to the first-floor hallway, with the lift to the first floor situated in a corridor behind the staircase. Off this hallway are bedrooms and bathrooms, and the lift to the lift to the second floor. On this floor there is a small seating area, and these rooms have their own toilet and bathroom facilities, some rooms also have ensuite facilities.

There are large gardens, that some ground floor rooms have direct access to. Residents make good use of the grounds and garden all year round. The large fishpond and rockery are in the midst of a refurbish, thanks to the kind donation of the family of a former resident.

While the Home is clean and well cared for, we noticed an unpleasant odour in the main hallway and music lounge. We discussed this with the staff team during the visit and were advised that the area receives regular carpet cleaning, but this does not seem to have removed the smell.



4.3 Staff interaction and quality of care

There is now a registered Manager at the care Home, and a newly appointed Deputy Manager. They both spend time with residents during lunch, activities. Staff and residents said they see them as a part of the team, are comfortable chatting with them, and could raise any concerns should they arise.

The management team have also initiated a new family and friends monthly coffee morning to discuss all things related to the care home in an open forum. The first of these was held in November and was well attended with the aim of continuing throughout the coming year.

There have been no staff changes in the last twelve months and this has significantly helped with both staff and resident morale.

Staff are very well liked by both residents and family members, during our visit we observed compassion and kindness in all interactions with residents. We noted that residents smiled and laughed with staff in a very natural way suggesting that this behaviour was an everyday occurrence, rather than a display for our benefit.

All requests that we saw residents make were actioned in a timely manner, with staff informing residents of their actions and seeking consent at all times.

People told us:

'Staff are so caring and lovely.'

'So kind and caring, I know [resident] is safe here.'

'They are great, help me to remember things.'

'It helps seeing [resident] smile and, knowing they are safe, I can sleep at night.'

A new initiative in the Home this year has been that all staff wear name badges. This is not just to help residents but also family members and visitors. There is also a board in the entrance hall with photos of all staff members so people can identify staff easily. It is only on rare occasions that agency staff are used, and the Home have a preferred list of individuals that they use when required.

When talking to family members about the care provision and how they felt their loved one was looked after, the overriding feeling was that their loved one was well cared for, safe, and that staff were kind and loving toward their loved ones. There were only minor concerns over the last twelve months as they all felt they had seen such a great improvement in staff morale and seen the big difference this made at the residence. We were told that it had 'lightened the whole atmosphere' in the home.

The only things that people felt could still improve were possibly the handling of hearing aids as there had been many breakages. For those with more complex needs, a little more one-to-one time was wanted, even though all relatives said they understood this was difficult to achieve.

On a positive note, the changes that the care home has made over the past 12 months have improved things so much, that the families who said they had been considering a move now believe staying at Lathbury is the best thing for their relatives.

Meals and quality of food are always brought up in our conversations and Lathbury Manor was no different. Residents are asked in the morning what they would like to eat, and the menu is now both written and has pictures of the meals, but provision is made for those few who change their mind and, as always, there are residents who have special dietary requirements and needs. As food is prepared on site it is not difficult for most requests to be filled.

The chef was a big topic of conversation, he is very well liked. and the residents know him well. He serves lunch with help from the team each day, checking residents are happy not just with the food but with the portion sizes and he waits to see what is being eaten and what, if anything, is being wasted. The food did look and smell appetising.

Both residents and relatives were very complimentary about the meals, home baked cakes, and biscuits.

Our visit took place in December and the home was decorated to ensure that residents felt the Christmas spirit and staff had made a real effort to ensure the décor suited the scale of the rooms. With 12-foot ceilings, large trees were placed in the lounges, and the long main staircase was well decorated with a very festive garland.

The addition of a 'post-box' in the hallway allowed residents to pop their cards or 'letter to Santa' with staff posting these items meant people can keep in touch with more distant relatives.

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4.4 Social engagement and activities

The home now has a Monday to Friday activities coordinator who the residents are very fond of. She has been in the post for almost a year and has introduced a regular schedule of activities from singing to crafts and 'keep fit'. Residents are involved in coming up with additional ideas and suggestions for activities that could be added either as a one-off or a regular event.

These have included a visit from a small animal zoo, little ponies a few able residents had a trip to the theatre, so it is a good attempt to keep life interesting and active. There is a large activity board at the bottom of the main stairwell so all residents can see what is happening each day:



5 Recommendations

- ☉ We recommend replacing the carpeting in the main hallway and music lounge with flooring similar to the flooring that has been installed in the bedrooms and corridors over the last twelve months. This would resolve the issue of smell that was discussed during our visit.
- ☉ For those residents with more complex needs consider ways of enriching their daily routine by considering more one-to-one time possibly enlisting the help of befriending services through local church groups,
- ☉ Additional training for care staff removing/handling hearing aids can be provided through SARC <https://www.sarc-bid.org.uk/hearing-loss/>

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 their time in the Home.
- ☉ Consider developing 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 reminiscence therapy sessions.
- ☉ Consider engaging the support of a local Memory Club such as the one in Newport Pagnell, The Brooklands Centre, Ousebank Street, MK16 8AN Tel: 07518412389 or email hazel_reynolds@hotmail.co.uk

6 Service provider response

We have worked incredibly hard since our last visit to improve the overall home for the residents and their families, this has included several new initiatives including monthly newsletters and new signage around the home. Our care team is well established and having a permanent activity co-ordinator employed has worked well as this offers all of our residents a variety of activities including fitness and a church service monthly. As a team we are very pleased with the Healthwatch visit and comments and take on board the recommendations made to us.



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Milton Keynes

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