



Enter & View: Milton Court

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2 Introduction

2.1 Details of visit

Service provider	Milton Court – Avery Health Care
Date and time	11 th May 2023 9.30am – 4pm
Authorised representative	Helen Browse, Gill Needham and Diane Barnes

2.2 Acknowledgements

Healthwatch Milton Keynes would like to thank the Milton Court, 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 Milton Court Care Home. As well as building a picture of their general experience, we asked about experiences in relation to social isolation and physical activity. This visit followed up on our visit, 6 months previously when there were concerns raised about several aspects of the care home and was to explore residents' view of the new manager and their improvement programme.

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 had 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 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 ongoing 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 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. A lateral flow test was completed by the representative prior to the visit.

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 (see Appendix A) 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 17 residents including five who were with their family members took part in these conversations.

In respect of demographics: -

Seven residents were male, and ten residents were female

The average age of residents was 82 years.

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

4 Summary of findings

4.1 Overview

Milton Court is registered to provide nursing or personal care for up to 148 residents.

At the time of our visit the top floor was no longer in use and the new manager is considering options for its long-term use. Over the remaining three floors there were a total of 99 residents at Milton Court.

There has been a new Manager in place for just a few months, the manager has made a conscious decision to only take New Residents that 'fit' with the existing resident mix, creating a more harmonious environment, this has had a positive effect on all areas of the home.

4.2 Premises

Milton court is set out with the ground floor as majority residential care, first floor memory/dementia with the second floor for nursing and advanced care. Each floor is split into two halves with a central nursing station on the upper floors above the main entrance/reception and each floor has its own communal spaces for dining and lounge areas.

In addition, the first floor has a cinema room accessed via the central lift or stairwell, there is a cinema evening one night a week at the moment which may increase to twice a week if it proves to be popular – this is open to all residents and staff are encouraged to join in if there is space.

The bedrooms are spacious and light, most have been personalised for the individual resident and have lots of personal items making rooms feel homely.

The home has undergone a deep clean since our visit six months ago and is feeling, and smelling, clean and fresh. Some areas have been recently decorated and have artwork or items of interest on walls. Some of the communal areas are looking dated and lacking that 'homely' feel, but this is a period of change, and we look forward to seeing how these are refreshed and what input residents have had in this process.



The ground floor has access to well-maintained gardens that both residents and visitors have access to and when there are staff available there is a gardening club for residents and there are some high planters that residents look after bordering one of the patio areas.

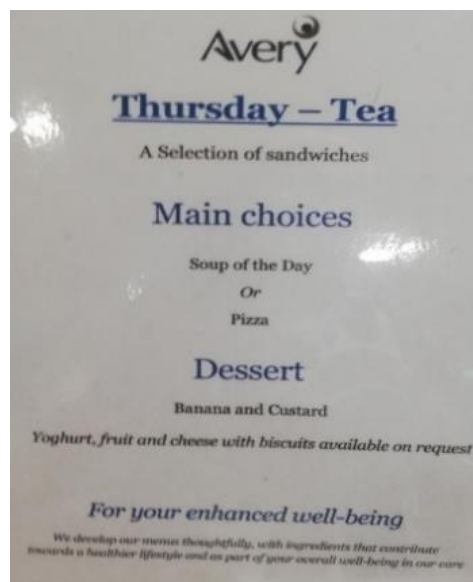
4.3 Mealtimes

Mealtimes are regular and interactive, with the dining rooms on the two upper levels set out to encourage residents to interact with each other with large tables to seat multiple residents these rooms are in use most of the day by residents chatting and having a cup of tea with friends, or just passing the time of day. the ground floor dining room is set in in multiple tables of two and is adjacent to the large lounge area.

Residents on the ground floor seemed far less convivial during lunch, the arrangement of the tables meant that many residents sat alone to eat.



The main meal of the day is lunch, with a lighter option provided in the evenings. The meals we saw served on the day of our visit looked and smelt good and we were told that if residents are not happy with the days' choices, they are offered an alternative of omelette and salad or sandwiches. Staff were, in most cases, aware of people's food preferences. Meals were given to individual residents with care, with staff ensuring that residents were happy with the choice before leaving the the meal with them. We were pleased to see that a vegetarian offer was made available.



Those less mobile or physically impaired residents who ate in their rooms told us that sometimes their food was a little cooler as they were not served first but thought that the options were fairly good.

4.4 Staff interaction and quality of care

There are dedicated teams of staff for each of the three floors with care staff and nursing staff 24 hours a day.

All interactions that were observed between staff and residents were caring and compassionate, staff taking time to talk with residents when possible, explaining medications, asking permission to enter rooms and begin any type of engagement with a resident. This was, for us, the major difference since our previous visit when we noted that staff were so focussed on 'tasks' that there was little opportunity for engagement with the residents.

The bed bound residents we spoke to said:

*"[my] personal hygiene has improved since the new manager has arrived"
"...there are more staff now too".*

We were very pleased to be told that people who were confined to their beds no longer had to wait until lunchtime to have continence pads changed from the previous day. When we asked one resident what, if any, improvements they had noticed since our last conversation with them, they told us:

"I'm always seen in the mornings and staff seem much happier".

Although this group of residents also expressed to us that they still felt a little isolated:

"a bit lonely at times"

"Someone to read to me would be nice"

"It would be nice to have someone to talk to more often"

We know that dentistry is very difficult to access at the moment, but it is an important part of resident health. Especially for those who, at our previous visit, had noted that they had not been supported to maintain their oral health, as well as for those who are beginning to experience pain and discomfort:

"I would like to go to the dentist, my new denture doesn't fit too well, and my gums are really sore"

The manager advises that they are planning on appointing a 'residents' manager' which will be one of the existing residents. We believe this is a very positive step and would encourage the manager, and the future resident's manager, to ensure that bedbound residents are fully involved in any discussions and planning.

4.5 Social engagement and activities

There are activities on offer for residents, these are displayed at the main entrance on the notice board in the coffee hub and hallway where the daily menu can also be found. Residents who are able can walk to see over to what is on, and when, and sit and have a tea or coffee together or with family.



The wishing tree has been re-introduced; during covid this was removed because it was too difficult to make any wishes come true but is now becoming a more realistic idea. Wishes for something as simple as a Chinese or Indian meal were easy to fulfil but for one lady, in her 80s, going on a plane for the first time was her biggest wish. The Milton Court team managed to make her wish come true, and her story is displayed in the reception area.



There is currently a part time activities coordinator who is well liked by residents, although her time is limited. Staff do their best to spend a little time with residents but those who are less mobile or bedbound have limited access to activities.

A family member of one bedbound resident said

“It would be great if head or hand massages could be provided, or a volunteer to read to Mum would be brilliant, she spends so much time alone”

Another bed bound resident told us

“It would be lovely to have some one-to-one time with someone regularly”

While we didn’t see any of the larger planned activities on the day of our visit, we did see several ladies having their nails painted, and they were thoroughly enjoying the time they spent with the activity’s coordinator. A couple of ladies would sit together, having a cup of tea or coffee, all chatting while choosing colours and having their nails done. We saw a few ladies in their rooms who also had their nails done but this was the only activity planned for the day.

Well-being & Activities Planner - May			
Monday 08th <ul style="list-style-type: none"> 11:00 Art and crafts Windsor & Balmoral 13:30 Bingo! Ground Floor Lounge 	Tuesday 09th <ul style="list-style-type: none"> 09:00 Hairdresser Ground Floor Salon 11:00 Ball games and Exercise Windsor & Balmoral 14:00 Quiz Ground Floor Lounge 	Wednesday 10th <ul style="list-style-type: none"> 10:00 Nursery Visit Ground Floor Lounge 11:00 Elton Visit All Floors 14:00 Exercise With Aaron Ground Floor Lounge 	Thursday 11th <ul style="list-style-type: none"> 11:00 Nail Painting Ground Floor Lounge
Friday 12th <ul style="list-style-type: none"> 11:00 Baking Ground Floor Lounge 11:00 Music & Memories Windsor & Balmoral 	Saturday 13th <ul style="list-style-type: none"> 11:00 Boules Group Ground Floor Lounge 14:00 1 to 1's Kensington 	Sunday 14th <ul style="list-style-type: none"> 11:00 Nail care and Pamper Windsor & Balmoral 14:00 1 to 1's Highgrove 	<p>We aim to deliver a range of activities to support physical, psychological, and social well-being</p> <p>One-to-one sessions may also take place where there has been an identified need to reduce the risk of social isolation.</p> <p>Trips out and linking with the community also take place.</p>

There was an electronic puzzle machine available, but it was not in use or switched on during our visit. There were also a selection of puzzles available, but no-one was playing any games or showing any interest in them, this maybe an indication of a need for more staff led activity time, although this would have an impact on staff capacity.

There is an onsite hairdresser and if she is booked, she will go to individual rooms within the home, this is an additional cost, but many residents enjoy this as it makes them feel good.

4.6 Additional findings

The new manager has implemented many changes, a few of which are:

- a deep clean of the care home,
- reducing the number of residents to a manageable number for staffing levels, and increased the staffing levels,
- only accepting new residents that are a good 'fit' with existing residents

Staff are confident, smile, chat and this is most evident in the calm and relaxed atmosphere on all floors within the care home.

The outcome of these changes is for residents is heartening to see, and the uplift in staff morale since our visit six months previously was noticeable. We look forward to seeing this new-feel atmosphere continue.

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 reminiscence therapy sessions. This was discussed in previous visits, but the local school visits could not continue due to covid, this should no longer be a barrier.
- 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.
- Explore options for more varied activities that could be inclusive of those less mobile residents or look at designing an activity program specifically bedbound residents, particularly those who also have sight and hearing impairments.
- Consider ways to provide a more communal lunchtime layout on the ground floor, as we noted many residents sitting alone. The music was very loud which is not conducive to conversation, especially for people with hearing impairments and for those who are beginning to experience any cognitive decline.

6 Service provider response:

4.2. Premises

“Some of the communal areas are looking dated and lacking that ‘homely’ feel,” – This is by opinion. Our home has been described by many people as “homely”. Our home is kept up to date with support from our maintenance team and regional support decorators.

4.3 Mealtimes

“Residents on the ground floor seemed far less convivial during lunch, the arrangement of the tables meant that many residents sat alone to eat.” – We have taken this on board as we have not changed tables from COVID, we have now changed the layout of the tables so there is no need for residents to be sat on their own unless it is their preference.

“Those less mobile or physically impaired residents who ate in their rooms told us that sometimes their food was a little cooler as they were not served first but thought that the options were fairly good.” – This is incorrect that it is residents that are less mobile or physically impaired who eat in their rooms, we are inclusive and encourage all residents to come to the dining room experience it is a resident’s choice that they eat in their room. We have however changed the process of serving and serve out residents in their rooms first. With a dining experience audit carried out every day by either Home Manager or Deputy Manager.

4.4 Dentistry

“We know that dentistry is very difficult to access at the moment, but it is an important part of resident health. Especially for those who, at our previous visit, had noted that they had not been supported to maintain their oral health, as well as for those who are beginning to experience pain and discomfort:” – This we are aware of and currently in the process of getting every resident registered with a dentist. Families are very supportive in helping us get dentist appointments to maintain good oral health.

4.5 Social Engagement and activities

We are currently recruiting two more well being staff to join the team and support the residents in 1-1 care. We do currently have 1-1 program for the residents unfortunately Healthwatch did not witness on the visit. We have a case study attached to show and insight into what we do provide for our residents who are bed dependant.

We thank health watch in coming to see our home and writing so many good things about us. Its refreshing to read that Healthwatch can see such an improvement in our home from the last time they visited.

Appendix A

About You (Optional questions)				
Your Name				
How long have you been living here?				
Your provider and your care	Yes	No	Don't Know	Comments
Do your carers treat you with respect and dignity?				
Have you read and signed your support plan?				
If you were unhappy about your care, could you tell someone? Who would you tell?				
Do you think the people who look after you would fix any complaints you had?				
How have your carers helped you stay active/engaged?				
How have your carers helped you stay in contact with friends/family?				
Your Choices	Yes	No	Don't Know	Comments
Do you get to choose your food?				
Do your carers ask your permission before helping you?				
Do you have enough interesting things to do?				
Do your carers give you the information you need to help you make choices?				

Are there always snacks and drinks available when you want them?				
Safeguarding, dignity, and privacy	Yes	No	Don't Know	Comments
Do you feel safe?				
Do you think there are enough staff?				
Have your carers told you what to do if you feel unsafe or at risk?				
Concerns				
Is there anything you don't like about your carers?				
And Finally				
What is your favourite thing about your carers/living here?				
If you could change one thing about your care, what would it be?				



healthwatch

Milton Keynes

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