



# Enter & View

Milton Court

April 2024

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**healthwatch**  
Milton Keynes

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# 2 Introduction

## 2.1 Details of visit

Service provider	Avery Healthcare
Date and time	10 <sup>th</sup> April 2024 between 9.30am and 4.30pm
Authorised representative	Helen Browse, Hazel Reynolds, 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 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.

## 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.<sup>1</sup> 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.

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<sup>1</sup> <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.

Authorised Representatives (ARs) arrived between 9.30am and 10.30am and actively engaged with residents between 9.30 and 4.30pm

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 20 residents and family members took part in these conversations.

In respect of demographics: -

Five were male, and fifteen s were female.

The age range was between 76 and 100years of age with the average age being 89, two residents spoken to were under 80, four aged between 80-90 years with eight over ninety and six declined to give an age.

The length of stay at Milton Court for those residents engaged with varied from a few months to several years:

Under one year = 9, One to four years = 7, Unknown = 4

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

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# 4 Summary of findings

## 4.1 Overview

Milton Court is registered to provide nursing or personal care for up to 148 residents over 4 floors. At the time of this visit, there were 94 residents living at the Home over three floors as the top floor remains unused. The Ground floor, named Sandringham is the residential floor with the first floor, named Memory, housing residents with Dementia or cognitive impairment, and the third-floor houses those who require nursing care.

There was a new manager in place on this visit, the fourth manager over the period of our three most recent visits. We were pleased to observe, and to be told by residents and their families, that they feel this manager is very resident focussed and is well liked by the people who live in the Home.

There was a calm, quiet atmosphere throughout the care home, observed in the demeanour of staff and residents.

## 4.2 Premises

The ground floor reception area has a coffee lounge for residents, visitors and family which leads onto the gardens. This was in use all day during our visit and visitors really like the option to sit here with their family members rather than in bedrooms. It is a bright welcoming space, and visitors are invited to use the tea and coffee facilities, there is also homemade cake to tempt both residents and visitors. Staff maintain routine medication rounds and non-personal care by carrying out these tasks in the coffee lounge, where appropriate, rather than disrupting a residents

Next to the coffee lounge is a fully equipped hairdressing salon that residents can book and make use of. The hairdresser will also make room visits to those who cannot come to the salon.

Also in the main reception area is a dog friendly station with drinking water and a basket of toys and is maintained by a resident who loves dogs. This is also a nice example of a meaningful activity for the resident.

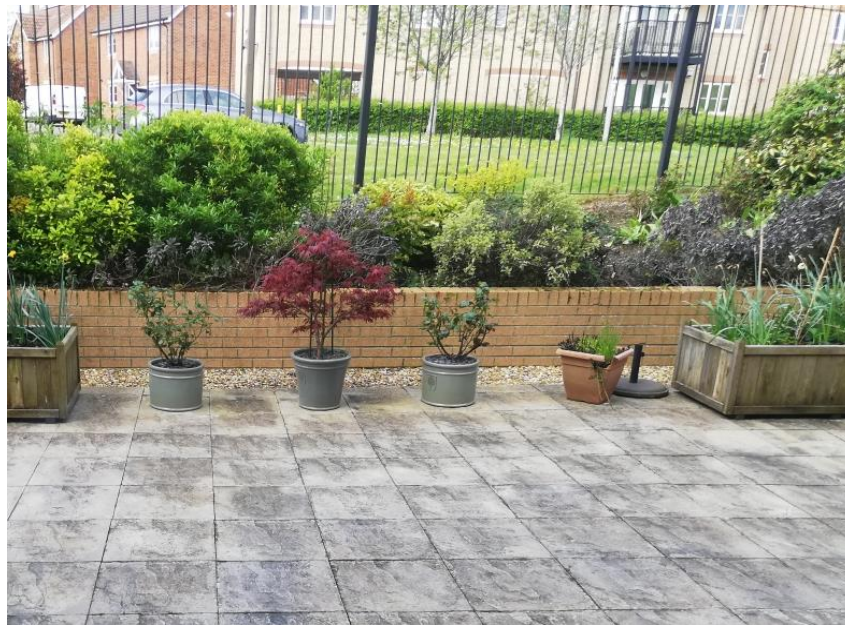


Residents can request anything from a request for a take-away dinner to 'wing walking' on an aeroplane. Staff will try to make



wishes come true, and the accounts of the wishes that have come true are contained in book of wishes in reception for visitors to read.

The ground floor has a large lounge where daily activities take place which leads to the dining room and looks out onto the gardens.



Each floor has a central point located at the main entrance to the floor where the lift and stair access and bedrooms branch off to the left and right, mirroring the ground floor main entrance. On the upper floors, this area also acts as the nurse's station.

The Memory floor and at the time of our visit housed 32 residents and the second floor provides nursing and other more advanced care needs. At the time of our visit there were 36 residents receiving nursing care.

Each floor has its own activities and daily routines. There are activities plans for each of the three floors in the care home.

There is a similar layout on each of the three floors, each having their own dining rooms, lounge area and each of the three floors has a lounge next to the dining room. the décor on each floor is different to ensure that residents can see they are in a different area of the building. Not just the soft furnishings and seating but the wall art is quite distinctive on each floor in order to help residents identify their own area of the care home.

Residents often spend a large amount of time in the dining rooms, often moving to the lounge for an activity then spending their time between the two rooms, making these the social hubs of the care home.

On the Memory floor there is a cinema room, it was not clear if there is a program of films or if residents from any floor can choose a film when they wish.





A Sensory Room has been created and residents can use this at any time. There is also a quiet seating area in the corridor outside which is a welcome addition to this floor.



### 4.3 Staff interaction and quality of care

Staff were observed during their routine activities throughout the day and residents and family members were asked for their feedback, particularly whether they felt staff treated residents with dignity and respect. People’s responses were, on the whole, positive, with residents and family members telling us they found staff to be friendly and helpful. These comments reinforced our observations that staff always knocked before entering people’s rooms and spoke to residents before carrying out any care or assistance.

There were some comments where people felt staff could be a little rough when carrying out personal care, although people also told us that this could be more of a communication issue where residents were not clear what the care staff were saying so did not respond but staff continued with the care.

These residents felt that staff spoke ‘at them’ not ‘to them’ and did not wait for a response before they continued with the care. Residents told us that they did understand that the staff are very busy but felt that the little time staff were able to spend with them was important. They felt that they should have the staff members full attention during these interactions, but that this was not always the case.

Family members commented that there seemed to be more staff recently but felt there could still be more.

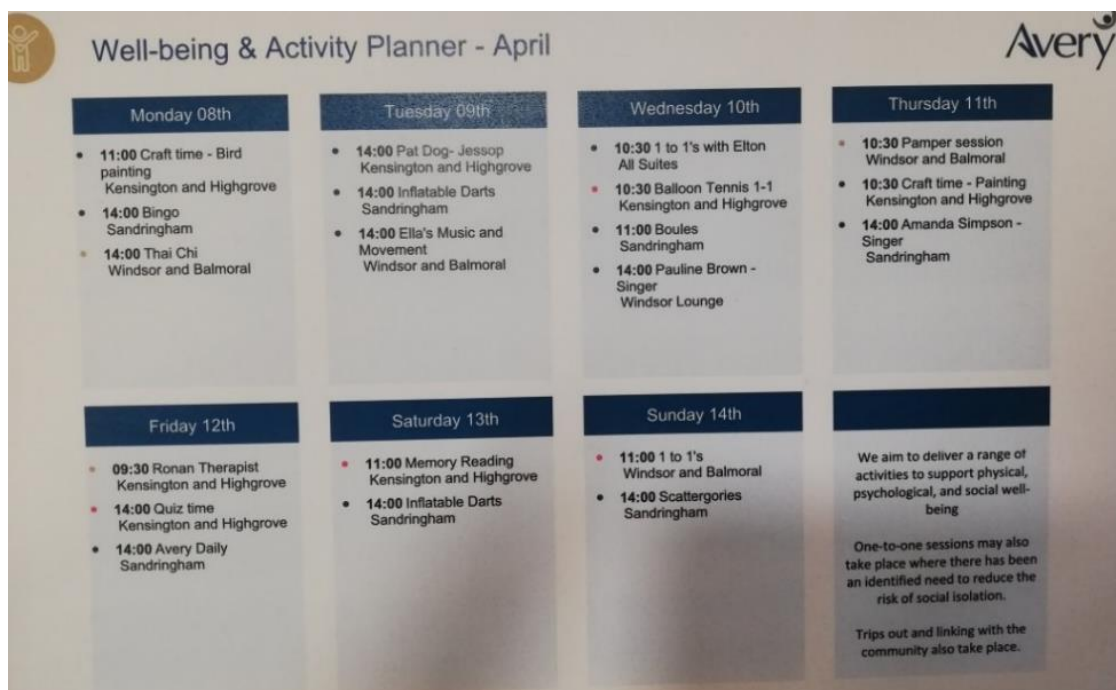
Residents commented that the water in their rooms was often only topped up daily, because there was still water in the jug. The water jugs should be emptied and washed before being refilled. Residents we spoke to about this suggested a date label should be put on jugs to show when they were last refreshed.

All family members we spoke to told us that they felt their loved ones were safe. One family member told us that the Home staff called to let them know, and even get their agreement, with any changes or updates to all types of medication including ibuprofen and vaccinations.

We were asked by family to specifically mention the first floor cleaner, who is as much appreciated for the pride they take in their work as they are for their friendly personality.

## 4.4 Social engagement and activities

There is an activities team who provide a varied schedule of events for the residents on each of the floors, there is a calendar of events for residents and family members to see. Most events take place in the lounge areas on each floor, residents are welcome to attend events on other floors if they would like to.



On the day of our visit, we observed 11 residents taking part in the seated exercise session on the first floor during the morning. The singing in the afternoon was very popular with 27 residents getting involved. The morning exercise event was run by inhouse activities staff while the afternoon event was a visiting entertainer. Activities staff were helping to coordinate as residents from all floors attended the event.

The activities staff are well liked by all residents. They spend one to one time with many residents, so they are familiar with likes and preferences, and they also know who might need some gentle encouragement or a reminder about particular activities.

There are one to one activities for those less mobile residents or, if it is preferred, this time can be just about companionship. As always, this group of residents told us they would like more of this as they are not able to join in the majority of the timetable.

When residents were asked if they had enough interesting things to do, they said:

‘Love the company, music and singing’

‘Would like to go to the lower floors more often’

‘We like that there’s a chiropodist, dentists, hairdressers and regular GP visit all booked for Mum’

One resident who told us they didn’t get involved much; tended to sit quietly in their room, when we asked what they had enjoyed doing in the past, said that they liked animals and used to enjoy gardening.

More people than usual talked about religious services during this visit. The current resident population at Milton Court tell us that they value the regular services that are put on for them but would also like more ‘internal’ opportunities for prayer and fellowship. This was especially true on the Memory floor. It may be that people on this floor do have the same opportunities as those on the other floors for worship but are having a harder time remembering. In any case, there is a fairly strong desire by residents for more regular access to faith groups.

## 4.5 Meals and Dining Experience

The three floors are quite different at mealtimes which reflect the needs of the resident population on each floor. Lunch service begins at 12:30 on all three floors, we observed that the activities team help the care team with the meal service.

Seating for dining is arranged in tables of two and four which allows dining to be a sociable experience for residents.

Sandringham; Ground floor: The dining room here was full by the time one of the residents arrived, wanting to have lunch in the dining room. Because the dining room was full, and the lounge had already been set up for the afternoon entertainment, the resident was turned away to go back to his room. We were disappointed that there was no way found to seat the resident as the mealtime company is the highlight of the day for many residents.

Memory; First floor: Many residents need assistance on this floor which puts a strain on staffing numbers. The dining room here was well attended although many residents also stayed in their rooms to eat.

We saw one resident in their room trying to eat the Bolognese sauce and vegetables with a knife and fork but, without a table to provide support, the food was sliding off the utensils and going all over their clothes. One of the ARs went to the dining room, where lunch was still being served, and asked if someone could assist. One of the team hurried off to the resident’s room but the comment to the AR was that they usually just wait and go and clean the resident up after the meal. As very little food was reaching the residents mouth, this approach has to be questioned.

Nursing; Second floor: The few residents that were mobile were seated in the dining room; most people were in their rooms. Many of the residents on this floor need assistance which means the meal service takes longer. This means that some people’s meals are being served later which might be the reason people on this floor told us that their meals were often not hot.

One resident was asking, at 1pm, when lunch would arrive as they were hungry. This person is also diabetic and, with a large clock at the foot of their bed, was getting a little impatient.

Residents on this floor were asked what they would like for lunch, a choice of two options one meat one vegetarian, just before they were served.

The meals looked and smelt lovely, the portions were generous, and residents complimented the food.

The only criticism, other than the temperature of the food for those on the nursing floor, was from vegetarian residents. There is a reasonably high number of vegetarian residents living at Milton Court, with a very limited vegetarian menu. Issues for vegetarian residents were noted in one of our previous visits also.

# 5 Recommendations

The overall impression of life at Milton Court was good. However, there are a few suggestions that could improve resident wellbeing:

- Hydration is important for residents and regularly changed, fresh, cool jugs of water in rooms may encourage people to drink more. Adding date labels to the water jugs, as suggested by the Resident group, could be a positive step.
- Consider ways of improving staffing levels during lunch service, particularly for those who require assistance or are bedbound. Staggering the start of lunch service across the floors may help.
- It could be beneficial to the residents to explore ways to increase their access to faith-based activities. This might include working more closely with local church groups to provide more tailored programs for residents. Reminders to residents about upcoming planned services may help, as would holding some services on the memory floor.
- Using the Activity team's one to one sessions with residents to explore old pastimes, passions, or hobbies may provide inspiration for activities that could happen in people's rooms. It may even provide some motivation for people to leave their rooms to take part.

# 6 Service provider response

- Hydration is important for residents and regularly changed, fresh, cool jugs of water in rooms may encourage people to drink more. Adding date labels to the water jugs, as suggested by the Resident group, could be a positive step.

Hydration stations and room refreshments are monitored closely by staff and the hostesses.

Fluids are encouraged during the day especially during the hot weather.

Labels added to water jugs

New water jugs purchased

Hydration station changed daily, and dates applied to containers. Observations during walk rounds to ensure that residents always have a drink within reach.

- Consider ways of improving staffing levels during lunch service, particularly for those who require assistance or are bedbound. Staggering the start of lunch service across the floors may help.

All nursing and care staff are asked to assist with meals.

Modified and meals for those residents who are in bed are served first.

One staff stays in the dining room and serves other residents who are able to use the dining room.

- It could be beneficial to the residents to explore ways to increase their access to faith-based activities. This might include working more closely with local church groups to provide more tailored programs for residents. Reminders to residents about upcoming planned services may help, as would holding some services on the memory floor.

Religious and spiritual folder developed to aid staff to support residents

Church service is given monthly and is on activity planner.

Individual religious denomination are available for residents to access should they wish to access it. Manager to discuss this at resident's meetings.



- Using the Activity team's one to one sessions with residents to explore old pastimes, passions, or hobbies may provide inspiration for activities that could happen in people's rooms. It may even provide some motivation for people to leave their rooms to take part.

Activities and staff to spend time to encourage residents to talk about past life experiences. This could be achieved many different ways. For example, using the nail bar, playing one to one games, reading etc

Activities planner to include more one to one sessions and to record on Fusion.

Residents have requested an art studio, the small lounge on one of the units will be turned into an art studio.



## 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

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