



Kents Hill

# Enter & View

Kents Hill  
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**healthwatch**  
Milton Keynes

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# 2 Introduction

## 2.1 Details of visit

Service provider	Maria Mallaband Care, MK7 6JD
Date and time	Friday 5 <sup>th</sup> July 2024 10am to 4.30pm
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 Kents Hill 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.<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 understands the ongoing 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.

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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.

The Authorised Representatives (ARs) arrived at 10am and actively engaged with residents between 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 seven residents and their family members took part in these conversations.

In respect of demographics: -

Three residents were male, and four residents were female, with residents ranging in age from mid sixties to over 100 years of age with an average age of 86 years.

The length of stay at the home was very varied, some residents only a few months and others over three years so there was a broad range of both time at the Home, age and gender in the sample of residents spoken to.

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



# 4 Summary of findings

## 4.1 Overview

Kents Hill Care Home is a purpose-built care home, located in a residential area of Milton Keynes, and registered to provide accommodation for people requiring personal or nursing care for up to 75 residents. We were told during our visit that they only have capacity for 72 residents, and at the time of our visit, there were 71 residents with one person booked in for three weeks respite care to the only available room.

The home was initially registered to provide care for people over 65 years, but due to changing demands for adult care, this has been extended to include people under 65 years of age. The home provides residential, dementia and nursing care alongside support to Willen Hospice for End-of-Life Care.

## 4.2 Premises

The home is set over three floors: Chaucer and Milton Suites are on the Ground floor and have 28 bedrooms catering to people who need residential care and people with mild dementia. The middle floor is known as Nightingale and has 28 bedrooms for nursing and dementia care, and the top floor is Forget-me-Not, which has 16 bedrooms for residents who require nursing and dementia care.

The ground floor has a large lounge and dining room that both lead onto the large, enclosed patio which has been laid out with lots of seating and cover for residents, with foliage and raised beds. The residents who like to garden are able to help tend this area.



The décor on the ground floor is very simple. The corridor from reception to the lounge and dining area, with bedrooms to the right and left, takes you past the kitchen and laundry to the Bistro, which is where staff take their meal breaks, and on to a smaller seating area that residents like to use for morning coffee and tea. Past this area are more bedrooms and a small lounge. Many of the ground floor bedrooms have direct access to the patio area.

This is also where the stairwell and lift are situated to access the upper floors. There was no evidence of dementia friendly signage on this floor.

We noted that the middle floor décor was functional and bland, not reflecting the fact that this is home to the residents, but rather that it is 'a Home'. We observed that there was very little room information and, for those with dementia, very few visual clues given by the décor or signage.

The top floor was much more reflective of the dementia care provided. The décor was more appropriate with good signage and visual information such as room numbers and names. We noted that the home was very clean and tidy, although there was an unpleasant odour on entering the top floor from the stairwell.



### **4.3 Staff interaction and quality of care**

Mostly residents reported being very happy at Kents Hill, with both the carers, staff, and the home in general.

In conversations we had with residents, we were given feedback ranging from good to excellent when we talked about the quality of care they received. The residents who had spent time in other care homes prior to moving to Kents Hill told us they felt very safe and happy here.

During our visit we observed a member of the care team doing crossword puzzles with a resident. From the conversation and laughter we heard between them, the resident appeared to be thoroughly enjoying this time.

Staff not knocking when entering residents' rooms was commented on by a few residents, this was possibly highlighted because our AR did knock and wait to be invited in before entering, and also asked for consent before starting the conversations. After hearing these comments, our AR paid particular attention this and observed that while the day staff were generally chatty and friendly, none were observed to obtain consent to enter bedrooms or carry out their tasks. One resident said that they found it quite disturbing when, watching television in bed in the evening, carers come into the room, don't speak, then leave.

***“Could they knock before coming in the room please – especially at night”***

***“...they just enter room and chat but always friendly, kind and even the cleaners, everyone chats and is very friendly”***



This could be because care staff are trying not to disturb people while carrying out routine tasks however, it appears that staff may need reminding about the importance of gaining consent before helping people in order to maintain people's dignity and autonomy.

***"I just wish I felt like my space was mine not an open space where people just wander in"***

The receptionist was singled out by residents and visitors alike. She was mentioned by all relatives as being a particular support in any difficult time and we saw that she has a constant mix of residents sitting chatting with her during the day in the bright welcoming entrance to the home. She was smiling, chatting, people told us that nothing was too much trouble for her and said that she was a real credit to the care home.

Overall, residents and their family members report that they feel safe and are happy with the care and the staff, although there were a small number of concerns that were raised with us on the day. One resident said:

***"...just walk into the room, tell me what they are doing, they are kind, lovely people but they take my glasses off to wash my face and forget to give them back and they are often out of reach..."***

And a visitor told us that, on more than one occasion, they have arrived to find that their loved one needed personal care and when they have approached staff for assistance, they have been told 'that's not my job'. We were told that the visitor has approached staff in different coloured uniforms, but that they don't know what role the colours signify. Instead of that staff member offering to find get the right person, they have walked away leaving the visitor to go searching for someone else to help them. We raised this with the manager on the day of the visit, they were disappointed as 'not my job' is not the ethos that the care home promotes. The manager even has a poster on their office wall to this effect.

## **Dining Experience**

There are slightly staggered mealtimes on each floor beginning at 12.30 to allow meals to be delivered to each floor whilst hot, and to ensure sufficient staff are available for service, we saw that the lifestyle staff all helped at lunch time as well.

The ground floor dining room was well attended, seventeen residents were seen sitting awaiting service before the doors were closed to the dining room. We didn't see anyone eating in the ground floor lounge. We saw the staff bring a late arrival was to the dining room but, when they changed their mind and said they would eat later, the staff were obliging and took them away again. Space was left at tables to accommodate wheelchairs.

The middle floor was laid for four residents however on the day of our visit, only two ate in the dining room. The top floor had five residents in the dining room having lunch. Many residents were eating in their rooms, some due to immobility, some purely by choice. People who chose to eat in their rooms felt that the meals, especially the vegetables, were sometimes too cold by the time they were delivered to them. Other than that, residents told us the food was lovely, they enjoyed the variety offered and relatives told us that they were always offered a plate if they were visiting during mealtimes.



There are clocks in each of the dining rooms which can be very useful to residents, especially those with dementia. However, we noted that none of the clocks showed the correct time or, indeed, the same time which lessens the benefit of having them at all.

The menu is given to residents in advance and is also on display in reception, family members are also sent copies of the menu which is on a four-weekly rotation. The menu for the day of our visit showed a good mix of vegetarian and meat option. No-one we spoke to had required a vegan offering.

The people we spoke to told us the food was lovely, and that snacks and beverages were always available. Because families were also sent a copy of the menu, some would bring food in if they saw planned meals that their loved ones wouldn't like, it was unclear whether they had asked for an alternative to be offered. No-one we spoke to had been involved in any discussion around menu planning.

The interactions that were observed during lunch were kind and caring, residents were at ease, happy to see staff and interacting positively with each other.



## 4.4 Social engagement and activities

There are activities planned for each day and these are on the notice board on the ground floor, given to residents and sent out to family members on a weekly basis.

There are 3 full time activity staff or Lifestyle Coordinators per floor. In addition to the lifestyle programme within the home, there is access to an online choir for those who wish to participate. A local primary school and a mums group come into the home for art groups which are held in the Bistro on the ground floor.



During our visit there were no group activities observed. There were several one-to-one sessions on the middle and top floor. Residents we spoke to said they felt that there were more activities held on the ground floor than the others, so felt that they were missing out.

Looking at the activity schedules, it appears that this does not seem to be the case, this may be a commentary on the types of activity available on each floor. The men we spoke to felt that there were more activities aimed at the women than at them. This perception may be a reflection of the level of involvement that residents have in choosing what type of activity or entertainment that is provided.

Several schools have students doing work experience at the home during the summer.

# 5 Recommendations

- Reminding staff to seek consent when entering a bedroom, or before providing personal care, would improve the feelings of both safety and autonomy for residents.
- Consider ways of improving the odour on Forget Me Not when entering from the stairwell, this might be achieved with a change in flooring, if that is possible, then more regular carpet cleaning might be an option.
- Involving residents more in the choices they have, menu or activities for example, would enhance the community spirit that Kents Hill works to develop.
- 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>

# 6 Service provider response

Please see below responses from Kents Hill.

- Reminding staff to seek consent when entering a bedroom, or before providing personal care, would improve the feelings of both safety and autonomy for residents. The importance of announcing themselves to Residents prior to entering any room has been reiterated to staff. It is something that is purposely monitored during Managers Daily Walkarounds to ensure that this is occurring, and in instances where it is not, that the importance of doing so is reinforced to all. It is important that the fact this is our Residents home is not lost on staff, and that Residents are afforded the same courtesies here as they would be shown should they be cared for at their own properties, is something that is something very important to us.
- Consider ways of improving the odour on Forget Me Not when entering from the stairwell, this might be achieved with a change in flooring, if that is possible, then more regular carpet cleaning might be an option. Part of regular cleaning, we carry out deep cleaning of rooms and corridors. We are also in the process of changing flooring from carpet to Vinal for some areas of nursing unit for infections control/ prevention and to support resident needs.
- Involving residents more in the choices they have, menu or activities for example, would enhance the community spirit that Kents Hill works to develop. Residents' meetings have been scheduled for every other month throughout 2025 to ensure that Residents are given the opportunity to be involved in the decisions being made within the home that impact their daily lives. We strive to ensure that all of our Residents have a purposeful and fulfilling life during their time with us. Whether this is in part due to the Activities carried out within the home, the Menu and Dining experience, we want them to feel as though their opinions count and are what motivate us moving forward. Management have an open door policy at the Home whereby Residents and family are aware should they have any concerns or suggestions for how we could offer better / different





## 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.

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