



Enter & View

Woburn Sands Lodge – MK17 8RZ
September 2023

healthwatch
Milton Keynes

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2 Introduction

2.1 Details of visit

Service provider	Accomplish
Date and time	27 th September 2023 between 9.30am and 3.20pm
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 Woburn Sands Lodge 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.

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 lasting impacts of the COVID 19 restrictions on services, and those who use the services, as well as 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 9.30 and actively engaged with residents between 10:00am and 3.20pm

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 5 residents and one family member took part in these conversations.

In respect of demographics:

Three residents were male and two were Female with ages ranging from 18 to 65 years

One residents' family were visiting during our visit and spent time talking with us.

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

4 Summary of findings

4.1 Overview

Woburn Sands Lodge is registered to provide accommodation for up to 10 residents who require personal or nursing care. At the time of our visit there were eight residents, with one person away on a holiday, and one in hospital. This is a small, specialist Care Provider, and residents are placed through treatment centres and GP referrals across the county.

4.2 Premises

The home is a converted house set over two floors. There is a large communal lounge and dining space, and well-maintained front and rear gardens. The property is close to the local railway station and the centre of town with easy access to Milton Keynes.



There is a covered smoking area for residents along with seating in the garden, a patio area, and a barbeque. One of the staff also brings their dog into the home regularly which most of the residents seem to enjoy, one person told us that they particularly like to take the dog for walks. The front garden also has a small seating area and a bird table – which can be seen from the large bay window in the lounge – that would be nice to sit on a sunny day as the property is on a busy road so lots to see.

Although much of the care home has had redecoration work this appeared to be surface level decoration, the lounge had new furniture and paintings on the wall. The AR noted that there was a large area above the bay window where there has been a leak in the old crown moulding which has been painted over but not repaired. There were some other areas where it appears that repairs have not been carried out prior to the painting taking place. The fresh paint gives a nicer appearance, but this is only cosmetic, and repairs are still needed.

Many of the bedrooms have been finished and the flooring throughout the home is now almost completely updated to a simulated wood flooring which looks good and is more practical to clean and maintain.



The dining room is spacious and is used for games and social events in addition to meals. During our visit, we observed residents and staff sitting together playing Dominoes. The room is also used by staff to complete their case notes.

There is a kitchenette in the dining room which means people can make tea and coffee without having to go to the kitchen.

The residents have access to the kitchen and are encouraged to make their own breakfast and lunch. Although the evening meal is cooked for residents, they are also able eat something of their own choice.



The evening menu is displayed in the kitchen for everyone to see, along with the name of the staff member who will be cooking and serving dinner each night. There is also helpful information in the kitchen for meal preparation and shopping suggestions.



Weekly Food Menu						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lasagna with sauce and garlic bread	Chicken Curry with rice	Beet stew with dumplings	Spaghetti Bolognaise with garlic bread	Fish and chips with mixed veg	BTWICH	Rose dinner
marla/ashley	vivian	Nancy	ashley/marke	Wendy	Nancy	Wendy

The lounge is spacious with ample seating for residents and visiting family members, with a computer at the rear of the room for the residents' use.

The bedrooms are very individualised, and most are ensuite. The two rooms on the upper floor are more like small studios with kitchen facilities and most bedrooms are decorated to each residents preferred taste.

4.3 Staff interaction and quality of care

Residents largely have flexibility to do as they please within the context of their placement at the Lodge. The level of one-to-one time with care staff varies according to resident need, ranging from no hours up to six hours a day for the residents that were at the home during our visit (one to one time is allocated during daytime hours).

During our visit residents were thinking about getting up and about when we arrived but some did not surface until midday. In the morning, and late morning, they were preparing their own breakfasts with some eating in the lounge and others in their own rooms. Staff were encouraging them to eat, get up and about, but some residents did not wish to leave their rooms. Staff were observed to be understanding and caring during these conversations.

It was clear from speaking to people that staff were well-liked with long-term residents telling us they had their favourites, but that they liked all of the staff.

Residents that were spoken to told us they felt safe and that they trusted staff.

One of the residents had been admitted to hospital so staff member are being assigned 12-hour day shifts to stay with them at the hospital. Usually, this resident's care plan allocates one to one care for 6 hours a day, but the staff team felt that this resident would not cope well alone at the hospital all day. We managed to speak with a member of staff who has been on the rota for hospital duty to see how well the interaction is going. We were told that it works very well for the resident, but the care staff have been disappointed in the attitudes and interactions they have had with hospital staff.

The wellbeing of residents is well considered with the Manager building relationships with the local GP practice, and ensuring Annual Health Checks are booked. Flu & Covid jabs are booked for both residents and staff at the care home. A chiropodist visits on a six-weekly basis, all residents are informed of the visit and can choose to have an appointment if they want one. Annual sight tests are also arranged and carried out on the premises. The Manager has also booked dental appointments for two of the residents.

4.4 Social engagement and activities

There are photos of past activities on the wall. The family of one resident told us how they liked being taken for a drive, and stopping at a coffee shop, as the home has a company vehicle, this is possible when staff have time. Most residents go out to the local town for their shopping, some will go with a member of staff and others are able to go alone. Some residents are able to get themselves to the local train station and will go out for a day by themselves. There are board games available and, if residents want to, staff are happy to play with them.

One resident said that it was a shame they don't go out all together as much anymore. This could be a result of the mix of residents changing which makes it more complex to arrange things that everyone would enjoy.

Where the computer is located there is a 'tree of life' wall decal showing all the care staff by picture for residents along with a wall of activities and events that residents have taken part in.



The Manager is very proactive and has asked for suggestions for groups or activities that residents could attend to enrich their time, whether it be a one-off activity or a more committed time for a range of possible activities.

5 Recommendations

Based on this visit, no issues were identified through interviews or observations.

Suggestions, as requested, for further enrichment and/ or training for residents:

<https://www.cnwl.nhs.uk/services/recovery-and-wellbeing-college>

<https://www.camphillvillagetrust.org.uk/>

<http://york-house.org.uk/>

6 Service provider response

I can confirm that since your last visit, we have had a vast amount of refurbishment completed 😊 We have had a new patio laid in the garden, whole interior repainted, new bathroom, and various other maintenance work done. Also, the photo on the front of the brochure is old! 😞 we have not had a red front door for a few years. The front door is painted white but must say could do with a change!

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?				



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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