



Enter and View

Castlemead Court

7th August 2025

healthwatch
Milton Keynes

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2 Introduction

2.1 Details of visit

Name of home	Castlemead Court, Newport Pagnell
Service provider	Excel Care
Date and time	7 th August 2025 9.30am to 4pm
Authorised representative (s)	Helen Browse & Sarah Hibble

2.2 Acknowledgements

Healthwatch Milton Keynes would like to thank the service provider, staff, service users and their families for contributing to this Enter and View visit, notably for their helpfulness, hospitality, and courtesy.

2.3 How we gathered the data

This report is based on our observations and the experiences of the residents, relatives and staff we spoke to on the day of the visit.

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 identify safeguarding issues specifically. 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 staff member wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission, 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 Highclere Care Home. As well as building a picture of their general experience, we asked about experiences in relation to social isolation, physical activity, and the experience of those residents with additional communication needs.

3.2 Strategic drivers

Healthwatch Milton Keynes will be working in partnership with Milton Keynes Council, undertaking aligned visits, as well as continuing our independent programme of 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. 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.

4 Overall summary

Castlemead Court Care Home is a purpose-built nursing home set over three floors, situated in extensive grounds on the edge of the town centre in Newport Pagnell. Castlemead Court is registered to provide accommodation for up to 79 people requiring nursing or personal care. At the time of our visit there were 73 residents at the home. The home is reached via a long driveway off the main road, which provides privacy, reduces road noise, while still allowing the more able residents easy access to the town centre. There are large front gardens which are used for many social activities.

Residents told us they were able to make choices about most aspects of their life in the home.

5 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 4:30pm

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.

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A total of nine residents and family members took part in these conversations.

In respect of demographics: -

- Seven residents were male, and two residents were female
- Residents ranged in age from mid-sixties to late eighties with an average age of 81 years.

The length of stay at the home for the residents we engaged with varied from just a few weeks to a few years to over five years, so a great variety of experiences from both residents and family members.

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

6 Summary of findings

6.1 Overview

The home is set over three floors with distinct separation between areas and easy access via the lift for residents and visitors. The décor on each of the three floors is subtly different so residents can easily recognise their own floor.

The location of the home gives easy access for visitors, and for those more mobile residents it allows trips into the local town centre, for those less mobile the large garden provides good outside space.

The purpose-built home has wide corridors that are light and airy, the bedrooms that we saw have good natural daylight and all rooms have ensembles.

6.2 Premises

The home is laid out over three floors: with 29 nursing and frailty beds on the ground floor, 30 general residential and dementia beds on the first floor, and 24 beds on the 2nd floor for residents with dementia. There is coded lift access to all floors. It was noted during the visit that on two floors there was an unpleasant odour and that the corridor floors were a little 'sticky' but looked perfectly clean and were seen to be cleaned throughout the day.

The home has large gardens to the front where many activities take place, including some that involve the local community. There is a good parking area at the front of the care home with both step and ramp access to the main reception area.

Residents are free to furnish and decorate their rooms to their personal taste as long as safety standards are met. Most rooms have views over some green space.

The main reception area is often used by relatives to meet with their loved ones. There are quiet spaces on each of the floors which are available for families to meet with residents outside of their rooms if they wish.

Each of the dining rooms has plenty of room for wheelchair access and the tables have spaces for a wheelchair where appropriate.

There is room for improvement on dementia friendly signage, and this was discussed with the management team at the time of the visit.

6.3 Staff interaction and quality of care

The home provides a full laundry service; it requires residents' clothing be fully labelled with resident's name to enable safe return of the correct clothing to residents.

Residents who require assistance with bathing told us they would like the option of a shower or bath every few days as currently they are only offered bed baths.

The residents and families we engaged with said they felt safe and well cared for. They said were sure that if they needed anything staff would help them. The interactions we observed during our visit were all positive and we were told that staff were always kind and respectful:

"Always respectful, don't know but that's okay with me."

"Carers are good".

"Happy here, being looked after well."

"Carers are nice."

" Most carers Very good."

Family and residents can raise any concerns they have concerns at regular meetings or by leaving messages, feedback, or suggestions in the 'Your voice Matters' box at the main reception.

The staff team organises podiatry, optometry and/ or dental appointments when appropriate, and in consultation with family members if needed. Castlemead Court has a fully equipped hair salon on site with a weekly hairdresser who also visits the rooms of residents that cannot get to the salon.

There is a staff appreciation area where management recognise the good work of their staff team. Staff nominate members of their team for a monthly award and those nominated have their photo hung on the wall so everyone can celebrate their achievements.



There are illustrated posters hung that provide examples and reminders to staff on treating people as individuals and with respect:



6.4 Social engagement and activities

The wellbeing coordinator is very organised and, from the interactions we observed between the coordinator and the residents, very well liked. Activities are planned well in advance, and many involve the family and the local community as well.

There is also a ‘pub’ – the Castlemead Arms – on the first floor of the home where residents can partake of a beverage. While it is small, it allows residents more choice in where and how they like to socialise.



Residents who either cannot, or choose not, to leave their room, Castlemead Court has the ‘Bedside Buddies’ scheme which provides company and activities in people’s rooms.

Family and friends can visit at almost any time of day. While it is preferred that mealtimes are protected, if the presence of family and friends encourages residents to eat, this is not enforced.

There are regular residents and family meetings that are advertised.



6.5 Dining Experience

The dining rooms on each floor are laid out to be inviting for residents with spaces for all regardless of mobility.

Residents are able to choose where they have their meals: dining room, lounge, in their rooms or quiet areas in corridors, staff are happy to accommodate residents wishes.

Most residents told us they liked the choice of meals on offer and felt the quality of food was good. People said that the food was served hot and that they enjoyed the meals.

Picture menus are displayed on each table, so it is clear to all what was available. Everyone is offered an alternative if they were not happy with the main meal on offer. Vegetarian options are available in both the main and the alternative menus.



Menus are on a four-week rotation, although a small number of residents said that this is too short of a cycle which makes the menus feel repetitive and that the options for diabetics were limited at mealtimes and particularly at activities such as afternoon tea or coffee morning. These residents still said they thought the quality of the food is good.

Residents were left to eat at their own pace with people requiring assistance being helped by staff wherever they chose to eat their meal.

Each of the dining rooms have 'Hydration Stations' for residents to help themselves to drinks, snacks, and fresh fruit throughout the day.

6.6 Choice

Family and friends can visit at any time of day. We observed visitors arriving before 9:30am to spend time with relatives. Other friends and family choose to visit at lunch time and some coming to visit after 'normal' working hours.

Residents' rooms can be as personalised as they wish, from furniture to decor and bedding. People told us they were able to choose to make any changes they wanted, as long as safety standards are met.

People needing assistance to bathe said they would like to be offered more choice around having a shower or bath. At present their only option is a bed bath.

7 Recommendations

- To support the Dementia journey of residents more dementia friendly signage and friendly supportive decor would be helpful such as hot and cold labels on all taps in shower rooms and toilets. In addition, there are no clocks with day/date and time displays visible in the care home although there are residents with mild to moderate dementia on all floors.
- Look at the reasons staff are not offering showers and baths to residents on a more regular basis. Staff may be unaware that some residents would prefer these.
- Consider ways of improving offering for Diabetics for snacks and coffee mornings & afternoon teas to be more inclusive.
- Investigate the cause of the unpleasant odour on the ground and second floors which, even though not overpowering, is present.
- Look at the cleaning products used for floor cleaning, this might be the cause of the 'sticky' floors on some of the corridors, they look clean, so a possible cause is too high a concentration of cleaning product is being used?

7.1 Examples of Best Practice

Bedside Buddies, a person centred one to one time spent with residents doing activities chosen by residents.

Proactive involvement of the community in activities with the care home for residents and families.

8 Service provider response

Thank you for your observations during the recent visit. We appreciate the time taken to provide detailed feedback and welcome the opportunity to address the points raised.

We noted your comments regarding an odour on the ground and second floors. Could you please confirm whether the odour was present throughout the entire visit or if it appeared to be a one-off occurrence? It's possible this may have been linked to a specific incident or person's room or the opening of a clinical waste container. If it is the latter, we will ensure appropriate measures are taken to prevent recurrence. Apart from isolated incidents, we have not noticed any odours when carrying out our daily observations, and to echo your own observations, the home was clean throughout your visit.

Regarding the sticky floors despite their visibly clean appearance, we have traced this issue to the overuse of cleaning solution by the housekeeping team. We have reiterated the correct procedure — which includes rinsing with warm plain water — and reminded team members of the process. Since your visit, this has not been an issue.

Concerning dementia-friendly signage and the environment, this was discussed during the visit, and we are reviewing options to enhance visibility and orientation for residents. This includes clocks with day/date/time displays, which have already been put in place. We would welcome further insight into the qualifications or research basis behind these recommendations to ensure alignment with best practice.

We were concerned to read that some residents reported only being offered bed baths. To ensure accuracy and fairness, we would appreciate the names of those spoken to so we can cross-reference their care plans. Our current practice includes offering showers or baths where appropriate, and we will investigate any discrepancies. There are bathrooms in each bedroom and communal bathrooms and showers, and we follow each individual's preference.

In relation to 'ways of improving diabetic snacks', we have the following in place:

1. We provide low sugar options, and our chef includes sugar-free and reduced sugar options throughout the menu, including naturally low-sugar options such as oatcakes, rice cakes, or wholegrain crackers. We also serve fresh fruit with lower glycaemic index (e.g., berries, apples, pears).
2. Many options on our menu include protein-rich snacks like cheese cubes, boiled eggs, hummus with vegetable sticks, or unsalted nuts on various days. We have passed your feedback onto our kitchen team.
3. We offer diabetic-friendly beverages such as sugar-free hot chocolate, herbal teas, and decaffeinated coffee with sweetener options. We also ensure milk alternatives (e.g., unsweetened almond or oat milk) are available.

4. We use clear signage to indicate diabetic-friendly options and train staff to understand dietary needs and offer appropriate suggestions without drawing attention to individual health conditions.

5. We introduce themed diabetic-friendly snack days to keep things fresh and engaging and ask residents for feedback on preferred snacks and drinks to tailor offerings.

6. We present diabetic-friendly options alongside regular ones so residents don't feel singled out and encourage communal sharing and conversation around healthy choices.

Regarding the illustrated posters reminding staff to treat residents with respect and dignity, these are located in staff-only areas at the back of the house and have been uploaded from the dignity website following the dignity champion training.

I hope this reflects the actions taken.

Kind regards

Grace Madenyika
Home Manager
Castlemead Care Home

** In response to the request in para 6 from the care Home, all conversations we have are anonymous and as such we cannot provide the Care Home with this information. We have also provided these links for additional information for Dementia insight and support to the Care Home:

[NHS England » Dementia-friendly health and social care environments \(HBN 08-02\)](#)
[HBN_08-02.pdf](#)

[7 Best Clocks for Dementia](#) article regarding time and day in Alzheimer's weekly.

[CQC shines a light on the challenges that people with dementia face - Care Quality Commission](#)

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