



Enter & View

Tickford Abbey Care Home
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healthwatch
Milton Keynes

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2 Introduction

2.1 Details of visit

Service provider	Greensleeves Homes Trust
Date and time	15 th April 2025 between 9.30 am and 5pm
Authorised representative (s)	Helen Browse and Diane Barnes

2.2 Acknowledgements

Healthwatch Milton Keynes would like to thank the Tickford Abbey 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 Tickford Abbey Care Home. As well as building a picture of their general experience, we asked about experiences in relation to social isolation, physical activity.

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.

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 5:00pm

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.

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 8 residents and four family members took part in these conversations.

In respect of demographics: -

Four residents were male and four were female and ages ranged from seventy-three to ninety-nine years of age, with an average age of 84 years.

The length of stay at the home for those residents engaged with varied from less than three months to over eight years.

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

4 Summary of findings

4.1 Overview

Tickford Abbey Care Home is registered to provide accommodation for up to 32 people requiring nursing or personal care. On the day of our visit there were 29 residents at the home, with a waiting list of potential new residents. The majority of residents at Tickford Abbey have a diagnosis of dementia.

Tickford Abbey is situated in a quiet location with large grounds, the home itself is an old Grade II listed mansion house, with character and large rooms. The home provides care for older persons, physical disabilities and dementia.

The Manager has been in place for a little over four years with some of the staff for longer. Looking at the CQC rating history, we are confident that this manager is in large part responsible for the improvement to, and maintenance of, the 'Good' rating.

The home will be moving; the plan is for the 'New' home to be completed by September 2027, just few miles from the present location to a purpose built three story 60-bedroom facility. It is anticipated that all residents will be transferred to the new premises.



4.2 Premises

The home is set over three floors in the main house and two floors in the newer extension.

The lift in the main house goes to all floors, there is also staircase access to all floors. The original main staircase at the front of the building is not used by residents who use the lift to access all floors.

The bedrooms in the original part of the home are generous in size and three of these are suitable for couples. Most bedrooms have a toilet and washbasin, and eight rooms have full ensuite facilities. All other rooms share shower and bathroom facilities.

The rooms in the newer extension are a good size and most have views over the extensive gardens and countryside. There is a very large walled patio accessible from the ground floor, and this is open to residents most of the year. The home's gardening club has raised planters and a greenhouse on this patio. There is ample seating and shade and residents can either take a walk, sit, or potter about in the area. Residents are, in the main, accompanied when in the gardens as they are so extensive. The grounds provide an ideal setting for family visits and for the regularly held summer garden parties.

Although many residents at Tickford Abbey live with dementia, there is little dementia friendly décor or signage. The corridors have either bird or flower decals to differentiate the area and bedroom doors are painted to look like front doors.

We asked about the significance of the red and orange dots we saw displayed on some of the rooms and were told that these were out of date as the home has moved to an online system which records care plans, medication, and signs visitors in and out. We would recommend these dots be updated to reflect the current resident needs or removed if they are no longer part of the home's processes. No other signage was evident, including hot and cold signifiers on taps.

There was one small slope leading to the conservatory that is not marked in any way and could cause an issue for those less mobile. We were told that residents were aware it was there, so it wasn't considered a risk.

The home has its own onsite maintenance team, evident on the day we visited, putting a new TV in an upstairs lounge area that has recently been updated and is used for craft, jigsaws and books. This room is available whenever residents wish to use it.



4.3 Staff interaction and quality of care

Family members told us they felt their loved ones were well cared for and safe, that they could now relax, sleep better themselves and not worry about their loved ones. We were told that staff are always at hand for a chat if needed, and that they spend time with family members whenever family feel the need to talk.

When asked if residents felt they were treated with respect and dignity they, and their family members, responded overwhelmingly positively:

“Staff here are wonderful”

“Staff are just lovely, so gentle”

“You feel they really do love you”

“Best thing is I can now stop worrying, visiting is a joy now”

It was good to hear from residents and family members that they had been involved in creating their original care plans as well as in the regular updates that are made. We were told that any changes in health or behaviour are communicated quickly and well.

Staff engagement with residents was seen to be positive, knowing all residents by name, understanding their body language. We observed staff responding to, and stepping in when they were saw non-verbal residents demonstrating a need.

Staff were observed to be considerate of residents' feelings, asking permission to touch or move residents, and enter to their rooms.

Family members said they felt confident that if anything was not right, then it would be fixed as soon as they spoke to anyone, carer, manager or anyone in the home that they spoke to but no-one that we spoke to had needed to complain.

There are regular visits for chiropody, eye tests are organised at the home, dentist visits have been arranged for residents, and one resident is awaiting an update for a hearing test. There is a hairdresser on site fortnightly that most of the residents enjoy visiting.

4.4 Social engagement and activities

There are three Activity persons at the care home, one full time and two part time so there is someone in place 9.30 to 5pm 7 days a week, these hours do vary a little as there are occasional evening activities. Tickford Abbey also has its own private Facebook page, accessible to residents and family, where activities and special occasions are loaded onto the page for families to see.

On the day of our visit there was a 'Sports day' happening during the morning with a good turnout from residents. During the afternoon a karaoke session was planned, but the morning sports may have tired some people, so the karaoke was only attended by eight residents. Those who did attend enjoyed the props that were available and chose a variety of songs. Films were put on afterwards for residents to relax to. These events took place in the larger reception room leaving a quiet lounge and the TV lounge free for residents who did not wish to join the fun and games.



The activity calendar is displayed next to a large artwork which created by staff and residents. There is also a large activity/art and craft table permanently set up in the lobby for residents to sit and colour, do crosswords, or read. There has been a recent addition of a small pool table in the conservatory, with a cover so it can provide extra table space when not in use. When we visited it was being used for the completion of a large jigsaw puzzle.

Residents told us they liked the physical activities more than anything else, with the singing coming in behind that. A few residents told us how they enjoyed watching a play that had been recorded for them. Some evenings, residents said, staff are happy to sit and play board games with them after supper.

The home has a part share in a minibus so there are trips out organised, there are special one-to-one trips organised for individual residents when they have a special interest or a special birthday. There are also Church services at Tickford every Sunday with communion monthly, and transport is arranged for those residents who prefer to attend their own churches, if their own family is not able to do so.

We were pleased to hear residents are able to take part in activities which provide genuine purpose, as well as being provided with entertainment. People told us that they enjoyed being part of the gardening club and one person told us how good it felt helping putting packs together for the Winter Night Shelter at MK Bus Station and how it made them feel they were still useful.

4.5 Dining Experience

Only six residents chose to have their lunch in their rooms, with one resident confined to bed. Two residents chose to eat in the lounge and all other residents ate in the dining room. Tables are set for two, three, and four people and most residents seemed to have a preferred seat. Spaces are left at tables to accommodate the few residents who need wheelchair or mobility aid access.

Lunch is a light meal, although three courses are offered, and the main meal is provided in the early evening. Residents are asked what they would like to eat when they arrive for lunch, there is a menu on the table which has a description and a picture of each choice available. There is also a 'riddle of the day' question on the front page and the answer on the last page, which sparks conversation and keeps the mind active.



The dining room is a large, well-lit room with good views over the gardens. Residents in the dining room are shown a plated meal to help them decide which meal to choose, with the unchosen plated meal being taken away. This leads to a fair amount of food waste but also slows the lunch service quite considerably. Staff were on hand to help those that needed help, no residents were rushed, although those who only needed encouragement were waiting for staff to finish serving which meant their meals were getting quite cold.

No phone, laptops, notepads or other distractions are allowed in the dining room for staff or visitors. This helps in keeping everyone in the dining room focussed on dining. One table was quite chatty throughout lunch and obviously enjoyed each other's company. People told us:

"Food is pretty good"

"I like to eat in the dining room, the meals are nice here"

"They check weight all the time and protein drinks supplement their diets"

"Great spreads when they put on events"

We were told that a new chef is due to start, and the residents were involved in taste testing during the interviews. Residents said they were happy with the menu choices. A couple said they would like some new options, but they also told us they are asked about food choices and that alternatives are there if they don't like what's on the menu.

There were drinks on offer throughout the day and snacks freely available and accessible throughout the day at a snack point at reception.

4.6 Choice

It was evident that residents breakfast times varied as some were eating breakfast when we were looking round at 10am while others were waiting for their morning tea and biscuits in the day room. Even though the home guides mealtimes, there is flexibility for those who choose not to eat at fixed times

Family member told us about quarterly meetings that both themselves and residents were invited to, allowing discussions on everything from the menus to trips out, and what plants should be grown in the raised beds on the patio area.

As most residents are mobile and need little assistance, they have the freedom to come and go as they please. This frees up staff and enables residents with less mobility to be supported to follow their chosen routines within reason.

The bedrooms we saw were full of personal items, some with residents own furniture and others full of pictures and paintings. Some rooms were quite minimal but still reflecting individual taste.

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5 Recommendations

On the basis of this visit, Tickford Abbey has an impressive focus on creating a caring, safe, and stimulating environment for its residents.

As Milton Keynes is working towards becoming a Dementia friendly City, the more support that you can get locally to support your activities the better. We offer here some ideas and options to help support the activities coordinator:

- ❏ Explore ways of improving access to the conservatory, the existing level change could be considered a hazard.
- ❏ It may be beneficial to better utilise the picture menus for meal choices. Alternatively, you may like to try plating up one serve of each of the meal options, with one staff member showing these to residents, and the other staff serving the required meal once chosen. This could reduce food waste quite dramatically.
- ❏ Consider improving dementia friendly signage in bathrooms and communal areas of the home to aid navigation for the newer residents and those whose condition is progressing.
- ❏ Continue the dementia friendly journey by inviting the Specialist Memory Service, the Dementia Information Service, or similar organisation to assess/ re-assess residents whose Dementia may have progressed since they moved in. Or consider outings to a Memory Club such as Newport Pagnell, The Brooklands Centre, Ousebank Street, MK16 8AN Tel: 07518412389 or email hazel_reynolds@hotmail.co.uk

Examples of Best Practice

- ❏ 'Familio' keeping families connected: this is an online tool used by families to send a personalised 'newspaper' to their loved ones. News of current events within their families with photos and events laid out like a local newspaper. This can keep distant families in contact with their loved ones and is a good communication tool for care staff. There is also an option to allow photographs to have names added, which is great for group photos, particularly for those with dementia.
- ❏ Tickford Abbey staff work hard to encourage as many residents as possible out of their rooms during the day. Whether residents join activities, spend time in one of the day rooms, partake in some gentle exercise or just have meals and tea/coffee away from their room. Movement is positively encouraged.

6 Service provider response

Recommendations- we are following your advice about plating up the 2 meals and one member of staff showing the choices whilst the other staff serve.

You suggest inviting the Specialist Memory service in to see residents, all residents that need to be seen by SMS are referred to them and reviewed as and when needed already. We have always done this with residents that need input with SMS. We have a good relationship with them and can ring them for advice and discuss when they will be out to review residents etc.

Last year I emailed the Brooklands Centre to be inform they have a long waiting list and some people have been on that list for a year. But we will continue to look at other things that will help our dementia residents.

