



Gold Care Homes
It's what's inside that counts



Enter & View

Bletchley House
May 2025

healthwatch
Milton Keynes

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2 Introduction

2.1 Details of visit

Service provider	GoldCare Homes
Date and time	29 th April 2025, 10am to 4pm
Authorised representative	Helen browse & Colin Weaving

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 Bletchley House 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, 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.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 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

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 10am and actively engaged with residents between 10:00am and 3.30pm

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 ARs were subsequently afforded access to all parts of the Home for the duration of the visit.

The AR's 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 and family members 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 family members took part in these conversations.

In respect of demographics: –

Two residents were male, and six residents were female.

The age range of residents was between 59 and 103 years of age – giving an average age of 86years. The length of stay at Bletchley house ranging from two weeks for respite to over five years.

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

4 Summary of findings

4.1 Overview

Bletchley House is a purpose-built home that registered to provide personal or nursing care for a maximum of 44 adults under and over the age of 65. The Home was opened in May 1989 by Princess Diana.

On the day of our visit there were 34 people residing at Bletchley House. The home is laid out over two floors; the ground floor provides general residential accommodation and people who require nursing or additional care occupy the first floor.

The home is situated in a quiet residential area and has large gardens to the rear and side of the property, it is close to local amenities, community Centre and is close to transport links.

The Manager has been in place for two years.



4.2 Premises

The home is coming to the end of a refurbishment program. Flooring has been updated in the majority of the home with wood effect flooring and the walls have been decorated with fresh pale colours, in different shades throughout the home, giving a bright calm feeling throughout. The artwork is appropriate to the particular areas and is thought provoking and colourful.

Access for residents is simple. Each of the two floors are level with movement between floors for residents is via a lift. This allows residents of all mobility levels access to both floors. There are several stairwells restricted to staff access. Bedrooms are spacious and bright with most rooms overlooking green space.

There is a small sitting room on the first floor with a TV, a Juliet balcony overlooking the side gardens, and a small seating area near the lift for residents. The main lounge, where the majority of activities take place, is on the ground floor. There is also a conservatory which has seating and permanent exercise equipment along with direct access to the large patio area. The Patio and gardens both have seating and shaded areas for residents. We were told by staff that, weather permitting, the outside spaces are well used. One of the residents helps to plan the planting of tubs and planters and enjoys helping in the gardens.

There is a small cinema room for residents use on the ground floor. While residents have TVs in their own rooms, movie afternoons or early evenings is an activity that residents enjoy.

The dining room is off the lounge where residents are encouraged to come for their meals. The Kitchen, where the homes meals are prepared, is located next to the dining room and has a level Five hygiene rating.

The home has just completed a renovation of its hairdressing salon but as yet it does not have a regular hairdresser to attend the home.

The noted that the home was clean, and that there were several smaller places for residents to sit and chat, or have some quiet time, on both floors in addition to the main lounge.

The furniture all looked new, clean, and appropriate for the resident cohort. We saw staff put the vacuum cleaner (pictured below) away during the day, but one of the residents kept putting it back beside the small seating area - as it made them feel at home.



4.3 Staff interaction and quality of care

Family that we spoke to told us they feel that their loved ones are well looked after, and that staff are kind and respectful. They were assured that Bletchley house were taking good care of their people and that they did not worry when they left after visiting.

Families we spoke to were aware of care plans and had been involved in creating them, or had meetings arranged to discuss the care plans.

Even though family and residents said that staff were both kind and respectful, they also told us they thought that staff were remarkably busy and had too much work to do. This, we were told, meant that at times their response to call bells was slow.

Observations during our visit showed that staff were very considerate of residents; always knocking, always asking for consent to interact with residents, and always using residents' names. We saw that staff were smiling, helpful, patient and calm throughout the time of our visit.

The manager and deputy manager were well known to the residents and residents told us they were comfortable that they could chat with them at any time should they have any concerns.

There are regular visits by a chiropodist and residents can choose to book a visit if they wish. Staff book appointments with a local dentist for those residents that require visits with either resident or family consent. If a hearing test is needed family members usually organise these appointments. As yet the home have not need to make use of BSL/interpretation services.

When talking about staff, people said:

"Staff are kind and helpful"

"They are good, lovely"

"We really love the staff; they enjoy seeing the same faces every day"

"Staff are really attentive"

The general feedback from family members is that staff are kind and friendly, and that all observed interactions are very good, however they did feel that staff were overworked and often rushed.

4.4 Social engagement and activities

There are two activity staff members who share the role to make up one full time post. During the afternoon, we observed a trivia quiz being conducted in the main lounge area. There were 10 residents actively taking part and some other residents and their visiting families were seen to be enjoying the activity also. Residents were being encouraged to join the activity as this was not the planned activity for the week. The Trivia quiz on the day of our visit was a change to the advertised schedule of seated basketball.

We saw staff bring a resident from their room to join the quiz, but no-one had remembered to put in the residents' hearing aids. This was pointed out to staff, after a couple of questions had been asked. The staff collected the aids and fitted them for the resident. This resident went on to win the quiz!

The activity schedule shows a wide variety of things on offer and residents we spoke to said they like the range of activities that are on offer. They did question the reference base of some of the trivia and quiz questions as they feel they are not based on British knowledge.

It was not clear what provision was made for those residents that are not able to join the group activities.

There are also advertised relatives' meetings that are planned in advance to ensure there is sufficient time for relatives to be able to attend.

Family members told us:

"Staff do not have time to spend doing activities or just chatting and passing the time of day. They are kind and caring lovely people, just very busy".

"Activities are good, the coffee mornings are a nice idea, it's good to interact with other families sometimes as well as our loved ones."

"The coffee mornings for family and residents are great, get to talk to other families"



4.5 Dining Experience

The dining room had twelve residents having lunch, the manager and deputy manager each sat with different residents, chatting and enjoying lunch together. The few residents that required assistance had carers with them. The tables were well laid, with spaces for those with mobility aids/wheelchairs. Good clear menus, with text and photos, were displayed on each table. It was clear that residents had their preferred seating in the main dining room.



The remainder of the residents were eating in their rooms. Lunch service begins at 1pm, a trolley is sent upstairs to a small kitchenette for the nursing floor and those residents that require assistance have a carer to help them with their meal. It was nice to see some residents with family able to visit at lunch time, instead of being excluded through protected mealtimes, as they can also help with eating if required.

Some of the residents made it clear to us that they choose to eat in their rooms. While for some, eating in their room was due to their particular condition, some told us it was because they had favourite TV shows they wanted to watch while having their lunch, and others said they preferred to be alone to eat.

Most residents were happy with the menu choices, while some said they would have liked a little more seasoning or spice, there were no complaints about the food. Noone was rushed with their meal, drinks were served, and everyone was encouraged to drink something with their meal.

There was little evidence of an alternative menu option or any specific alternative dietary requirement options. A concern was raised with the manager regarding a pescatarian resident and the lack of fish on the menu, the resident is provided vegetarian meals to eat, only offered fish on Fridays. This also raised a concern by families over the 'beige' meal offerings.

4.6 Choice

Noone was unhappy with their daily routine, breakfast is not rigid so residents said they can choose when to get going in the morning, they told us their days have a routine with which they are content.

Choice on meals is not as varied as some would like; the meals offered are described by most as 'traditional fare'. Residents and families said that a little colour and variety would be nice. We were told that those who do not have 'standard diets' are less well catered for.

The bedrooms that we saw had very personal touches, from furniture, pictures, and lamps to bookshelves and bed throws. Each of the residents and family members we spoke with happily told us about their choice of décor and room set up:

"We had free reign on how the room was set up, we could bring in anything we wanted."

"I can put anything I want on the wall, the maintenance team put it up for me, they are great."

"It makes it feel like home having my bits and pieces about."

5 Recommendations

As Milton Keynes is a Dementia friendly City, the more support that you can get locally to support your activities the better, here are a few ideas to help support the activities coordinator:

- 🕒 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 during the pandemic. Or consider outings to a Memory Club such as Water Eaton Memory Club Water Eaton Church Centre, Drayton Road, MK2 3RR Call: 07510 203 166 Email: info@memoryclub.co.uk
- 🕒 Develop a Biography activity, this could be carried out by a local school or parish volunteers. Residents can record memories of their life or may wish to write letters to specific people in their family. Photos could be included, the biography can be as short or long as they want, this can be incorporated into reminiscence therapy sessions.
- 🕒 Consider pressure washing the Patio areas and adding a handrail to the steps leading to the garden. (this may be part of the longer-term plan)
- 🕒 Explore ways of improving alternative menu options for those residents who would enjoy a little more variety in the menu currently offered. Additionally, improving the offering for those residents who are vegetarian, pescatarian, or vegan would be appreciated.

Examples of Best Practice

Manager and Deputy each have lunch with residents a minimum of twice a week to check in with residents and ensure all is well in their community.

Complaints are handled with efficiency, care, and compassion.

6 Service provider response

Thank you for your report and we would like to take the time for your constructive feedback. Please see below:

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 during the pandemic. Or consider outings to a Memory Club such as Water Eaton Memory Club Water Eaton Church Centre, Drayton Road, MK2 3RR Call: 07510 203 166 Email: info@memoryclub.co.uk

We have made contact with the Water Eaton Memory Club and will be promoting and utilising this service where appropriate. The club operates every other Monday from 2:00 pm to 4:15 pm at Water Eaton Church Centre, Drayton Road, MK2 3RR, and provides a welcoming and supportive environment for individuals living with memory-related conditions.

In addition, we are in regular communication with the local Specialist Memory Service to support residents who may require assessment or re-assessment. Access to this service is arranged via referral through the resident's GP. These initiatives form part of our commitment to a dementia-friendly approach, ensuring residents receive the right support at the right time.

Develop a Biography activity, this could be carried out by a local school or parish volunteers. Residents can record memories of their life or may wish to write letters to specific people in their family. Photos could be included, the biography can be as short or long as they want, this can be incorporated into reminiscence therapy sessions.

As part of our 2025 initiatives, our Activities Team is developing personalised Life Story Boards for each resident. These will serve as meaningful tools to prompt conversation, support reminiscence therapy sessions, and foster deeper connections between residents, staff, and visitors.

We also actively promote a volunteer program and enjoy strong partnerships with local schools, encouraging intergenerational engagement and community involvement. In addition, we welcome visitors to our weekly Coffee Morning Club, held every Wednesday from 10:30 am to 12:30 pm, where residents and guests can enjoy social interaction in a warm and friendly environment.

Consider pressure washing the Patio areas and adding a handrail to the steps leading to the garden.
(this may be part of the longer-term plan)

At Bletchley House, we maintain high standards for our outdoor spaces. We have a regular gardening service in place, and our in-house maintenance team carries out quarterly checks and upkeep of the gardens and surrounding areas. As part of our longer-term improvement plan, we are considering pressure washing the patio areas and installing a handrail on the steps leading to the garden to further enhance safety and accessibility for residents.

Explore ways of improving alternative menu options for those residents who would enjoy a little more variety in the menu currently offered.

Additionally, improving the offering for those residents who are vegetarian, pescatarian, or vegan would be appreciated.

With regard to dining, we regularly gather feedback from residents and provide alternative meal options to accommodate personal preferences and dietary needs. We recognise the importance of variety and inclusivity in our menu offerings, particularly for residents who follow vegetarian, pescatarian, or vegan diets.

Residents' preferences and views on the menu are discussed regularly through the monthly residents' meetings, where the chef attends. We also have regular quarterly relatives' meetings, where menus and choices are discussed. Suggestion box is available at reception and we also complete yearly surveys.

As part of our commitment to continuous improvement, Gold Care Homes is undertaking a comprehensive review of the culinary experience in 2025, led by our Quality Team. This review will help us enhance both the variety and nutritional value of meals across all dietary preferences, ensuring a more enjoyable and personalised dining experience for every resident.



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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