

Enter and View

Leelin Homecare

November 2025



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2 Introduction

2.1 Details of visit

Service provider	Leelin Care
Numbers of clients/staff at time of participating	70/49
Client consents received from provider	5
Date and time	26 th October & 17 th November 2025
Authorised representative (s)	Tracy Keech & Helen Browse

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.

2.3 Disclaimer

Please note that this report relates to conversations had on the dates set out above. Our report is not a representative portrayal of the experiences of all service users and staff. It purely documents the experiences of the people we spoke to.

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.

3.1 Purpose of visit

The purpose of this Enter and View was to look at the care provided by domiciliary care services. Following their review of local care providers, Milton Keynes City Council asked us to Enter and View pre-selected domiciliary care services in Milton Keynes. Domiciliary care is support provided in a person's own home to help them maintain independence, hygiene, and safety. Often called 'home care' or 'visiting care', it ranges from hourly visits to 24/7 care, covering personal tasks (bathing, dressing) and domestic tasks (cooking, cleaning).

3.2 Strategic drivers

Healthwatch Milton Keynes and Milton Keynes City Council have been acutely aware that people in receipt of home care have limited opportunity to voice their opinions of care, particularly when compared to those in residential care. Both organisations have worked hard to develop a process that is compliant with GDPR regulations in order to give these residents an equitable space in which to share their lived experience. This will support the Milton Keynes Adult Social Care team to monitor and maintain the high standards expected from care providers.

4 Overall summary

We met with Leelin Care’s management team for a 45-minute online discussion to agree the scope of the Enter and View activity, the information required from the service, and the expected timeline. The provider was consistently responsive, cooperative and constructive throughout the process, supplying contact details for service users within the agreed timeframe.

Leelin Care was first registered with the Care Quality Commission in July 2018 and received a ‘Good’ rating at its most recent inspection in 2022, offering a useful baseline for this work. Five service users agreed to take part, representing around 7% of the provider’s caseload. Although the response rate was limited, the feedback provided valuable insight into the day-to-day care experience.

Service users described care staff as respectful, polite and supportive, with communication consistently rated as good or very good. People told us they were treated with dignity and respect at all times, and most said carers arrived punctually or contacted them if running late. The majority also reported familiarity with a regular team of staff, which helped build trust and comfort. However, half of the service users said that visit durations were often shorter than expected, with some lasting only 10–15 minutes instead of the scheduled 30–45 minutes. Experiences of personal hygiene support were mixed: while people felt well cared for, all said they were only offered bed baths due to mobility or equipment constraints, and some expressed a wish for occasional access to a shower or bath. Routine also played a significant role in shaping people’s daily lives, with early bedtimes and later rising times contributing to shortened daytime hours for some.

Although the overall feedback was positive, service users identified several opportunities for improvement. These included offering greater flexibility in visit times, exploring whether occasional showers or baths could be facilitated where safe, and considering the option of male carers for male service users during personal care.

The findings suggest a service that is caring and well-regarded, but one where small, practical changes could further enhance people’s independence, comfort and sense of choice.

5 Methodology

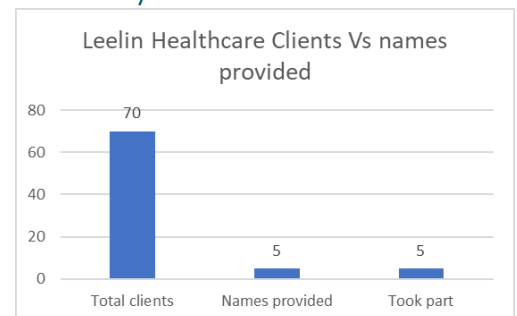
This report draws on conversations with individuals who receive care from Leelin Care, a domiciliary care provider identified to us by Milton Keynes Council. The Council informed Leelin Care in advance that Healthwatch Milton Keynes would be making contact and outlined the purpose of our involvement.

We met with the provider via Microsoft Teams to explain how we planned to contact service users, what information would be shared and the timescales involved. The provider agreed to seek permission from each service user and distribute our information pack to support understanding.

Once we received contact details, we arranged telephone calls or home visits where appropriate. We used a structured set of conversation prompts and took handwritten notes during each discussion to ensure that service users' views and experiences were accurately reflected.

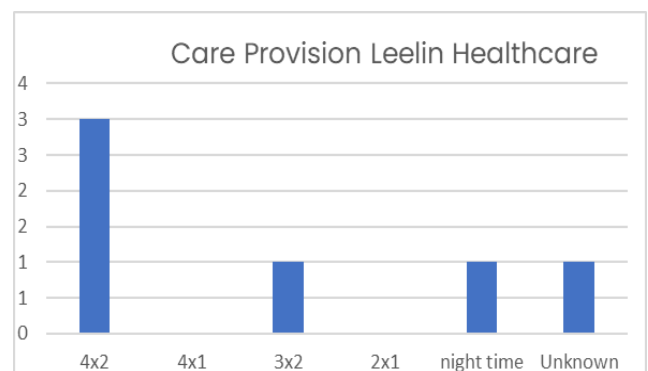
We used a semi-structured conversation, based on pre-agreed themes, to guide discussions with service users and family members. Service users were contacted by telephone and invited to take part, with reassurance that they could end the conversation at any time. Notes were taken by hand during each call. These notes were transcribed into a database for analysis

A total of five clients took part in these conversations. We were given contact details for five clients; all took part either fully or partially in conversations. This equates to 7% of the client base of Leelin Healthcare.



In respect of demographics:

- Residents ranged in age from mid-sixties to mid-eighties in age giving an average age of 75 years.
- Length of provision of care was between one and two and a half years.
- Four of the clients who participated were male and one female.
- Care provision on a daily basis varied from three carers twice a day to four carers twice a day plus night-time care. The majority had four visits twice daily.



6 Summary of findings

6.1 Overview

Leelin Care provided all required information and remained communicative throughout. Feedback from service users was mostly positive, with appreciation for staff consistency and respectful behaviour.

6.2 Staff interaction and quality of care:

We asked:

Do staff arrive at agreed times and spend their full allocated time with you?

- ◻ All clients that responded felt that care staff either arrived on time or called ahead if there were any delays to the expected arrival time.
- ◻ However, when asked about the duration of visits, 50% of clients reported that care staff stayed for 10-15 minutes per visit - not the expected 30-45 minutes.

We asked are you treated with dignity and respect by all of the care team?

- ◻ We asked if care staff communication was good bad or indifferent and the response was 50% good and 50% very good.
- ◻ When asked if they feel they are treated with dignity and respect, clients responded 'Always'.

When your carers arrive, do they announce themselves clearly on arrival?

- ◻ Two clients said they did, with one person saying: "No, I call out when I hear the door go" and another said that a family member let carers in.
- ◻ We asked if there were regular carers and all but one person said yes. The comments were in the same vein: "...there appear to be ten or twelve staff on rotation, so you get used to them all".

6.3 Personal hygiene

We asked questions about personal care, including the number of times a bath or shower was offered instead of a 'bed bath', and if the option of a male/female carer was available for personal care. These are some of the responses we received:

'Only get a bed bath as they don't let me use the stair lift, so I can't have a shower anymore.'

'As I can't use my legs, I don't have the option of getting into the bath or shower.'

'Sponge baths only, not offered anything else.'

6.4 A typical day

We asked each person to describe their typical day to get a picture of how the care provision impacted their daily life.

We also asked about medication delivery and who was responsible for it. Our final question was if there was anything else about their care they would like to comment on.

Service users' days are punctuated by visits from care staff: the day begins with their first carer visit of the day, and for most their day ends with the last visit. This can mean waiting to get up until 10am and being put to bed at 5.30pm. This makes their 'day' very short but their night very long. For others, it's a 7.30am to 9pm day which they have chosen and fits with their preferred sleep cycle.

Care staff are usually on time or call to inform of delays and will mostly spend the full expected time with each client. This was felt to always be the case in the first visit of the day but not always in the following visits.

One of the participants told us that the care team delivered medications and also reminded them to put in repeat prescriptions, two participants managed their own medications and two did not respond.

Participants were fairly happy with the care team and felt that if anything changed or unexpected happens, staff will call to inform them and believe they do a good job.

We were told that care staff always use clients' preferred names when speaking with them and their family members. People also said that there are regular staff, so clients are familiar with all of their care team.

6.5 Choice

This is a reflection on what areas of care each client felt that they had any influence over or maybe would like to have some input into the decision making of their care provision.

The opportunity to shower would be a welcome change for many clients, even though they have little or no mobility on their own. People said they were given good personal care but, if wishes could become reality, then a weekly shower/bath would be appreciated.

As Leelin have a predominantly female care team, the male clients said this could be challenging during personal care. There were no complaints about care staff, but some of the gentlemen we spoke to would like a male carer for personal care if this was able to be provided.

When asked what changes people would make if they were able, several people said they would like the option for earlier morning visits and later evening visits to allow for longer days, rather than bedtimes by 6pm and not getting up washed and dressed before 10am.

7 Recommendations

Overall, clients felt that care staff provided a good service.

- ◻ Consider ways of offering a shower or bath to clients at regular intervals, rather than always bed baths.
- ◻ Ensure that conversations around preferred time for rising and going to bed, as well as preferences around personal care are included each time the care plan is assessed.
- ◻ Consider gender matching for personal care
- ◻ Ensure care staff stay with clients for their full allocated visit time, for some individuals this can be a significant part of their daily human interaction in any 24 hours.

7.1 Examples of best practice

Having an established team of care givers allows for rotation of staff for holiday and sickness cover, ensuring that clients are never reliant on a single person or faced with unfamiliar faces without notice. This gives the client base confidence in their care provider.

8 Service provider response

Leelin Healthcare welcomes the findings of this Enter and View activity and is pleased to note that service users consistently reported respectful, polite and supportive interactions with staff. We remain committed to maintaining high standards of communication, dignity and person-centred care.

With regard to visit duration, we would like to provide further clarification. Instances where staff did not remain for the full allocated time were the result of service users giving explicit permission for carers to leave once agreed tasks had been completed. These decisions were documented appropriately in line with internal procedures. Following the feedback received, this matter has been reviewed within the staff team. Clear instructions have now been issued to ensure that carers remain for the full duration of scheduled visits, even where core tasks have been completed. The additional time is to be used to offer companionship or to undertake other appropriate tasks within the home, thereby ensuring that service users receive the full value of their commissioned support.

In relation to personal care, Leelin Healthcare confirms that all service users are asked to state their preferred gender of carer during the initial assessment and review process. These preferences are recorded and actively taken into account when scheduling staff to provide intimate or personal care, to ensure service users' comfort and dignity.

Regarding access to showers or baths, Leelin Healthcare follows the care plans developed by physiotherapists and occupational therapists to ensure the safety of both service users and staff. Where there are changes in mobility or functional ability, referrals are promptly made to the relevant therapy teams for reassessment. This allows care plans to be updated in a timely manner and ensures that any decisions regarding bathing or showering are informed by professional guidance and individual risk assessment.

Leelin Healthcare remains committed to ongoing quality improvement and will continue to work closely with service users, families, and allied health professionals to enhance independence, safety and choice within the care provided. The findings from this activity will help to inform our action plan as we strive for excellent service provision



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