

WELCOME  
TO OUR  
HOME



## Enter & View

Willows Care Home  
Published May 2025

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# 2 Introduction

## 2.1 Details of visit

Service provider	ExcelCare
Date and time	19 <sup>th</sup> March 2025
Authorised representative (s)	Helen Browse & Diane Barnes

## 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 at the Willows 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 (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 14 residents and their family members took part in these conversations.

In respect of demographics: -

Four of the residents spoken to were male and ten residents were female.

The average age of the residents we spoke to was 87years and the age range was 60 to 99 years of age.

The reason for stay varied from hospital discharge, rehabilitation short term stay, choice by resident or family member due to dementia or declining health. The duration of stay for residents engaged with ranged between one month and five years.

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

# 4 Summary of findings

## 4.1 Overview

The Willows Care Home is a purpose-built care home on a residential housing estate. It is registered to provide personal, nursing and Dementia care for a maximum of 130 residents., at the time of our visit there were 112 residents at the home. Refurbishment of the main 130-bedroom home is almost complete.

Lavender Lodge, a separate rehab unit on the site, is undergoing a full refurbishment and extension with the addition of 12 bedrooms however, we did not visit this area. In addition, there is a new 12-bedroom independent rehabilitation unit under construction which will be called Rosemary Court, due for completion by September 2025.

## 4.2 Premises

The Home is set over three floors, the ground floor is nursing and is split by the central entrance to the care home with both lift and stair access to the two upper floors along with access to the large conservatory and gardens from this central point. During our visit, the conservatory was being used for staff training. This area is usually used for resident entertainment as it is a large light space on the ground floor. The ground floor provides nursing care, first floor is Dementia nursing and Dementia residential care, and the second floor is for frail residential and residential with personal care.

Each floor mirrors the ground floor in layout with two separate 'wings' for care on each of the floors. Each 'wing' on the upper two floors has its own lounge and dining area with a fitted kitchen which enables staff to provide a more homely approach to providing refreshments to residents throughout the day. The ground floor has a single dining/lounge area.

Bedrooms were mainly light and airy, those residents who are longer stay tend to have more have personal touches such as photos of loved ones, individual bedding and throws, books and magazines. Staff explained that the personalisation of individual rooms varied a lot depending on the input and support from family and friends.

The décor was different on each of the floors, bedroom doors were individual particularly on the dementia floor with doors looking a little more like 'front doors' residents' rooms are identified with an 'avatar' like picture of their favourite thing it could be a car, musical instrument, flowers, dancers with their name and a heart in either green, amber or red to signify the level of assistance required in an emergency. There were a few rooms without pictures these were at the individual resident's request.

There is a garden that wraps around three sides of the rear of the care home with a secluded patio area, residents have access to the gardens from the ground floor, most of which are on one level for easy access.

## 4.3 Staff interaction and quality of care

Family members told us they felt that their loved ones were well cared for, safe, and were treated with dignity and respect by staff.

Residents accepted the routines that are set by the Willows however, it would appear there is not a lot of flexibility, or discussion, with residents about what they would prefer. Our experience is that this is not uncommon in a home of this size, we would encourage management to review the rosters to ensure that, at these peak times, there is sufficient staff to allow for flexibility. A number of people we spoke to commented on the longer waiting times for assistance with personal care in the evenings. People told us they thought this was directly related to the lower staff to resident ratios at this time.

Residents who needed assistance with mobility, and their families, told us that their requests for help to move from their bed to a chair were often met with a dismissive 'I'll be back in a minute' or 'you'll have to wait' from staff. We were told that residents would feel more heard if they were given an explanation, for example, 'I need to find a colleague to help me, I'll be back as soon as I can', A minute for a resident is taken literally so 'just wait' is not received as an appropriate response, this becomes a real issue for people who have little control or autonomy left in their lives.

Family members told us that there are resident and family forums, but we are not clear if people are able to use these to suggest future activities, to make suggestions, or raise issues and if they are, whether people feel that there is any action taken as a result.

We were pleased to note that the care home has an oral health program as part of each resident's care plan to improve not only dental care, but hydration and nutrition.

We observed staff to be polite, knocking on room doors, and introducing themselves. We were particularly pleased to observe staff addressing residents by name. In a smaller home with a more stable resident cohort, we would naturally expect to see this, but the Willows is a large home with a reasonable proportion of short term and temporary resident occupation, so this was a lovely observation to make.

## 4.4 Social engagement and activities

There are activity planners on display on notice boards in the main reception and one on each floor, residents also have a slightly different planner delivered to their rooms each month. The activity descriptions are very vague so new residents may not be able to tell what they might be interested in. A family member pointed out that the resident copies did not have timings on the schedule, we raised this with the staff team on the day of our visit.

Exercise activities don't appear to be mentioned or described on the activity sheets, so it is unclear whether exercise is routinely embedded into the visits from musicians and singers as we saw on our visit, or whether these are provided to particular groups at specific times.

During our visit there was a group singing and exercise activity on the second floor, this was undertaken by an outside organiser and three care staff. As most group activities are held in the conservatory on the ground floor, the change of venue on the day of our visit had confused some residents.

There was also a visit from a singer who goes to individual resident's rooms and performs songs they request. The scheduled afternoon visit by a miniature pony had to be cancelled due to the building works and lack of access, this was being rescheduled as it is one of the residents' favourite activities.

Most residents told us they like singing and dancing but would like more varied music and less 'wartime stuff'. We have observed this across a number of care settings and take this opportunity to remind Care Home staff that most of their residents would only have been around 10 years old at the end of WWII, so this music is not going to be the music of their youth.

Another theme that we are seeing more of, as more men enter Care Homes, is that the male residents tell us they don't feel particularly included in the activities and that the type of activity offered is aimed more at the women in the Home.

We observed many one-to-one interactions with staff and residents, particularly the women, during the activities. These residents told us:

*"Staff are great, they really help us to join in and encourage us"*



Upcoming activities

### March Entertainment

Saturday 1 <sup>st</sup> March	Dory & Poppy room visits	11AM
Sunday 2 <sup>nd</sup> March	Church service: Conservatory	2PM
Monday 3 <sup>rd</sup> March	Busking Bob	11AM
Tuesday 4 <sup>th</sup> March	Rag Dolly Annes	1.4.45PM
Friday 7 <sup>th</sup> March	Neil Richardson	15.30PM
Monday 10 <sup>th</sup> March	Little hooves big memories	2PM
Wednesday 12 <sup>th</sup> March	Alison Carter Conservatory	2PM
Wednesday 19 <sup>th</sup> March	Rag Dolly Anna Conservatory	11AM
Wednesday 19 <sup>th</sup> March	Little Hooves Big Memories	2PM
Wednesday 19 <sup>th</sup> March	Busking Bob room visits	3PM
Friday 21 <sup>st</sup> March	Alison Carter Conservatory	2PM
Thursday 27 <sup>th</sup> March	Andy Stewart Conservatory	2PM
Friday 28 <sup>th</sup> March	Neil Richardson Conservatory	2PM

## 4.5 Dining Experience

It was nice to see dining rooms on different floors being used by a mix of residents. The ground floor had the least residents observed but, as this is a nursing floor, this is to be expected. Residents in other dining rooms appeared to be enjoying their lunches, chatting with other residents and staff. Although on the dementia floor there was not a lot of interaction observed between residents over lunch, this is also not unexpected. Most residents seemed to have a preferred seat in dining rooms. Drinks were offered and nobody appeared to be rushed with their meals.

People are not asked about their meal preference before being seated in the dining room. People eating in their rooms are taken a meal that staff think they will like, with the resident deciding at that point whether they want that meal or a different one. Some residents chose to change the meal offered to them, so a replacement was offered and brought to them from the daily menu. These requests were sent to the kitchen and residents informed of how long they would need to wait. This meal change added a wait of, on average, 10-15 minutes for a chosen meal to arrive.

While the home has a green waste system and this food is not going to landfill, it does seem to create a high level of food waste as the kitchen prepare the main meal offer in larger quantities than necessary. It also adds a lot of time to the meal delivery and can prevent people in the dining rooms being able to have their meals together.

Residents told us:

*'Food is pretty good really, just no kippers'*

*'Always go to the dining room, foods not bad here'*

*'It's not bad really lunch 12.30, then tea & cake at 3pm, Supper by 6pm'*

*'Well, it's odd, don't know why I can't just have eggs every day, then I'd be really happy'*

*'Good choices, well prepared and always nice and hot'*

Staff were on hand to help residents that required assistance in dining rooms, there were family visiting during 'protected mealtimes' specifically to help their loved ones or choosing to spend that time assisting their loved ones. Family members told us that being able to have meals together made them feel closer to their loved ones.

There are Hydration stations in each dining room and lounge with a choice of water, and two or three juices (all date labelled) in addition to tea or coffee that is offered after meals. There is also a small selection of snacks available at these stations, including fresh fruit, savoury treats, crisps and biscuits.

## 4.6 Choice

Many residents were still enjoying breakfast at 10.30am.

We were told that people would like to have more choice around when to get ready for bed. Residents are prepared for nighttime after supper which is at 5.30 or 6pm. For those who are bedbound, or who need assistance, this is very early. A few residents told us it was then a long wait for call bells to be answered for bathroom visits as there are fewer staff on duty.

# 5 Recommendations

- Q Your activity schedule on the main notice board shows timings, however families commented there are no timings on the schedules provided to residents, consistency would help with attendance for some of the residents.
- Q Providing a fuller description of the activities, especially on the timetables delivered to bedrooms, would give residents more certainty and may encourage them to take part.
- Q We heard that some residents feel staff can be a little abrupt in the way they respond to requests. While this maybe related to residents not understanding the regulations that staff must adhere to, it is up to the care home to find a solution to this delicate situation, as discussed with the Management Team.
- Q Consider ways to reducing food waste. Changing the way meals are offered to residents will allow more autonomy and reduce number of meals being returned, exchanged, or left uneaten.
- Q Including people's preferred rising and retiring routines and timings into their care plans would provide people with more autonomy. Having an understanding of these preferences may assist in roster and workflow planning and avoid the evening bottleneck of personal care tasks.

## Examples of Best Practice

The care home has an oral hygiene program as part of its regular care plan for each resident. This programme includes hydration, food and, if required, finding a dentist that will make visits to the care home.

Staff were observed to take the time to have one to one interactions with residents, and to remember people's names.

# 6 Service provider response

We would like to express our gratitude for your recent Enter & View visit to the Willows. We appreciate your recommendations aimed at enhancing the quality of our services. Please find our responses to each of your suggestions below.

**1. Your activity schedule on the main notice board shows timings, however families commented there are no timings on the schedules provided to residents, consistency would help with attendance for some of the residents.**

Thank you for your suggestion. We have an activity schedule in our lifts and reception area with timings of all activities. Each resident also has a detailed weekly planner in their room. Following your visit, we immediately included activity timings on these planners.

**2. Providing a fuller description of the activities, especially on the timetables delivered to bedrooms, would give residents more certainty and may encourage them to take part.**

Weekly planners in bedrooms describe activities and include pictures. See the attached example. If you have suggestions, please let us know for review.

**3. We heard that some residents feel staff can be a little abrupt in the way they respond to requests. While this may be related to residents not understanding the regulations that staff must adhere to, it is up to the care home to find a solution to this delicate situation, as discussed with the Management Team.**

We appreciate your suggestion and would like to assure you that we have discussed with our team members the importance of using mindful terminology and wording when responding to individuals. Instead of saying phrases such as "I'll be back in a minute" or "you'll have to wait," we have reminded our team members to provide immediate responses to needs or offer clarity and honesty about their return time.

Additionally, Excelcare has a document titled "Developing a Shared Language: Why Words Matter," which has been revisited and redistributed among our team members. We recognize that words can powerfully convey attitudes towards individuals, places, or situations. Furthermore, Excelcare's Tone of Voice Guide policy has also been reviewed and redistributed.

The home will continue to monitor this practice, and we will seek feedback from residents regarding this matter.

**4. Consider ways to reducing food waste. Changing the way meals are offered to residents will allow more autonomy and reduce number of meals being returned, exchanged, or left uneaten.**

We acknowledge your suggestion to consider ways to reduce food waste. The home implements the use of show plates to offer choices to individuals (showing two options from the menu so they can select their preferred option). This approach accommodates any changes in preferences at the point of service, ensuring there is enough food available for those who may change their mind. Show plates are used to support decision-making with visual aids, particularly for individuals on their Dementia journey. Additionally, individuals and their families are involved in the decision-making process, with each person selecting their preferred option from the daily menu. Furthermore, alternative options are always available.

**5. Including people’s preferred rising and retiring routines and timings into their care plans would provide people with more autonomy. Understanding these preferences may assist in roster and workflow planning and avoid the evening bottleneck of personal care tasks.**

People's preferences for personal care routines are included in their care plans, with input from them and their families, respected by our team. Staffing levels do not differ between morning and afternoon. We will review individual routines to ensure care plans reflect any changes in preferences.

Thank you for your visit and recommendation. We are dedicated to improving the experience of those living here and look forward to continuing our partnership.

Monday 7 <sup>th</sup>	Tuesday 8 <sup>th</sup>	Wednesday 9 <sup>th</sup>	Thursday 10 <sup>th</sup>	Friday 11 <sup>th</sup>	Saturday 12 <sup>th</sup>	Sunday 13 <sup>th</sup>
 <p>Bedside Buskin bob room visits 11:00am-12:00pm</p>	 <p>Meaningful moments all units 10:00am</p>	 <p>Boardgame bonanza Poppy 10:00am</p>	 <p>Costa trip out 10:00am</p>	 <p>Pamper therapy all units 10:00am</p>	 <p>Pup club all floors 10:00am</p>	 <p>Meaningful Moments all units 10am</p>
 <p>Rag dolly anna Primrose unit 2:00pm-3:00pm</p>	 <p>Spring painting Bluebell unit 2:00pm</p>	 <p>Browne Making- All units 2:00pm</p>	 <p>Meditation &amp; pamper therapy (salon) 2:00pm</p>	 <p>Alison Carter Conservatory 2:00pm-3:00pm</p>	 <p>Cupcake making Primrose unit 1:00pm</p>	 <p>Sunday church service 2:00pm - conservatory</p>
 <p>Bingo Poppy unit 4:00pm</p>	 <p>Quiz Jasmin unit 2:00pm</p>	 <p>Meaningful Moments all units 2:00pm</p>	 <p>Meditation &amp; pamper therapy (salon) 2:00pm</p>	 <p>Boardgame bonanza Jasmin 4:00pm</p>	 <p>Movie Afternoon Poppy 3:00pm</p>	 <p>Music Therapy all units 3pm</p>

