

**Enter and View Report Linford Grange  
April 2022  
Review of Residents' Social Wellbeing**



Published May 2022

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## 2 Introduction

### 2.1 Details of visit

Details of visit:	
<b>Service Provider</b>	Cinnabar Support MK
<b>Date and Time</b>	28 April 2022 10am – 1pm
<b>Authorised Representatives</b>	Tracy Keech

### 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



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## 3 What is Enter and View?

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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 Linford Grange 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

For this coming year Healthwatch Milton Keynes will be working in partnership with Milton Keynes Council and the Clinical Commissioning Group, undertaking joint 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 has increased and intensified loneliness and isolation by the very nature of the way in which we have had to manage and reduce the spread of the virus. The 'Hands, Face, Space' guidance and the regulations imposed by the UK Government has resulted in services users not being able to interact with loved ones and friends for over a year. Furthermore, the inability to have social time with other residents has exacerbated the feeling of loneliness and isolation.

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.<sup>1</sup> 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 understands the pressures the COVID 19 pandemic has placed upon both services and service users alike. We have received a significant amount of feedback with regards to the necessary changes made to service delivery required to promote safety for all. It is our intention to be able to formally report the impacts of the COVID 19 regulations on both services and those who use the services and their loved ones through this year's Enter and View Programme.

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<sup>1</sup> <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 1:00pm

The visit was conducted in a COVID safe manner with the appropriate PPE as agreed in advance with the provider. A lateral flow test was completed by the representative prior to the visit.

On arrival the AR 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 4 residents and one family member took part in these conversations.

In respect of demographics:-

Five residents were male

One resident was under 40 years old

One parent who had been advised of our visit and coordinated their regular visit to their son in order to speak with us.

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



## 4 Summary of findings

### 4.1 Overview

Since April 2021, Linford Grange has undergone what can only be described as a total transformation under the leadership of a new Registered Manager and Business Development Manager.

Healthwatch Milton Keynes have visited Linford Grange on five previous occasions over the past four years but have not yet produced a report as, for various reasons, we have been unable to gather enough information or access to provide a meaningful review of resident experience. We had, however, seen enough to raise concerns with the Milton Keynes Council Compliance team and the Care Quality Commission inspectors. We last visited in May 2021, just six weeks after the new manager had taken up her role. After this visit and learning of the plans the new manager had for Linford Grange, we agreed that it would be more appropriate to review the resident experience once the improvement plan had been implemented.

The AR undertaking this review was selected as they had been involved in four of the previous attempts to 'Enter and view' Linford Grange.

Since April 2021, the staff team at Linford Grange have re-assessed each resident to ensure every person in their care is living in a supportive and positive environment where their needs are effectively met and supported at all times. Prior to this, Linford Grange accepted residents with very wide-ranging conditions and support needs. This had made it very difficult for enough staff with the appropriate training for this wide variety of care needs to be available at all times.

At this visit the manager told us:

*“Over the past 6 months we have worked alongside the local authority to identify which residents were in need of alternative, more suitable placements/homes and continue to work with adult social care to assess, source, and transition those people to their new homes. We have liaised with our CQC inspector to clarify which service user groups the service can best support and remain focussed on working collaboratively with the local authority and wider referring agents to focus our support and care towards younger adults with learning disabilities, autism, lower-level mental health needs, acquired brain injury, and associated conditions.”*

This change provides Milton Keynes with a wider pool of options so more people can be provided with age and/ or condition appropriate care. It has also made an observable difference to the atmosphere of the home itself.



## 4.2 Premises

The first thing that the AR observed upon entering the premises was how light, airy, and open the home appeared. There has been a large scale renovation underway with furnishings and layout being designed with the new resident cohort in mind. Linford Grange is a period property and had previously been furnished, in parts, to reflect that. The new furnishings, while not 'period', are welcoming, comfortable and bright.

The most impressive change has been to create a resident focused games room with a combination pool/ table tennis table in what used to be a very dark and stuffy formal 'reception' room where most of the space was taken up by a, very opulent, Chesterfield sofa. This room, now the blinds are opened, is inviting and full of natural light.



The very old carpets, while looking trendy because they were so vintage, have been replaced in the main with more appropriate laminate or wooden flooring. In the areas where carpet has been replaced, the management team have gone for a stain resistant, neutral block coloured, easy care carpet. This makes it easier for those residents with cognitive impairments to navigate without their brains interpreting patterns as holes or puddles.





The residents communal living has also received a makeover. Previously the residents' chairs (old, worn, generally made comfortable only with a variety of cushions) were lined up in a single row against the wall so that all residents were facing the opposite wall or, if lucky enough, the television. The revamp, reflecting the new resident make up, includes sensory art, conversation clusters, as well as an area for television watching. There has been a kitchenette installed so that tea, coffee, and snacks are readily available. This means that staff can make drinks for residents, and those who are able can make their own and be safely supervised where necessary.



The bedrooms have been given the same attention and new residents are able to choose their colour scheme and décor. The ensuite bathrooms have all either been refurbished or are awaiting the work being done.



The self-contained flats at the rear of the main house are decorated according to resident wishes so that they truly are Home to those living in them. One person we spoke to had been moved temporarily as his bathroom needed to be replaced. They told us they were happy enough in their 'new place' but couldn't wait to get back to their own flat.

These flats contain a functional kitchen (although the cookers are disconnected if it is not safe for the resident to use these unsupervised). One person we spoke to told us that they wanted to start cooking for themselves, so staff were working with them to achieve that. They told us they were up to salads and light meals that didn't require the stove top or oven at this point.

The parent of one of the residents who lives in the flat told us that their son is able to make snacks and light meals, and that he also like the meals prepared for him and is eating very well. They also told us that they had recently been on a family holiday and, whilst their son is quite an anxious traveler, the parent described how he visibly relaxed and began beaming when he got 'home' to Linford Grange.

The garden has been tidied, the paths made usable, and the property has been securely fenced. One resident who lived in the apartments told us how much safer he felt as previously the public could enter the grounds freely while using the pathway to the fields at the back of the property. This security measure has also allowed the residents of the main house to have greater freedom and access to the garden.



### 4.3 Staff interaction and quality of care

The AR asked a long-standing staff member how they had felt through this period of change and were told that, indeed, there had been a lot of changes but the reasoning behind them had been well communicated and staff were feeling valued. Staff felt that the smaller number of conditions being accepted into Linford Grange was allowing them to apply their more specialised skills and provide better overall care.

The AR spoke to the chefs who were very much enjoying the newly refitted kitchen which had better ventilation, cupboard and storage space. One of the residents had told us specifically how much he had enjoyed the previous night's dinner and had passed this to the chefs. When we spoke to the chefs, there was some lighthearted banter between them about who had made that meal and who was the favourite chef.

The lunch served on the day we visited looked and smelled very appetising. Each person's meal was labelled and reflected their menu choice as well as their dietary requirements. Some residents chose to eat in their rooms, but most chose to eat in the kitchenette. We observed staff getting people to wash their hands before eating and making sure people had drinks with their meals.

During this visit the AR was able to observe many genuinely warm interactions between staff and residents. The residents all appeared to be very comfortable with the staff and the staff were seen to know the residents well, offering assistance or encouragement when needed without taking over or being patronising.

We asked residents whether they felt they were treated with dignity and respect and were told:

*"If they didn't I would tell them. I like my independence. They know what I like and what I don't"*

When we asked the parent of one resident the same question, they told us they had been very impressed that even the Activities Coordinator had taken courses and attended webinars to ensure they knew how best to support their son. They told us:

*"Because the staff have made a concerted effort to become knowledgeable about [Son's condition], and because he is so happy here. I don't worry about him - I know they care for him, and it means the world to me"*

We asked residents if they felt that the people looking after them would fix any complaints they had and were told by everyone spoken to that they thought things would absolutely be fixed if they had issues. Two people named their key worker and told us they would, and do, sort out anything the resident asked them.



## 4.4 Social engagement and activities

We asked people if there were enough interesting things to do and we were told the Activities Coordinator was always organising fun stuff. The parent we spoke to also mentioned the activities coordinator as being particularly encouraging to residents and getting them to try new things.

A staff member told us they felt the residents were getting used to doing things and joining in with social activities more. They felt that, historically, residents were used to having things 'done to' instead of 'done with'. This extended to encouraging people to manage their own laundry, under supervision, which some residents liked although one person joked with us about how nice it would be to just click your fingers like at waiters and have everything done – he talked to us about how much he enjoyed his independence at Linford Grange but was also adamant that he was not going to be doing his own laundry!

The residents were all very happy with that day's activity as it was a visit from the animals. The residents were happy to show off to us how safe the guinea pigs, turtle, and bearded dragon felt as they were all snoozing on laps or blankets around the living area. While we were there, the staff found out they would also be able to have a Shetland pony come visit the home. The residents and the staff were equally as excited about this prospect.

The resident holding the bearded dragon and the turtle gave his consent for this photo to be shared here.



## 4.5 Additional findings

Every resident we spoke to knew about their care plan and said that they had been asked what should be in it. We were told, unprompted, how safe people felt now that the fence had been put up and how they were enjoying the new activities. Most residents were very happy to socialise with each other; the one resident we saw who was not actively socialising has only recently started spending any amount time in the communal area with other people. The AR felt this demonstrated the positive impact that the more focused staff training and the changed environment was having on residents.



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## 5 Recommendations

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On the basis of this visit no significant issues were identified through the interviews and observations. We look forward to being invited to revisit when the renovations have been completed.

Healthwatch Milton Keynes would like to congratulate Linford Grange on the transformation of the culture within the Home as well as the physical environment of the Home.



## 6 Service provider response

We are delighted with the progress we have made as a team over the past year and a bit, and we still have a way to go! Our plans continue to progress, not only in getting the building up to spec but in the development of our vision and new and improved support model and provision.

We are excited in looking to develop our collaboration with the local authority in providing high quality, highly personalised support and care to individuals needing bespoke placements; both long term, and as emergency accommodation, and rehabilitation/short term packages as a stepping stone back into the community.

We are recruiting to new roles to constantly improve our standards of support, as well as putting in more devoted activity support hours to ensure that everybody within the home has ample opportunity to engage in meaningful ways and feels supported and confident in being as independent and fulfilled as possible!

A big thank you to Healthwatch who have been hugely supportive to us over the past year, and to all of the families that share our vision and contribute to positively to Linford Grange to make us a warm, welcoming, and nurturing home.

Kind Regards

Victoria James-Priday

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