



Enter & View

Parklands Nursing Home
Published May 2025

healthwatch
Milton Keynes

1 Contents

1 Contents.....	1
2 Introduction.....	2
3 What is Enter and View?	3
4 Summary of findings	6
5 Recommendations	11
6 Service provider response.....	12

2 Introduction

2.1 Details of visit

Service provider	Parklands Nursing Home
Date and time	20 th February 2025, 9.30am to 3.00pm
Authorised representative (s)	Helen Browse & Sarah Hibble

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 Parklands 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 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.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 9.30am 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 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 family members took part in these conversations.

In respect of demographics: -

One resident was male the other seven were female, of those residents we spoke to the age range was between seventy and ninety-four.

There was a wide range of length of stay and reasons for stay at the home; hospital discharge, short stay for rehabilitation, chosen to stay as no longer able to care for self at home, and time of stay varied from a few weeks to over three years.

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

4 Summary of findings

4.1 Overview

Parklands Nursing Home is set in a quiet village location, opposite the village pub with open fields behind the purpose-built care home. There are large gardens and a paddock to the rear of the 'U-shaped' building which opened in May 1990. Parklands is registered for a maximum of 30 residents requiring personal or nursing care, at the time of our visit there were 23 residents at the home. Four bedrooms rooms could have twin beds to accommodate couples, however this is rarely offered.

The manager has been in place for 18 years and many of the staff have been at the home since it was built, including the chef. Residents are happy at parklands, they feel that the care is good and that they are treated well.

4.2 Premises

The home is a single-story building laid out so all rooms have good daylight and views of the gardens. The main lounge and open plan dining room with garden room are all on one level which makes it more accessible for those with poor mobility.

The grounds are extensive and well maintained, and the interior of the home is practical and well laid out. The décor is looking dated and the entrance way is a little dark but as renovations have just begun, this will be addressed.

The large rear gardens are mostly level with pathways giving access to most residents. Bedrooms have window boxes which are ready for planting.

At the front of the building a courtyard has just been renovated to include raised planters that are intended for residents to grow edible plants, there is also seating on the patio area which has a rockery planted with herbs as a sensory garden.

There is little signage in the home but as the home is all on one level and the communal area is open plan, it is not necessary.



4.3 Staff interaction and quality of care

Staff are very well liked, some of the comments we received from residents and families:

'They work hard here, very obliging, well organised and really nice'

'They are really good to me, so polite, really nice'

'Best thing is lunch and [one of the staff members], so nice'

'Great staff here, I'm almost ready to go home now, they have been brilliant'

'Love it here, they look after you so well'

'I choose to stay in my room, they are so kind to me, always trying to get me to join in, I might one day'

We saw that all staff knocked, and waited for a response, before entering rooms, and spoke to residents in the communal areas. All staff called residents by name when interacting with them, and always with a smile.

Whenever staff were asked for something by a resident the request was met with a smile and a chat. Even though there were call bells being rung, they were not left to ring as staff attended to people promptly. All staff were met with smiles from residents with a few staff in particular mentioned by residents with genuine fondness. This was evident when we observed interactions with some of the less mobile residents and how they 'lit up' when chatting and laughing with these staff members.

Staff retention is good, with some staff having been at the home since it opened in 1990. The few agency staff that are used are from a regular pool of staff which means residents are familiar with all staff on duty.

Family members told us that their loved ones are safe, well cared for, and that they no longer worry about them. The stress of caring for their loved ones at home has been eased. They can visit whenever they want, they get regular updates about any, even minor, changes in their loved one's health. We were told that the home notifies them immediately which is appreciated by families.

We noted that Staff were attentive but not intrusive giving residents time to enjoy their lunch and each other's company. Chatting with residents, encouraging movement and inclusion in activity and general movement.

Residents and families are encouraged to attend a regular forum where they can receive updates about the home, and raise any issues they may have.



4.4 Social engagement and activities

There are no dedicated wellbeing or activity staff at the home because all staff are part of the team involved in enriching the residents' daily life at Parklands.

Central North West London (CNWL) NHS Trust run a seated exercise session for people who are using the Seacole beds. Seacole beds are part of the 'Virtual' wards and people are discharged from hospital into Seacole beds for rehab, assessment, and/ or reablement. We observed longer term residents seated in the lounge area looking on with interest and trying to copy the exercises. It seems a little shortsighted, in terms of prevention, that these classes are only available to Seacole patients and that other residents are actively excluded from taking part. We were told that this was due to CNWL Health and Safety and concerns around insurance cover.

Parklands residents were encouraged to get up and dressed and move to the lounge if possible, or at least to be out of bed and sitting in their chair if they were able. All residents are encouraged to move to the dining room for their midday and evening meals.

We noted that staff spent time chatting with residents in their rooms, and activities such as wordsearches and jigsaws were seen in several rooms. It was refreshing to see that TVs were not the main source of entertainment, although all rooms have one. We saw evidence that conversation, and for those who are able, movement is encouraged at Parklands.

There are regular quizzes and movie afternoons held and residents are asked what they would like to do, see, or listen to on the radio. We saw that music to have a dance to, and seated dancing was quite popular with people.

Staff communicated well with each other and with residents. Staff were seen to be confidently and competently using hoists and chairs to move residents. Smiles and laughter were seen to be commonplace in the home.

During the afternoon a cheese and wine (alcohol free) tasting afternoon was planned. There was a range of juices as well as tea and coffee for those who didn't want the wine. Visitors and family members are invited to join any activities that are planned.



4.5 Dining Experience

The chef has been cooking at Parklands since it first opened and is very familiar with and to the residents. Lunch is the main meal of the day and late each morning, the chef goes to each resident asking what they would like for lunch. We were impressed that they knew each resident by name, including the short stay Seacole bed residents. Because of this personal service, everyone gets to have a brief chat with the chef as well. The chef cooks peoples' preferred meals, plates them, and oversees the service to ensure that everything is up to her standard.

When lunch is served, at 12.30 each day, Chef hands individual plates to care staff. We saw that different portion sizes of the same meals were dished up for different residents depending on their preferences. The chef also serves this way to ensure that that tables are served together. This means that when the groups at each table are all able to eat and enjoy their meal together and, as in a restaurant, they begin and end at roughly the same time.

Approaching lunch time, we watched as staff rearranged the dining room from its formal layout to the preferred layout of the residents that day. Tables were grouped to accommodate a mixture of people using wheelchairs, residents with good mobility, and some who required assistance. It was very clear that residents chose where they would sit and made for a lovely mix of dinner companions.



Staff sat with those residents who required assistance during lunch, but we noted that most residents were able to manage themselves. Portion sizes varied greatly between residents according to their preferences.

Those eating in their rooms were given the same attention as those in the dining room. If an individual eating in their room required assistance, the person delivering their meal stayed and helped them, which meant there was no waiting. All residents we spoke to were happy with the food.

Morning tea and coffee is served with cake and biscuits. Supper is served following the afternoon activities, between 5.30 and 6pm and a light snack is offered later in the evening, around 8.30 to 9pm.

It was clear that residents liked the food. When observing the lunch service we noted that there was virtually no food waste at the end of the service with clean plates being returned to the kitchen.

4.6 Choice

This is a small home and they try to maintain a routine but wherever possible they accommodate residents wishes for changes to breakfast times and meal choices. None of the residents we spoke to had asked for later breakfast times, but they told us they felt sure they would be accommodated.

Lunches and supper times allow residents a lot of choice with flexibility in both timings and offerings, particularly for those with smaller appetites.

The home has a 'Service User Forum' and the last meeting was just before our visit and the notice was still on display on the notice board in the lounge and the main entrance of the care home. Residents and their families are kept up to date with staff and are able to offer opinions and suggestions regarding all aspects of their care.

It is very clear, when looking at bedrooms, which residents are long term as their rooms are very personalised with photos and reminders of home. They are warm and welcoming spaces with their care plan folders discreetly placed on cabinets, but available for residents, families, and staff to keep updated and familiar with.

Residents on shorter respite or rehab stays have far fewer personal items. These rooms have very clear wall signage with name, medication and dietary requirements, and mobility needs as their stay could be as short as a few days.



5 Recommendations

On the basis of this visit, Parklands was found to be a well-run establishment, supported by skilled and caring staff, with an impressive focus on creating a caring, safe, and stimulating environment for its residents.

There are a few small recommendations:

The first impression on entering the home could be improved by replacing the currently blocked skylight, this would give a bright light look to the reception area. The Managers suggestion of adding an additional notice board in reception to show activities and information is a positive one.

Considering fitting handrails in the bedroom corridors could be helpful for those less mobile residents.

Research ways of adding simple signage to bedroom doors to enhance the very limited decor.

Examples of Best Practice

Staff retention is to be admired, and the low waste of food is an achievement, particularly when people are not feeling their best.

6 Service provider response

We would like to add the following responses:

We would like to thank Health Watch for their time spent at the home and for the way in which they conducted the visit. Staff and residents felt at ease during the visit.

In response to the recommendations:

1. Skylight – we are looking to replace or block the skylight and add additional lighting. We have recently added two bright wall lights to the area. Given the increase in temperature during the summer months we are considering the impact the skylight has on the reception area and whether additional artificial light may be a better way forward.
2. We have moved the noticeboard from the lounge into the reception area rather than individual notices, and a new notice board (larger in size) is in use in the lounge.
3. Handrails – we are working with our onsite therapy team to review handrails, we have concerns that the equipment needed to mobilise (especially important when the resident returns home) will not be used but the handrail will be. The handrails may deskill the residents, so at this time with the current cohort of residents we will not be installing handrails.
4. We will continue to review bedroom doors and ensure any changes are in keeping with GDPR.

Many thanks

