Enter and View

Park House Care Home

20th August 2025

healthwatch
Milton Keynes

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2 Introduction

2.1 Details of visit

Name of home	Park House
Service provider	Tyringham Care Ltd
Date and time	20th August 2025 9.30am to 3.30pm
Authorised representative (s)	Helen Browse and John Southall

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, notably for their helpfulness, hospitality, and courtesy.

2.3 How we gathered the data

This report is based on our observations and the experiences of the residents, relatives and staff we spoke to on the day of the visit.

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.

In addition, if any staff member wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission, 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 Highclere Care Home. As well as building a picture of their general experience, we asked about experiences in relation to social isolation, physical activity, and the experience of those residents with additional communication needs.

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.

4 Overall summary

Park House is an older 'Country Manor' style building, registered to provide personal and nursing care for up to 35 residents. The home caters for general residential, dementia and other healthcare needs and manage the nursing care provision for those residents who require it. The home advise that they are well supported by district nurses and first response nursing teams who provide the nursing element.

At the time of our visit, we were advised that 70% of the residents required dementia care.

5 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.

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A total of eleven residents and family members took part in these conversations.

In respect of demographics: -

- Residents ranged in age from their early seventies to One hundred years of age. The average age of people living in the Home was 88 years.
- The length of stay at the home for the residents we engaged with varied from just a few years to over nine years, so a great variety of experiences from both residents and family members.

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

6 Summary of findings

6.1 Overview

There is capacity for 35 residents and at the time of our visit there were 32 residents, and staff estimate that 70% of residents have a diagnosis of dementia.

The home is set in several acres of land, large lawns to the front and side of the main building used for quarterly family events and tea parties.

6.2 Premises

The home is laid out with the original manor house used for general residential accommodation. There is an adjoining stable block which leads to the purpose-built dementia wing which is single story and requires an access code to enter or leave.

The décor in the newer parts of the home is simple, clean, and looks fresh although there is little to identify as dementia friendly. We could not see a clock displaying the time, day and date, and there was no dementia friendly labelling of toilet facilities or of the hot or cold taps visible anywhere in the home.

Bedrooms range in size depending on where in the home they were, but all have a view of open or green space. The rooms we saw had many personal touches.

When family members arrived, we noted the way staff welcomed them warmly, knew their names, offered refreshments, and instantly knew where their loved ones were situated.

Lounges and dining rooms were well lit and airy in all areas of the home with ample space for walking aides or wheelchairs.

We were informed that the carpeting in the main hallway and lounge in the original house is due to be replaced with vinyl or similar easy clean flooring to improve ease of mobility for those with walking aids as well as making cleaning easier for staff.

Residents were asked if they were happy with the temperature in both the lounge and dining room during our visit.

When we asked people what it was like living at Park House, we were told:

"It feels like my home"
"Nothing to complain about, [but I] would like more activities"
" I like living here, I feel safe"
"I feel safe, I'm Happy"
"It's called a 'home', and it really is my home"

The original house needs a little maintenance as the ceiling in the main lounge has some water damage and the décor has not changed in some time. It is looking a little tired and dated compared to the newer parts of the home.

The gardens are lovely: the small easily accessible courtyards are lovely spaces which now have some pots growing tomatoes, beans, and herbs that residents can tend. There is also a larger enclosed vegetable garden looked after by staff to grow a wide range of produce.

The larger gardens are in use for group activities and the quarterly family occasions.

6.3 Staff interaction and quality of care

During our visit we noted that the few call bells that we heard were responded to within a very short time, staff appear to be very responsive.

When asked if staff treated residents with dignity and respect, some of the comments we received were:

"Staff always ask permission to come in, they are great"

"I'm really happy with everything here"

"I'm very lucky to live somewhere like this"

"My favourite thing here is the staff"

"Staff are excellent, 100%"

"Staff don't just look after the residents but the families too"

Residents said feel they can be themselves and speak out about any preferences, whether that be on food, activities, or choice of film. We were told that any niggles or complaints are dealt with effectively by care staff or the management team.

Any medical attention that resident may require is something that will be arranged by care staff as the home does not provide any nursing care, there were visits from several outside agencies during our visit, routine calls for some residents. For dentists, eye care or chiropody these visits would be booked in collaboration with residents and family members.

The Home is well supported by the Doctors and District Nurses from the Newport Pagnell Medical Centre. The CNWL Home First Rapid Response Team are also available 7 days a week for the home to call on for advice, visits or support in decision making for individual residents.

Other professionals who provide support to residents are social workers, the memory team, dieticians, opticians, chiropodist and hairdressers and many more.

Care staff provide nail care as part of the programme of wellbeing activities, and a local hairdresser visits the care home for those residents that wish to have their hair done. The hairdresser also visits residents in their rooms if they are unable to visit the salon.

6.4 Social engagement and activities

There is a newly appointed activity lead at Park House, and care staff are part of the activity team, providing support and activities for the residents. There is an activity schedule in the main lobby so people can see what is happening on each day.

The morning activity we observed in the main house was well attended with fourteen residents and some relatives joining in the quiz. We saw there were also staff on hand to assist residents when needed.

To support socialising and inclusivity, residents in the dementia wing are welcome to join any of the activities in the main house, and residents in the main house are welcome to join the residents in the dementia wing if they wish to.

There is an open-door policy to ensure visiting is made easy for both residents and visiting family and friends, and regular 'family days' are organised by the care home. The home also has a Wheelchair Accessible Vehicle that enables carers to take residents out and about.

6.5 Dining Experience

The dining room in the main house was attended by twelve residents who were each asked what they would like for lunch. Residents sat in their preferred seats, and it was clear that they were used to sitting in familiar groups.

The food looked and smelt fresh; it was well presented with good portion sizes. Residents told us the meals were good old fashioned English food. The menu was a little repetitive, and maybe a little variety would be good, but they also said that the quality of the food was good and that it was what they liked.

During preparation for the visit, we saw a sample menu on the website, this does not appear to be aimed at residents as the only menu that we were able to see was the chalk board in the dining room just before lunch was served.

While none of the residents in the dining room had special dietary requirements, staff were able to tell us about specific residents' dietary requirements such as soft foods or vegetarian options.

There was no rush for anyone to eat their meals, staff were on hand to help any resident, whether in their own room or in the dining room, that might need help or want a drink during lunch. There was a relaxed and calm atmosphere in the dining room with quiet music, chosen by the residents, playing in the background.

We saw residents being offered drinks throughout the day; a variety of tea, coffee, and soft drinks were on offer to residents and visiting family members.

6.6 Choice

Residents are free to come and go as they please. During our visit we observed a couple of residents going out with family members, while others chose to go to their rooms for periods of time. We saw some people head into the garden whilst others were happy to remain in the lounge.

Peoples' rooms were full of personal items ranging from photos to bed covers to furniture.

Residents were dressed in their own clothes and all everyone we spoke to said they were able to choose their own outfit each day.

Residents have some choice in when to have a bath and/ or shower and staff seem willing to plan ahead to accommodate residents wishes around this.

Residents choose their meals at mealtimes, so don't need to plan ahead and can decide just before they have their meal.

Staff were caring and observant in asking residents how they felt about the temperature in the lounge and dining room. We saw they responded quickly if asked to adjust the volume of music or TV for residents. The afternoon film was discussed and agreed amongst the residents.

We were told that BSL interpreters are used for GP visits and conversations involving significant decision-making. However, we saw no evidence of specific communication aids during our visit to support communication with residents who were non-verbal.

7 Recommendations

On the basis of this visit, we found Park House to be a well run home where residents are able to maintain a good level of autonomy over their lives. The recommendations below are intended to strengthen and support the already good and caring environment.

- Explore options for more varied activities that could be inclusive of those less mobile residents or look at designing an activity program specifically bedbound residents, particularly those who also have sight and hearing impairments.

- To support the work of the activity coordinator, enlisting the help of volunteer groups or befriending services to sit and talk with residents may be beneficial in alleviating isolation for those residents that have mobility issues, and providing more one to one time.

- Consider accessing Deaf Awareness training for staff to improve the experience of d/Deaf residents in the home. Similar communications training would be useful for those residents who are non-verbal.

7.1 Examples of Best Practice

The new activity person is creating individual profiles for residents on the dementia wing to enable ALL care staff to provide quality one to one time with each of the residents.

8 Service provider response

Thank you for sending over the report. We are very pleased that the visit went well and that you were able to see how happy and content our residents at Park House are.

It is encouraging to read that the Authorised Representatives (ARs) observed staff offering choice and supporting residents to maintain autonomy in their daily lives. Promoting independence and empowering residents to make their own decisions is central to our values at Park House.

We are continuing to develop the dementia unit to make it more dementia friendly. This includes adding coloured bedroom doors, displaying pictures and sensory items along the corridors, and converting the former staff room into a dedicated sensory space where residents can relax and enjoy meaningful stimulation. Both the main house dining room and the dementia unit now have landscape day and weather boards in place, enabling residents to easily see the day, date, year, weather, and season. The dementia unit also has a large, easy-to-read clock to support orientation. All toilets, shower rooms, and bathrooms are clearly labelled with dementia-friendly signage for ease of identification.

Our activity programme has recently been reviewed, with updates to the activity board to make it more engaging and appealing. We have introduced a wider variety of activities each week, along with more community outings to encourage social connection and participation.

Food menus continue to be updated daily on the chalkboards in the dining areas, with at least two hot options available for main meals and at least two desserts. We are currently exploring additional choices to further enhance variety and mealtime satisfaction.

Over the coming few months we are planning to redecorate the entrance area to create a more modern and welcoming environment for both residents and visitors. In addition, the main lounge will be updated and refreshed to enhance the overall appearance and comfort of the home.

We will also be creating two disabled parking spaces at the front the home, to allow ease for those who are in wheelchairs.

Thank you once again for your feedback. It enables us to explore the areas you have highlighted in more detail and supports our ongoing commitment to improvement.