



# Enter and View

Caton House

30<sup>th</sup> September 2025

**healthwatch**  
Milton Keynes

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# 2 Introduction

## 2.1 Details of visit

Name of home	Caton House Residential & Nursing Home
Service provider	Sanctuary Care
Date and time	30 <sup>th</sup> September 2025 9.30am to 4.15pm
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 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 Caton House. 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

First impressions at Caton House are good, the reception area is open and well-presented, and the staff are welcoming and friendly. Caton House has many staff and residents who have been at the home for a considerable length of time. Chef has been with the care home for many years and takes an active interest in the views of residents who are particularly fond of her pastry and baking skills. Family members felt that the special dietary requirements needs of residents were well met.

The activity team, and the volunteers that help them, try hard to keep residents entertained. We noted that they do an excellent job at ensuring residents that are mobile or partially mobile are included.

# 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: -

- Five residents were male, and six residents were female
- Residents ranged in age from early seventies to late nineties with an average age of 84 years.

The length of stay at the home for the residents we engaged with varied from just a few months to over nine years, so a great variety of experiences from both residents and family members.

At the end of the visit, members of the Management Team were verbally briefed on the overall outcome.

# 6 Summary of findings

## 6.1 Overview

The purpose-built Home is registered by to provide Nursing and Residential Care for a maximum of 62 residents, over the age of 65. Although the new manager had been at the home for six months when we visited, they were not yet on the CQC Registration for the Care Home.

At the time of our visit there were 51 residents at the care home, of which 38 residents, or 75%, had a Dementia diagnosis.

The Manager was being supported by a regional peripatetic manager, and two additional regional managers were present on the day of our visit.

- The home is situated in a quiet cul-de sac on a residential estate, which means the location is quiet but easily accessed by visitors
- Family and friends are welcomed to the home at any time they wish to visit, and the home will accommodate visits at almost any time of day.
- There is a refurbishment program of works underway to bathrooms. Redecoration of communal areas was completed two years ago; the current works are planned for completion by the end of 2025. The refurbishment work at the Home should not impact residents.
- We raised a safety concern with management on the day of our visit as the ground floor 'quiet room' is being used to store building supplies and is not secured. This door has a security lock however, the door was not secure during our visit, and we were able to freely walk in. This room is in-between bedrooms and is not the only room in use by the builders on the ground floor that is not supervised.
- Little evidence of dementia friendly signage was found throughout the home, no signage on taps, including in the new bathrooms. There are memory box style photo boxes outside some bedrooms with suggestions for conversations, hobbies, and some have a photo of the resident. However, all frames are the same white as the walls, so do not stand out. On a positive note, there are handrails on the corridor walls.

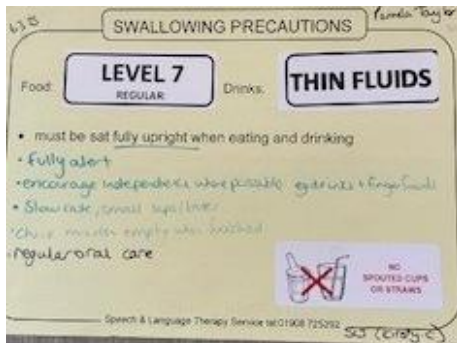


## 6.2 Premises

- We noted the absence of Dementia friendly décor throughout the care home, with the only dementia friendly clock inside one of the offices rather than in the residential area of the home.
- While the home has been designed to maximise natural daylight, all corridors, walls and doors are the same off-white colour. This creates a challenging wayfinding situation where people could walk in endless circles around the internal courtyard without any aid to direction or orientation.
- The ground floor is home to residents who are more mobile and more independent. It is quiet and calm and has a more formal dining/lounge area than the first floor. This room has a lot of windows with good daylight; there is an additional smaller quiet lounge and a couple of small seating areas in the corridors. These are used by resident who need to stop for a moment before continuing their journey, or who just want to sit and watch the world go by.
- The first floor is noisier, potentially due to the differing needs of the residents here. Because people on this floor are less mobile and more dependent, there were more call bells, and louder TVs in people's rooms. The single lounge/dining room is less formal, just one large dining table in a significantly smaller space with less natural light. A very large TV dominates the lounge area and is on all day. The space is used for different activities such as seated exercise, singing/choir, movies or just TV watching, but the TV is always on.
- Bedrooms are a good size, and all have ensuite facilities. Families can, if they choose to, personalise as much as they wish. The décor in many bedrooms has not been updated by the care home for many years. As some residents have been in their rooms for more than 8 years with no redecoration in that time, their rooms are looking well-worn and a little tired.
- There is an unidentified odour in the home, it was not overpowering and was stronger on the first floor than the ground floor but evident throughout the home. This is possibly due to the aging carpets in most of the corridors of the care home.
- The main patio is well laid out; however, we saw one resident who was not allowed out there on the day of our visit. This may be due to staff availability as this resident required assistance to walk but it was a lovely sunny day and would have been nice to see the space being used. Especially as the internal courtyard has been out of use for several years due to inappropriate ground cover.

## 6.3 Staff interaction and quality of care

- The residents and family members we spoke with said they feel safe and cared for, and that staff are kind and considerate.
- We were very concerned to find several bedrooms with prominent notices regarding swallowing precautions, and very clearly stating that Sippy cups and straws were not to be used by these residents, but these residents had those cups on their tables (as pictured). We raised this immediately at the nurses' station and with the management team on the day of our visit,



- Residents felt that the timing of meals, getting up and going to bed were all good.
- When asked about cleanliness and personal care, some family members told us that the general care is good although there were a few examples where care could be improved: –
  - Increasing the frequency of showers/baths for residents
  - We were told that staff are not seen to be changing gloves after personal care is carried out before leaving a resident's room and moving to another task
  - Families asked that staff ensured, when washing a resident's hands after a faecal incident, that the nails are also properly cleaned.
- When asked about dignity and respect, all family and residents answered with a resounding YES about all staff.
- Families said they were happy with their involvement in creating care plans and felt that the Care Home included them in any changes.
- Communication between the Care Home and relatives is good, with staff ensuring relatives receive any health or care updates swiftly and compassionately.
- There is an onsite hair salon, usually staffed on a Friday. If all residents who wanted an appointment have not been seen, the hairdresser will come back on Saturday mornings to accommodate everyone.

## 6.4 Social engagement and activities

- We saw that residents were responded to with kindness, enthusiasm, and smiles, during the activities we observed.
- The male residents asked if they could have a few activities more relevant to them. These residents suggested maybe a TV in the small lounge downstairs for sports events, such as football and cricket viewing with refreshments. We were told they enjoy the quizzes but would like to see a few more questions about stuff they know more about such as trains, planes, and automobiles, in the content.
- There are activity planners displayed on the ground and first floors for residents to see. Each resident also has a planner in their room so they can see what is on each day and where the activity will be held.
- The Activity staff now have a small team of volunteers, and between them, they do a wonderful job with a varied program for the more mobile residents.



- The more dependent, less mobile, residents said they had little to no access to activities, and their families felt they would do well with some one-to-one time dedicated to them.
- Residents and families of those residents limited to their rooms felt that there is very little in the way of personal engagement for them. While all residents have televisions in their rooms, this is the only entertainment for some and, for those who do not have regular visitors, it can be a little lonely.
- Family and friends are welcomed to the home at any time they wish to visit, and the home will accommodate visits at almost any time of day.

## 6.5 Dining Experience

- The ground floor Dining room/lounge is also the main activity room for the ground floor of the home. It is a light and airy room and, for a multi-purpose space is quite well divided by furniture. You do need to walk through the dining room to reach the lounge area of the room.
- The chef at Caton House is one of the longest serving members of staff and is well loved by residents and staff, particularly for their home-made cakes and pastries.
- The tables are laid well for meals with linen, place mats, flowers, condiments, and glassware for drinks, with menus on each table.
- On the day we visited, 14 residents were seated for lunch in the ground floor dining area, and one resident in the Bistro area. Chairs were moved to accommodate those arriving with mobility aids.
- Lunch service was very slow. At 12:30, A staff member showed each resident two plated up meal choices, and a second staff member noted which meal they wanted. These same plates were taken around to everyone and, only once everyone had chosen their meals, do staff begin delivering meals. By 1:05, only the one resident eating in the Bistro area had received their meal.
- We noted that, because of this long delay between ordering and receiving their meals, a few residents had forgotten what they had decided to eat, and some were nodding off. This was due to the very low numbers of staff available to go back and forth taking orders. It was not apparent to us if any food was being taken to people eating in their rooms during this time.
- Residents on the first floor needed more assistance and this was not readily available. There were insufficient staff for the number of residents requiring help in the dining room and lounge, leaving residents unaided and unable to eat.
- A few bedbound residents were observed eating and being assisted in their rooms. We saw some people with meals on their trays, or nearby, while they slept. It was unclear if they had finished, or were unaware their meals were there, as we had not observed these residents when their meals were delivered.
- Residents told us they are happy with the quality of food but feel the menu gets a little boring as the same meals come around quite often.
- Family members said that their loved one's dietary needs were taken into consideration, and that they were well catered for.
- Refreshments and homemade cake and biscuits were available throughout the day and residents were very complimentary about the Home-made sweet treats.

## 6.6 Choice

- Residents that are able are free to come and go as they please within the home and visiting hours are not restricted.
- Residents' rooms had many personal items, and each room was individual. Some residents had chosen to decorate their own room.
- Residents are encouraged to get up and dressed daily, even if those residents prefer to stay in their rooms staff encouraged residents to move if possible and those residents we observed were dressed rather than in night clothes.
- Breakfast is served between 8.30-10am to allow residents time to bathe and dress. The management team told us that people are able to choose whether to dress first or eat first. There were residents eating breakfast when we arrived, but most residents were up and dressed. There were a few people still getting up but all appeared content with their own routines.
- There are regular resident and family meetings. As almost 75% of residents have a Dementia diagnosis, the family meetings are possibly more productive, unless the resident meetings are attended by residents and family members.
- Residents were observed during the day in communal areas, and their own rooms and staff interaction was positive and caring.
- We asked about professional language or BSL interpreters (rather than friends, family or non-clinical care home staff) for GP visits, conversations involving significant decision-making, or about care plans. We were told that the home does not have a need for these services at present but would call on them if they were required.



# 7 Recommendations

- Improve staff training around the understanding of the importance of following Speech and Language Therapist instructions with regards to fluids/drinks, and the reasons for using the appropriate drinking cups/straws. CNWL SaLT will be able to assist with training.
- To support the Dementia journey of residents, more dementia friendly signage and friendly supportive decor would be helpful such as hot and cold labels on all taps in shower rooms and toilets. In addition, there are no clocks with day/date and time displays visible in the care home although the majority of residents have mild to moderate dementia on both floors.
- Consider changing the colour of the frames for the Memory box style picture boxes outside bedrooms, each corridor could have its own colour. This could be particularly helpful on the ground floor and could use the colour palate already in use in the ground floor dining/living room.
- Investigate the cause of the unpleasant odour on throughout the home, while it is not overpowering, it is very present.
- Consider ways of improving the provision of activities for those less mobile residents to enrich daily living at Caton House. Also consider adding some male orientated activities.
- Consider re-arranging the roster to ensure there are adequate staff to support with mealtime order taking, delivery and assistance. You could potentially make use of your volunteer base at this time to increase the manpower available. Look at the possibility of a member of staff joining residents in each of the dining rooms for lunch to chat and have the full lunchtime experience. This can include cleaning, maintenance, and care staff. And, of course, the management team.

## 7.1 Examples of Best Practice

The home has a small team of volunteers that help with activities who are dedicated and passionate individuals.

# 8 Service provider response

Please see below the actions to your recommendations:

- Improve staff training around the understanding of the importance of following Speech and Language Therapist instructions with regards to fluids/drinks, and the reasons for using the appropriate drinking cups/straws. CNWL Salt will be able to assist with training.

The team have completed food first training by Milton Keynes Council on 21/07/25. With a second session booked in December 2025.

- To support the Dementia journey of residents, more dementia friendly signage and friendly supportive decor would be helpful such as hot and cold labels on all taps in shower rooms and toilets. In addition, there are no clocks with day/date and time displays visible in the care home although the majority of residents have mild to moderate dementia on both floors.

A new clock has been purchased. The home is currently having new signage put in place on the external part of the building and the next step will be to have new signage within the home.

- Consider changing the colour of the frames for the Memory box style picture boxes outside bedrooms, each corridor could have its own colour. This could be particularly helpful on the ground floor and could use the colour palate already in use in the ground floor dining/living room.

This is a great idea, and we can look into having these purchased. [@Mara Haldan](#) will add these to the list of new items to purchase.

- Investigate the cause of the unpleasant odour on throughout the home, while it is not overpowering, it is very present.

Since your last visit the home has no odours the domestic team have been working extremely hard to ensure soft furnishings are cleaned and carpets shampooed. We have since purchased a handheld soft furnishings machine which has helped the team manage unpleasant smells.

- Consider ways of improving the provision of activities for those less mobile residents to enrich daily living at Caton House. Also consider adding some male orientated activities.

[@Edgaras Dambrauskas](#) has been holding meetings with the activities team to look at arranging 1-1 activities and to utilise the volunteers we have in the home.

- Consider re-arranging the roster to ensure there are adequate staff to support with mealtime order taking, delivery and assistance. You could potentially make use of your volunteer base at this time to increase the manpower available. Look at the possibility of a

member of staff joining residents in each of the dining rooms for lunch to chat and have the full lunchtime experience. This can include cleaning, maintenance, and care staff. And, of course, the management team.

I have personally reviewed the rotas, and we have a new structure in place to ensure we are delivering a person-centred dining experience in the home.

Many thanks for your feedback, it helps us deliver a much better level of care to the residents at Caton House. With the new manager starting in the new year, I am sure she will have lots of great ideas. I have put a reminder in my diary to send an introduction email to you and her once Alexandra is in post.



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