

Enter and View

Lakeview Lodge

11th September 2025



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2 Introduction

2.1 Details of visit

Name of home	Lakeview Lodge
Service provider	Country Court
Date and time	11 th September 2025 between 9.40am and 5pm
Authorised representative (s)	Helen Browse and Essie Rewane-Adejare

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

This purpose-built home is almost eight years old and has a planned refurbishment program, the manager has worked for Country Court for almost as many years in different positions working her way to Manager of this home for the last two years. The home is set in a quiet location on a fairly new housing estate overlooking a man-made lake and close to local amenities.

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 9.40am and actively engaged with residents between 10:00am and 4:45pm

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.

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

In respect of demographics: -

- Residents ranged in age from mid-seventies to late nineties years in age giving an average age of 87 years.
- The length of stay at the home for the residents we engaged with varied from just a few weeks to a few years to five years, so a great variety of experiences from both residents and family members.

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

6 Summary of findings

6.1 Overview

Lakeview Lodge is registered to accommodate 66 residents and at the time of our visit there were 61 residents at the home with one resident having a stay in hospital. The home caters to persons aged 65 and over for general residential and Dementia care, this is not a Nursing home. When residents require nursing care, outside agencies come into the home to provide the necessary specialist care.

- The Manager has worked for the Care Group for a long time and for this particular home in different roles for more than seven years so many of the long-term residents are very familiar to her.
- It is a modern, purpose built home situated on a relatively new housing estate. It overlooks a manmade lake and nature space, visible from all dining and lounge areas in the home.
- The home is easy to access with ample parking for visitors.

6.2 Premises

- The home is set over three floors; 18 rooms for general residential and mild dementia on the ground floor, 23 rooms on the middle floor for residents with mild dementia, and the top floor, housing people with mild to moderate dementia, has 25 rooms. There is a mix of residents on each of the floors with varying mobility needs.
- All of the corridors are wide and well-lit to allow residents to easily move about. Seating areas along the corridors to give cosy chatting spaces, or for less mobile residents, places to stop and catch their breath while still encouraging mobility



- The dining rooms and lounge areas on each floor have large picture windows overlooking the lake which brings in natural light and gives the impression of being in the countryside, even though residents are a short walk from a few shops and the home is a short drive from Central Milton Keynes.
- There is a dedicated hair salon on the middle floor, and the hairdresser is on site weekly.
- The home has a large patio area which can be accessed from the ground floor garden room. This is open to residents that are mobile to enjoy views of the garden and walking outside. The room is often used by families when visiting.
- There is a private dining room available, on the middle floor, for special occasions that can be booked by residents and families. There is also a sunroom on the top floor that is available for family use and staff will open this on request.
- The dining areas are set out to accommodate wheelchair users so there is no moving of chairs required at mealtimes.
- We observed very little Dementia friendly décor or signage on any of the floors, and suggest this would be practical, especially on the upper floors.
- The top and middle floor had an unusual odour near the stairwell entrance to the floors, possibly due to the corridor carpets that are beginning to show signs of wear and staining. While the odour was not overpowering, it was noticeable.
- Throughout our visit we saw staff cleaning, where needed, in residents' rooms and communal areas. It was lovely to observe the informal and natural chat and interactions between staff and residents while staff carried out their duties.
- The residents and family members we spoke to told us this was a good place to live and that people were well cared for.
- The home is well presented, with one of the family members telling us that the reason they chose this particular home above another was:

"Because it looks more like a hotel than a care home"

6.3 Staff interaction and quality of care

- Residents' family members felt that their loved ones were safe and cared for at the home and there is good communication between the home and family members on all aspects of care and daily life of loved ones. Although some people felt that the management team could be more visible. Some of the comments we received were:

"We know [resident] is safe, eating something, washing, and being looked after."

"Staff consistency could be better, if they all did the same stuff the same way, and staff turnover is a bit high, but [resident] is happy here and, above all, safe"

"Very friendly happy place."

" Care is really good; nothing is too much trouble."

"Management are a bit out of touch, should spend some time with the residents."

- Most residents were up and dressed in appropriate day clothes when we arrived, and were in the dining room, lounge, or sitting in their own rooms. A small number of people were still in bed, but this was either through choice, or because they were generally bedbound.
- Families that we interacted with were aware of Care Plans. Most people told us they did not often look at family members Care Plans, but they knew that they could look at them at any time.
- Families told us that complaints were handled well overall. They preferred to speak to the care staff directly as this resolved most things quickly.
- This is not a nursing home so medical, or nursing care is provided by outside agencies organised by staff for residents. In an emergency the paramedics are called. This happened during our visit and was dealt with discreetly and efficiently. The resident was treated at the home and didn't need to be taken to hospital, their family called and expressed that they were very happy with how everything was handled.
- The few call bells that were heard were responded to effectively with staff observed to be kind and caring in their response.
- One of the residents did complain they were cold, potentially because it was a very grey and windy day. We saw a staff member instantly going with them to find cardigan or jumper, chatting all the way. No-one else said they felt cold and family members told us they felt the temperature was usually good.

6.4 Social engagement and activities

- There are slightly different activity programs for each floor and, if they are able, residents can choose to attend whichever floor they wish. During our visit there was staff training underway in the cinema room, but the only change was the morning activity was moved to the middle floor lounge.

Country Court Lakeview Lodge Activities Planner
Ground Floor W/C 08-09-25

Mon 8 th	Tue 9 th	Wed 10 th	Thurs 11 th	Fri 12 th	Sat 13 th	Sun 14 th
Move & Groove 11:00 Lounge	Pen & Paper games 11:00 Lounge	Puzzles 11:00 Lounge	Choir 11:00 Cinema	Science experiments 11:30 Lounge	Quiz & Coffee 11:00 Bistro	Time with Carers
Picture Bingo 14:30 Lounge	Book Club 14:30 Cinema	Sing-A-Long 14:30 Lounge	Newspaper races 14:30 Lounge	Movie afternoon 14:30 Middle floor	Knitting 14:30 Middle floor	Time with Carers 14:30

Country Court Lakeview Lodge Activities Planner
Middle Floor W/C 08-09-25

Mon 8 th	Tue 9 th	Wed 10 th	Thurs 11 th	Fri 12 th	Sat 13 th	Sun 14 th
Move & Groove 11:00 Ground floor	Hairstressers 11:00 Mobile	Football 11:00 Lounge	Choir 11:00 Cinema	Flower arranging 11:00 Lounge	Quiz & Coffee 11:00 Bistro	Time with Carers
Gardening 14:30	Arts & Crafts 14:30 Lounge	Interactive tablet 14:30 Lounge	Air hockey 14:30 Lounge	Movie afternoon 14:30 Lounge	Knitting 14:30 Lounge	Time with Carers 14:30

- We watched the enjoyment being had by the 19 residents, 3 staff, and 2 family members, during the morning activity which was 'Choir'. The song sheet was displayed on the TV screen like a karaoke machine.
- During the afternoon the top floor activity, again on the big screen, was a 'spot the difference' game, with six people attending. On the middle floor there were 22 people chatting and enjoying cake and tea while they waited for their turn at Air Hockey, set up on a makeshift table by the activities team. The ground floor was quieter, with the residents there happy with their newspapers, tea, cakes, and quiet time.
- The activity team are enthusiastic and try hard to get residents to join in and to be mobile. People are encouraged to walk to the day rooms, move a little in their seats, by the team who engage with everyone in the lounges. No-one is left out, people who wander in and out are always included as well.
- There were a lot of family visiting during the day we were present, even though they were not aware of our visit. They told us they are welcome to visit at any time and most felt they had good communications regarding loved ones.

6.5 Dining Experience

- All the meals we saw looked and smelt good. Family and residents told us that the food and portions were good. It was clear that residents were given different portion sizes and different meals depending on their preferences. Staff knew who wanted what. We saw that residents were encouraged to eat but never to hurry, just to eat a little more. People were offered alternatives if they weren't wanting to eat what they had. Plenty of drinks were offered on all floors.
- Meal service is slightly staggered across the floors and begins at midday on the top floor. Residents are encouraged to eat in the dining rooms but can choose to have their meals in their rooms. Those eating in their rooms had their meals delivered as soon as it was possible on each of the floors and staff were there to assist those that required it.
- The top floor had 11 residents seated in the dining room on tables of three and four and one in the lounge, when all meals had been served staff were then concentrating on delivery to rooms, leaving one member of staff in the dining room who was assisting a resident with their meal. This left other residents who required assistance unattended and the one carer in difficulty. We saw that they had to call out for help which arrived a few minutes later.
- The middle floor dining room had 17 residents seated for lunch with a variety of mobility needs. All residents appeared friendly and content, chatting with each other while being served their meals. We observed the few who needed it, being offered gentle encouragement to continue eating. There was a calm quiet atmosphere in the dining room. One resident was eating with family in the Bistro/hub area.
- On the ground floor there were only six residents in the dining room over three tables. We saw very attentive service; one resident needed a little help but the table of four were fully independent and chatty throughout the meal. Staff needed to offer little intervention other than offering drinks.
- A few residents and family members did comment that the rotation of menu was a little too short but that the quality of food was good. However, we were told the diabetic food is limited and always the same.
- Morning and afternoon tea, coffee, and snacks were offered in lounges and to those in their rooms. Each floor has a kitchenette in the dining room where refreshments and snacks are available in addition to a coffee shop on the middle floor for visitors and family.

6.6 Choice

- Those residents that are mobile can easily move between floors or go into the gardens. When family visit people can go out for walks or visits where they choose.
- The rooms we observed had many personal touches. Residents are encouraged to bring in personal items to make their rooms feel like home.
- All residents were dressed in their own clothing. It is up to residents and their families to ensure that they have their own clothing at the home to be able to choose what they wish to wear each day.
- All rooms are ensuite, those that are able can shower when they wish. If assistance is needed a resident may need to wait until a carer is available but that is the only restriction on when and how often they can shower.

7 Recommendations

- Consider ways of improving Dementia friendly signage, particularly on the Top and Middle floor in relation to bathrooms and taps in particular.
- Investigate the source of the odour on the middle and top floors, as discussed during our final meeting this might result in replacing carpets with a more durable flooring.
- Promote the new One to One time spent with residents, it's such a positive activity for all residents – Shout about it, in your New Letter – give it a name, get all staff involved in it, if you have some male staff who can spend time talking football, cars, trains or cricket with the men it's an extra dimension to their day. This is possibly where the management team could spend time talking with residents?
- A suggestion has been made to all Care Homes to develop a Biography service. This could be carried out by a local school or parish volunteers. Residents can record memories of their life or may wish to write letters to specific people in their family. Photos could be included, the biography can be as short or long as they want, this can be incorporated into reminiscence therapy sessions. This was discussed in previous visits, but the local school visits could not continue due to covid, this should no longer be a barrier.
- If help is required with activities or support for residents with dementia, it may be useful to contact a local memory club:
<https://www.healthwatchmiltonkeynes.co.uk/advice-and-information/2019-07-08/dementia-memory-clubs-and-support-groups>

7.1 Examples of Best Practice

The new Activity Lead has introduced one to one time with residents, this is for all residents but is particularly important for those less mobile or those who have fewer visitors. The activities vary from time to chat, music and dance, quiz, playing card games, watching a movie, the important thing is time dedicated to the individual and their likes and preference.

8 Service provider response

All service providers have a legal responsibility to respond in full to our report and recommendations, outlining the action they intend to take in response to specific recommendations. Lakeview Lodge were given 8 weeks to comply with this obligation, including the initial statutory 4 week period, but we have only received the following:

*"I am happy with the feedback we have received from Healthwatch and I have no further comment to make in relation to the assessment.
Home Manager"*

As we have not received a formal response from Lakeview Lodge care home, we have escalated the matter to the Care Quality Commission (CQC).



Healthwatch Milton Keynes
The Vaughan Harley Building
The Open University
Walton Hall
Milton Keynes
MK7 6AA

01908 736005
www.healthwatchmiltonkeynes.co.uk