healthwatch Milton Keynes

Enter and View

Care MK Homecare

November 2025

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2 Introduction

2.1 Details of visit

Service Provider Number of Clients/Staff at time of participation	Care MK 62/46
Consents received from provider	15
Date and time	26th October & 17th November 2025
Authorised representative (s)	Tracy Keech & Helen Browse

2.2 Acknowledgements

Healthwatch Milton Keynes would like to thank the service provider, staff, service users and their families for contributing to this programme of work.

2.3 Disclaimer

Please note that this report relates to conversations had on the dates set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what contributed by the people we spoke to.

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.

3.1 Purpose of visit

The purpose of this Enter and View was to look at the provision of care provided by Domiciliary Care Providers from a selection of providers that the Council had requested we talk to following a review of their provider provision in Milton Keynes.

3.2 Strategic drivers

Healthwatch Milton Keynes and Milton Keynes City Council have been acutely aware that people in receipt of Home Care have limited opportunity to voice their opinions of care, particularly when compared to those in residential care. Both organisations have worked hard to develop a process that is compliant with GDPR regulations in order to give these residents an equitable space in which to share their lived experience. This will support the Milton Keynes Adult Social Care team to monitor and maintain the high standards expected from care providers.

4 Overall Summary

We met with Care MK's management team for a 45-minute online discussion to agree the scope of the Enter and View activity, the information required from the service, and the expected timeline. The provider was consistently responsive, cooperative and constructive throughout the process, supplying contact details for service users within the agreed timeframe.

Care MK was first registered with the Care Quality Commission in November 2020 and received a 'Good' rating at its last inspection in 2022, setting a helpful context for this visit. Of the 15 service users whose details were shared with us, five chose to take part—representing 8% of the overall service-user base. Although the response rate was lower than hoped, the feedback gathered offered valuable insight into the day-to-day experience of people receiving care from the service.

Feedback from participating service users was largely positive. People described care staff as kind, friendly, respectful and supportive, with several noting how reassuring it felt to have carers who shared their first language. This helped them feel more at ease during personal care and reduced anxiety. Service users told us that staff generally arrived on time, communicated clearly about any delays, and stayed for the full duration of scheduled visits. They also reported that medication support was delivered safely, and staff consistently used their preferred names and introduced themselves on arrival—actions that reinforced a sense of dignity and personalised care.

While the overall picture was reassuring, service users did identify a few areas where improvements could enhance their experience. The lack of access to showers or baths was a recurring theme, with some service users unsure whether this was even a possibility. Changes to staffing patterns had also been noticed, though most still felt they knew the team well. Conversations suggested that service users valued continuity, cultural and language matching, and care delivered in a way that respects their individual needs and preferences. These reflections highlight strengths in the provider's approach, while also pointing to practical opportunities to develop the service further.

5 Methodology

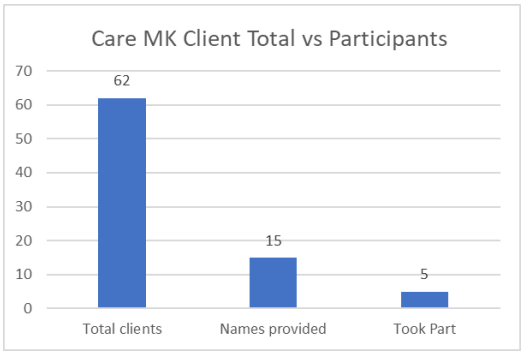
This report draws on conversations with service users receiving care from providers identified by Milton Keynes Council. The Council informed Care MK in advance that Healthwatch Milton Keynes would be making contact and outlined the purpose of our involvement.

We met with the provider via Microsoft Teams to explain how we planned to contact service users, what information would be shared and the timescales involved. The provider agreed to seek permission from each service user and distribute our information pack to support understanding.

Once we received contact details, we arranged telephone calls or home visits where appropriate. We used a structured set of conversation prompts and took handwritten notes during each discussion to ensure that service users' views and experiences were accurately reflected.

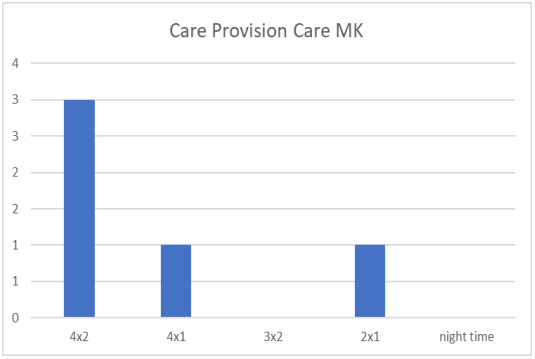
We used a semi-structured conversation, based on pre-agreed themes, to guide discussions with service users and family members. Service users were contacted by telephone and invited to take part, with reassurance that they could end the conversation at any time. Notes were taken by hand during each call. These notes were transcribed into a database for analysis

A total of Five clients took part fully of the fifteen clients we were given details for, 24% of the total client base that Care MK provide care services to, and of those only one third took part which means a total of **8%** of Care MK client base took part.



In respect of demographics: -

- Residents ranged in age from mid-sixties to late eighties years in age giving an average age of 79 years.
- Length of provision of care service was between eighteen months and over four years.
- Three Female clients and Two Male clients participated



- Daily care provision varied between two carers twice daily to two carers once a day, with the majority of care provided by two carers four times a day.

6 Summary of findings

6.1 Overview

Care MK provided all requested information within agreed timeframes and remained helpful and communicative throughout. Five out of 15 consenting service users took part in this Enter and View. Although the overall response rate was low, those who did participate described their care experiences positively and valued the consistency and approach of staff.

6.2 Staff interaction and quality of care

Do Staff arrive at agreed times and spend their full allocated time with you?

- Communication between staff and clients is good, any changes to routine is notified in advance by staff.
- Clients commented how good it felt to have care staff who could communicate in their own language, it made them feel more relaxed and less of a burden, so time passed easily, never enough but always what was expected.
- All participants felt they had the full allocation of time from their carers.

We asked are you treated with dignity and respect by all of the care team?

- The comments ranged from 'Good' to 'Fantastic'
- one of the best comments we had was: *'I feel like they really care about me - not just look after me.'*

When your carers arrive, do they announce themselves clearly on arrival?

- On arrival care team always announce themselves by name, are polite, cheerful and engage with the clients, each person having their own way of engaging showing individual personalities which all of the clients we interacted with appreciated. They felt this showed the care team were being themselves, not working from a script.
- All of the clients we spoke with had medications administered by the care team and felt this was managed very well with no concerns or complaints.
- There are regular care staff but recently there seem to have been quite a few new staff joining. Clients are usually aware of who will be visiting them.

6.3 Personal Hygiene

We asked about personal care, including the number of times the option for a bath or shower was offered, and if people were given the option of a gender matched carer for personal care.

People we spoke to were not offered the option of a bath or shower over a bed bath, even if they would prefer this.

> *'I only have bed baths, never been offered anything else.'*
>
> *'There's a male carer who's very speedy at bed baths, makes it easier, less embarrassing.'*
>
> *'I'm in a rented place, can't adapt anything, so couldn't have a bath or shower even if I wanted to'*

6.4 A Typical Day

We asked each person we spoke to describe their typical day to get a picture of how the care provision impacted their daily life.

Service users described their days as shaped by the timing of care visits. For some, this meant waiting until 10am to get up or being supported to bed as early as 5.30–6pm. While this routine supported safety and independence for some, others described it as more restrictive due to their health needs.

Morning visits typically involved support with personal hygiene, dressing, changing bedding, and preparing breakfast. Staff used service users' preferred names and were described as friendly and approachable.

Some responses may have been influenced by the presence of care staff during calls; however, service users still spoke positively about the reliability and conduct of the care team.

6.5 Choice

This is a reflection on what areas of care each client felt that they had any influence over or maybe would like to have some input into the decision making of their care provision.

We asked service users about the choices available to them in their day-to-day care. Some lived in accommodation that could not be adapted to allow for showers or baths, limiting what could safely be offered. For most, it was not clear whether alternatives to bed baths were possible, as the topic had not been discussed with staff and did not appear to be part of any Care Plan conversation.

Service users appreciated being supported by staff who shared their first language, especially during personal care. Family members we spoke with also expressed positive views but noted that staff changes appeared more frequent recently, often using terms such as ‘mostly’ or ‘usually’ when describing consistency

People tended to be resigned to not having choice over when they got up in the morning or went to bed at night. This may present issues for people who have conditions or medications where timing is of the essence.

7 Recommendations

The conversations we had with clients gave us a well-rounded view of Care MK and this was positive.

- Consider ways of offering a shower or bath to clients at regular intervals, rather than always bed baths.
- Ensure that conversations around preferred time for rising and going to bed, as well as preferences around personal care are included each time the care plan is assessed.
- Consider further gender matching for personal hygiene. While this was not a specific request by your clients but was definitely appreciated when it occurred. This consideration could make you a standout in the care sector.

7.1 Examples of Best Practice

Language matching for clients, this is greatly appreciated by those for whom it has been possible and can greatly ease the discomfort and fear of strangers coming into your home at a time when you are at your most vulnerable.

8 Service provider response

Thank you for your recent HealthWatch report and for highlighting areas where we can further enhance the quality of care we provide. We value this feedback and have considered each of your recommendations carefully.

- **Consider ways of offering a shower or bath to clients at regular intervals, rather than always bed baths**

  We recognise the importance of supporting clients to maintain their preferred hygiene routines and dignity. While bed baths are sometimes necessary based on individual health needs and mobility, we will review our current practices to ensure that clients are offered the option of a shower or bath at regular intervals wherever it is safe and appropriate to do so. As part of this, we will revisit individual needs through Occupational Therapy (OT) assessments to ensure that appropriate equipment, risk assessments, and support are in place to facilitate this wherever possible. Care plans will also be updated to reflect individual preferences and capabilities.

- **Ensure that conversations around preferred time for rising and going to bed, as well as preferences around personal care are included each time the care plan is assessed.**

  We fully agree that person-centred care should reflect each client's daily routines and preferences. Moving forward, we will strengthen our care planning and review processes to ensure that discussions around preferred times for rising, going to bed, and personal care routines are consistently documented and revisited at each assessment. This will help ensure care delivery aligns more closely with each individual's wishes.

- **Consider further gender matching for personal hygiene. While this was not a specific request by your clients but was definitely appreciated when it occurred. This consideration could make you a standout in the care sector.**

  We appreciate this observation and acknowledge the positive impact gender matching can have on comfort and dignity. We would like to clarify that we already prioritise gender matching for our clients when allocating carers, particularly in relation to personal care. During initial assessments, we proactively discuss preferences with clients, including whether

they are comfortable with a mixed-gender care team when double-handed care is required. This ensures that consent and comfort are established from the outset.

In addition, we will be revisiting all clients through courtesy calls to ensure that no preferences regarding gender matching have been missed, and to provide an opportunity for clients to update or reaffirm their choices. We will continue to reinforce this approach and ensure that all preferences are clearly documented and regularly reviewed so that care delivery remains aligned with each individual's wishes.

We are committed to continuous improvement and appreciate the insights provided in your report. These recommendations will help us enhance the person-centred care we strive to deliver.