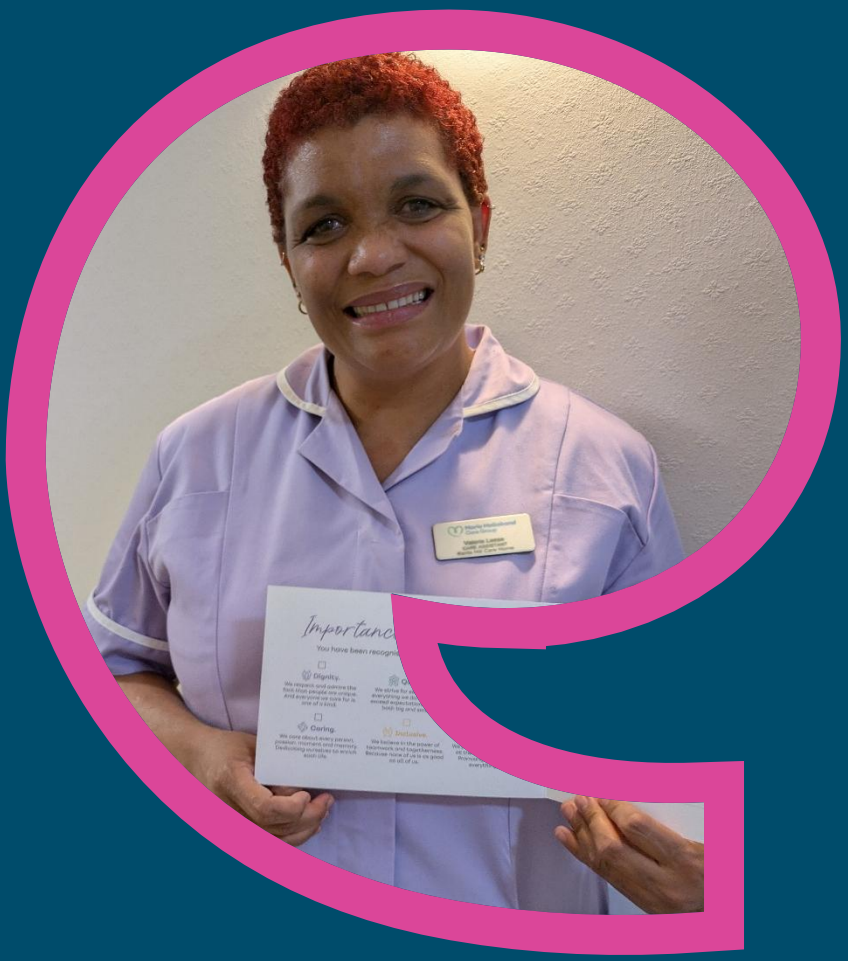
healthwatch Milton Keynes

Enter and View

Kents Hill

12th May 2026



1 Contents

2 Introduction

2.1 Details of visit

Name of home	Kents Hill Care Home
Service provider	Maria Mallaband Care Group Ltd/ Acer Healthcare Operations Limited
Date and time	12th May 2026 between 10am and 4.15pm
Authorised representative (s)	Helen Browse and Essie Rewane-Adejare, Diane Barnes, Gill Needham.

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

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 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 at Kents Hill Care Home. As well as building a picture of their general experience, we asked about experiences in relation to social isolation, 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. 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

Kents Hill Care Home is a purpose-built Nursing Home and is registered to provide accommodation for up to 75 people requiring nursing or personal care. There were 68 residents living at Kents Hill at the time of our visit. The home is spread over three floors, each supporting different levels of care, including residential, nursing, and dementia care. The environment is generally calm, welcoming, and well-maintained, with access to communal areas, a large courtyard garden, and nearby community amenities.

Overall, feedback from residents and families was positive. Staff were consistently described and observed as kind, caring, and respectful, contributing to residents feeling safe and well-supported. Staff interaction was generally good, with evidence of dignity and respect, such as knocking before entering rooms and encouraging independence. Families appreciated being involved in care planning, and residents expressed satisfaction with the level of care received.

The home provides a wide range of social activities and opportunities for engagement. Dedicated staff roles support wellbeing and activities, and there is a varied programme including exercise sessions, quizzes, external visits, and community engagement (e.g. toddler groups and local schools). Residents are encouraged, but not pressured, to participate, and choice is respected. However, some families suggested that gentle encouragement could be increased to help residents engage more.

The dining experience was observed to be positive, particularly on the ground floor where the environment was more formal and structured. Meals were well-presented, timely, and supported appropriately by attentive staff. Hydration and nutrition appeared to be prioritised throughout the day.

The physical environment was generally suitable and pleasant, though there were some inconsistencies in dementia-friendly design across floors. The top floor was better adapted with clear signage and appropriate décor, while other areas lacked similar features. Some practical issues were identified, including the absence of hot/cold tap signage in bathrooms.

A small number of areas for improvement were noted. These included enhancing communication with residents and families regarding medication (particularly timing and administration), supporting greater independence through increased use of walking aids, and improving dementia-friendly signage and environmental consistency across the home.

In conclusion, Kents Hill Care Home was found to provide a caring, supportive, and engaging environment, with strong staff-resident relationships and a good range of activities. While there are areas for improvement, particularly in communication and environmental adaptations, the overall quality of care and resident experience was positive.

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 10am and actively engaged with residents between 10:30am and 4:00pm

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 twelve residents and family members took part in these conversations.

In respect of demographics: -

- Residents ranged in age from mid-sixties to mid-nineties years in age giving an average age of 83 years.
- The length of stay at the home for the residents we engaged with varied from just a few months to a few years to 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

The Home is registered by CQC to accommodate a maximum of 75 residents and at the time of our visit had 68 residents at the home.

The Manager has been in place for almost 2 years at the time of our visit.

The Home is set in a housing estate close to shops and restaurants.

This is a purpose-built Care Home that has had a single-story extension added since it was built giving it a large 'U' shape ground floor footprint. It has a large internal courtyard with a fountain, flower beds, seating areas, and trees. Many of the ground floor rooms open directly onto this courtyard, and some of the upper floor rooms overlook the space.

"I find the décor plain - but cant redecorate it like I would at home! But so far I've found everything more than I'd hoped. I'd been worried at the idea (of coming here) but it's the best thing that's happened to me. I'd recommend it to anybody"

6.2 Premises

The home is arranged over three floors, with both stair and lift access to the upper levels. The ground and first floors each have 28 bedrooms, while the second floor has 16. Each floor has its own lounge and dining room, and residents may take part in activities on any floor. The ground floor, Chaucer/ Milton, provides general residential and mild dementia care; the first floor, Nightingale, provides nursing and dementia care; and the second floor, Forget-me-not, provides dementia and nursing care.

Half of the ground floor bedrooms open directly onto the large internal courtyard garden.

There is also easy access for residents and their families to parks, shops, and restaurants from the home by car or by footpaths and redways.

The main reception is welcoming, with coffee and tea facilities and seating, often used by residents to chat with staff or just relax and watch the world go by.

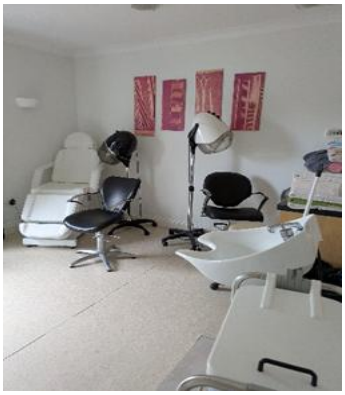
Each floor has a dedicated dining room arranged to meet residents' needs. The ground-floor dining room is a large space overlooking the gardens, while the dining rooms on the two upper floors are smaller and set up for the residents who use them.

The home is light and airy, and the ground floor offers residents several places to spend time during the day, including the main activity lounge, a quiet lounge, a library, and provides corridor seating for those who need to rest while walking. The ground and first floors have more generic décor, with little visible dementia-friendly signage.

Forget-me-not has positive dementia-friendly décor and signage, with suitable seating and activity resources such as books, puzzles, and crafts available for residents.

Residents' bedrooms were light and decorated in off-white or pale tones, with good-quality heavy curtains. Some rooms included many personal touches, while others were more minimal, reflecting individual residents' preferences.

At the time of our visit, two show bedrooms were available on the first floor (Nightingale): one overlooking the courtyard and one overlooking the front of the home. We were able to view both bedrooms and their ensuite bathrooms. We noted that bathroom taps across the whole estate did not have hot/cold signage, including on the dedicated dementia floor, where clear visual prompts are particularly important.



There is a hairdressing salon on site, family members can use the facility when the hairdresser is not available to do residents hair

6.3 Staff interaction and quality of care

Family and residents felt that staff were kind and caring and treated residents well. Staff were observed knocking bedroom doors before entering. when residents were asked if this was usual practice a resident response was;

'yes, it is. Some knock and wait, whilst others knock as they come in!'.

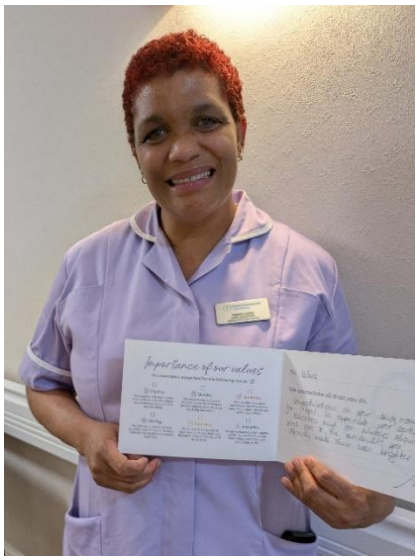
Some family members felt that communication around the provision of medication could be improved on. We observed that not having knowledge of medication timings and permitted dosage causes confusion for residents and families. We were told that being left for almost an hour, not knowing that a medication cannot be administered, or pressing your buzzer and not being responded to caused stress and anxiety for both resident and family. We noted that better communication from staff in their initial response, with a full explanation of timing and delivery of medication, could significantly improve this.

Residents told us they felt at home and could come and go as they wanted and were encouraged to leave the bedrooms and join in social activities. Family members did say they felt there could be a little more gentle persuasion to join in, and they told us that their loved ones often expressed regret after declining an invitation to participate in activities.

Residents said they feel safe and treated with respect and dignity, meaning their family can have confidence they are safe.

Family members told us they are involved in creating care plans and these are regularly updated.

Staff are appreciated and given awards by colleagues and/ or residents and one carer proudly showed us an award they had just received.



6.4 Social engagement and activities

The care home has three Lifestyle co-ordinators, a hospitality manager and a wellbeing manager.

There are monthly meetings for residents and family members and there is a Resident Ambassador at the home. The Resident Ambassador, whose picture is visible on the notice board, represents the resident voice and acts as an advocate for their needs, suggestions, and concerns.

On the morning of our visit, we observed a number of residents taking part in the seated exercise session on the ground floor. There was a variety of music being played throughout the day.

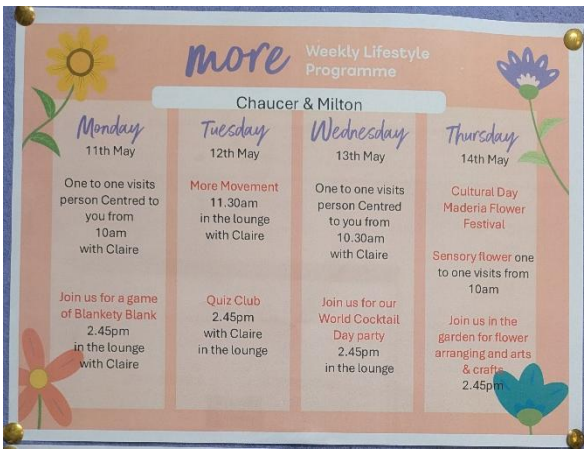
The afternoon quiz, held on the first floor, had 10 residents taking part and appearing to thoroughly enjoy themselves. There were scheduled one-to-one, person centred, conversations between staff and residents observed on all floors throughout the day.

We saw a beautiful cake, baked and decorated on-site, brought out at afternoon tea as part of the birthday celebrations for one of the residents.

There is a dementia café run at the home once a month, and a regular visit to the home from a local toddler and mum group. The local learning disability school visits every Thursday, and the local college runs an apprenticeship scheme at the care home.

The home has their own minibus which they use for monthly outings. These have included a day trip to Castle Ashby and visits to a resident's hometown for the day.

There are activity schedules on notice boards as well as in residents' bedrooms. We were pleased to note that Kents Hill provides activities over weekends as well as weekdays.



6.5 Dining Experience

Lunch is served from 12:30pm on all three floors. Meals are prepared in the ground-floor kitchen and delivered to the first and second floors using hot trolleys.

Residents are served in the dining rooms, lounges, or their own rooms, depending on the floor, individual needs, and personal choice. Some residents will have been taken out for the day with friends and family.

The ground-floor dining room was set with linen tablecloths, place settings, flowers, and menus on each table. Although residents were shown two plated main meal options to choose from, their meals arrived within a few minutes, freshly plated and hot.

Residents chose where to sit and appeared to enjoy their meals. Staff were attentive and encouraging when residents needed support; no one appeared rushed, and everyone was encouraged to have a drink with their meal.

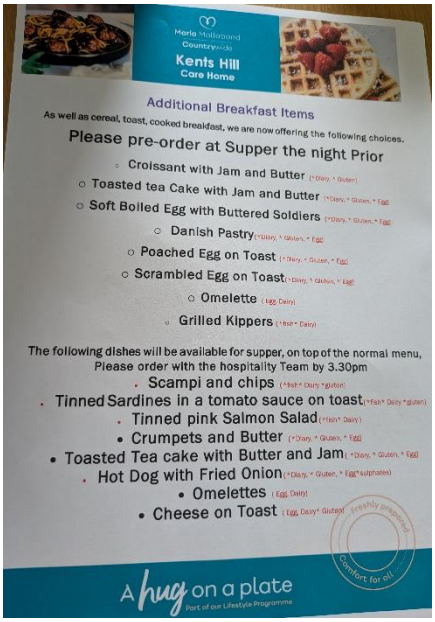
Subtle background music, from Classic FM, played during lunch.

The menu is a regular item on the residents' meeting agenda, giving residents the opportunity to raise any food-related comments or concerns.

The first and second floor dining rooms have dietary information displayed on the walls. As these areas include small kitchenettes, the information acts as a reminder for staff, residents, and relatives about healthy eating and, where appropriate, residents' specific dietary requirements.

Snacks and drinks are available throughout the day for residents to help themselves to, and we saw that care staff provided anything that residents were requesting.

We saw that there were weekly, daily, and 'additional items' menus displayed throughout the home. People could still choose an alternative if the daily offerings were not to their liking.



6.6 Choice

Residents said they could choose which activities to attend, or they could choose to stay in their rooms if they preferred, although staff encouraged them to take part. Family members would prefer that staff offered a little more gentle encouragement to help residents join activities. They explained that their loved ones often declined at first but later regretted not taking part.

Residents' rooms varied in how personalised they were. Some were highly individual, while others were plainer, reflecting personal choice and, in some cases, how long the resident had lived at the home. One resident said they would have liked to change the wall colour, but this was not an option.

Residents were dressed in their choice of clothing when we arrived, and laundry was being delivered to rooms. One resident asked for help to change, and staff responded promptly and supported her with this.

During activities, staff checked residents' comfort, including whether they could hear, temperature, and whether they had drinks.

Some less mobile residents asked whether they could be supported to use their walking aids more often, rather than relying on wheelchairs for speed when going to lunch or activities. They felt that using their aids less often was increasing their reliance on others and reducing their independence.

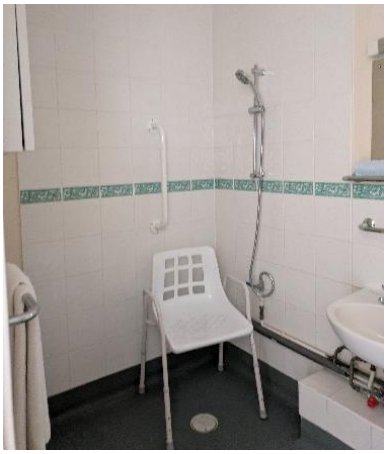
7 Recommendations

This was a good visit overall, the home was calm, inviting, staff even though busy all day were kind interacting with residents and smiling most importantly.

- Consider residents preference for the use of walking aids in preference to wheelchairs and enable this whenever possible.

- Encourage full and open conversation regarding the administration of prescribed pain medication, including timings and dosage and what, if anything, is needed to review this.

- Investigate ways of improving dementia friendly signage for hot/cold taps in all areas of the home. Paying special attention to the bathrooms and showers on the first and second floors where there doesn't appear to be any signage at all (photos below)



7.1 Examples of Best Practice

- Staff consistently knocking before entering residents' rooms.
- The 'Thank you for Everything' Staff appreciation initiative
- Organised activities on weekends

8 Service provider response

Dementia Signage - Kents Hill Care Home facilitates people living with a variety of care needs including residential and nursing and not specifically people living with dementia . The signage across the home reflects these needs however consideration will be given to identify hot and cold taps as identified in the report and with consultation with residents.

Communication - On the day of the visit a resident who was a recent admission was undergoing medication changes in consultation with her GP and Willen hospice. Staff did their best to alleviate these anxieties but appreciate this was a challenging time for the resident and family despite being involved.

Activities - Residents are always encouraged to engage in activities to enable this sometimes- different teams or approaches are utilised to ensure a person does not miss out, and we also adapt schedules to enable involvement however if a person does not wish to join in then this choice is respected.

Decoration - The environment and decoration are discussed in resident and relative meetings we have an in-house maintenance team who are committed to person centred care and would be happy to accommodate painting walls specific colours. This will be followed up as part of our resident of the day process.

Use of wheelchairs .The team at Kents Hill are committed to promote the persons independence and enable positive risk-taking .
Care plans are reviewed as a person's abilities change and in addition reviewed monthly to ensure that the team meet the safety needs of the resident as well as encouraging independence as their needs evolve. This will continue to be monitored closely and continue to involve professionals such as physiotherapist , The staying steady team and occupational therapists.
The lifestyle team at Kents Hill also conduct more movement sessions twice weekly to the activity programme to encourage residents to remain active .

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