healthwatch Milton Keynes

# Enter and View

## Milton Court

## 7th July 2026

# 1 Contents

# 2 Introduction

## 2.1 Details of visit

| | |
|---|---|
| Name of home | Milton Court Care Home |
| Service provider | Avery Homes (Nelson) Limited |
| Date and time | 7th July 2026 between 9.30am and 6.30pm |
| Authorised representative (s) | Helen Browse, Tracy Keech, Diane Barnes. |

## 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.

## 2.4 Disclaimer

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 of our 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 Milton Court. 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

Milton Court is a purpose-built nursing care home in Kents Hill, registered to provide accommodation for up to 148 people requiring nursing or personal care. At the time of the visit, the annex building was not in use, with the main home providing accommodation for up to 131 residents across residential, dementia and nursing care services. There were 100 residents living at the home on the day of the visit.

Healthwatch Milton Keynes found Milton Court to be a welcoming and well-managed home where residents generally reported feeling safe, respected and well cared for. Staff interactions were consistently observed to be kind, professional and attentive, and residents spoke positively about the quality of care they received. The management team was visible and approachable, contributing to a positive culture throughout the home.

The home was undergoing a programme of refurbishment during the visit, including improvements to bedrooms, bathrooms and communal spaces. These works were being undertaken sensitively, with efforts made to minimise disruption to residents.

Residents benefited from a varied programme of activities delivered by a dedicated wellbeing team, with opportunities for social engagement available both in communal areas and through one-to-one activities for those unable to leave their rooms. Dining experiences were generally positive, with residents expressing satisfaction with the quality of meals and the support provided during mealtimes.

Areas identified for improvement included dementia-friendly signage, management of lingering odours in some carpeted areas, ensuring timely responses to call bells during busy periods, enhancing aspects of the dining environment for residents living with dementia, and increasing activity options that appeal to male residents.

Overall, this was a very positive and uplifting visit. Healthwatch Milton Keynes observed a caring environment where residents appeared happy, engaged and well supported, with several examples of good practice evident in the commitment of staff, the strength of community links and the quality of end-of-life care provided

The current CQC assessment of Milton Court is based on evidence gathered in 2021, with a review in 2023. Our observations suggest that this no longer reflects the current operation of the home or the experiences of residents living there today. Given the positive changes observed, including ongoing investment in the environment, strong staff-resident relationships, and high levels of resident satisfaction, Healthwatch Milton Keynes would encourage a further CQC inspection to ensure the published assessment accurately represents the service as it is now experienced by residents, families and staff.

# 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 10.15am and 5.30pm.

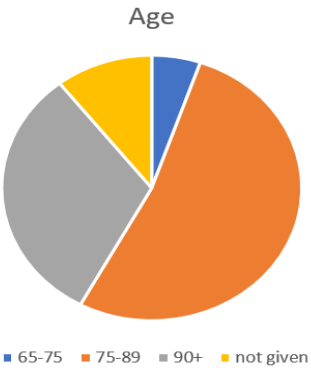
On arrival the AR(s) introduced themselves to the Manager and the details of the visit were discussed and agreed. The ARs checked with the provider whether any individuals should not be approached or were unable to give informed consent. The ARs was afforded access to all parts of the Home for the duration of the visit.

The ARs used a semi-structured conversation approach in meeting residents on a one-to-one basis, in the communal areas. Additionally, the ARs spent time observing routine activity and the provision of lunch. The ARs 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.

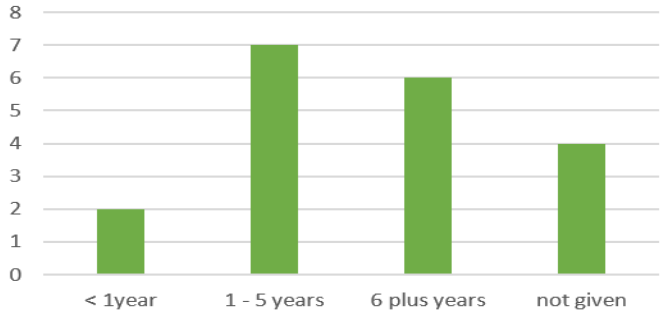
A total of 19 residents took part in these conversations.

In respect of demographics: -


Residents ranged in age from 73-99 years, giving an average of 87 years of age.

The length of stay at the home for the residents we engaged with varied from a few weeks to over seven years.




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

# 6 Summary of findings

## 6.1 Overview

The care home is registered to accommodate up to 148 residents, including the annex building, which was not in use at the time of our visit. The main building can accommodate up to 131 residents and was home to 100 residents on the day of our visit. The most recent CQC assessment is based on a 2021 inspection, with a review undertaken in 2023 and this does not accurately reflect the noticeably different atmosphere or the resident experience of the care provided.

At the time of our visit, the home was undertaking an extensive refurbishment programme, including the renewal of bedrooms, bathrooms and communal spaces. These works were progressing in a way that sought to minimise disruption to residents, and we were impressed by the efforts being made to maintain a positive and comfortable living environment throughout the process. The top floor was temporarily out of use while refurbishment works were completed.

Milton Court is situated within a residential area, with good access to local amenities and transport links. The home's main lobby serves as a central hub, with comfortable seating, a café area, reception, management and administration offices, and access to both the garden and upper floors.

We were particularly pleased to see how well used the lobby seating area and café were by residents. Throughout the day, groups of residents gathered there to enjoy drinks, chat with one another, observe the daily life of the home and engage with staff, visitors and relatives. The atmosphere was welcoming and vibrant, and the area clearly played an important role in helping residents feel connected to the life of the home. One of our Authorised Representatives commented on the positive contrast with a previous visit, where residents had not appeared to make use of this area to the same extent.

The lobby had a genuine community feel, with staff, residents and visitors frequently stopping to chat as they passed through, many knowing one another by name. Information about menus, activities and upcoming events was prominently displayed, making this an important social and information point within the home.

Overall, the area demonstrated a culture that encouraged interaction, visibility and inclusion, helping residents remain engaged in everyday life within the home.

## 6.2 Premises

The main home is arranged over four floors. At the time of our visit, the top floor, which has 19 bedrooms, was not in use as it was being fully refurbished:

Ground floor **Sandringham general residential (32 beds)**: visitor entrance, coffee lounge, hairdressers, access to the patio and secure gardens, main lounge and dining room, plus a smaller quiet lounge/kitchenette.

First floor: lift and stair access; **Windsor (21 beds)** lounge diner and sensory room/sitting area; and **Balmoral (21 beds)** memory floor for dementia care, with a kitchen diner and separate lounge.

Second floor: lift and stair access; **Kensington (19 beds)** lounge diner; and **Highgrove (19 beds)** nursing floor, with a kitchen diner and separate lounge.

- Each floor has its own lounges, dining rooms and quiet spaces, and operates independently with a dedicated staff team for each shift. Staff may work across different floors on different shifts, while the nursing floor also has dedicated nursing staff.
- The kitchen and laundry are on the ground floor. A central staircase and lift provide access to the upper floors, with two additional staircases at either end of the building and a second lift near the kitchen end of the home.
- Outside, a large patio with seating and parasols runs from the coffee lounge to the ground-floor main lounge and dining room. The area also includes a garden pod and patio furniture and is well used by residents and visiting family members.
- Improving dementia signage on the first-floor memory unit has been identified as part of the refurbishment programme, as no suitable signage was in place at the time of our visit.
- Some lingering odours were noticeable on carpeted areas of the first and second floors. Although not overpowering, these were evident on the day of our visit and can be difficult to manage in care home settings.
- People's bedrooms tended to be personalised with many family photos and artworks and ornaments with sentimental value. We saw some bedroom windows with bird feeders which added to the resident's pleasure.
- We observed portable fans in bedrooms to help keep residents comfortable during the heatwave. However, on the nursing floor, some fans were placed out of reach for residents confined to bed, meaning they relied on staff to adjust the settings or switch them on and off.
- Residents who required a hoist to get them out of bed told us they chose to stay in bed as the hoist was so uncomfortable as to be painful, or that they didn't feel secure when being moved.

## 6.3 Staff interaction and quality of care

When we asked residents if they were treated with dignity and care, they responded with:

*'They are wonderful, professional, caring.'*

*'Staff are always nice, always speak when they enter the room.'*

*'Lots of staff changes recently but everyone is great, manager pops in often to say hi'. 'Very good and kind.'*

*'The staff are considerate.'*

*"My favourite thing about the Carers? I've never thought about it. You just take it for granted that they do what they do, what you need, without complaint. [a pause here to think] The affection – there is something missing in that word – but it is very welcome"*

- Staff were attentive to residents' needs, checking on people in their rooms and in communal areas throughout the day. Some residents who stayed in their rooms said call bell responses were slower between 1pm and 2pm, with waits of up to an hour. They understood this was lunchtime but still felt disappointed.
- All residents we spoke with said they felt safe and well cared for at Milton Court, and felt that moving to the care home had been a good decision for both them and their families.
- Residents all told us that staff respected their dignity and always sought consent before entering bedrooms or providing support.
- Most residents were aware of their care plans and said they had regular conversations about their health and wellbeing needs, even where the term 'care plan' was not used.
- When asked who they would speak to if they needed to complain, most residents said they had no concerns but felt able to speak to anyone and were confident the Manager would resolve any issues.
- Our visit took place during a particularly hot period, but the home managed temperatures well. Residents were encouraged to drink plenty of fluids and were offered iced lollies during the afternoon. Drapes were closed where possible, fans were in use, and the temperature remained comfortable throughout the home.
- The personality, banter, and general chit chat between staff and residents was mentioned as a favourite thing by almost everyone we spoke to.

*"Our experience has been far better than what we expected"*

# 6.4 Social engagement and activities

The home has a well-regarded activity and wellbeing team that provides a varied programme of activities. The weekly activity schedule is displayed at the main entrance, ensuring residents, relatives and visitors are aware of upcoming events. Special events are also advertised in the stairwell and lifts.




For residents who are unable to leave their rooms, 'bedside buddies' are available on all floors. Staff spend time talking with residents or supporting them with an activity of their choice.

On the nursing floor, there were Engagement Packs in rooms, and on tables in the seating areas. These packs contain quizzes, word puzzles, sudoku and colouring pages. These packs are updated weekly and provide activities to entertain those who either can't, or prefer not to, join in the group activities.


Residents valued the time and effort the activity and wellbeing team put into events. However, some male residents felt activities were sometimes more focused on female interests and that they could feel left out.

*'Could we have a boys' club and do pub runs in the minibus for a change?'*

*'The activity team do a brilliant job and are always doing something new for us.'*

Monthly residents' meetings are clearly advertised, and residents are encouraged to attend. Meals are often a key topic of discussion, and the chef regularly attends these meetings.

On the memory floor, staff were engaging with a group of residents in the dining room, while another resident received one-to-one support in the lounge after choosing not to join the group activity.

# 6.5 Dining Experience

Lunch is served from 12.30pm on all floors and is prepared on site by the chef and a four-person kitchen team.

The menu on the day of our visit was:


Avery

Tuesday - Lunch

Soup of the day – Cream of Onion

Main choices

Baked Salmon with Butter Lemon Sauce

Or

Stuffed Vegetarian Pepper

Vegetables and sides

New Potatoes, Peas & Roasted Cherry Tomatoes

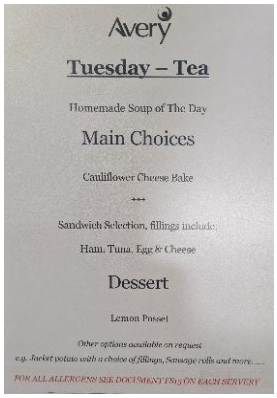
Dessert

Victoria Sponge Cake

Other options available on request

e.g. Jacket potato with a choice of fillings, Sausage rolls and more.....

FOR ALL ALLERGENS SEE DOCUMENT No5 ON EACH SERVERY


Avery

Tuesday – Tea

Homemade Soup of The Day

Main Choices

Cauliflower Cheese Bake

+++

Sandwich Selection, fillings include:

Ham, Tuna, Egg & Cheese

Dessert

Lemon Posset

Other options available on request

e.g. Jacket potato with a choice of fillings, Sausage rolls and more.....

FOR ALL ALLERGENS SEE DOCUMENT No5 ON EACH SERVERY

- We observed lunch service in each dining room to understand residents' experiences, including those eating in the dining rooms and those who chose, or were unable, to eat elsewhere.
- Each dining room was nicely presented and had a good table layout. The upper floors provided space at tables for wheelchair users, but this was more challenging on the ground floor, where space was limited and some latecomers could not be seated comfortably.
- Residents told us they enjoyed the food. Even those who described themselves as difficult to please said the food was good, although not always to their personal preference. When asked, they acknowledged that they had not attended residents' meetings to share their views.
- Menus were available on all dining room tables, but there were no obvious dementia-friendly adaptations in the menus, table settings or crockery.
- On all floors, some residents chose to eat in their rooms. On the second floor, where some residents were unable to leave their rooms, meals were delivered promptly and with care, with staff providing support where needed.
- The ground-floor coffee lounge is a busy hub for residents and visitors throughout the day, offering drinks, snacks, conversation and homemade treats from the kitchen. Staff also took a drinks trolley around in the morning and afternoon to encourage hydration, and iced lollies were offered during the hot weather.
- Staff encouraged and supported residents who needed help at mealtimes, both in bedrooms and at dining room tables. No one appeared rushed, and alternatives were offered to residents who were not enthusiastic about their chosen meal.
- In one room, we observed a resident choosing to eat their ice cream before their main meal, partly to prevent it melting before they were ready. The staff member assisting was very accommodating.

*"The menu isn't my cup of tea, but they make me what I like. I am very fussy about what I want. They make me a spicy fried rice whenever I ask for it"*

## 6.6 Choice

Conversations with residents showed that many had choices available to them, even when they did not always need to ask for them.

*'I get up really early, then at about 6.30 they help me shower and get dressed. I have breakfast and go to the lounge. They would get me up earlier if I asked, but I like some quiet time by myself and enjoy going to the lounge before anyone else, when it is quiet.'*

*'I get myself up and dressed when I feel like it and do my own thing. I know what time meals are, and if I miss anything, the chef is great. They can put something to one side for me to have later.'*

Residents' rooms varied. Some were simple, while others were highly personalised with individual belongings and décor. Some residents were aware of the refurbishment plans and the changes involved, while others did not feel changes were needed.

- A full laundry service is available, and residents choose what they wish to wear from their own clothing.
- All bedrooms are ensuite, and each floor also has full bathroom facilities for residents who wish to have a bath or assisted bath.
- Personal care is provided by residents' nominated care staff and can be provided by staff of a specified gender if requested. None of the residents we spoke with had made this request. A few residents noted that some female staff could be a little rough during personal care.
- Residents' pets can visit, although they cannot stay overnight, and are welcome in most areas of the home.
- Residents can smoke in designated areas of the home, but not in bedrooms or communal areas.

# 7 Recommendations

This was overall a very positive and uplifting visit, residents and staff appeared buoyant, happy, and engaged.  There was a noticeably improved atmosphere throughout the home, with staff empowered to deliver a more person-centred experience. These recommendations are intended to support the home's continued development and build upon the many examples of good practice observed during the visit.

- Investigate options to improve resident comfort when using the hoist for those less mobile residents.
- Review dementia-friendly signage throughout the home to support orientation and independence for residents living with dementia whilst aligning with the new corporate branding. This review should also include ensuring hot/cold safety signage is clearly displayed on all bathroom taps
- Consider offering 'your favourite meal' as a birthday treat to residents as food is such a personal thing and a very hot topic of discussion and often a person's favourite meal, such as Steak and Kidney Pudding, is not practical to be included as a regular or 'home wide' menu item.
- Refresh and update terminology used by Staff. It is important for staff, residents, and family members that when you are discussing health and wellbeing concerns/updates that everybody is clear that the residents Care Plan is being updated with all the information discussed.
- Consider alternative flooring options for the first and second floor for the long-term refurbishment plan, this is a practical consideration to help prevent lingering unpleasant, yet unavoidable, odours.

## 7.1 Examples of Best Practice

- Meaningful community involvement to promote residents' wellbeing, including partnerships and activities with Acorn Nursery, MK Dons, and the weekly Dementia Club, helping residents maintain social connections and engagement with the local community.
- Outstanding enthusiasm, compassion and commitment from the Wellbeing and Entertainment Team, who were recognised for creating a positive, engaging environment and supporting residents to participate in meaningful activities.
- Exceptional care, kindness and thoughtfulness demonstrated by management and staff, particularly during end-of-life care. We were told of the respect and compassion shown to both the resident and their loved ones during difficult times. Staff were described as highly observant and attentive. We were told that staff often recognised the family's needs and offered assistance without being asked, providing reassurance, comfort and practical support when it was most needed.
- A strong culture of compassion and responsiveness, where residents and families felt valued, supported and cared for by a team that consistently went above and beyond expectations.

*"The staff here are just incredible, incredible people. From the management to the housekeepers. We are very grateful"*

# 8 Service provider response

On behalf of Avery Healthcare and the team at Milton Court Care Home, I would like to sincerely thank Healthwatch Milton Keynes for undertaking the Enter and View visit on 7 July 2026 and for providing such a comprehensive, balanced and constructive report. We appreciate the time taken to engage with our residents, relatives and colleagues and welcome the opportunity to reflect on your findings.

We are delighted that the report recognises the significant progress made within Milton Court and acknowledges the welcoming atmosphere, the professionalism and compassion of our team, the positive feedback received from residents and relatives, and the ongoing investment being made in both our environment and quality of care.

We are grateful for the constructive recommendations within the report. We view these as valuable opportunities to further enhance the experience of our residents and have already commenced work in several of these areas.

Actions Taken and Planned

1. Dementia-Friendly Environment A full review of dementia-friendly signage has commenced as part of the ongoing refurbishment programme. New orientation signage, pictorial door identifiers, colour-contrasting wayfinding and clearly visible hot and cold tap signage will be incorporated throughout our Memory Community to promote independence and reduce confusion for residents living with dementia.

2. Response to Call Bells Although residents generally reported positive care experiences, we acknowledge the comments regarding longer response times during lunchtime periods. Staffing deployment has been reviewed to ensure adequate cover is maintained during meal services, and senior staff continue to monitor response times through regular audits and daily oversight.

3. Dining Experience We are pleased that residents spoke positively about the quality of food and the flexibility offered by our catering team. Building on your recommendations, we will introduce a personalised "Favourite Meal" initiative to celebrate residents' birthdays and special occasions. We are also reviewing dementia-friendly menus, adapted crockery and table presentation to further enhance the dining experience for residents with cognitive impairment. Home will have a discussion with the head chef to facilitate this.

Activities and Social Engagement Our Wellbeing Team has welcomed the suggestion of increasing activities that appeal specifically to male residents. Future activity programmes will include additional men's social groups, themed discussion clubs, pub-style afternoons, sports reminiscence sessions and community outings based on resident preferences.

5. Environmental Improvements The ongoing refurbishment programme continues to modernise bedrooms and communal areas. We will also consider flooring

options that assist with infection prevention, odour management and long-term maintenance as future refurbishment phases progress- Regarding changing the carpet, Home will share the feedback to the Avery Support Office.

6. Hoist Comfort Following the observations within the report, our clinical and therapy teams will review the comfort of hoisting equipment, sling selection and moving and handling techniques to ensure residents experience the highest levels of comfort, dignity and reassurance during transfers.
7. Care Planning Communication We recognise the importance of using consistent terminology when discussing residents' care. Staff will receive further guidance to ensure residents and families clearly understand when care plans are reviewed and updated following discussions regarding health, wellbeing or changes in need.
8. Continuous Improvement

Milton Court is committed to maintaining a culture of openness, learning and continuous improvement. Feedback from residents, relatives, Healthwatch, regulators and partner organisations forms an important part of our quality assurance programme and helps us continually improve the services we provide.

We are especially grateful that Healthwatch recognised the substantial improvements made since previous assessments and acknowledged that the current CQC published assessment no longer reflects the quality of care being delivered today. We appreciate your recommendation that the Care Quality Commission undertake a further inspection to accurately reflect the significant progress achieved.

Finally, I would like to thank our residents, their families and every member of the Milton Court team whose dedication, compassion and professionalism have contributed to such positive outcomes.

Yours sincerely,

Deepu Pillai

General Manager

Healthwatch Milton Keynes
The Vaughan Harley Building
The Open University
Walton Hall
Milton Keynes MK7 6AA
T: 01908 736005

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