

Enter and View

Bletchley House

9th September 2026

healthwatch Milton Keynes

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2 Introduction

2.1 Details of visit

Name of home	Bletchley House
Service provider	Gold Care Homes
Date and time	9th September 2026 between 9.45am. and 3.30pm
Authorised representative (s)	Helen Browse and Tracy Keech

2.2 Acknowledgements

Healthwatch Milton Keynes would like to thank the Bletchley House, 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 at Bletchley House 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

Bletchley House is a purpose-built care home registered for 44 residents, with 41 people living at the home at the time of our visit. The home offers a spacious, well-maintained environment with accessible outdoor areas, recent refurbishment works and a range of communal spaces that support both social interaction and individual choice. Residents' rooms were personalised and homely, and families told us they felt welcome and able to visit freely.

The most consistent theme from residents, relatives and staff was the positive impact of the new manager. Although only in post since July 2026, he was well known throughout the home and was repeatedly described as approachable, caring and willing to listen. With one person telling us he *"listened and made the changes we asked for"*.

Throughout the visit we observed kind and respectful interactions between staff and residents. Residents spoke warmly about the permanent staff team and said they felt well cared for. Relatives, particularly those supporting loved ones receiving end of life care, were highly complementary about the compassion shown by staff and the support provided to the wider family. This emerged as a particular strength of the service.

We found a strong focus on reducing social isolation and supporting residents to remain active and engaged. The home offers activities seven days a week, regular resident and family meetings, outings and one-to-one support for residents who are less able to participate in group activities. During our visit there was high participation in both a therapy dog coffee morning and afternoon entertainment, creating a lively and social atmosphere within the home.

Residents were generally positive about the dining experience, describing the food as good quality and highlighting the flexibility available around mealtimes and dining locations. While feedback about the home was overwhelmingly positive, a small number of areas for improvement were identified, including more consistent use of staff uniforms for bank staff, reinforcing the practice of knocking before entering residents' rooms, and improving dementia-friendly signage in some areas of the building.

Overall, Bletchley House presented as a welcoming and well-run home where residents' wellbeing, choice and dignity are clearly prioritised. Strong leadership, a caring staff team, an active social programme and particularly positive feedback about end-of-life care were notable strengths identified during this visit.

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 9.45am and actively engaged with residents between 10:30am and 3pm.

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 ARs were 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 activities and the provision of lunch. The AR recorded the conversations and observations via hand-written notes.

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We spoke with less than ten residents and their family members; this is because during the morning a coffee morning with a Therapy dog in attendance there were 29 residents ware attending and after lunch there was live entertainment with singers a bit of dancing and 30 residents attending so a good day had by all.

In respect of demographics: -

- Residents ranged in age from mid-sixties to mid-nineties 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 weeks to a few years to years.

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

6 Summary of findings

6.1 Overview

Bletchley House is a purpose-built care home registered to provide personal or nursing care for up to 44 residents, with 41 people living at the home at the time of our visit. The home offers a spacious, well-maintained environment with accessible outdoor areas, recent refurbishment works and a range of communal spaces that support both social interaction and individual choice. Residents' rooms were personalised and homely, and families told us they felt welcome and able to visit freely.

The most consistent theme from residents, relatives and staff was the positive impact of the new manager. Although only in post since July 2026, he was well known throughout the home and was repeatedly described as approachable, caring and willing to listen. Residents told us they felt their views were heard, while relatives spoke positively about communication and the welcoming culture he has helped foster.

Throughout the visit we observed kind and respectful interactions between staff and residents. Residents spoke warmly about the permanent staff team and said they felt well cared for. Relatives, particularly those supporting loved ones receiving end of life care, were highly complementary about the compassion shown by staff and the support provided to the wider family. This emerged as a particular strength of the service.

We found a strong focus on reducing social isolation and supporting residents to remain active and engaged. The home offers activities seven days a week, regular resident and family meetings, outings and one-to-one support for residents who are less able to participate in group activities. During our visit there was high participation in both a therapy dog coffee morning and afternoon entertainment, creating a lively and social atmosphere within the home.

Residents were generally positive about the dining experience, describing the food as good quality and highlighting the flexibility available around mealtimes and dining locations. While feedback about the home was overwhelmingly positive, a small number of areas for improvement were identified, including more consistent use of staff uniforms for bank staff, reinforcing the practice of knocking before entering residents' rooms, and improving dementia-friendly signage in some areas of the building.

Overall, Bletchley House presented as a welcoming and well-run home where residents' wellbeing, choice and dignity are clearly prioritised. Strong leadership, a caring staff team, an active social programme and particularly positive feedback about end-of-life care were notable strengths identified during this visit.

6.2 Premises

Bletchley House is a purpose-built home arranged over two floors. The upper floor has 29 bedrooms, a nursing station, a small kitchen, a seating area overlooking the side garden and a balcony with views across the main garden. The ground floor has 15 bedrooms, as well as the main lounge and dining room, with access to a wraparound patio and a raised lawn with flower beds and a gazebo. The upper floor can be reached by both lift and stairs.

The home was easy to navigate and, for residents who could move around unaided, easily accessible. Recent improvements to the garden pathways have made the outdoor areas more accessible for wheelchair users and people with limited mobility. The dining room was also well laid out, with sufficient space for wheelchair users to manoeuvre safely.

A recent programme of works has left the home looking clean and fresh, with neutral tones contributing to a light and airy feel in the bedrooms and corridors. Residents' rooms contained personal items such as photographs, soft toys, blankets and ornaments, helping them to feel homely and individual.

Dementia-friendly signage was limited, particularly on the upper-floor corridors, although it was more evident inside residents' bedrooms. Families told us they were made to feel welcome and were not restricted by set visiting times; the manager simply asked that the team be informed in advance so visits could be accommodated.

There is a permanent maintenance man who keeps on top of any minor works that are required at the home as they arise.

6.3 Staff interaction and quality of care

During our visit, staff were seen to be attentive and caring in their interactions with residents. Staff knew residents by name, and residents also knew most members of the team by name. Residents told us they felt at home and described the permanent staff as genuinely caring and kind.

Some residents found it confusing that bank staff did not wear uniforms, some people who required personal care found it a little unsettling to have someone who looked like a visitor to the home offering personal care. Residents and relatives felt they were treated with respect and dignity, particularly by the permanent staff team.

As always there is a question of staffing levels at night, the number that the Manager says are on the rota and family feels are on seems to differ. The manager told us he will conduct a spot check to see what the reality is.

Family members also told us they had been involved in discussions about residents' likes and dislikes, how care would be provided and what they could expect. However, the term 'care plan' was not familiar to everyone. We raised this with the manager, as care plan discussions were obviously taking place, but clearer and more consistent use of the terminology would help residents and families understand the process.

6.4 Social engagement and activities

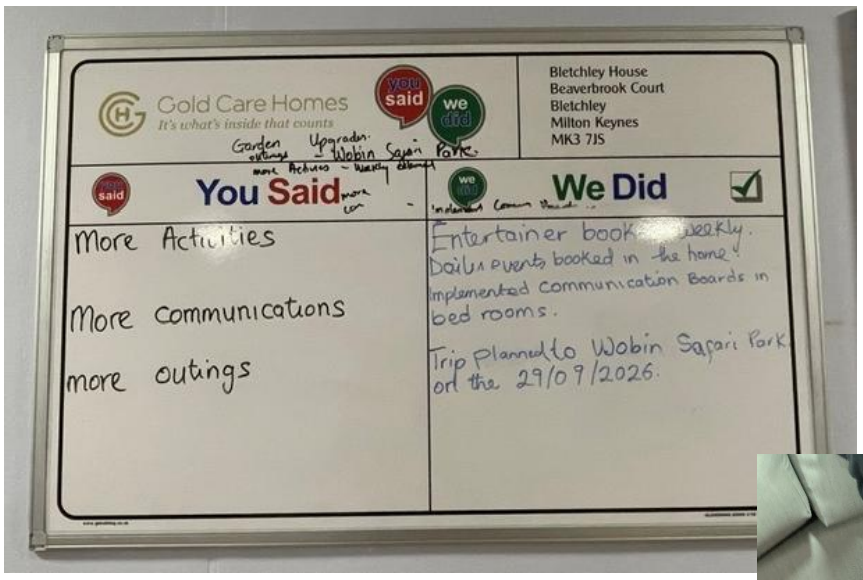
Noticeboards on both floors displayed the daily activities available to residents. It was particularly good to see that the home offers an activity programme seven days a week, giving residents regular opportunities to remain active, engaged and connected with others.

Residents were encouraged to take part wherever possible, and those who had not joined an activity on the day of our visit said staff used gentle encouragement. Residents and relatives felt that slightly stronger encouragement could be helpful, as some people said they might then be more likely to participate.

A range of activities was available, supported by the home's minibus, which enabled outings to a variety of places when the weather permitted and where the transport was suitable for residents.

One-to-one activities were also provided for residents who were unable to leave their rooms. The regular visits from the therapy dog were a highlight for many residents.

Regular meetings were held for residents and families, supported by a resident ambassador who had lived at the home for some time. These meetings covered a range of topics, including menus, and the chef would usually attend.





6.5 Dining Experience

Daily menus were displayed on each dining table and on noticeboards, with picture menus available for residents who required them. The weekly menu was also displayed in the dining room. All food was prepared on site, and a second chef has recently joined the kitchen team.

On the day of our visit, we observed 23 residents deciding to eat in the dining room, including 11 wheelchair users. Other residents chose to eat in their rooms for a variety of reasons: Some valued the quiet time to watch the news while eating, while others preferred privacy if they needed assistance. A small number chose to eat later, and their meals were set aside until they were ready. Some residents were unable to leave their rooms and, depending on their needs, they either ate independently or received support from staff. We noted that no-one was rushed to eat, and there was a happy buzz of mealtime conversation.

Residents we spoke with generally described the food as good quality and said the kitchen would provide an alternative if they did not like what was on the menu. Some residents felt that suggestions made during regular meetings did not always appear on future menus.

Cold drinks were available throughout the day in the dining room. Snack stations were also located in several areas of the home, offering treats as well as fresh fruit.



6.6 Choice

- Residents are encouraged to join the dining room for mealtimes, however, for those preferring to either eat alone to watch their favourite TV show, listen to the radio or enjoy some quite time this is happily accommodated by the staff as is a later mealtime if a resident is not feeling hungry.
- The bedrooms that we saw were well decorated in cool calm colours, the upstairs bedrooms particularly were flooded with daylight throughout the day and each room was different in level of personal belongings present, which represented the resident's choice of décor.
- For those residents able to shower themselves they are free to do so whenever they choose, for those that require help, a routine is part of their care plan.

7 Recommendations

- Update Home policy to ensure Bank staff also wear a uniform as this will increase resident confidence in them. (This is an action the manager intended to implement after our visit.)

- Suggest asking all staff to either knock or introduce themselves before entering residents' rooms. We were told that most do, but not all, and for those residents with limited mobility it would be greatly appreciated.

- Consider offering a 'special' meal on either a birthday or special occasion of a resident's choice, this may alleviate the request for meals that are outside practical budgets and make residents feel special.

7.1 Examples of Best Practice

The care and consideration given to the residents and families of those receiving End of Life care is to be commended, All staff were praised for their kindness and care and understanding with the families wishes being at the forefront of the Care Plan ensuring the residents journey would be their chosen one.

The Manager is approachable, open and caring, this is evident not only in speaking with residents and family but also with staff.

8 Service provider response

Actions Completed:

1**. Uniform Policy**
Action taken: The agency provider has been informed that all agency staff must wear the home's uniform. Spare uniforms are available if required. The Home's policy will be updated to include Bank staff.
Responsible: Registered Manager
Timescale: Within 4 weeks; ongoing monitoring.

2. **Knocking Before Entering Residents' Rooms**

Action taken: Group supervision has been completed to reinforce the importance of knocking before entering residents' rooms. Compliance is being closely monitored.
Responsible: Registered Manager / All Staff
Timescale: Immediate and ongoing.

3. Special Birthday Meals
Action taken: The proposal for special birthday meals has been discussed with the kitchen team. Planning is ongoing to introduce the initiative within the available budget.

Responsible: Registered Manager / Kitchen Team
Timescale: Within 2 weeks.

Expected outcome: To promote residents' dignity, privacy, choice and wellbeing while ensuring staff professionalism and a positive resident experience.

Our Response for the Report:

At Bletchley House, our residents are at the heart of everything we do. We believe that everyone deserves to be treated with kindness, compassion, dignity and respect. Our approach to care focuses not only on meeting residents' physical needs but also on supporting their emotional, social and psychological wellbeing. We strive to create a warm, welcoming and homely environment where residents feel safe, valued and able to be themselves.

We are proud of our caring and considerate team, who work hard to build positive relationships with residents and understand their individual needs, preferences, life histories and interests. We recognise that every resident is unique, and we aim to provide personalised care that promotes independence, choice and control wherever possible.

We offer a range of activities and meaningful experiences to encourage social interaction, maintain existing skills and support residents to enjoy a good quality of life. We also understand the importance of ensuring that residents have opportunities to express their views, make choices about their daily routines and remain involved in decisions affecting their care. Residents' feedback is valued and helps us identify areas where we can continue to improve our service.

Families and loved ones are always welcomed at Bletchley House and encouraged to remain actively involved in their relatives' care and wellbeing. We value the knowledge, experiences and contributions of families and believe that open communication and positive partnerships help us provide the best possible support for each resident.

We are committed to continually reviewing our practices, listening to feedback from residents, relatives and professionals, and identifying opportunities to improve. Our aim is to ensure that Bletchley House remains a place where residents feel respected, listened to and cared for as individuals, and where their wellbeing, happiness and quality of life remain our priority.

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