

Enter and View

Broomfield Care Home

5th May 2026



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2 Introduction

2.1 Details of visit

Name of home	Broomfield Care Home
Service provider	Eminence Care Service (Broomfield) Ltd
Date and time	5 th May 2026 from 10.30am to 4pm
Authorised representative (s)	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 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 Broomfield 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

Broomfield is set in a residential street in Olney, set off the road with visitor parking.

The Residential Home is registered to provide accommodation for people who require personal care, and dementia care for no more than 40 residents.

Broomfield provides a welcoming, well-maintained environment for the 37 people in residence at the time of our visit. Recent refurbishment has enhanced communal areas, bedrooms and outdoor spaces, creating a bright, comfortable setting across both the main home and the quieter 'Aspen' area. Residents benefit from a range of accessible lounges, dining rooms and gardens, supporting both social interaction and quieter time.

Feedback from residents and relatives was consistently positive, particularly regarding the kindness, responsiveness and professionalism of staff. Residents reported feeling safe, respected and well cared for, with care delivered in a person-centred way that promotes dignity and choice. Staff were observed to be attentive and proactive throughout the visit, ensuring residents' comfort and wellbeing.

A varied weekday activity programme supports social engagement and physical activity, though opportunities at weekends are more limited. Dining experiences were generally positive, with flexibility and choice offered, although some residents felt menus could be more varied.

Overall, this was a positive visit, demonstrating strong quality of care, a supportive atmosphere, and clear improvements since the previous visit. A small number of areas for development were identified, including enhancing dementia-friendly signage and expanding weekend activities.

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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 10.15am and actively engaged with residents between 10:45am 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.

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 eight residents and family members took part in these conversations.

In respect of demographics: -

- Residents ranged in age from early-seventies to mid-nineties years in age giving an average age of 85 years.
- The length of stay at the home for the residents we engaged with varied from just a few months to a over three years, so a great variety of experiences from both residents and family members.

At the end of the visit, the Deputy Manager was verbally briefed on the overall outcome.

6 Summary of findings

6.1 Overview

The home is registered to accommodate up to 40 residents, and at the time of our visit, 37 people were living there. The manager has been in post for some time and is well regarded by residents.

Broomfield Care Home is located on the outskirts of Olney, in a quiet residential area with easy access to local shops, cafés and restaurants. The building is set back from the road and provides parking for visitors.

Overall, this was a positive visit, with clear improvements made since previous visits. Enhancements to the outdoor spaces have made them more accessible and inviting, encouraging residents to spend time outside and engage with gardening and nature. Inside, new doors have helped to brighten the corridors, handrails provide additional support and promote safe movement. Communal areas, including the lounge and dining spaces, are now better defined and more functional. We observed that residents appeared calm, comfortable, and content in their surroundings.

6.2 Premises

The environment is bright and pleasant, with all rooms benefiting from good natural daylight, with most offering views of the outdoor spaces.

The gardens are particularly valued by residents, providing accessible areas where they can enjoy fresh air, spend quiet time, and engage with nature. Internal courtyards in each part of the home are designed with level access, allowing residents to move freely without steps or barriers. The conservatory opens onto a large patio area, which includes seating, a dining space, a water feature, and a chicken coop with resident hens, offering both interest and opportunities for outdoor activity.

The home is arranged across two connected areas: the original manor house, known as 'Aspen', which provides a quieter setting, and a larger, newer extension. These areas are linked by gently sloping corridors to support ease of movement. Both sections offer en-suite bedrooms, lounges, dining rooms, and access to outdoor spaces. The newer part of the home also includes additional facilities such as a hair salon and gardening areas with raised beds for flowers and vegetables.

Some dementia-friendly décor and signage are in place; however, there is an opportunity to improve this further, particularly in bathroom areas where clearer hot and cold tap signage would be beneficial.

Residents are supported to personalise their rooms and entrances with meaningful items from home. Bedroom doors are designed to resemble front doors and are often decorated with personal items such as photographs or

objects linked to hobbies or past occupations, helping residents to identify their rooms and feel more at home.



The home is clean and well maintained throughout, with housekeeping carried out to a high standard without leaving strong cleaning odours.

6.3 Staff interaction and quality of care

Throughout the visit, we noted staff were consistently active and attentive, responding promptly to residents' needs and regularly checking on their comfort, such as whether they required a drink or were too warm or cool. This level of attentiveness was also observed during activities, where staff ensured residents remained comfortable, particularly in communal areas like the conservatory.

Residents spoke positively about their experiences, describing staff as friendly, caring and approachable. They reported feeling comfortable, at ease, and always treated with respect and dignity. Family members shared similarly positive views, expressing confidence in the quality of care provided to their loved ones.

'Even though it was a hard decision to make moving in here, it was the best decision I ever made' - resident

Care planning was described as inclusive, with family members involved in discussions and decisions. Residents recalled being asked detailed questions when they first arrived and told us that ongoing conversations about their health and wellbeing continue to take place. We were told by residents and family that staff are always checking in on people, ensuring they are well.

The home promotes a welcoming and inclusive environment for visitors, who are greeted warmly and offered refreshments and meals when spending time with residents. Family members told us they were aware of the complaints process, even though they had not needed to use it, as there are regular discussions during meetings with friends and relatives. Family members told us:

'Staff are amazing' 'I trust them implicitly' 'Staff are great'

Overall, the interactions between staff, residents and visitors appear to contribute to a supportive, respectful and homely atmosphere.



6.4 Social engagement and activities

The home employs a full-time Activities Coordinator who works Monday to Friday, supporting a varied programme of engagement for residents. In addition, there is a permanent on-site hair salon, with the hairdresser arranging appointments directly with residents.

Residents have flexibility in how they spend their time, with the option to remain in a preferred lounge or dining area, or they can move freely between different parts of the home. They are also able to choose whether to take part in activities, which are available across various spaces within the home.

During the visit, a range of activities were observed, including a morning exercise session in the main lounge and a singing session in the conservatory. In the afternoon, staff spent one-to-one time with some residents, while others chose to sit in smaller, quieter groups. Most activities take place in the main areas of the home, allowing Aspen to remain a calmer environment, although quieter sessions such as a weekly quiz are also held there.

Opportunities for engagement extend to the outdoor areas, where residents can take part in gardening using raised beds in the courtyard, or spend time in the garden with the resident chickens. Regular resident meetings are also held and promoted on notice boards, alongside a 'you said, we did' display, demonstrating how feedback is acted upon.

Family members spoke positively about the weekday activity programme, although some felt that there are fewer opportunities for engagement at weekends, particularly for residents who do not receive visitors.



6.5 Dining Experience

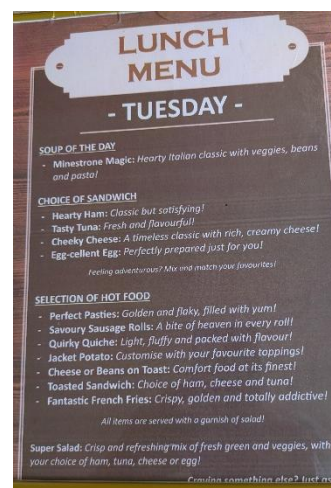
The home provides two dining areas, offering residents a choice in where they eat. During the visit, the main dining room accommodated 17 residents at lunchtime, with a further five choosing to eat in the lounge. This space had a lively and sociable atmosphere, with residents chatting and enjoying the mealtime experience. Residents were free to choose where they sat and who they sat with, with some opting to dine alongside visiting family members.



The smaller dining room in the quieter Aspen area offered a calmer environment, where five residents were dining, with one additional resident choosing to eat in the adjoining lounge. The same menu is available throughout the home, and residents can choose to eat in either setting depending on their preference.

Residents were given flexibility and choice at mealtimes. If they did not wish to have the meal on offer, alternatives were provided. While the menu was displayed in a simple text format, a picture menu was also available, although this was not on display during the visit. Seasonal menu options are discussed at resident and family meetings, giving people the opportunity to contribute their views and preferences.

Feedback on the food was generally positive, with most residents expressing satisfaction. However, some felt the menu could be repetitive and would prefer home-cooked options rather than pre-prepared meals.



Staff were observed to be attentive and supportive throughout the dining experience. Residents who required assistance were helped in a respectful and timely manner, while those who ate more slowly were encouraged but not rushed. Both dining rooms provide 'Bistro Bars' offering a range of snacks, both sweet and savoury, available throughout the day. Drinks, including squash, are readily accessible and regularly refreshed, and staff are available to prepare tea and coffee whenever requested.

Breakfast was described as a positive start to the day, with a range of options available to suit individual preferences. Residents could choose from lighter choices such as toast or porridge, or opt for a more substantial cooked breakfast, often following cereal and fruit juice. Residents told us that there was flexibility which allowed them to eat breakfast at a time that suited them.

6.6 Choice

- Residents are given choice where it is possible to do so, breakfast is available to residents from 8-9 usually but some residents prefer an earlier breakfast or later breakfast, and the home is happy to accommodate this with some residents still eating breakfast at 10.30.
- Bedrooms were very individualised. Each resident has the option to bring in their own furniture if they choose, and their pictures and memorabilia. This meant some rooms were very personal and full of individual style whereas others were sparser and more pared back but always to the individuals choice.
- Residents can choose what to wear from their own selection of clothing.
- At lunchtime residents are asked to confirm what they would like to eat, to ensure they receive the meal they want.
- There are regular meetings with residents on specific topics, there was a meeting advertised for the week after our visit to discuss the upcoming menu changes.
- Throughout the day we observed staff checking with residents: did they want drinks or snack, were they warm enough, would they like the windows open/closed, were they happy with the music choice?

7 Recommendations

Overall, this was a very positive visit. Many changes have been made since our previous visit in 2022; wood effect flooring replacing carpets in communal areas and most bedrooms, Communal living areas have been updated and reconfigured to provide distinct spaces with specific purposes.

To maintain the high standards, we recommend:

- Reviewing the signage on hot/cold taps in all bathroom and toilet facilities as this is not currently dementia friendly.
- Consider ways of offering a limited activity schedule on weekends for residents.

7.1 Examples of Best Practice

The Home has a well-structured weekday program of activities for residents.

8 Service provider response



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