

Enter & View Visit Report

The Limes Residential Care Home
13th February 2025

Content...



Acknowledgements P3

Disclaimer P3

What is Enter & View? P3

Purpose of the visit P4

Strategic drivers P4

Methodology P4

Summary of findings P6

Results of visit P8

Recommendations P24

Service Provider Response P27

Details of visit

Service address:	85 High Street, Henlow, Bedfordshire, SG16 6AB
Service Provider:	The Limes Residential Care Home, (Ask Care Homes Ltd)
Date and Time:	Thursday 13th February 2025
Authorised Representatives:	Linda Grant, Annette Brown, Victoria Davies
	Healthwatch Central Bedfordshire
Contact details:	Capability House, Wrest Park, Silsoe, Bedfordshire, MK45 4HR
	Tel: 0300 303 8554

Acknowledgements

Healthwatch Central Bedfordshire (HWCB) would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

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 residents and staff, only an account of what was observed and contributed at the time.

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 managed and make recommendations where there are areas for improvement. The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and care workers 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 specifically identify safeguarding issues however if concerns arise during a visit they are reported in accordance with Healthwatch Safeguarding policies.

Purpose of the visit

- To engage with residents of the care home and understand how dignity is being respected in the care home environment.
 - Identify examples of good working practice.
 - Observe residents and relatives engaging with staff and their surroundings.
 - Consult with residents about their experiences of the environment within the care home and how care is delivered.
 - Engage with the care home staff and management team to gather insight into resource, working culture and staff experience.
-

Strategic drivers

- Care Quality Commission November 2023; Inspection rated as '*Requires Improvement*'. [The Limes Care Home - Care Quality Commission](#)
 - Care homes are a Local Healthwatch priority.
 - To engage with residents of care homes and understand how dignity is being respected.
 - Identify examples of good working practice.
-

Methodology

This was an announced Enter and View Visit.

Following an inspection by the Care Quality Commission during September and October 2023, (report published on 2nd November 2023) The Limes Residential Care Home was issued an overall service rating of '*requires Improvement*'.

Healthwatch Central Bedfordshire (HWCB), as an independent organisation, subsequently visited the care home to meet with residents, their relatives, staff and management.

Notification of the intended visit, and posters informing residents and relatives of the date of our visit, were previously sent to the home.

Upon arrival, representatives were met by the Residential Care Home Manager, who gave a guided tour of the care home and introduced HWCB representatives to staff members.

In order to understand resident and staff experience, HWCB representatives used observational activity and conducted interviews over a period of approximately three hours within the general communal area, cinema room, Managers office and resident's rooms.

HWCB representatives conducted interviews with the Residential Care Home Manager, Deputy Manager, Activity Coordinator, Senior Carer, Domestic Staff, and two residents. As the majority of residents were either asleep or unable to communicate effectively during the visit, observational methods were also employed to gain insights into the care environment and resident wellbeing.

Healthwatch Central Bedfordshire leaflets were shared with all staff and residents where possible, and information was also provided to the Activities Co-ordinator regarding the forthcoming HWCB Festival for Older People 2025.



Summary of findings

This visit was prompted by the overall rating given to The Limes Residential Care Home by the Care Quality Commission following an inspection and report published in November 2023; the care home was rated as *'requires improvement'*.

The Limes – Care Quality Commission

Located on Henlow High Street, The Limes Residential Care Home, owned by Ask Care Homes Ltd., is a converted two-story period building with a basement. The ground floor houses the kitchen, dining room, cinema room, main communal sitting room, garden access, and resident bedrooms. The first floor contains additional resident bedrooms and the Manager's Office, while the basement holds the laundry and staffroom.

The Limes has the capacity to accommodate 28 residents, offering 26 single rooms and one couple / companion room. 25 of these rooms include en-suite provision, additionally there are two communal bath/shower rooms. Currently, the facility is home to 24 residents, 12 men and 12 women, aged 70 to 97.

HWCB representatives interviewed two residents, the Care Home Manager, Deputy Manager, Activity Coordinator, Senior Carer and two members of domestic staff.

General observation of the premises covered key areas such as the kitchen, cinema room, dining room, main communal room, laundry, and a representative selection of resident bedrooms.



1 Manager	1 Deputy Manager	8 Female Care Workers	3 Male Care Workers
12 Male Residents	12 Female Residents	2 Domestic Staff	1 Activity Coordinator
1 Laundry Person	1 Chef & 1 Kitchen Assistant	Total number of staff on day shift 15	Total number of staff on night shift 4

Specialist care provided includes:

Dementia / Alzheimer's	Visual impairment	Hearing Impairment
Wheelchair Users	Other walking Aids	Other Mental Health

Results of Visit

Environment

The Limes is a double fronted period building, situated on Henlow High Street. The building faces the road and sits amongst residential housing, close to a Public House. The car park, accommodating approximately 11 cars is located to the front and side of the building, excess vehicles can find additional street parking in the vicinity. The care home is signposted at the front of the property, facing the road.

The building comprises two storeys and a basement. The exterior is well-maintained and in good condition. To the rear, there is a small wrap-around patio garden, offering residents a pleasant outdoor space with wheelchair access.

Entry to the home was gained via a ramp to the main entrance double door at the front of the building and is accessible to all. HWCB representatives were buzzed into the building and asked to sign in. A keypad at the front door secures the exit to the outside.

The entrance hall appeared somewhat tired and would benefit from a deep clean or refresh. As is typical of properties of this age, the hallway is narrow and includes a staircase to the first floor, which may present access challenges for wheelchair users. However, the upper floor is accessible via two lifts, one located near the main communal sitting room and the other at the rear of the building.

A large notice board can be found just inside the entrance hall, displaying various notices and information. The 'Enter & View' visit poster was also seen displayed in this location. Additionally, a compliment / complaint box with a feedback book was also available to visitors and relatives to record their comments.

Upon arrival, HWCB representatives were welcomed by the Manager and a member of staff. Although staff were not in uniform, the Manager explained that this was due to a Valentine's Day event, during which both residents and staff were encouraged to wear themed colours to promote an inclusive and celebratory atmosphere.

Further along the corridor, a display featuring staff names, job titles, and photographs was observed. However, there was no clear indication of which staff members were on duty at the time of the visit, which may affect residents' and visitors' ability to identify and approach appropriate personnel when needed.

The absence of a reception area, combined with the Manager's office being located upstairs and not easily accessible, could present challenges for visitors seeking assistance or wishing to speak with management. This may impact the ease of communication and overall sense of accessibility within the home.

General Observations by Representatives

The home is currently accommodating 24 residents, with the capacity to support up to four additional individuals.

Ask Care Homes Ltd provides support to the management team during the recruitment process, including conducting staff suitability assessments and facilitating DBS checks to ensure safe and appropriate hiring practices.

During the visit, HWCB representatives conducted interviews with a range of staff, including the Residential Care Home Manager, Deputy Manager, Activity Coordinator, Senior Carer, and Domestic staff. These conversations provided valuable insight into daily operations, staff roles, and the overall approach to resident care.

A guided tour of the premises was also undertaken, allowing representatives to make general observations about the environment. Key areas such as the kitchen, cinema room, dining room, main communal area, laundry, and a representative selection of resident bedrooms were viewed. This enabled an assessment of cleanliness, accessibility, and the overall suitability of the facilities in supporting residents' wellbeing and comfort.

The kitchen appeared clean, well-organised, and in good condition. Although the Chef was not present during the visit, the Deputy Manager provided examples of weekly menu plans, along with a folder containing photographic evidence of meals served. The Manager expressed pride in the provision of freshly prepared, home-cooked meals, emphasising a strong focus on quality and nutrition.

Representatives were also shown individual dietary profiles and nutritional assessments for each resident. This information is integrated into the home's digital care management system and accessed via hand-held devices used by staff. Each resident's nutritional needs and care plan requirements are reviewed and updated daily, supporting a consistent and responsive approach to individual dietary care.

The facility is currently experiencing a staffing shortfall in the kitchen, with only one Chef employed to cover five days per week. As a result, the service has been reliant on agency cooks and, on occasion, has had to source hot meals from a local pub. While this ensures residents continue to receive meals, it may impact consistency, quality, and the personalised nature of the food offering. The Manager recognises this is not a sustainable solution and confirmed that active recruitment for a second permanent Chef is underway.

During the visit, representatives noted that the most recent CQC inspection certificate and the complaints procedure were not visibly displayed. This may reduce transparency for residents, families, and visitors, potentially affecting trust and awareness of how to raise concerns.

Masks and PPE were readily available in the main corridor, demonstrating an awareness of infection control measures; however, the absence of visible hand sanitiser stations could limit opportunities for effective hand hygiene among staff, visitors, and residents.

The main living area is a spacious rectangular room, benefiting from good natural light and a comfortable temperature. At one end of the space, there is a communal shower room and a bedroom; another bedroom is located at the opposite end. During the visit, all residents who were not in their bedrooms were gathered in this communal area. They were seated in comfortable chairs, with support provided by both a Carer and the Activities Coordinator.

The cleaner was also present, despite representatives being informed that this member of domestic staff typically has this day off. This raised some concern regarding staffing levels, particularly as one resident remarked, ***“You don’t usually sit in here,”*** suggesting that the communal area may not be their usual setting for prolonged periods.

In one instance, a resident was observed with a mug of tea placed in front of her, but she was unable to lift it. The cleaner advised the Carer that the resident ***‘usually uses a plastic cup with a lid’***. This highlighted a potential gap in communication or staff availability, which could impact residents’ ability to independently and safely access refreshments.

During the visit, the Activities Coordinator was observed engaging positively with residents, encouraging participation in a balloon activity that promoted movement and interaction. This helped create a lively and inclusive atmosphere within the communal space.

Later, residents were seen having lunch in the same room, seated around a large dining table. Staff were present and attentive, providing discreet support with personal needs where required. Bibs were not observed, and residents’ dignity appeared to be well maintained throughout the mealtime.

While there was no immediate risk of infection identified, the room would benefit from a thorough deep clean to maintain high hygiene standards in shared living and dining areas.

The designated dining room is located further along the corridor, near the kitchen, and consists of a large, well-presented space divided into two sections by an old fireplace. It is clean, pleasantly decorated, and enjoys views of the garden. However, due to the age and layout of the building, access to the dining room is limited by narrow corridors and steps, reducing accessibility for some residents. This may explain why meals were being served in the main living area instead.

The age and design of the building present ongoing accessibility challenges throughout the care home. Narrow corridors and multiple steps restrict ease of movement for residents with mobility support needs. Although ramps and lifts are in place, issues with congestion and physical obstacles persist. The Manager acknowledged these limitations, stating that if given the opportunity, he would **"change the layout of the ground floor"** to improve access and flow. These structural constraints may impact residents' independence and limit full use of communal areas.

The communal cinema room at The Limes offers an additional recreational space for residents. Spacious and well-lit, the room features comfortable cinema-style seating facing a large television mounted above a traditional fireplace. Additional seating at the rear allows for private conversations between residents and visitors, and the room provides ramped access to the adjoining courtyard garden. However, during our visit, the room was unoccupied aside from a GP completing paperwork following a resident consultation. Although no immediate infection control concerns were identified, the room would benefit from a deep clean, and the décor appears dated, suggesting a refresh could enhance its appeal and usability.

Residents have access to two communal bath/shower rooms. One, recently refurbished and located off the main corridor, is spacious, well-lit, and well-ventilated, featuring a discreetly glazed window for privacy. It appeared clean and well-presented. However, representatives were informed of ongoing issues with the hoist equipment, which require prompt attention to ensure safe and consistent access to bathing facilities.

A second shower room, situated directly off the main living area, provides a convenient option for personal care. It was also found to be clean and in good condition. Staff confirmed that residents using this facility are fully dressed before leaving the room, ensuring that their dignity and privacy are maintained at all times.

A sample of resident bedrooms was included in the visit. Outside each room, a name and photograph were displayed, offering a personalised and welcoming touch. Most bedrooms featured either a full en-suite or a toilet and sink; however, a small number lacked these facilities, requiring residents to use the communal bathrooms.

New residents joining The Limes have their bedrooms freshly decorated in their chosen colour. Staff actively encourage residents and their families to personalise the space with familiar belongings, helping to foster a sense of comfort, identity, and belonging from the outset.

The Manager informed representatives that a programme to replace outdated furniture and redecorate the home is scheduled to begin in May 2025. To minimise disruption during the renovation, two currently unoccupied bedrooms will be used to temporarily accommodate residents. This proactive approach aims to maintain comfort and continuity of care throughout the improvement works.

During the visit, the bedroom of a resident who is an artist was observed. Located on the first floor, the en-suite room was light, bright, and airy, featuring a large bay window that housed a desk and art supplies. Finished artworks were also on display, adding a personal and creative touch. The room was clean, comfortably furnished, and clearly supported the resident's hobbies and sense of identity.

Another ground-floor bedroom was also viewed and found to be clean, well-maintained, and benefitting from natural light through a window and French doors leading to a decked area. However, the immediate view was compromised by a wooden structure containing old, broken equipment, and a dirty mop was observed lying on the ground, detracting from the otherwise pleasant environment.

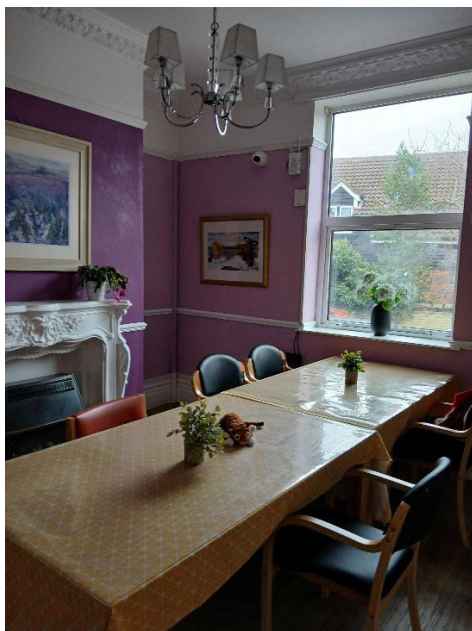
A smaller bedroom, located just off the main living area, was inspected and found to be clean and in good condition. It included a toilet, sink, and mirror, though bathing and showering were only available via communal facilities. The resident reported occasional noise disturbances due to the room's proximity to the communal space, which may impact rest and privacy.

When asked about the décor and furnishings in their bedrooms, two residents described them as “*okay*,” suggesting that while acceptable, there may be room for further improvement to enhance comfort and personal satisfaction.

All bedrooms are equipped with pressure-relieving mattresses, and at the time of the visit, no residents were reported to be suffering from pressure sores. This indicates effective preventative care and appropriate equipment provision.

HWCB representatives also visited the basement area of the care home, where the laundry facilities are located. The area appeared clean, organised, and in good working order. However, outside in the car park, a number of new and used drums containing cooking oil were observed being stored close to the building. This was flagged to the Manager, as it presents a potential fire hazard and an environmental risk, particularly if spillage were to occur and reach the drainage system.

Representatives advised that these containers should be safely stored or disposed of in accordance with regulations. The Manager was signposted to the local Waste & Recycling Centre and encouraged to take prompt action to mitigate any associated risks.



Promotion of privacy, dignity and respect

Interaction between resident and staff

Residents were observed to be clean and appropriately dressed, reflecting a good standard of personal care and respectful attention from staff.

Staff were identifiable by name badges, which residents confirmed were easily readable. Residents also stated they knew staff by name, supporting a sense of familiarity and trust. Management were seen engaging actively with residents, including making personal visits to those who remained in their rooms. Staff interactions throughout the home appeared warm and attentive, with staff observed greeting residents and holding conversations while moving around the building.

Staff addressed residents by their first names and spoke clearly and audibly. However, one resident raised a concern, stating that **“staff frequently talk in another language”** and that residents are **“unable to understand them.”** While this may reflect a diverse workforce, it could unintentionally lead to feelings of exclusion or confusion for some residents, especially those with cognitive impairments or communication difficulties.

When discussing staff responsiveness, residents generally reported that Carers respond quickly when assistance is needed. However, one resident commented that **“staff often forget”** when asked for something specific, indicating a potential issue with follow-through or task management that could impact the resident experience and sense of being heard.

Residents interviewed stated that Carers always knock respectfully before entering their bedrooms, which supports a culture of dignity and respect. One resident also shared that if privacy is needed outside their room, they are able to move to quieter communal areas, such as the dining room or cinema room, offering residents additional options for private time in a comfortable setting.

Feedback regarding hygiene practices was largely positive. Residents noted that staff consistently use gloves, aprons, and masks where appropriate, reflecting good infection control standards. However, one resident expressed concern about having to personally pay for hygiene pads, stating this *"is unfair"*, highlighting a potential issue around equity and access to essential personal care items.

The care home arranges and provides transportation for residents attending medical, dental, and hospital appointments, ensuring continuity of care and reducing the burden on families.

Neither of the residents interviewed reported being directly involved in the development or review of their personal care plans. The Manager explained that care plans are managed through the Personnel Centre Software and accessed by staff via handheld devices using a QR code. These care plans are reviewed monthly, with input from management, social workers, and family members. Staff are expected to consult the care plan each time they are with a resident, and family members also have full access to this information. While this digital system promotes real-time, informed care, the lack of resident involvement in the care planning process may limit opportunities for shared decision-making and personalised care.

Personal care

Management informed HWCBC representatives that audits relating to residents' ongoing care needs are conducted daily, alongside daily medication audits, which are completed by the Senior Carer. These routine checks help maintain standards of care and ensure any issues are addressed promptly.

Both residents interviewed confirmed they are able to brush their teeth independently, indicating a level of personal autonomy in oral care.

One resident shared that while he receives support from Carers to have a shower, he is able to wash himself once assistance is provided. He noted that support may be given by either a male or female carer, but stated that **“there is no choice offered for a Carer of the same gender.”** The same resident expressed a preference to shower every other day, but explained that **“it is usually every 2–3 days due to staff shortages,”** suggesting limited flexibility in personal care routines.

Another resident, who is an amputee, described needing support to wash and dress both in the morning and evening. His preferred wake-up time is 6:00am; however, he reported that Carers are usually only available to assist him at around 7:30am. He shared that he **“would love to have a shower, but it’s too dangerous”** due to ongoing issues with the hoist. As a result, he has been unable to shower or wash his hair, something he said he is **“desperate”** to do. This highlights the significant impact of equipment limitations on resident dignity and quality of life.

HWCB representatives were informed that residents’ bedrooms are tidied and surface-cleaned daily, with a full deep clean carried out weekly. Keyworkers are responsible for maintaining order and cleanliness in wardrobes and drawers. All bedrooms observed during the visit appeared clean, well-maintained, and in good order. Bedding is changed at least once a week, or more frequently when required, which supports good hygiene standards.

While we were informed that communal areas are cleaned daily, our observations suggest a need for more frequent and thorough cleaning to maintain hygiene standards and ensure a safe, pleasant environment for residents, staff, and visitors. Insufficient cleanliness in shared spaces may affect residents’ wellbeing and could pose a risk, particularly for those with compromised health.

Food

Breakfast is officially served from 8:00am, though residents have the flexibility to eat any time between 7:00am and 11:00am. Lunch is served at 1:00pm and includes a hot meal with a choice of three menu options. Representatives were shown a folder containing photographs and descriptions of meals provided, all of which are freshly prepared on-site. A light sandwich tea is served at 4:00pm, and residents can request meals outside of scheduled times if needed. The Chef checks daily to ensure residents are eating well and enjoying their food, promoting both nutrition and personal satisfaction.

However, the facility is currently experiencing a staffing shortage in the kitchen, with only one full-time Chef covering five days per week. This has led to the use of agency cooks and, on occasion, sourcing hot meals from a local pub. While these measures help maintain continuity of meal provision, they may impact the consistency and quality of the dining experience. The Manager acknowledged that this is not a sustainable long-term solution and confirmed that active recruitment is underway for a second permanent Chef.

HWCB representatives observed the lunchtime service during the visit. At 1:00pm, residents were seated around a large dining table in the main communal living room. Staff were seen wearing gloves and aprons, and residents were supported as needed. While residents were not provided with bibs, dignity appeared to be maintained throughout the mealtime.

Staff shared differing views regarding visitors during mealtimes. One staff member described an *“open door policy,”* while others stated that visiting is preferred between 9:00am and 7:00pm, with mealtimes ideally avoided. This inconsistency may lead to confusion for families and affect the overall dining atmosphere.

Residents generally reported receiving adequate food and drink throughout the day, with one resident commenting, *“If I ask for anything, they bring it.”* Biscuits and refreshments are made available, and those who are able have access to help themselves. However, some residents mentioned occasional delays in receiving drinks, with one stating that Carers *“sometimes forget.”* While these instances appear to be infrequent, they suggest the need for more consistent attention to hydration and resident requests, especially during busy periods.

Concerns / complaints procedure

HWCB representatives were informed by management that feedback from relatives is proactively gathered through a weekly **'feedback form'** emailed every Friday. In addition, residents are individually interviewed every three months, with a full residents' meeting also held quarterly. These practices demonstrate a structured approach to gathering resident and family perspectives.

Family meetings are scheduled to take place every six months, coordinated by the Family Liaison Officer. Any concerns raised, whether by residents or family members, are fully investigated and documented, with input from all parties, including the resident, their family, and management. This collaborative approach supports transparency and accountability.

However, representatives noted that no visible complaints procedure or feedback forms were readily available in communal areas for residents or visitors. The absence of clearly accessible information may limit opportunities for informal or spontaneous feedback.

Visitors do have access to a communications notebook, located on the entrance hall notice board, where they can record non-urgent concerns. HWCB representatives recommended that written responses to these comments be provided, as this would help reassure families and demonstrate that feedback is being acknowledged and acted upon. A compliment/complaint box is also located in this area, offering another route for input, though signage or instruction on how it is monitored was not evident.

For residents who are unable to communicate clearly, the Manager advised that staff have received dementia training and that each resident is assigned a dedicated Carer who knows them well enough to recognise signs of discomfort or distress. The Activities Coordinator also described the use of flashcards to support non-verbal communication, further aiding residents in expressing their needs.

Staff interviewed stated they would raise any resident concerns directly with the Manager. If a family member shared a concern with them, they would attempt to address it personally in the first instance and escalate it to the Manager if it could not be resolved. This indicates a willingness among staff to act as intermediaries and support open communication between families and management.

Recreational activities / Social inclusion / Pastoral need

At present, there are no bedbound residents at the care home. All individuals are actively encouraged to wash, dress, and leave their bedrooms each day to socialise and take part in communal activities. For residents who are unable or reluctant to leave their rooms, both the Activities Coordinator and the Manager make daily visits to help reduce feelings of isolation and ensure continued connection with the wider home community.

When a resident chooses not to join group activities, the Activities Coordinator offers dedicated one-to-one time, aiming to make each individual feel that **“they are valued and needed.”** Residents are also invited to suggest activities they would personally enjoy, reinforcing a person-centred approach to engagement.

The home benefits from a permanent, full-time Activities Coordinator who works Monday to Friday, from 10am to 4pm. A wide variety of activities are offered, including painting, drawing, knitting, baking, and gardening. Family members are encouraged to participate, fostering a sense of inclusion and community. Group activities such as bingo, movie nights in the on-site cinema, walks, and picnics are also arranged. In previous years, residents have enjoyed day trips to Shuttleworth, Wimpole, Duxford, local farms, and even the beach, highlighting the home’s commitment to providing enriching experiences beyond its walls.

Residents have also taken part in creative projects such as building eco gardens, insect boxes, and birdhouses for the courtyard, supported by staff. The Activities Coordinator shared that **“seeing residents happy and laughing, talking about happy memories”** is the **“best reward”** of her role at The Limes.

Hobbies and religious interests are actively supported to help residents maintain a sense of identity and purpose. In one example, the Activities Coordinator arranged a visit from local men who ride Harley Davidsons for a resident with a passion for motorbikes. The Manager has also taken residents on personal outings, including a fishing trip, photos of which were proudly displayed in the corridor, and visits to the pub, in response to individual requests.

Residents are supported to attend church when desired, and the home regularly welcomes visiting priests and other religious representatives.

When staff were asked whether they had time to talk with residents and how they support communication, their responses reflected a strong commitment to resident wellbeing, as follows:

'I always have time to listen and talk to the residents. That is a large part of my job!'

'I make sure I give our residents time to talk'

'When a new resident joins us, I take the time to understand what they like and what their hobbies are'

'I make sure I complete my morning and afternoon rounds so I can speak with the residents and will visit them in their bedrooms if necessary'

'We always complete an assessment of each persons likes, dislikes and religious needs'

'If a resident is struggling to communicate, we have flash cards available'

These insights highlight a positive staff culture focused on listening, building relationships, and adapting to the unique needs of each resident.

Additional resident comments:

'I like to go to the pub occasionally and sit in the garden. I enjoy watching bowls, cricket and football'.

'I like the manager here, he's nice'

Staff

During the visit, HWCB representatives interviewed the Manager, Deputy Manager, and three members of staff, with lengths of service ranging from 18 months to four years. Staff demonstrated a strong commitment to their roles and expressed job satisfaction, particularly in relation to their work patterns. Shift schedules varied, with some staff working Monday to Friday and others covering weekends. Staff shared that they were happy with their assigned shifts and willing to cover additional shifts when needed.

To manage staffing gaps, the care home currently uses agency staff, sourced from an NHS-approved agency, to support both Chef and Carer roles. The Manager confirmed that recruitment is ongoing for a second Chef and three permanent Carer positions. All staff undergo suitability assessments and enhanced DBS checks, which are completed through Ask Care Home Ltd., ensuring safe and compliant recruitment practices.

Staffing levels during the day include three 1:1 Carers and five additional Carers supporting the remaining residents. At night, the home operates with two 1:1 Carers and three additional Carers. While most staff reported feeling that these levels were sufficient, one staff member commented, ***“There should always be a member of staff in the main lounge room, but sometimes there isn’t,”*** suggesting that occasional gaps in supervision could occur. Staff noted that absences due to sickness or holiday can lead to shortfalls, but a strong team ethos prevails, with staff saying, ***“Everyone helps each other out.”***

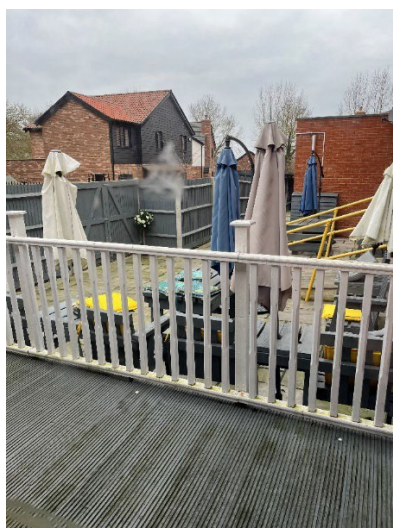
Training is provided through a combination of mandatory e-learning and face-to-face sessions, with most staff receiving refresher training every 6–12 months. Staff meetings are held monthly; however, some team members highlighted ***“gaps in communication, which need to be addressed.”*** Supervision is conducted either every 6 to 12 months or on an ad hoc basis during management-led spot checks. Staff suggested that a more structured supervision framework would better support personal development and enhance the quality of care.

Despite these areas for improvement, staff spoke positively about management support and training opportunities. One member of staff stated they ***“felt supported with their training,”*** and another shared they had recently applied to complete an NVQ Level 3 Carer qualification. While one staff member said they were ***“happy enough with their own training,”*** they felt that ***“younger members of the team would benefit from further basic training,”*** indicating a need to tailor training to experience levels.

When asked if they would feel confident having a loved one live at the home, most staff responded positively, reflecting a sense of pride in the care provided. Staff also expressed confidence in infection control procedures, noting they had received training in the use of PPE, the sluice room, and other hygiene protocols.

When asked what they considered to be the most rewarding aspect of their role, one Carer shared, ***“The best reward was when a resident improved so much, he left the home for independent living.”*** Another reflected on the emotional impact of their work, saying, ***“Them getting better and being happily settled. One resident was constantly trying to leave but is now happy to live here.”*** The Domestic Assistant expressed genuine care and attention to detail, saying, ***“I take pleasure in bringing in fresh flowers for the rooms. I want the home to be clean and for the residents to like it here. I also bring in cakes.”***

These insights reflect a dedicated and compassionate team culture, where staff take pride not only in delivering care but in creating a welcoming, homely environment for residents.



Recommendations

CQC Action Plan

Priority: High

- Develop a comprehensive action plan to address the CQC's concerns, with clear timelines and accountability.
 - Regularly review, update, and monitor progress against the action plan to ensure sustained improvement.
-

Staffing Shortages

Priority: High

- Prioritise the recruitment of a second chef to ensure consistent and high-quality meal provision. Discontinue reliance on external food sources (e.g., local pub) as this is not sustainable or aligned with person-centred care.
 - Accelerate recruitment of permanent care staff to reduce dependency on agency workers and ensure continuity of care.
-

Staff Training and Development

Priority: Medium

- Provide ongoing mandatory and refresher training to all staff, with emphasis on supporting newer or less experienced team members.
 - Introduce a structured supervision programme to support professional development and uphold care standards.
 - Encourage and support staff progression through formal qualifications (e.g., NVQs).
-

Staff Communication and Shift Management

Priority: Medium

- Improve internal communication between staff to ensure consistency and timely care responses.
 - Ensure adequate staff presence in key communal areas such as the main lounge at all times.
 - Conduct regular team briefings and ensure all staff are familiar with policies, procedures, and responsibilities.
-

Hygiene and Infection Control

Priority: High

- Conduct a full deep clean of the entrance hall, main living area, and cinema room.
 - Implement and closely monitor a routine cleaning schedule across all areas.
 - Ensure hand sanitiser stations are available in communal and high-traffic areas and reinforce hand hygiene protocols.
 - Ensure all staff are following infection control policies consistently.
-

Health and Safety

Priority: High

- Immediately remove all used and unused cooking oil drums from the car park to eliminate identified fire and environmental risks.
 - Establish a clear policy and procedure for the safe storage and disposal of flammable/hazardous materials, with regular checks.
-

Resident Dignity and Personal Care Preferences

Priority: Medium

- Implement a clear system to record and communicate each resident's personal care preferences (e.g., preferred Carer gender, shower frequency).
 - Review practices around matching Carer gender to resident preference, and work toward accommodating this where feasible to uphold dignity.
-

Hoist Repair and Equipment Access

Priority: High

- Expedite the repair or replacement of the hoist in the refurbished bathroom to ensure residents requiring support can bathe safely and with dignity.
 - Provide interim support for affected residents until the equipment is restored.
-

Resident and Visitor Feedback

Priority: Medium

- Improve the visibility and accessibility of the complaints procedure and feedback forms within the home.
 - Provide written responses to comments left in the visitor communications notebook to demonstrate action and reassure families.
 - Implement a feedback tracking system that includes follow-up communication to residents and families.
 - Increase opportunities for residents to participate in the review and development of their own care plans, where appropriate.
-

Outdoor Spaces and Garden Areas

Priority: Low to Medium

- Maintain rear patio and outdoor areas to ensure they are clean, inviting, and hazard-free.
- Remove all disused equipment and cleaning items (e.g., broken items, mop) to ensure a safe and appealing environment for residents.

Service Provider response

Thank you so much for the Enter and View visit, the input, and the recommendations. Please find our response to the Healthwatch Audit and Recommendations detailed below. We have taken everything on board and made changes as needed.

We would like to extend our sincere appreciation for your recent visit and the thorough audit of our service. We are grateful for the constructive feedback and thoughtful recommendations you provided, and appreciate your collaborative approach. Your insights have offered us a valuable opportunity to review our practices and reinforce our commitment to providing safe, respectful, and high-quality care for our residents. Below is a comprehensive update on the actions we have undertaken in response to the areas identified during your audit.

Action Plan Implementation (Priority: High)

In alignment with the recommendations from the CQC, we proactively developed a comprehensive action plan before your visit. This plan includes clearly defined objectives, timelines, and designated responsibilities to ensure transparency and accountability. Progress against this action plan is routinely reviewed and updated through structured monitoring processes. This ongoing oversight helps us sustain improvements and respond swiftly to any emerging challenges.

Staffing and Workforce Stability (Priority: High)

We recognised the need to enhance the stability and consistency of our staffing. As such, we have successfully appointed a second chef, who will join the team shortly pending final administrative checks. This addition allows us to reduce our dependency on external catering providers and deliver a more consistent, personalised dining experience. Additionally, the recruitment of permanent care staff continues to be a primary focus to strengthen resident-caregiver relationships and promote familiarity and trust.

Staff Training and Development (Priority: Medium)

A complete training audit has been conducted to ensure all staff are up to date with mandatory and refresher training. Our digital training tracker now provides automatic alerts to staff when courses are due. We have introduced in-house "Train the Trainer" programmes, covering core areas such as safeguarding, infection control, and moving and handling. Supervisions now occur more frequently than the previous bi-annual schedule, complemented by regular spot checks and competency assessments to uphold high standards of care delivery.

Communication and Shift Coordination (Priority: Medium)

Structured communication has been a key area of focus. Daily shift handovers and team briefings are now fully embedded into our routines. Staff meetings are held regularly to promote open communication, alignment, and collaboration. Our staffing rotas are carefully reviewed daily to ensure adequate presence in communal areas, particularly the main lounge during key hours. Updated operational policies have been distributed to clarify staff duties and reinforce expectations around care delivery.

Infection Prevention and Hygiene (Priority: High)

Infection control remains a top priority. A full deep cleaning schedule has been implemented and is actively in progress, covering communal areas such as the entrance hall, lounge, and cinema room. We held a dedicated meeting with our domestic staff to reinforce the importance of maintaining high cleanliness standards. Cleaning rotas are being strictly followed and monitored, and we have reviewed and optimised the placement of hand sanitising stations to ensure ease of access. Furthermore, following the recent qualification of a team member as a trainer, we are now delivering internal infection prevention refresher courses.

Health and Safety Compliance (Priority: High)

We have taken immediate steps to address all identified health and safety risks. All hazardous substances, including oil drums, have been documented and are being safely removed. A new policy has been drafted to govern the proper storage and disposal of flammable materials. Regular health and safety audits will now be conducted to ensure adherence to regulations and proactively manage any potential risks within the environment.

Dignity and Personal Care (Priority: Medium)

Our care planning system has been reviewed and enhanced to ensure it fully reflects each resident's individual preferences, including specific hygiene routines and gender preferences for personal care. These preferences are clearly documented and respected by staff at all times. Our commitment is to maintain a person-centred approach that upholds dignity, autonomy, and comfort for every resident.

Equipment Maintenance – Hoists (Priority: High)

We have ensured that all hoists in the building, including those recently installed in refurbished areas, are being serviced in line with manufacturer guidelines and legal requirements. Service visits are documented, and all hoisting equipment has been confirmed as fully operational and safe. Maintenance records are maintained accurately and made available for inspection to ensure full transparency.

Feedback and Complaints (Priority: Medium)

We have improved the accessibility and visibility of our feedback and complaints processes. Feedback forms are now strategically placed in multiple areas of the home for ease of access. Weekly family communications include reminders about how to provide feedback, whether via email, written form, or in person. All input received—whether commendations, concerns, or suggestions—is recorded in our PCS system. Entries in the visitor book are acknowledged in writing, ensuring timely and appropriate responses.

Outdoor Spaces and Garden Maintenance (Priority: Low to Medium)

We have carried out a full review of all outdoor areas. Unused or unsafe items have been removed, and a routine of daily cleaning and weekly jet-washing has been introduced to maintain a safe and pleasant environment. These efforts aim to create a more inviting and accessible outdoor space for residents to enjoy leisure time and fresh air.

In Summary

The insights shared during your visit have been instrumental in shaping our improvement journey, and we see this as a valuable opportunity for growth and development. Our leadership team, staff, residents, and their families remain united in our commitment to continuous enhancement, and we will continue to strive for excellence in every aspect of our service delivery.

Thank you again for your ongoing support and guidance.

Yours sincerely,

The Limes Care Home





Healthwatch Central Bedfordshire
Capability House, Wrest Park, Silsoe, Beds, MK45 4HR
www.healthwatch-centralbedfordshire.org.uk

t: 0300 303 8554
e: info@healthwatch-centralbedfordshire.org.uk