

Enter and View Report

location of visit	The Hawthornes Care home Mill Lane, Birkenshaw, Bradford, BD11 2AP info@hawthornescare.co.uk
Service provider	Highgate care
Date and time	Thursday 3 rd July 2025, 1pm – 4pm
Authorised Representatives	Katherine Sharp, Mary Simpson, Deborah Neary
Contact details	Healthwatch Kirklees Tel: 01924 450379 Email: info@healthwatchkirklees.co.uk



Acknowledgements

Thank you to all the residents, visitors, relatives and staff at The Hawthornes Care Home, who spent time talking to us about their experiences of using the services or working there. Thank you to Jo, for helping us to arrange our visit and for talking to us about how the service operates and taking the time to show us around the home.

Disclaimer –Please note: This report relates only to a specific visit and the report is not representative of all service users and staff, only those who contributed within the limited time available.

What is Enter and View?

Enter and View is a visit to a health or social care setting by Authorised Representatives of Healthwatch Kirklees and Healthwatch Calderdale as a means of gathering evidence of people's experiences. Enter and View is one of the many tools used by Healthwatch to gather opinion. The visits are not a formal inspection or part of an investigation.

Healthwatch Kirklees and Healthwatch Calderdale have a right to carry out Enter & View visits under the Health and Social Care Act 2012.

Enter and View visits give service users, visitors, carers and staff the opportunity to speak to an independent organisation about their experiences of health and social care services. They may talk to us about things which they feel could be improved, but we also want to find examples of good practice so that we can recognise and promote things that are working well.

The visits may focus on a single issue across multiple settings, respond to local intelligence about a particular setting, explore an area we haven't visited before, or be carried out at the request of a service to better understand how it operates.

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The service

The Hawthornes care home is a purpose-built, two-story building in Birkenshaw, offering residential and dementia care for 40 residents. It has a secure garden area and small car park.

Why did we visit

We wanted to hear from people living, visiting and working at the home, about their day-to-day experiences. This visit was a supportive, planned visit as social care is a priority area in our current work plan.

Staffing and resident numbers

On the day of our visit there were 37 residents living at The Hawthornes care home. Staff members included 6 care staff, 2 kitchen staff, administrator, the manager and senior regional manager.

What we did

We carried out a pre-arranged visit lasting just over 3 hours. The visit was informal, and we used prompt sheets with questions about safety, independence, choice, dignity, food, dining and activities. It was hoped that this unstructured method of speaking to individuals would result in free-flowing discussions about their experiences of the home. We also used our senses to note our impressions of the home (the '5 senses' approach). We spoke to as many residents, visitors and staff as we could on the day. A survey was offered to staff via a link and QR code and additional staff information bags with our details were left. Visitor information bags were left by the signing in book. The survey was available for 1 week after the visit for people to give feedback via the survey link, telephone or email.

Overall impressions

We were warmly welcomed at The Hawthornes care home. After signing in we had a conversation with the manager and regional manager to gather some preliminary information about the home. We were then given a tour of the communal areas with introductions to residents and staff.

The Healthwatch poster displaying our visit was positioned on the front door and in other various areas. The foyer area had a reception desk, and managers office; it was a clean and welcoming area, with tea making facilities and seating. A display of fresh flowers made it an appealing area. Helpful information for visitors was displayed on notice boards with opportunities to provide feedback about the home. The residents and relatives meeting information was prominently advertised here. We noticed the “smile club” information – a place to display positive feedback- and this did make us smile.

Both floors had capacity for 20 single bedrooms, with ensuite facilities, communal dining area and a residents’ lounge. We were told by a resident that some bedrooms on the lower floor had outside garden access. Both lounges had comfortable chairs positioned in small clusters to create social areas, and a large TV. Both floors felt ‘homely’, warm, inviting, and clean with no unpleasant smells or visible signs of hazards.

Lower floor – Information was displayed for residents on what activities were planned for that day and the next. No residents were using the downstairs lounge, at the time of our visit, but this was just after lunchtime. The temperature was warm but not unbearable; one of our team described it as an optimum temperature. Residents seemed comfortable and a resident told us the temperature was comfortable for them. Most of the chairs in the lounge had their cushions ‘upended’ as if they had just been cleaned and were drying. The lighting was dimmer than the dining area; ‘ambient lighting’ maybe. This could have been due to no one using the room at the time of our visit but we felt it wasn’t as welcoming as it could have been. There was a piano/ organ in this room.

The dining room was light and spacious. This area was busy with residents finishing lunch and having some social time together, sat around the tables. We sat and had some enjoyable conversations with them. This room led to a secure garden area with bench seating; we noticed a few residents using this area during our visit. The area was pleasant but needed a little bit of a check-up and clean as fallen berries were scattered on the floor and all over the seating. We noticed that some seats had cushions while others had none, we wondered if extra cushions for comfort were available if needed for residents' comfort.

Upper floor –We visited upstairs later in the day, 2.30pm onwards, and the lounge area on this floor was busier with residents sat watching TV, which was on at a low level, or relaxing in the chairs. Staff were busy helping residents to the toilet or giving medication. The dining room was not in use as it was after lunch.

Along the corridor, resident bedrooms had decorated 'front doors' leading into their private accommodation. Each corridor had a street name, pictures and artwork running along the entire hallway. The bathroom was clean and bright.

Residents' comments about The Hawthornes care home

"It's good living here"

"It's convenient, it's alright and staff nice, they come and chat with me now and again. I am offered drinks and snacks."

"Some lovely residents here"

"Not change anything here"

"It's nice to have your washing and ironing done. The laundry (service) is good".

"I do like the open spaces"

Health and Safety

When we spoke to residents about how safe they felt living at the home, everyone we spoke to said they felt safe living at Hawthornes. Some mentioning it was reassuring for both them and their families that they were living here. *"My family know I'm safe"*. Residents spoke about feeling looked after, safe and comfortable. Four residents told us they would feel comfortable talking to someone if they had a concern. Some residents we approached didn't have the capacity to tell us their views.

All the residents we saw looked well dressed and cared for, although we observed one resident's nails were not clean underneath the nailbed.

Residents told us that they had buzzers in their rooms and bathrooms to call for help or support and that there were bell alarms in lounges and dining rooms for the same purpose. One resident told us they ask for help when needed, two others explained that staff come to the bell in the night if they call. There were a few comments from residents about having to wait for help at times, especially to use the toilet; we observed residents waiting while staff were busy with others during our visit. One resident explained that they didn't mind, but sometimes it is too long! One resident told us how nice it was here at the home and that they feel well looked after. *"We have an emergency cord, and we can pull it – the light flashes and someone will come to help"*. Another resident said they had never needed to call for any help.

The home used bell/ door lock release system on entry and key coded areas for safety measures upstairs, near the steps. Fire and health and safety notices were displayed and there were no obvious signs of wear and tear of furniture or slippery, uneven pathways or surfaces that may lead to trips and falls.

Residents comment on health and safety

"The food hygiene has gone up to 5 stars, it was 4 before, so that is good"

"I feel reassured being here"

"Very happy, couldn't live on own"

"The feeling of safety as always someone here"

"I feel safe and if I need help during the night there's a buzzer and someone comes to help. "

"The staff are all nice, and I feel safe"

"I feel safe, but people do wander around – popping into my room disturbing me sometimes. But they are a nice bunch of people"

Independence, choice and dignity

There were mixed feelings about choices and independence. Many of the residents told us they felt independent and get up and go to bed when they wish. A resident mentioned the bed covers don't get changed as often as they would like. One resident explained that as they don't sleep well, they are left until they wake up and they were happy with this arrangement. Another resident said when they are ready to get up all they do is press the buzzer and they will come in and say *"Morning, are you ready to get up? If you want to get help to get washed and dressed someone will come and help but you can also do it yourself"*. They explained they help where they can by getting themselves dressed. One resident said they would like more physio, for a mobility issue but continue currently with the exercises already given.

Other residents that were less able or needed more support felt they were dependant on the staff for the timings of rising and retiring to bed. One resident explained they get frustrated when they can't do things for themselves, which can sometimes make them grumpy, explaining when

you have been independent it's hard to come to terms with not being able to do things. They said that they understood they [staff] are looking after them, but it was still hard. A resident said they had no concerns about the staff; they found personal care very difficult at first but they've now got used to it.

Residents told us their rooms can be personalised; we noticed this choice with bedding and wallpaper when we spoke to residents who wanted to talk to us in their rooms due to choice or mobility. Each bedroom has a toilet and wash basin. One resident told us they had brought personal things with them to The Hawthornes from their own home.

Some residents told us they enjoy spending time alone in their room, watching TV and they can do this if they wish. A resident said they are able to eat where they want, choosing their meals to be taken in their room while watching TV, saying *"there are food options on the day, every day - but meals are at a set time."* Another resident told us that their sleep pattern affects mealtimes so they have their lunch late.

Bathing was an issue that was raised by residents, explaining they have a weekly bath which is on a certain day. One resident said the day of the week they have a bath depends on which staff are working. A few of the residents explaining they would like more regular baths or a bath when they feel like it. *"I can't always have a bath when I want it, it's on a set day and time and sometimes I can't do it at that time so they can't always fit it in"* A couple of residents told us the bathroom has a machine that lifts you in, but they can't use it on their own.

We noticed residents using the garden area as they wished and two residents were sat at the front of the building as we left, enjoying the warm weather. We noticed that individual's choice to smoke was accommodated. A resident told us they went out as and when they wanted. One resident talked about an upcoming holiday planned with family and another said family come and take them out for the day.

The home's cat, Freddie, was mentioned fondly by residents; one saying they like the cat, he visits sometimes, but he's not always on his best

behaviour. They explained they like cats, but had previously had a dog at home. Another resident has made some changes to the cat visiting at night, as it likes to wake them at 3am to go outside and they are not having that, they said while laughing. It knows now! *"He doesn't come in at night now,- I need my sleep"*. Another saying they are more of a dog person and just stay away from the cat as not bothered about it. One resident talked about their own cat and wished they could have brought it with them. Although most residents who mentioned the cat thought it was okay, one thought that the cat was a nuisance.

One resident talked about how nice it was to get your shopping done; another said family do their clothes shopping. Another resident mentioned that they enjoyed going in the garden and managed this a little last week. One resident said that their faith is important to them, and they have visits from the priest.

Residents' comments on Independence, choice and dignity

"I'm a bit stuck as I need help, so I have to go to bed when they say and get up- I don't like been told"

"The staff know I can do things but will assist me when I need them to – will stay with me when taking tablets if I need them to."

"I am given a choice when I get up and go to bed and I can eat my meals where I choose".

"We can sit outside when we want to and we sat out the other day when it was sunny eating ice pops and chatting."

Socialisation, activities and entertainment

The home has an activities coordinator who works 30 hours per week, and sometimes the occasional weekend. Activities are planned for the week. Signs indicating activities happening were on notice boards, as were

displays with some book reviews. The activity coordinator visited a resident we were with to inform them that the couple of activities planned for the afternoon would be on another day.

Residents told us how they filled their days and what they enjoyed doing at The Hawthornes. Many said they watch TV, read, and that the library made regular book deliveries to the home. Knitting was highlighted as something enjoyable and some residents have just taken this up again, saying that a staff member had helped them to cast on as it was difficult to remember how. Some residents talked about people that had come to the home to entertain such as singers, a dance troupe and some local children. These were deemed enjoyable activities. It had been a resident's birthday recently and they talked about having had a birthday cake and lots of singing. Others mentioned quizzes, puzzles, singing, choir and a band coming in to play at the home. Some residents talked about a fund-raising event last week when they had dressed up and this had been enjoyed.

Many residents said they visit the hairdresser that comes weekly. We observed that residents' hair looked great, as if they had all recently had this done. One resident said that they joined in with the activities and mentioned having their nails done, and their feet cared for. Other residents mentioned a staff member painting their nails and one resident said they were cleaned. Planting seeds which are now in bud and making a clay pot and decorating it with glitter, was mentioned by a resident, which now had pride of place in their room. One resident said they felt included, and the activities break the day up. *"I can't think of anything off hand to improve"*. they said and they said they join in everything that's going on.

A few of the residents mentioned boredom and wanting to do more. When we asked what they would like to do a few ideas were mentioned, such as, going out more, walking in the garden (with support), or to be taken in the wheelchair outside. An outing to the chapel on a Friday was mentioned but, due to staffing, if residents need to be pushed in a wheelchair or supported to walk, they have to take it in turns to go, so it doesn't happen every week which caused some disappointment. Others didn't know what they would fancy doing but talked about travel and reminisced about past hobbies,

like sewing, which were now not possible for them because of their eyesight.

It was lovely to hear many of the residents talk about the friendships they had made at the home, how they enjoy chatting and sitting together for meals, *"we normally all sit together [4 residents nodding] we enjoy chatting together"*. Different residents sitting together after lunch talked about meeting new people at the home also *"these are my friends here, we all sit together"*. They all agreed they are happy for others to sit at the table with them, but they like to be altogether. We noticed that a resident who was not as independent as the rest was sat at the table on their own with no activity after lunch and everyone had moved on to do their own things. We noticed that some residents in their rooms or less able to be independent, especially in the upper lounges, were watching TV. It was good to see that although not as mobile or as vocal as other residents they were not forgotten about as the staff had asked residents in their rooms if they would like to talk to us.

Resident comments about socialisation, activities and entertainment

"I've made some nice friends"

"Boredom here that gets me – not sure what I'd like to do"

"Like sitting in the sun – last week I did that"

"I've made a friend here. She is great" another resident

"I am finding it difficult to take part in all the activities at the moment and lately spending a lot of time in my room. Someone does come in to have a little chat but it's in and out."

A visitor told us they thought the activities coordinator was very good and their family member has gone into the lounge for some things like singing but prefers to watch their TV in their room.

A staff member said they don't see all of what goes on activity wise but what they do see seems really good. One staff member mentioned an

activity plan and that singers come into the home. They then sang the praises of the activities coordinator saying they are really good with the residents, and they [residents] adore her. Two other staff members mentioned that the activities lady did their best, or was really trying, and very busy. From the staff comments you could see this role was appreciated. One staff member went on to say the residents have manicures, do knitting, puzzles, they have chats in rooms and there is a book exchange. One staff member said the activities person does what they can but can't be on both floors at the same time. The lack of trips was mentioned by another staff member. A staff member talked about residents becoming upset and how they make sure they take 2 minutes out of their time to settle and reassure; they can then continue with their work once they are happy again.

Food and drink

Food is cooked in-house; the main meal is at lunch time, 12.30pm, and tea is a smaller meal at 4.30pm. The home has protected mealtimes. A new cook has just started recently. The manager was helping with the teatime meal while we were there and seemed extremely busy. Residents are asked at resident and relative meetings for any changes they may want. They choose their meals on the morning of each day from the menu choices. Residents can eat in the dining room or where they choose. We witnessed a resident eating in their bedroom and felt that this could have been made a more comfortable experience with a raised tray or table.

Residents confirmed during our conversations that staff come and find you in a morning with the menu for the day, there are two choices. One resident said, *"I love salmon, and we give hints on what we would like and sometimes they will do that"*. A resident said they are offered options of something different like a banana sandwich. The lighter tea consists of things like sandwiches or beans on toast. Another resident said, *"a tuna sandwich if we are lucky"*, stating this would be a good choice. Supper is served later. One resident said that they asked for a tray but didn't get one today.

Residents had a lot to say about food at the home and the feedback was mixed. A couple of residents said the food was “good”, three residents saying the food at lunchtime was “not bad” a couple said it’s “alright” or “okay” and a few said the food is “awful”. The problems highlighted were the temperature of the food being not hot enough, cold plates, textures been too difficult to eat, or processed food. Another suggestion was different flavoured ice-cream as this was enjoyed by one resident, “although I like vanilla, chocolate would be nice too”.

The cooked puddings were stated as being delightful by three residents listing their favourites: jam roly-poly, apple crumble, all with custard of course. One resident said, “I would like fish and chips from a proper fish shop”; three other residents agreed that this would be a good option. One resident said as they are short staffed(staff), they do what they can!

Others talked about involvement in the menu choices and wanting more of this; one resident said they had not done this so far. Planning ahead was important for some with meal choices. Time of evening meal was highlighted by three residents as a little early, they said if it could be moved by just 30 minutes to 5pm it would make a difference.

Some staff made comments about the menu and food explaining that it was chicken for lunch and then again for tea, “they don’t enjoy, it needs some improvement”. Another staff member felt that for the price of the care home the food needed improvements; some menu changes would be good and extra snacks for residents. A staff member said, “Food’s not good”. One staff member thought that it was alright, explaining that the food is cooked in-house and if visitors want to dine with residents they could.

A visitor said the menu could be better and thought that the meals were a bit ‘hit and miss’ and there could be more choices. The resident always had plenty of snacks they felt though.

Resident feedback on food and dining

"Meals are okay, they could be better – maybe it's on cards as a new cook"

"Temperature needs improving – I know a lot to serve but needs to be warmer"

"I would prefer it if they could microwave my meal when I'm ready".

"Hotter food would improve it here – food nice"

"Why have chicken covered in breadcrumbs or something – just some nice cooked or roast chicken would be better"

"I don't really like the food but I don't know how much they can change it, not given options to change it."

"Can have what you want"

Visitors to the home

Staff told us there is an open-door policy for visitors and that there is a resident and relative meeting this month where they gather views from the attendees. Residents also said that visitors can come when they want, at any time; they are just asked to be respectful of certain times – one resident said that mealtime are restricted(protected). A resident said when their family member comes, they either go out or sit in the lounge or garden. They explained that it's possible for visitors to arrange to eat with residents given notice; residents can eat where they want.

A visitor told us that they thought the home was welcoming and homely and that the resident was safe and comfortable there. If they had any concerns, which was rarely, they would speak to Jo or Ann if there was anything they needed to raise. They mentioned that there was a newsletter to keep them informed. They mentioned that the resident previously had pets and that pets were allowed to visit. The cat who lived in the home got another mention as a positive.

Visitors feedback

"I am able to come and visit whenever I like. I am kept up to date by staff and a member of my family who is the key person the manager communicates things with"

Health professionals supporting the home

We were told that all the residents at the home are supported by Blackburn Road surgery for GP access, and this works well. A resident also confirmed that they can see a doctor (GP) when needed. They work well with care home support and Urgent Community Response (UCR).

Other services that visit are opticians for eye care and a chiropodist/podiatrist(foot care). One resident said they would like more visits about their foot care due to a health condition and said that before coming to The Hawthornes, the visits were much more regular. Specsavers come to support with resident ear care.

Some services take more time to access; for example, to access dentistry there is a long wait through the Locala service. There is around 20 weeks' wait for Speech and Language Therapy (SALT) team, who provides support and treatment for individuals with communication and swallowing difficulties. There had been a three month wait for a resident to obtain a Zimmer frame. Staff have to use judgement to act in best interests of the residents. They are very good at supporting with problems as they arise. A resident informed us that a staff member had encouraged them to see a doctor about an issue they felt needed investigating and they are glad they had as it's now been sorted.

Staff at The Hawthornes care home

There was a staff noticeboard on display in the entrance of the care home that had photos of current staff with their name and job title displayed. There did appear to be gaps.

The staff seemed a little stretched and were busy while we were there.

Residents mentioned them being kind but not having enough time to have a chat. We observed staff being friendly and kind when speaking to residents and seemed to know them well, calling them by their chosen name. A staff member who was giving medication to a resident didn't explain what they were doing to the resident. The resident asked "are these

for me?”. We felt this interaction would have been better if the staff member had said something like, “Hi ****, here is your medication, would you be able to take this for me?”. Other than this, the interaction was friendly, warm and positive, and the staff member waited to check the medication was taken. We also observed several positive interactions with staff and residents whilst they were escorting them to the toilet, hoisting them and serving them drinks and beverages. The staff were helpful, smiling, warm and friendly and ensured dignity and respect was maintained throughout the interactions. One of the staff was chatting, smiling and offering options of drinks with residents’ snack. We didn’t see a lot of activities happening while we were there and staff seemed quite busy.

One resident told us that staff were “*very good*”, the majority said “*good*”, “*nice*” or “*okay*”. Many residents commented on how busy they were and that they felt more staff were needed. A couple of residents said it was difficult to remember staff names.

Residents commented on the use of agency staff and different faces, one resident explaining that they didn’t like new people doing their personal care “*you need to feel you know them*”. Another resident said that it would help to have more consistent staffing; although they are familiar with regular staff and some staff who are from an agency, there are times that they have not seen the staff member before, and they didn’t feel comfortable. A resident commented that regular staff were kind and chatty with some time to talk, but it is normally when doing other jobs for them, “*it would be nice to sit a little longer*” (to chat). A resident said they wished the staff had more time to spend with them; they thought staffing was too low – but everyone was always kind. One resident said they felt they could raise any issues with the staff. The manager said they had work experience students in the past and although they can’t help with personal care they can sit and chat to residents.

We asked staff what it was like to work at the home. Many staff told us that they enjoyed working at the home, and it felt a safe place to work. One said it was safe, mostly. Staff levels were mentioned, and the use of agency staff

during sickness, who were both “good and bad”. They try to use the same staff they have on the bank, if they can, as they know how the home runs. One staff member mentioned a high turnover of staff, another staff member said they didn’t know what staff retention was like, *“it will depend on the person how long they stay and work here”* – but there are staff that are long standing and very good, *“It’s not for everyone, but I love it”*. Staff work two days on each floor giving them time to get to know all residents. There were comments from staff about not having enough time to talk to residents as they wish or fitting it in between jobs. A staff member told us they prefer working upstairs as there is much more to do and they like to be busy. Good communication between staff was highlighted and how a staff member had fitted straight into the home, and that the job was enjoyable.

A couple of staff mentioned that they would be happy with a family member living here or a family member had done so in the past, and they wanted to give something back, that’s why they decided to work here.

A few staff talked about the manager being very hands on and getting involved when needed and in any area needed, from kitchen to resident areas. One staff member said the manager is really trying. Staff said they knew where and how to report, any problem or concerns. One staff member said that seniors checking in with them to check they’re okay was good. A staff member talked about fundraising for the home.

Residents’ comments on staff members

“Can ask for help there is a wait sometimes – maybe more staff needed”

“I wish there were more staff as the carers/staff are busy. They would then have more time to talk”

“When you are older, I would prefer the people that are caring for me to know me. It’s not easy when you have always been independent asking for help”.

“They are busy (staff) and do what they can. You have to push to ask to be taken into the garden.”

“Staff when not too busy will come but they are sometimes too busy answering buzzers – but overall pretty good. I know the staff but can’t remember all the names”

Visitors' comments about staffing at Hawthorne

"Communication is good I don't have any concerns, and I know the staff well"

Staff comments about working at The Hawthornes

"It's a good team"

"There's not enough time to talk to residents – more staff would help with this"

"My mum would come here"

"Overall, I would like to say I think the residents are happy, some can be a little impatient but if you explain it to them, they are fine"

"no changes it's perfect"

"When I have 5 minutes spare time, I tend to go into the dining room to have a natter with the residents," this makes my day."

"The home is friendly we work together, positive environment, chatty staff"

When we asked staff how many stars, they would rate the home out of 5. One staff member said they would rate the care home 3 stars out of 5 stars, two said 4 stars and two staff said they felt it was 5 stars out of 5 stars.

Conclusion

We enjoyed speaking with everyone living, visiting, and working at the home and hearing their views. It was clear to us that the senior staff team are open to feedback and keen to make improvements where needed.

It was encouraging to hear about the positive friendships and connections residents have built at The Hawthornes, and their enjoyment of living there. We were also pleased to see that most residents' choices are respected, such as spending time in the lounge or their own rooms, and choosing where to eat.

Some residents with reduced mobility told us they find it more difficult to get support to make certain choices. Issues such as bathing arrangements and waiting times for buzzers were highlighted as areas they would like to see improved. Staffing levels and the use of agency staff were also raised as points for consideration by some residents and staff.

The food and dining experience were key topics for both residents and staff. With a new cook now in place, and with this feedback shared, there is hope that improvements can be made quickly. Several residents mentioned they would really enjoy a fish and chip supper from a 'proper' fish and chip shop. It was encouraging to hear that issues like this are due to be discussed at the upcoming residents' and relatives' meeting.

It was great to hear about the activities residents are enjoying and getting involved with at the home. However, several residents told us they are still struggling with boredom and would like more interaction with staff or opportunities for outside visits. With some small changes and responsiveness to feedback, The Hawthornes is well-positioned to further enhance the quality of life for its residents.

Recommendations

Recommendations	Managers comments
<p>Food and Dining</p> <p>We recommend involving residents more in planning menus and setting dining times, to ensure their preferences and routines are taken into account.</p>	<p>The manager explained that times and menu choices would be discussed in the residents' and relatives' meeting. To speak about more shared planning for residents to make choices in future menus and discuss option to switch to a light meal at lunch time and main meal at evening dinner.</p>
<p>Staffing and workloads</p> <p>We recommend reviewing staffing levels and workloads to ensure there is enough capacity during busy periods to reduce waiting times for assistance and to provide more opportunities for meaningful interaction with residents.</p>	
<p>Resident interaction and social time</p> <p>We recommend allocating time for staff to engage socially with residents, or exploring volunteer support to enhance interaction. Consider working with local colleges or universities to involve health and social care students in supporting residents with activities and companionship.</p>	
<p>Response time and call bells</p>	

Recommendations	Managers comments
We recommend reviewing response times to call bells, particularly for residents' toileting needs, and discussing this openly with residents. Gathering anonymous feedback (e.g., via a suggestion box or poll) may provide further insight.	
Activities and outdoor access We recommend offering more tailored activities and outings for residents with limited mobility or those living on upper floors, to ensure they can fully participate and enjoy outdoor spaces.	
Bathing routines We recommend discussing bathing routines individually with residents, recording their preferences, and accommodating these wherever possible to support personal choice and dignity.	
Staff identification We recommend providing staff name badges or stickers to make it easier for residents and visitors to remember staff names and roles.	