healthwatch South Gloucestershire

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Enter and View

Edgecumbe Lodge Care Home

20th May 2026

Neighbourhood health and wellbeing insights – July 2026

Contents

Introduction

Details of visit

Name of home	Edgecumbe Lodge Care Home
Service provider	Serenity Homes Ltd
Date and time	20th May 2026, 10am-12:30pm
Authorised representatives (referred to in this document as ARs)	Jacqui Reeves, Catherine Szewcyk, Melanie Cooper, Pat Turton Sian John was a volunteer observer

Acknowledgements

Healthwatch BNSSG 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. We would also like to thank the volunteer Authorised Representatives for their time before, during and after the visit.

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.

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.

Background

We visited Edgecumbe Lodge to observe how the facility operates and identify how Edgecumbe Lodge maintains a safe and supportive environment for residents by collecting feedback from residents, families and staff.

After researching care homes in South Gloucestershire, we felt that Edgecumbe Lodge would benefit from an Enter and View visit. The care home has a CQC score of good for being effective, caring and responsive but requires improvement for safeguarding and being well led.
https://www.cqc.org.uk/location/1-459440516/reports/AP18964/overall

- The home cares for people with dementia and for adults over 65.
- The home has nineteen occupied beds; 17 of these are public funded.
- The manager has been in post for two years, although has worked at Edgecumbe Lodge for many years.

Overall summary

We were a team of four authorised representatives (ARs) and one volunteer observer. We arrived at Edgecumbe Lodge at 9:30am and were greeted by the manager and other members of staff, we were offered refreshments while we organised ourselves. First impressions gave a friendly, vibrant and homely feeling, along with professionalism and a sense of organisation.

- The home is family ran by Serenity Homes Ltd which has two homes; Edgecumbe Lodge and Gnoll Nursing Home in Port Talbot.
- There are 12 staff members who have all been working with the home for many years, the home does not use agency staff which give it staff continuity of care.
- Overall, there was a very positive response to care and safety from both residents and family and friends.
- Residents, family and friends said that staff are respectful and responsive to their needs.
- There were positive views on the food that is home cooked every day.
- Some mixed experiences and concerns relating to choice, activities and daily engagement.

What we did

- We informed Edgecumbe Lodge that we would be conducting an Enter and View with the date and time, we also developed posters that were displayed and added to their newsletter to inform relatives and friends. Family members who could not attend on the day were invited to speak to us at a later date by telephone or online.
- We arrived at 9:30am and conducted the observations and questions from 10am-12:30pm.
- Two ARs 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. The prompts and questions were in line with Healthwatch national guidelines on dementia friendly care home Enter and View questions, additionally, the ARs had experience of engaging with people with dementia

and also spent time observing routine activity. The ARs recorded the conversations and observations via hand-written notes.

- Residents were approached and asked if they would be willing to discuss their experiences. It was made clear to residents that they could withdraw from the conversation at any time.
- Another two ARs and one volunteer observer used a semi structured conversation approach in meeting management and staff. The ARs also observed care plans and a database that records daily resident notes on medication, sleep, food, activities and wellbeing.
- A total of 6 residents and 2 family members took part in the conversation.
- A further 9 family members were spoken to in the week following the visit.
- A total of 7 management and staff members also took part in the conversation.

In respect of demographics:

- 3 residents are male, 3 residents are female
- Residents are aged between 67 and 97
- 5 residents are White British, one resident is Afro-Caribbean

Summary of findings

Premises

- Edgecumbe Lodge care home is not a custom-built building. It is an old building that was adapted into a care home in 2004. The home is within a quiet residential neighbourhood.
- There are steps leading to the front door. Access is admitted by a bell and a staff member; visitors need to sign in and out.
- The home has three floors; basement, ground and first floor. There are stairs and a lift.
- There is a conservatory on the ground floor overlooking the garden. The basement leads onto the large garden with patio, grass and established trees surround it. They are in the process of building a beach area for residents to sit out.

- Residents and family members stated the ease of getting around. Bedrooms are colour enhanced to help residents identify their bedrooms. Pictures adorned the walls and a large notice board displayed news and activities.
- It was noted a few times that lack of space meant there was not a family room to enable private conversations. The only private space was the resident's bedrooms.
- Family members stated they feel welcomed and comfortable when they come to visit. They are also able to visit whenever they want to, day and night.
- The dining room was very welcoming, with tables laid out in preparation for lunch. The menu was appropriate and sounded tasty.
- There was evidence of Dementia friendly décor and signage.
- Although residents felt comfortable, it did feel hot and a number of family members stated the conservatory was very hot in the summer and very cold in the winter.
- The home felt very homely, residents and family members stated that they felt they were in their own home. The bedrooms could be personalised, and the staff did not wear uniforms which made it feel more friendly. There were a couple of comments that some bedrooms were quite dark and always had to have a light on.

"The staff are like family members are treat my Mum like family"

- Overall, it felt clean and well maintained given it being an old building, there were no lingering smells and all residents were clean and dressed with brushed hair.

Staff interaction and quality of care

- Overall residents stated that they felt safe and were treated with respect and dignity. We observed staff members engaging with residents in a respectful encouraging manner.

"I cannot express the amazing job the staff do, they go above and beyond"

- We saw evidence on the notice board of celebration faith days. None of the residents we spoke to had a faith.
- It was mentioned many times by residents and family members that the home felt like their own home and staff felt like family members.

"She has lived in a few care homes, this is the happiest she has ever been."

- Residents are able to go to bed when they want to and get up when they want to, we heard a staff discussion about a resident that was watching TV until 2am.

- Meals are cooked from scratch by the cook that has worked there for 17 years. Residents and family members praised the food. Fresh fruit was available at all times. A family member asked whether the fruit could be cut up to be more enticing.
- We observed staff supporting residents to be more mobile, to move around and one resident to be hoisted in and out of a chair.
- As far as possible, it seemed residents were involved in creating their own care plans. All the family members we spoke to stated they were involved in developing the residents care plans. Some mentioned they had not seen them in a while but were aware of them.
- When speaking to management it was stated that they partner with social services, have a third party whistleblowing service and when we spoke to family members they stated that any issues were acted on immediately. They also have a coffee afternoon each month for families to express any concerns.
- If external medical care is needed, the home organises a GP or district nurse to visit. It was mentioned that a family member took a resident to a dental appointment with a representative from the home for support.
- Two years ago the home invested in PCS (Person Centred Software), which prompts specific notes and in-depth descriptions of residents. All the staff use tablets to document daily activities of residents including fluid watch, bowel watch and mood emoji's for quick intervention if needed.
- The system creates alerts if there is a change. For example, weight loss, or reduced food intake so supplements can be prescribed.

Care of staff and training

- We saw evidence of training programmes for staff and the manager stated how important this was. The training was either online or undertaken with Sirona and Care Skills Academy. They have partnered with several organisations and offer apprentice student places.
- Training such as skin integrity and pressure sore prevention was discussed. Management highlighted that no-one in the home currently has pressure sores. The manager did state that some improvements to body mapping were needed by some staff and was implementing training.
- The staff were very aware of looking for non-verbal signals of pain. They also know their residents very well, so they said they are attuned to changes. They use the ABBEY pain scale.

- The home has engaged with Employment Law for advice, and have a health and safety contract, they also offer sponsorship for overseas employees. There is a strong focus on equality and diversity within the staff team.
- Staff wellbeing is highly considered. EAP (Employee Assistance Program) is in place for support or counselling if needed for staff where they are offered up to 10 sessions.
- The staff have regular 1:1 meetings following appraisals to meet goals, and allow self-assessment of performance.
- Management have had to liaise with the police when international employees have found it difficult to speak up about racist abuse that has occurred outside the care home.
- They have a confidential line for whistle blowing so any member of staff can report concerns confidentially.
- They highlighted a culture of continuous improvement, emphasising accountability, transparency that they use as a framework to discuss any issues with staff.

Social engagement and activities

- We observed an activity notice board outlining what was taking place during the week. Family members spoke about the residents being encouraged to take part in activities and engage as much as possible.
- Activities included games such as a music quiz, bean bag toss and Euro vision. We observed the home is due to take part in International Bee Day, flower arrangement and a nail bar was on offer.
- We mentioned mixed response to activities due to some residents not wishing to take part in activities due to their dementia and not due to the activities on offer.
- Therapy dogs visit twice a week and the home has a pet tortoise who is eight years old.
- Full time Health and wellbeing staff organise the activities and monitor engagement for the residents.
- Family members are invited to activity days and celebration days, these include birthday parties summer parties Christmas etc.
- Management and family members spoke to us about weekly and monthly forums and meetings.

Dining experience

- A neatly set dining room ready for lunch was observed and the food being cooked smelt enticing.
- Residents said they can choose where to sit and who with. Family members are invited to lunch and dinner if they are there at the time.
- We were told by staff and residents there is a choice of meals and they can choose what meal they would like the day before. If they decide they do not want the meal, they are offered something else.
- There is a cook onsite who cooks from scratch. The cook has worked for the home for 17 years.
- We were told that the menu's change regularly, it was mentioned the change was too slow for one resident.
- Family members stated that soft food is available if needed and support with eating is done by staff members.
- It was noted that resident preferences and dietary requirements were met. Fresh fruit was increased after a request. One resident likes fresh fruit for breakfast.
- We were told by residents that meals can be delivered to rooms if needed, some residents have specialist chairs and are hoisted to enable eating. We witnessed a spillage that was cleaned up immediately and the resident taken to change clothes.
- Water, tea and coffee with snacks are available all the time. It was mentioned there are too many snacks on offer.

Choice

- Residents and family members spoke about their autonomy, although residents are encouraged by staff on various aspects of their day, they do not have to do something if they do not want to.
- We witnessed and heard from family and residents that the staff really know the residents and can easily spot and record if residents are not feeling themselves.
- Residents can choose what clothes to wear. They have a choice of shower or bath. Family members commented on how well dressed and presented residents were which we also observed. There were no unpleasant smells present in the home.

- When asked, residents said they do have a say who provides personal care (gender matching), staff always knock on their door before entering and ask permission before doing anything.
- We witnessed a notice board with the title “You said, we did” and family members commented on suggestions that had been raised and changes made, for instance more fresh fruit on offer.
- We observed a friendly, happy environment for staff and residents, the home felt comfortable and clean. It has been commented by family members that lack of space can sometimes be an issue when there are a lot of family members visiting and this is something we noticed too

Recommendations

We would like to recommend the following and are happy to discuss anything further with Edgecumbe Lodge if necessary:

- Recognising space is an issue, management should consider ways of making private space available for families to speak about private matters away from residents' bedrooms.
- We would recommend using daylight bulbs in dark bedrooms. There is evidence daylight bulbs improve mood, boost cognitive performance, and reduce eye strain.
- Regulate temperature especially in the conservatory.
- Send the Annual care plan reviews to family members, even if there is no change.

Provider response

Elaine Sardar-Dean, Nominated Individual (Edgecumbe Lodge), Director of Legal & Compliance (Serenity Homes Ltd)

Thank you for sharing the draft Enter & View report following your visit to Edgecumbe Lodge Care Home on 20 May 2026.

We would like to express our sincere appreciation to the Authorised Representatives for the professional, constructive and balanced approach taken

throughout the visit. We are particularly pleased that the report recognises the compassionate culture within our home, the commitment of our staff, and the positive experiences shared by residents and their families.

At Serenity Homes, we value external feedback as an important part of our quality assurance and continuous improvement processes. We welcome the recommendations made within the report and have considered each one carefully. Please find below our response.

Recommendation 1 – Availability of Private Space

We acknowledge the observation regarding the availability of private space. As Edgecumbe Lodge is a converted residential property, communal space is naturally more limited than in purpose-built care homes.

We would like to provide some context regarding the day of the Enter & View visit. At the request of the Healthwatch team, we had invited relatives and staff members to attend the home to provide feedback and participate in discussions. In addition, gas engineers were on site undertaking urgent repair works. This resulted in an unusually high number of people being present within the home.

On a day-to-day basis, families regularly make use of the conservatory for private conversations and, during suitable weather, we are pleased to offer the garden as an alternative setting. Going forward, staff will proactively ask visitors whether they require a private space and make suitable arrangements wherever possible to ensure confidential conversations can take place comfortably and respectfully.

Recommendation 2 – Lighting in Bedrooms

We acknowledge the observation regarding lighting within some of our ground floor bedrooms. As a converted residential property, some rooms naturally receive less external daylight than others.

We have previously invested in adjustable daylight LED lighting, controlled by remote controls, to improve residents' comfort and wellbeing. Following the Enter & View visit, we reviewed these rooms and identified that some of the remote controls were no longer available. Replacing these has now been added to our maintenance priority list to ensure residents can continue to benefit from the enhanced lighting provided.

Recommendation 3 – Temperature Regulation in the Conservatory

We acknowledge the comments regarding the temperature within the conservatory during periods of warm weather. The home has portable fans and an air cooler available. On the day of the visit, these had been relocated to the communal lounges due to the unusually high number of residents, visitors, staff

and contractors present, ensuring that the areas where most residents were spending their time remained comfortable.

During periods of particularly hot weather, residents generally choose to spend time in the cooler communal lounges rather than the conservatory, which benefits from significant natural light and can become very warm during the middle of the day. Staff actively support residents to choose the environment where they feel most comfortable.

Following the recent period of extreme weather, we have invested in additional cooling equipment to further improve comfort throughout the home and will continue to monitor temperatures across all communal areas to ensure residents remain safe and comfortable.

Recommendation 4 – Care Plan Reviews and Family Involvement

We acknowledge the recommendation regarding care plan reviews and family involvement.

Families and representatives are already encouraged to meet with the management and care team to discuss care plans, risk assessments and any changes to residents' needs. Following this recommendation, we will introduce a structured programme of quarterly care plan review meetings, proactively inviting families to participate in reviewing care plans and risk assessments alongside the care team.

In addition, we have recently invested in the PCS Family ResHub, which is currently being implemented. This secure online portal will enable authorised family members to access care plans, risk assessments and key care information remotely, as well as acknowledge and sign relevant documentation electronically. We anticipate introducing this system by the end of the year, further strengthening transparency, communication and partnership working with families.

Once again, we would like to thank Healthwatch BNSSG for undertaking the Enter & View visit and for recognising the many positive aspects of life at Edgecumbe Lodge. We remain committed to listening to feedback, working collaboratively with residents and their families, and continually improving the quality of care and support we provide.

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