

Enter and View

Market Lavington Care Home

21st April 2026

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Introduction

Details of visit

Name of home	Market Lavington Care Home
Service provider	HC-One
Date and time	21.4.2026 10.30am-1.30pm
Authorised representative (s)	Kate Barber Daren Gordon Jo Sollars Tash Thornton

Acknowledgements

Healthwatch Wiltshire would like to thank the service provider, all staff, service users and their families for contributing to this Enter and View visit, notably for their helpfulness, hospitality, and courtesy.

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.

Disclaimer

This report relates to this specific visit to the service, at a particular point in time, and is not representative of all residents/staff, only those who contributed. The visit did not include accessing any records. This report is written by Healthwatch Wiltshire members of staff who are Authorised Representatives using collated feedback and were part of the team that carried out the visit on behalf of Healthwatch Wiltshire.

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 allow authorised Healthwatch 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, opticians, 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.

Purpose of visit

As part of choosing which care home to visit, we liaised with Wiltshire County Council and reviewed available CQC reports. We then contacted the care home, who were pleased to welcome us.

The visit was carried out by four authorised representatives on the 21st April 2026, between the hours of 10.30am and 1.30pm. The team spoke to members of staff, including agency and permanent staff, members of the management team, residents and relatives. Before our visit an information poster was sent to let everyone know we would be coming.

Visit overview

We were met at Market Lavington Care Home by the Registered Manager and Deputy Manager and welcomed into the premises. We discussed our plans for the visit. Only 1 restriction was placed on access of who we could speak to, due to illness.

We were provided with a vacant resident's room to leave our personal belongings and to utilise for our break halfway through the visit. We were offered refreshments and had an incredibly warm welcome. Training was taking place elsewhere in the building meaning a larger space was not available for us.

The Care Home was set up in two separate parts. There was a main building which is known as The Old Vicarage and then another building accessed separately which is called Vicarage Gardens. Within the two blocks there were units upstairs and downstairs. In The Old Vicarage this was split into 21 rooms downstairs currently with 16 residents, this is called Tanner. Upstairs was a further 26 rooms with 21 residents and this is called Nightingale. Over in Vicarage Gardens they had Townsend downstairs with 14 rooms and currently 12 residents (this is their dementia unit) and upstairs is Seacole with 18 rooms and currently only 2 residents.

We worked in pairs for the Enter and View visit to cover the different buildings. One pair went into Vicarage Gardens and the other stayed in The Old Vicarage. We were given an initial tour of some of the communal areas, and shown some sample, vacant rooms. We were then able to walk around unrestricted to speak to residents, staff and relatives.

Both pairs spent time speaking to staff and undertaking general observations. One pair spoke to the manager and Activities Coordinator. We had a brief break after an hour and then stayed within The Old Vicarage and split ourselves over the two floors, Nightingale and Tanner. Each pair continued to make observations and speak to other staff, relatives and residents.

At the end of the visit the team briefly met to share initial findings. These were then communicated with the Manager, and a timescale was agreed to get an initial report drafted.

Key findings

The following are our key findings from the visit and should be considered alongside the further information provided later in the report.

The home felt calm and welcoming.

The Healthwatch Wiltshire team was warmly welcomed into the home by the manager and deputy manager.

All staff were very happy to see us, engaged and visible across the care home.

Staff seemed to know the residents and the importance of dignity came through strongly in their practices.

Essential works were being carried out, with scaffolding being removed whilst we were there – it seemed minimally disruptive to staff and residents.

Residents were encouraged to have a personalised name tag near or on their door. Some related to past hobbies or photos of themselves. Others chose a photo of the front of the care home itself – which is a notably attractive building. Other personal items were encouraged, including residents' own furniture, ornaments, photographs and pictures on walls (although the pictures provided all seemed lovely to look at).

Most residents kept their doors open – this was by choice.

Areas visited were clean and tidy, unless they were undergoing daily cleaning. Décor was light and modern – rooms are all redecorated and deep cleaned between residents.

Noticeboards around with various information on them – some had photos of past events, whilst others had company values but this was a little unclear until we did some further research on their website.

There are gardens/patio space visible from some rooms in the home. Some residents need support to access the gardens safely but were keen to be helped outside if this could be made possible – some weeding and general maintenance is needed.

Everyone had access to water in an appropriate cup (with lids if needed) for the resident.

No bedrails are used – beds can be lowered right to the floor, and crashmats are used to keep residents safe from harm.

Summary of findings

Overview

Market Lavington Care Home (Location ID 1-3115721618) is registered with the CQC as a nursing home in Wiltshire. It provides care for adults, primarily aged over 65, including people living with dementia and physical disabilities.

The home is registered to provide accommodation for persons requiring nursing or personal care and treatment of disease, disorder or injury. Ms Anna Gretchen Selby is the registered provider, and Mrs Anitha Babu Jisson is the registered manager.

The site itself is just off the High Street; it is signposted but set back from the road. The main building is that of an old vicarage – according to some historical research, the home guard may also have been stationed there for a time.

The Old Vicarage appeared to be in very good order, with clean, fresh décor that looked recently updated.

The newer section of the home, Vicarage Gardens, was similarly well presented, with the same high standard of clean, modern décor. Staff were attentive and extremely friendly whenever we met them. The Care Home Manager personally guided us through each level of the building, providing a full tour, and all areas felt clean, modern, and well maintained.

We were also introduced to the Activities Coordinator, who talked through the planned events and upcoming activities for residents. A variety of activities are offered, ranging from arts and crafts to exercise classes and social events, all designed to promote physical, emotional, and social wellbeing.

Despite the central location in the heart of Market Lavington, the home seemed peaceful and quiet at the time when we visited – even with work being carried out on a roof. There is car parking both to the front and rear of the building, but this does not cause noise or disruption.

There was a clear staff area tucked into one corner of the car park where there were spaces to sit.

Manager

We held a comprehensive discussion with the Registered Manager, during which the following key points were identified:

Medication administration is carried out by Senior Care Assistants and Registered General Nurses (RGNs). The Care Manager is also a qualified RGN.

The onboarding process can take up to two months and includes a structured induction programme followed by a probationary period. Staff who have been employed for three years are offered the opportunity to undertake further qualifications to continue their personal development.

Transport links to Market Lavington are inconsistent, which presents challenges in recruiting and retaining staff due to difficulties travelling to and from the care home. In response, the service has introduced a minibuss to support staff transport and has raised these concerns with the local Member of Parliament to advocate for improvements.

A transition to a new digital care planning system took place between June and July 2025. This represented a significant adjustment for staff, particularly those less familiar with digital technology. The system, Nourish, is now fully embedded, with all staff using mobile devices to record care delivery and handovers in real time. The platform includes live recording functionality and colour-coded alerts to prompt required actions and updates.

Premises

We entered the home via a door which was situated by the main offices. This was in The Old Vicarage building. There was a wide staircase leading up to the first floor, where there is visitor seating and photographs on the wall. There is a second entrance point further along the building, presumably the entrance used as a main entrance – at the time of visit this was not in use due to work being carried out. There is a lift that could be used with an access code. Some of the doors also had codes on to keep residents safe.

Most of the home was bright and airy – there were a few rooms located at the back of the property that may have seemed darker than others due to the trees surrounding the building.

Hallways were decorated to a modern standard. Occasional slight scrapes to the paintwork, possibly from moving equipment around the sometimes narrow hallways. The corridors were clear of hazards and there were linen bins at strategic points meaning laundry is contained.

In The Old Vicarage building there was a large board that drew attention to the updated decor and information about the home (presumably for prospective families) There was a screen that looked like it was for people to leave feedback, but this was either not working or not switched on.

A bright and airy dining room was situated on the 1st floor, this was being cleaned as we were shown around. There was also a dining room and communal space

on the ground floor and another dining space within the Vicarage Garden building.

The Old Vicarage building also housed the offices, kitchen and the onsite hairdressers which was available once a week as well as dining rooms and communal spaces on each floor.

Upon one of the noticeboards was reference to 4 C's – which, once researched, became apparent that they were values of HC-One care homes:

- **Curious** – and seek to understand as much as we can.
- **Compassionate**, walking in the shoes of others so we know how best to support them.
- **Creative**, and use our imagination to make things happen, Courageous, in supporting people to live the life they want.
- **Counted on and** will always look for ways to be there.

(These were taken from their website – this is consistent with other HC-One care home websites.)

The grounds seemed mainly concrete with raised beds dotted around. There were chairs and tables out on patios and outside some of the ground floor rooms, and we also saw bird feeders. Residents said that they like seeing the birds and even talked about some of them nesting.

There were no lingering or strong odours in the home, apart from the smell of food being prepared around the kitchen area.

Social engagement and activities

The following information was given to us by the Activities Coordinator for Market Lavington Care Home.

- There are daily scheduled activities, some are for groups and some are 1-2-1 activities – These didn't seem to be on any notice boards around the home, one pair of representatives didn't see the current activity rota at all.
- The care company that manages the home, HC-One, has theme days, so they try to align with them which creates some consistency.
- Staff and Carers can have input into the activity programme – someone suggested metal detecting, so they are giving it a go. A resident also set up a bridge club, all ideas are welcomed.
- Getting full participation in some activities is hard, potentially because there are no reminders of what is going on or photos of previous similar sessions to encourage uptake.

- Previously a request was put out on social media for anyone going on holiday to send residents a postcard. A large volume was received, and it was decided that that campaign would run again this summer.
- They occasionally do host visits from time to time – they have previously had a petting zoo, a moving library, a therapy dog and other exciting activities.

Dining experience

There were menus freely available to look at and we did have a chance to pop into the kitchen to say hello but didn't interrupt service as the staff were catering for a training event as well as residents. The kitchen, although hot, seemed clean and tidy and the food smelt delicious.

One resident told us that she had recently started coming out of her room to eat in the dining room – previously she had taken her meals in her room.

Staff demonstrated person-centred mealtime support by offering residents a clear, visual choice at lunchtime. Two meal options were presented plated and covered, allowing residents to see the meals before selecting.

The food we saw looked and smelt appetising, most were very complimentary of the food, although one resident did say they found the food bland.

Choice

Residents seemed to have as much independence as they wanted. One resident enjoyed being able to get themselves up and dressed, even if it took them a long time. This was incredibly important to them. Another resident told us they were happy to get themselves showered but it was helpful to know that there was someone there to help should they need it.

All the residents we asked said they were allowed to pick what they wore, everyone had suitable drawers/wardrobe for a selection of clothing.

All activities are non-compulsory – residents can choose whether they join in or not.

Food can be picked via a visual choice. Although there are menus around, residents are shown the two meals plated up and they get to pick which one they have.

Residents mostly chose to have their doors open; these were then shut if they were receiving personal care.

Residents' experiences

We spoke with several residents about their experiences of living at the home.

One resident receiving end of life care told us they were able to move around independently but could request support if needed. They chose the home as their partner had previously lived there. The resident described their room as pleasant, with views of trees outside, and told us they felt very content, saying:

"I like it very much."

They had recently begun eating meals in the dining room and were considering joining activities.

Another resident had moved into the home following an increase in their care needs. At the time of our visit, they had significant health needs which limited their mobility, meaning they spent most of their time in their room. They told us that ongoing medical care had continued following their move, which was important to them and helped them feel reassured. They expressed hope that, with the right support, they may be able to access communal spaces and activities in the future. In the meantime, they maintained a sense of connection by keeping their door open and interacting with others as they passed.

We also spoke with a resident who had experienced a serious health event and a prolonged hospital stay. Their mobility had begun to improve, and they had recently moved into the home to continue their recovery. Both the resident and their visitors shared positive feedback about the support being provided and expressed optimism about future accommodation options.

The resident and their family expressed a wish for increased independence and more opportunities to participate in day-to-day activities. Family members also raised a concern regarding the upkeep of the garden, noting the presence of weeds. While they understood there were restrictions on the use of weed killer, they suggested that manual maintenance could help to improve the outdoor environment.

Take aways from what we heard on the day:

- Residents generally felt positive about the care and support provided.
- Ongoing medical support and continuity of care were important in helping residents feel reassured.
- Some residents would like more opportunities to regain independence and take part in everyday activities.
- The environment, including outdoor spaces, was important to residents and their families and could be further enhanced.

Recommendations

Enter and View visits are carried out to gather the views and experiences of people using services, observe care being delivered, and identify what is working well and where improvements could be made from the perspective of people receiving care.

Healthwatch recommendations are not enforcement actions; they are shared to support services in reflecting on feedback and to encourage collaboration and continuous improvement. We would like the management to consider the following recommendations based on our findings from the visit:

- Ensure feedback mechanisms, including the visitor feedback screen, are on/working and accessible so that visitors can easily share their views.
- Ensure key information, including activities, events and important messages, is clearly displayed, up to date, and easy for residents and visitors to read and understand.
- Ensure activity schedules are visible across different areas of the home and presented in a way that supports residents to be aware of and take part in activities.
- Explore ways to increase awareness and engagement in the activity programme, particularly where participation is currently lower, to ensure opportunities are accessible and appealing to a wide range of residents.
- Continue the strong person-centred approach observed, particularly in promoting dignity, independence, and positive relationships between staff and residents.
- Improve and maintain the outdoor environment, including general tidying and exploring how access to the garden can be made easier and more flexible for residents who wish to spend time outside.

Service provider response

Lisa Hunt, Deputy Home Manager

1. The visitor feedback screen has been checked and is not fully operational. We are waiting for this to be investigated. Visitors are also encouraged to provide feedback verbally or through alternative feedback methods if required.
2. Information boards throughout the home have been reviewed and reorganised. Activity timetables, upcoming events, and important notices are now updated regularly and displayed in clear, easy-to-read formats using larger print where appropriate. Staff have been allocated responsibility for ensuring information remains current and accurate.
3. Activity schedules are now displayed in several key areas of the home, including communal lounges, dining areas, and entrance points. Daily reminders are given by staff, and activities are discussed during resident interactions to encourage participation. Individual residents are also supported with personal reminders where needed.
4. The activities team has reviewed resident interests and is introducing a wider variety of activities based on feedback and preferences. One-to-one activities are offered for residents who prefer smaller group settings, and themed events are being planned to increase engagement. Participation levels are monitored, and feedback is gathered regularly to help shape future programmes.
5. Staff continue to provide person-centred care by involving residents in decisions about their daily lives, respecting their choices and preferences, and promoting independence wherever possible. Positive relationships are encouraged through meaningful interactions, and this approach continues to be reinforced through supervision, team meetings, and ongoing training.
6. The outdoor areas have been tidied and included within the home's regular maintenance schedule. Garden furniture and pathways are checked routinely to ensure they are safe and inviting. Staff are actively supporting residents who wish to access the garden, and further options are being explored to make access easier and more flexible, encouraging residents to enjoy the outdoor space more frequently.



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