healthwatch Hertfordshire

Resident Voices in Residential Care Homes

Engagement: November 2025 to March 2026

Published: August 2026

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Contents

Background

This report brings together findings from visits to three care homes in Hertfordshire, undertaken as part of a small pilot project led by Healthwatch Hertfordshire in support of the Strategic Quality Improvement Group (SQIG) workplan. The project aimed to listen to the voices of residents and staff, understand how the Connected Lives[1] model is operating in practice, and provide commissioners and providers with independent insight into everyday life in the care homes we visited.

Conversations were held with residents and staff, and observational notes were taken. The engagement focused on the Connected Lives principles: independence, feeling safe, respected and valued, personal care, relationships, and community connection. All three care homes are registered to offer:

- Accommodation for persons who require nursing or personal care
- Caring for adults over 65 yrs
- Dementia
- Physical disabilities

Two of the care homes also offer:

- Treatment of disease, disorder or injury
- Caring for adults under 65 yrs

For the purposes of this project we spoke with people in the residential care units only.

Care homes (who volunteered to be part of the project) are not identified by name in this report but have received individual feedback reports of our experiences and observations. We would like to thank them for taking the time to show us around their establishments and introducing us to their residents who were very willing to talk about life in their home.

Findings are presented thematically, drawing on evidence from all three settings. The report concludes with approaches for how SQIG could better hear the voice of the resident.

Limitations

The findings are informed by a small number of participants and cannot be described as representative of the broader Hertfordshire care home population. This was intentional in the design of the pilot, and we hope the learnings here can be more broadly applied in further engagement of this kind.

[1] Connected Lives is the person-centred, values-based approach to the provision of social care that is promoted by Hertfordshire County Council.

About Healthwatch Hertfordshire

Healthwatch Hertfordshire represents the views of people in Hertfordshire about health and social care services. We provide an independent voice evidencing patient and public experiences and gathering local intelligence to influence service improvement across the county. We work with those who commission, deliver and regulate health and social care services to ensure the people's voice is heard and champion and enable the work that addresses gaps in service quality and/or provision.

About the Strategic Quality Improvement Group

The Hertfordshire Strategic Quality Improvement Group (SQIG) is a subgroup of the Hertfordshire Safeguarding Adults Board. It aims to deliver a strategic quality improvement approach in line with the Care Act 2014 ensuring a proactive, flexible, innovative, and coordinated attitude to:

- The delivery of the safeguarding adult and quality agendas
- The commissioning of safe and high-quality care homes, Supported Living and Support at home services including permanent, enablement and short breaks services.
- The oversight of privately commissioned care in health, residential and supported living settings and in people's homes.
- **Hearing and actively listening to the voice of adults ensuring these influence and contribute to the commissioning agenda.**

The group works within the framework of the Integrated Care System (ICS) and System Quality Group.

Overall Picture: What we Found

Across all three care homes, we found warm, dedicated environments where residents are treated as individuals and staff demonstrate genuine commitment to their wellbeing. Despite differences in size, layout and ownership model, common themes emerged — both in terms of what homes do well and where opportunities for improvement exist.

All three homes are actively working within person-centred care frameworks. Residents generally report feeling safe, cared for, and respected. Staff retention is strong in each home, enabling the kind of consistent, knowing relationships that are fundamental to high-quality care.

Section 1: How Residents Experience Their Lives

Independence and Choice

Residents across all three homes described the importance of having meaningful choices about their daily lives — when to wake, what to eat, whether to join communal activities or remain in their rooms. This respect for autonomy was a consistent and valued feature.

> *"You got your freedom here; you're not tied up."* — Resident

> *"They do take into account my personal wishes."* — Resident

> *"I like to go out and about when I want."* — Resident

Practical expressions of independence included residents going to local shops independently, managing their own finances and technology, choosing their own clothing and personalising their rooms, and being supported — rather than taken over — by staff when undertaking tasks. In one home, residents who opted out of night-time checks if they wished were fully supported to do so.

Managers across all three homes described how care plans are detailed and actively maintained, capturing individual preferences around waking times, personal care routines, dietary needs, and former hobbies — and these are followed with flexibility as resident's needs change and staff get to know them better. Where residents cannot easily articulate preferences, staff find creative ways to involve them.

Feeling Safe and Cared For

All three homes reported high levels of resident satisfaction with safety and personal care. Residents described staff as 'kind', 'brilliant', 'friendly', and 'exceedingly good'. The physical

environments — though varying in age and layout — were consistently described as warm and homely rather than institutional.

> *"I'm real happy. I'm better off than being in the community."* — Resident

> *"I feel safe and happy."* — Resident

> *"I'm really well looked after. I don't feel strange or anything."* — Resident

End-of-life care was highlighted as a particular strength by one care home manager, where over 90% of residents' wishes about where they wished to die were honoured —reflecting good advance care planning and family communication.

Activities, Meaning and Purpose

Activities are a major contributor to resident wellbeing, and all three homes offer varied and imaginative programmes. Across the settings, activities ranged from arts and crafts, music, bingo, and baking to community trips, intergenerational programmes, sporting events, and faith services.

What was particularly notable was the extent to which activities are tailored to individual histories and interests — a non-verbal resident encouraged to sing in music sessions, a former dancer included in musical events, a sports enthusiast having regular sport conversations with staff.

> *"I love the music here and sing-songs — it's marvellous."* — Resident

> *"She does her best to keep people involved. She's just brilliant at getting everything going."* — Resident, about an activity coordinator

Some residents also described having a sense of purpose through meaningful roles — helping other residents, running a 'shopping service' delivering snacks, laying tables, or participating in community displays of their creative work. This sense of contribution was strongly valued.

> *"It keeps me mentally active."* — Resident, describing their role helping others

> *"I like to help, have good colleagues, and meet their needs."* — Resident

> *''I do art! I painted that picture… and that picture there….''* - *Resident*

Relationships and Social Connection

Relationships — with staff, other residents, and families — are central to quality of life. Strong staff retention in all three homes means residents benefit from consistent, knowing relationships with carers who understand them well.

Friendships between residents were evident in all settings, though residents varied in their interest in socialising. The balance between respecting independence and preventing isolation was a thoughtful tension managed by all three homes. Some residents described being 'friendly but not friends', and a small number mentioned loneliness — particularly those who preferred to remain in their rooms.

> *"Sometimes it gets a bit lonely."* — Resident

> *"I'm never lonely. I didn't even know places like this existed."* — Resident

Family connections are strongly supported across all three homes, with open visiting, family involvement in mealtimes, and proactive communication from managers to relatives — including those living far away.

Community Connection

All three homes actively seek to connect residents with the wider community. Intergenerational programmes, school visits, church services, community trips, and fundraising events all featured. In one home, resident artwork is displayed in local public spaces — doctors' surgeries and galleries — giving residents a tangible sense of community contribution.

Community connection is not just about going out — it is also about bringing the community in. Regular visits from school children, faith leaders, local musicians, and community groups were consistently mentioned as highlights for residents.

> *"I play guitar concerts at local venues with a friend."* — Resident

> *"The school next door visits regularly — residents attend sports days and Christmas concerts."* — Staff

Section 2: What Residents value most

When we asked residents what mattered most to them, consistent themes emerged across all three homes:

What Residents Value	In Their Own Words
Freedom and independence	"You got your freedom here; you're not tied up"
Kind, attentive staff	"The carers are so friendly and they just talk to you"
Feeling safe and secure	"I'm better off than being in the community"
Choice and autonomy	"I like to go out and about when I want"
Food and nutrition	"Food is fantastic — really lovely"
Meaningful activities	" I like how they put everyone's artwork on the walls, that's really cool. "
Memorable Events	"We had a Burns Night celebration with pipers and decorations – so many balloons! Then we'll have St Patrick's Day."
A sense of purpose and stimulation	"It keeps me mentally active"
Community and family connection	"Our lives wouldn't be the same without these places"
Being known as an individual	"My room is my little home"
Safety in end-of-life	"I've been here many years and I've been happy"

Section 3: Examples of Good Practice

Across the three homes, we observed numerous examples of good practice.

Person-Centred Approaches

Pre-Admission Home Visits

- One home conducts pre-admission assessments in residents' own homes before they move in, enabling staff to understand preferences and begin building trust before the transition.
- On arrival day, the entire team — from the café manager to cleaning staff — is briefed so every member of staff knows the new resident's name and can welcome them personally.
- One family member described this as more welcoming than their experience of working 40 years in the hotel industry.

Staff Buddy System

- Every resident is matched with a nominated staff member who knows them well, checks on them regularly, and maintains their wardrobe and toiletries.
- Matching takes into account interests, background, and personality — including mindful pairing to prevent unconscious bias or difficult interactions.
- This system provides continuity and a consistent point of relationship for each resident.

Subtle Independence Promotion

- Staff across all homes use techniques to maintain resident independence — supporting rather than taking over tasks, encouraging movement through gentle exercise, and facilitating self-directed decision-making.

Feedback and Listening

Digital Feedback System

- One home uses a digital reception system that captures feedback from everyone who signs in — residents, families, staff, visitors, and professionals — with tailored questions for each group.
- Negative feedback triggers an immediate email alert to the manager within minutes, enabling rapid response and preventing small issues from escalating.

Chef Engagement and Food Feedback

- Chefs present themselves to residents after mealtimes to receive direct, face-to-face feedback on the food — including specific requests about gravy thickness, mashed potato texture, and meal variety.
- This practice personalises food service and helps residents feel genuinely heard.

Resident-Led Feedback Loops

- Monthly residents' meetings are structured with specific questions to ensure meaningful feedback — not just open-ended conversation.
- Outputs directly influenced decisions: in one home, a resident's wish to visit a nearby lake led to the recruitment of a minibus driver.
- Relatives' meetings run in parallel, with email communications keeping distant family members informed.

Meaning, Purpose and Community

Meaningful Roles for Residents

- Residents are encouraged to take on meaningful roles, where they wish, so that moving into the home feels more like a continuation of their life, identity and interests.
- Residents can enjoy baking and providing cakes for their fellow residents.
- One resident runs a 'shopping service', taking orders from friends for snacks and delivering them.

Community Integration

- Resident artwork displayed in local public spaces (doctors' surgeries, galleries) gives residents a sense of community contribution and pride. External visits often provide the ‘focus’ and ‘inspiration’ for the next art project.
- A primary school visits regularly; residents attend school sports days and Christmas concerts.
- Community lunches, fundraising events, and reciprocal visits with local organisations create two-way relationships.

Inclusive Celebrations

- Seasonal celebrations are planned to include residents at all stages of dementia — Christmas parties where residents with advanced dementia danced and sang.
- A resident who rarely left her room was persuaded to celebrate her 104th birthday in the lounge, attended by the local Mayor and her family.
- Music is recognised across all homes as a powerful connector for residents who are otherwise hard to reach.

Memory Boxes

- A memory box outside the resident’s door containing meaningful personal items, photos, and keepsakes.
- These serve dual purposes: helping residents and visitors identify rooms (particularly helpful for those with dementia), and sparking conversations about residents' lives and histories.

Couples Accommodation

- Multiple homes demonstrated flexibility and commitment to supporting couples — whether by offering shared or separate rooms based on preference, or by facilitating daily contact between partners in different units.
- One home supports a couple in separate specialist units to see each other every day, despite the practical complexity involved.

Section 4: Common Challenges Across the Homes

Alongside significant strengths, we identified recurring challenges across all three settings that merit attention from both providers and commissioners.

Social Isolation

Despite busy activities programmes, some residents — particularly those who prefer to stay in their rooms or who find it difficult to form friendships — experience loneliness. The balance between respecting independence and preventing isolation is an ongoing tension.

Technology Support

Residents increasingly arrive with smartphones, tablets, and computers, yet structured digital inclusion support is largely absent across all three homes. Residents who lose access to devices or struggle with technology can become isolated from family. Informal support from tech-savvy staff is valued but can be inconsistent.

Outdoor Access and Trips

Residents across all three homes enjoy outdoor time and community trips. Cost barriers, staffing requirements, and transport limitations can sometimes restrict frequency. Where transport solutions have been found (such as recruiting a minibus driver), these have been directly driven by resident requests — a positive sign of responsiveness. Creative use of discounts and taking picnic lunches help to reduce costs, as well as fundraising and encouraging families to participate so that more residents can go on the trips.

Transition into Care Home Life

New residents face a significant transition. Not all homes have formalised 'settling in' programmes or buddy approaches for new arrivals. Some residents described that 'getting involved takes effort', and others noted that new residents are not always immediately accepted by existing residents.

Communicating Concerns

Some residents appear reluctant to raise small concerns (often because they don't want to be a burden)— one mentioned an uncomfortable bed but 'put up with it' rather than requesting a change. Despite open-door management policies, some residents do not feel fully empowered to raise concerns or needs in the moment.

Section 5: How the Strategic Quality Improvement Group (SQIG) Could Better Hear and Act on the Voice of the Resident

One of the key purposes of this project was to explore how SQIG could more effectively capture and respond to the resident voice. Based on our visits and conversations, we offer the following suggestions:

1. Use SQIG Meetings to Meaningfully Explore Resident Feedback

SQIG meetings could at times, include a focused session just on what residents are saying. This could bring together information from:

- HCPA (Hertfordshire Care Providers Association who run the Impartial Feedback service) and advocacy groups
- Contract and monitoring visits
- Online feedback like carehome.co.uk
- Feedback collected directly by care homes

Looking at this together could help SQIG see patterns and decide where change is needed. It could also help set a baseline of performance measures.

2. Hold Regular Learning Sessions with Care Home Leads

SQIG could support a twice-yearly learning meeting with care home managers. Each session could focus on a theme that matters to residents, for example:

- Feeling socially connected
- Access to outdoor space
- Privacy, dignity, and choice

Using real examples, photos, and short case studies can help staff see what good quality feels like for residents and enables sharing of good practice and ideas.

3. Share Examples of What Is Working Well

Each SQIG meeting could end with a short example of good practice, showing how a care home supports residents to live well. Over time, SQIG should also encourage:

- Using life stories, regular wellbeing chats, and resident-to-resident feedback

This helps keep the focus on people, not just processes.

4. Spend More Time Listening to Residents

SQIG could support regular, independent visits to care homes that focus on listening to residents. These visits would:

- Sit alongside inspections, not replace them
- Help build trust with residents
- Pick up issues and positives over time, not just at one moment

The learning from these visits should be shared with SQIG so it can guide improvement. This could be done by committee members, a sub task group or externally supported.

5. Involve Residents and Families Earlier in Decisions

Residents and families should be involved not only in how services run, but also in how they are designed and commissioned. This could include:

- Helping shape quality standards
- Looking at feedback from several care homes together
- Contributing to decisions about future services

6. Set Up a Resident and Family Advisory Group

SQIG could create a Resident and Family Advisory Group, designed with residents themselves. This group would:

- Offer regular advice and challenge
- Represent a range of experiences
- Use online options so people can join even if they can't attend in person

7. Improve How Feedback Is Collected and Used in Homes

Visits have shown that the best feedback systems are:

- Regular
- Easy for residents to use
- Acted on quickly

SQIG should encourage homes to use approaches such as residents' meetings, clear feedback systems, and informal check-ins. Contracts could also set clearer expectations about how resident feedback is gathered and used, and homes could learn from each other.

8. Tackle Barriers to Activities and Community Life

Some homes say cost and transport make it hard for residents to get out and take part in activities. These problems can't be solved by homes alone. SQIG should look at:

- Shared transport options
- Working with community groups
- Supporting and valuing activity coordinators, who play a big role in resident wellbeing

9. Support Residents When They First Move into a Care Home

Moving into a care home is a big life change. SQIG should encourage good practice such as:

- Pre-admission visits
- Strong assessments before someone moves in
- Clear "settling-in" support
- Buddy or befriending schemes

Getting this right early helps residents feel safe and settled. SQIG could help set standards for what a good support offer looks like across the county.

10. Use Technology Carefully and Fairly

Technology can help residents stay in touch, give feedback, and feel more connected. However, not everyone has the same skills or access. SQIG should support:

- Help for residents who want to use technology
- Fair access across homes
- A clear message that technology supports care, but never replaces human contact

11. Use These Insights to Support Care Home Self-Assessment

SQIG should encourage other care homes to use the themes, resident quotes, and examples of good practice in this report as a practical self-assessment tool. Homes could reflect on how their own practice compares with the insights shared here, identify where they are already doing well, and consider whether changes are needed to strengthen resident voice, independence, social connection, transition support, and feedback systems.

This could help spread learning beyond the three homes involved in the pilot and support wider, resident-centred quality improvement across Hertfordshire care homes.

Conclusion

This pilot project has demonstrated what is possible when commissioners, providers, and independent advocates work together to listen to the resident voice. Across three care homes, we found warm, committed environments where staff work hard every day to make residents feel safe, known, and valued.

We also found common challenges — around isolation, outdoor access, transition support, and empowering residents to raise concerns — that require systemic as well as local responses.

The resident voice is not captured by inspection alone. It requires sustained, independent, engagement — and commissioners have a vital role to play in ensuring this happens. The suggestions in this report are offered not as criticism but as an invitation to go further in placing the resident at the centre of care.

> *"Our lives wouldn't be the same without these places. I'm very grateful — they are very caring." — Resident*