healthwatch Bedford Borough

Engaging Communities Solutions

Enter and View Report

Danecroft Care Home

Announced

27 July 2026

What is Enter and View

Part of Healthwatch Bedford Borough's remit is to carry out Enter and View visits. Healthwatch Bedford Borough's Authorised Representatives carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act 2012 allows Authorised Representatives to observe service delivery and talk to service users, relatives and carers, and the workforce on premises such as hospitals, residential homes, GP practices, dental practices, 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 that we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Bedford Borough's Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Bedford Borough's Safeguarding Policy, the Service Manager will be informed, and the visit will end. The local authority's safeguarding team and CQC will also be informed.

Contents:

Provider details

Details of Visit	
Registered Manager	Rebecca Ward
Service Address	3 Dane Lane Wilstead Bedford MK45 3HT
Service type	Caring for adults over 65, caring for adults under 65, those living with dementia and physical disabilities
Date and time	27 July 2026, 10am
Authorised Representatives undertaking the visit	Nicola Beacon (Lead Authorised Representative) Christiana Joseph

Acknowledgements

Healthwatch Bedford Borough would like to thank the manager, staff and residents at Danecroft for their cooperation during our visit.

Disclaimer

Please note that this report is related to findings and observations made during our visit on 27 July 2026. The report does not claim to represent the views of all service users, only those who contributed during the visit.

Who we share the report with

This report and its findings will be shared with the manager of Danecroft, the Care Quality Commission (CQC), Bedford Borough Council, and Healthwatch England. The report will be published on the Healthwatch Bedford Borough website.

Healthwatch Bedford Borough details

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Healthwatch principles

Healthwatch Bedford Borough's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing.

2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patience's reaching crisis.

3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family

4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect.

5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system.

6. **Choice:** Right to choose from a range of high-quality services, products and providers within health and social care

7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received.

8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

Purpose of the visit

The visit was carried out as an announced Enter and View visit to observe the quality of the service, speak with staff, residents and where possible relatives, and identify strengths, areas for improvement and any immediate concerns in relation to the living environment, care provision and resident experience.

The visit included a walkaround of the premises, observation of communal and circulation areas, and conversations with members of staff. Residents were seen engaging in activities and routine daily life. The visit also considered information shared by the provider and feedback from relatives.

On arrival outside the building the soft sound of music was heard coming from within the home. This immediately felt welcoming. The windows were open to allow fresh air into the building, and net curtains provided privacy for residents. Clear instructions were displayed on the front door explaining how visitors could gain access. Upon opening the first door, the ARs were required to ring a bell before entry was granted. They were greeted promptly by a member of staff who was friendly and accommodating. They explained the home's digital visitor sign-in system, which was located immediately inside the entrance.

The entrance area was warm, welcoming, and open plan. A resident was seated comfortably in the area, with staff nearby who smiled and greeted the ARs as they passed. The ARs were directed to the managers' office, having been accompanied to be shown the way.

The managers' office was located on the first floor towards the end of a corridor. The office door was open when we arrived and remained open throughout our discussions, which reflected what appeared to be an open-door approach to management and accessibility.

Findings:

Environment

External

Danecroft presented as a well-maintained and welcoming environment. The grounds were tidy and accessible, with well-designed outdoor spaces that encouraged residents to spend time outdoors. The garden featured accessible pathways, raised beds, attractive planting, water features and a misting system to support residents during warmer weather. Soft music

featuring songs from previous decades was playing in the outdoor areas, contributing to a calm and pleasant atmosphere.

The outdoor environment demonstrated a very strong commitment to resident wellbeing. A sensory room was available with an interactive digital sensory floor, and music was playing through speakers in this area too. These features created opportunities for sensory stimulation, relaxation and social engagement.

Internal

The home had a warm, welcoming atmosphere from the moment of arrival. The entrance area was bright, clean and fresh. Information boards and digital displays provided residents and visitors with access to useful information and updates.

The home was generally clean, fresh and welcoming throughout. Soft background music continued throughout the communal areas, creating a relaxed environment. The décor was pleasant and homely, with photographs and artwork displayed throughout the building. Many residents had personalised bedroom doors featuring photographs of themselves, both past and present, or images reflecting their hobbies and interests. As well as being a risk identifier in the case of fire or need to evacuate, this appeared to support orientation and promote individuality.

During the visit, one resident's bedroom had a noticeable odour of urine. Management advised that the carpet in the room was due to be replaced, although a replacement date was yet to be confirmed.

At the time of our visit, most residents were spending time in communal lounges watching television and enjoying mid-morning refreshments. Residents appeared well presented, clean and appropriately dressed. Residents and visitors had access to shared toilet facilities, while some residents also benefited from ensuite bathrooms. We noted that the shared toilet facilities were decorated in a single colour scheme of blue.

The home had clearly invested significant effort into creating a "*home from home*" style environment. Notably, creatively utilising areas that may otherwise have become storage spaces. These included a corridor hair salon and a dedicated nail bar area. The nail bar had been intentionally located in an area that was previously quieter, helping to increase social interaction and create a more vibrant ambiance.

Residents appeared comfortable and engaged. Refreshments were readily available and staff were observed interacting positively with residents.

A particularly noteworthy feature was '*the snug*,' a small lounge and bar area designed for residents to enjoy with friends and family. Following

resident feedback, plans were in place to install French doors leading directly into the garden area. The home is currently fundraising to support this architectural adaptation.

Essential services

The manager described positive relationships with a full range of external healthcare providers.

Residents at Danecroft are supported by Greensands Medical Practice, Ampthill, for primary care GP services. The manager advised that they have a fantastic relationship with Dr Kapoor, who is very responsive to their needs. Dr Kapoor undertakes weekly ward rounds on Wednesdays and provides responsive access to GP advice throughout the remainder of the week, which includes video calls or paramedic input, as and when required.

Danecroft use Smarter Healthcare as their primary care pharmacy provider.

Community Dental Services are used for primary care dental provision, unless relatives and residents chose to use a different provider, which they organise.

The Optical Online portal is used to request annual optometry visits.

A local chiropodist visits every 6 weeks to provide footcare and treatment.

Advocates are provided following DoLS (Deprivation of Liberty Safeguards) assessment, as an when required.

Care plans are maintained electronically and reviewed monthly, ensuring changes to residents' needs are effectively communicated to staff through electronic handovers and regular team meetings.

Access

The home demonstrated a commitment to ensuring residents could access support and services that met their individual needs.

Menus were available through bedroom televisions, notice boards and dining room displays. Alternative meal choices were available, and residents' dietary requirements and preferences were incorporated within care plans. Breakfast and evening meals were often presented buffet-style, allowing residents to view available options and make choices independently.

Management and staff demonstrated an inclusive approach, ensuring residents were supported to remain involved in daily life regardless of their physical or cognitive needs.

Activities are also adapted for residents who are unable to participate in group events, ensuring opportunities for engagement are available to all

Safe, dignified and quality services

On the day of the visit, Danecroft were at almost full capacity with 33 residents in situ of a possible 34 places.

Staffing at Danecroft consists of the following:

- 3 managers (this includes an office manager whose time is split between Danecroft and their sister home, Elcombe House)
- 1 housekeeper and 6 cleaners
- 1 activity co-ordinator
- 1 maintenance staff
- 5 kitchen staff
- 19 care staff (37 in total including bank staff); which work across various shift patterns including early, day, and night shifts.

Shift patterns consisted of the following:

- 7am to 3pm
- 12pm to 8pm
- 1pm to 7pm
- 8pm to 7am.

There are 3 members of staff covering the night shifts.

At the time of the visit there was 1 vacancy. This vacancy was for 1:1 support carer, working a fixed 5pm to 9pm shift. This additional role was due to a recent change in terms of their evening support needs of a resident.

Danecroft use external agency staff cover as and when required, although they have not required the use of agency staffing for 3 years due to excellent recruitment and retention rates.

Privacy and dignity were clearly embedded throughout Danecroft. Residents' bedroom doors displayed chosen names and photographs; only with consent. Residents who preferred not to have photographs displayed had their wishes respected.

Residents were offered the option of locking their bedroom doors to promote independence and privacy. Management explained that they continue to review arrangements around room access in line with safeguarding guidance and lessons learned from wider sector reviews.

Staff spoke highly of the support they receive from the management team and consistently described the home as, *"Like a family."* Staff interviewed had lengths of service between seven and twenty-four years, indicating a stable, consistent and experienced workforce for continuity.

Management outlined a robust recruitment process which focuses heavily on values and cultural fit before candidate's progress to formal interview stage. This approach appears to contribute to superb staff retention rates, low staff turnover and high levels of staff engagement.

Staff reported feeling confident in their roles and supported through regular supervision, annual appraisals and wellbeing discussions.

Management explained that all new staff complete a comprehensive induction programme, which includes a minimum of four weeks shadowing experienced colleagues. Additional shadowing and support can be provided if required. This model ensures that staff feel confident and competent in their role before working independently.

Training is delivered through a combination of mandatory e-learning modules and practical training. This training includes the Care Certificate, manual handling, risk assessment, fire safety and evacuation procedures, as well as dementia awareness training and the Oliver McGowan mandatory training on learning disabilities and Autism.

The owners explained their decision not to use CCTV within communal areas of the home. They felt that maintaining residents' privacy and dignity outweighed any perceived benefit of surveillance and believed that by ensuring appropriate staffing levels and robust management oversight, this provided sufficient monitoring and safeguarding reassurance.

Residents and relatives provided consistently positive feedback about the home. We spoke with seven residents and one relative during the visit. All residents told us they felt safe and enjoyed living at the home. One resident commented, *"I have no complaints at all,"* while another stated, *"They do their best to keep us happy."* Residents told us they were able to make choices about their daily lives and felt involved in their care and support.

Due to the specialist nature of the service, not all residents were able to participate in extended conversations; however, those who did were positive about their experiences.

A relative expressed confidence in the service, stating, *"I have no concerns at all."*

Information

Information was widely available throughout the home via notice boards, newsletters and digital display screens. Information for residents and families was displayed prominently in communal areas.

The electronic care planning system is accessible through staff tablets, allowing up-to-date information to be shared effectively in real time. Staff receive regular handovers and communication regarding changes in residents' needs.

Danecroft has established a secure staff WhatsApp communication group to alert the workforce to important updates or information requiring attention within the PCS system. It was noted that no personal or confidential resident information is shared through the messaging group. A strict communication policy is in place, and staff always adhere to appropriate information governance and security protocols.

Staff meetings are held approximately every six to eight weeks. These meetings are conducted face-to-face and attendance is mandatory, ensuring staff receive consistent updates and have opportunities to discuss operational matters, share feedback, and contribute to service improvements.

Formal supervision sessions are carried out four to five times per annum and are monitored to ensure completion. In addition, all staff participate in an annual appraisal process, providing an opportunity to review performance, discuss development needs, and set future objectives.

Danecroft has also recently introduced an optional Wellbeing Action Plan for staff. This initiative provides a safe and supportive space for employees to discuss their wellbeing, identify any support they may require, and explore strategies to help maintain their health and wellbeing at work. It was apparent that the management views staff wellbeing as an important aspect of creating a positive and supportive working environment. This undoubtedly supports staff retention and morale.

Feedback mechanisms were visible during the visit, including a comments box for residents and relatives.

Management demonstrated that all resident and relatives concerns, regardless of scale, were logged, reviewed appropriately and answered.

Choice

Residents were encouraged to make informed choices about their daily lives and care. Care plans reflected individual preferences, needs, likes and dislikes.

Residents have ample opportunities to influence menu planning through resident meetings and can request alternatives.

The manager demonstrated how resident feedback was listened to and directly influences environmental improvements, including the planned installation of French doors from the snug into the garden area.

Being listened to

Staff and management described multiple opportunities for residents and relatives to raise concerns, share views and provide feedback.

Resident meetings are held regularly, and management maintains a visible presence within the home.

Staff stated they felt comfortable raising concerns and were confident that management would listen and respond appropriately.

Feedback from residents and relatives indicated high levels of satisfaction with the service. Those we spoke with reported no concerns and felt that staff worked hard to ensure residents were happy, comfortable and well supported.

Being involved

Residents are actively involved in the life of the home. Regular resident meetings provide opportunities to influence decision-making, including activities, menu choices, and environmental improvements.

In terms of food and beverage, two options are offered at each meal with menu options being a standard agenda items at resident's meetings. The kitchen is open during a 24hr period should residents wish for an alternative.

Danecroft offers a wide range of activities and social opportunities for both residents and the local community. Recent examples included visits to a local garden centre, fish suppers, and fundraising events. A recent outdoor cake sale proved particularly popular with residents, many of whom chose to stay outside longer than planned while waiting for local school children and members of the community to purchase cakes. It was noted that this event raised over £120, with all proceeds being reinvested into future activities, events, and outings for residents.

Management described making a conscious effort to interact with residents daily, greeting them each morning and saying goodbye at the end of the working day.

The managers spoke very highly of the Managing Director of St Andrew's Care Homes, Chris Ryan. Chris took over running Elcombe House in Bedford in 1998, and Danecroft in 2006.

It was noted that although based in Norfolk, Chris was very accessible and approachable. Mention was made that Chris had treated his management team to an away day in Norfolk. The ARs were advised that he operates a high-level trust in his teams, with a very high level of autonomy.

*An example of Danecroft's weekly activity listings

Current challenges

The first challenge relates to accessing timely specialist support for residents living with dementia, particularly when requiring support from the Dementia Intensive Support Service (DISS).

Whilst management acknowledged that external services and teams are often under significant pressure, they explained that it can be difficult to obtain assistance when residents are experiencing periods of acute distress or behaviours that require specialist intervention. This is especially prevalent during early morning periods when behaviours can be at their most challenging and the services are closed. This concern was echoed by members of staff.

Management described the process of securing appropriate support as both time-consuming and frustrating, often requiring persistent follow-up and escalation before assistance is secured. However, they reported that escalation usually results in a positive outcome for the resident, despite the copious challenges this process brings.

The second challenge concerns securing funding for additional one-to-one support when this is required. The management explained that obtaining funding from private sources, local authorities, and other relevant agencies can be both complex and take considerable time. They explained that this can create difficulties when residents' needs change, as you would expect with their diagnoses, and enhanced levels of support are required quickly.

Management stated that they remain committed to advocating for residents and regularly work with funding bodies to ensure that individuals receive the care and support they need in a timely manner.

Recommendations

Recommendations made from findings	
1	Ensure the planned carpet replacement is completed within an agreed timeframe and consider implementing interim measures to minimise strong odours and maintain a pleasant environment for the resident and any visitors.
2	Explore opportunities to strengthen access to specialist dementia support services, particularly during periods when residents may require urgent intervention.
3	Consider introducing a formal "*You Said, We Did*" communication board and within newsletters and/or digital displays to further demonstrate how resident and family feedback influences and shapes all service developments.
4	Ensure to share examples of Danecroft's innovative environmental adaptations, such as the nail bar, hair salon spaces, sensory room, and outdoor space as examples of good practice with peers and via social media platforms.

Provider feedback

It is a lovely report and thank you for reflecting how we are in a home so well.