



Enter & View Report

Bridgewood House, 1st of July 2026

healthwatch
Enfield

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Visit Background

About Enter and View

1. Visit Background

1.1 What is Enter and View?

Part of the local Healthwatch programme is to undertake 'Enter and View' visits.

Mandated by the Health and Social Care Act 2012, the visits enable trained Healthwatch staff and volunteers (Authorised Representatives) to visit health and care services – such as hospitals, care homes, GP practices, dental surgeries 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.

During the visits we observe service delivery and talk with service users, their families and carers. We also engage with management and staff. The aim is to get an impartial view of how the service is operated and being experienced.

Following the visits, our official 'Enter and View Report', is shared with the service provider, local commissioners and regulators outlining what has worked well, and gives recommendations on what could have worked better. All reports are available to view on our website.

1.1.1 Safeguarding

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 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 member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

1.2 Disclaimer

Please note that this report relates to findings observed on the specific date(s) set out. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

1.3 Acknowledgements

Healthwatch Enfield would like to thank the service provider, service users, families and staff for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Representatives, who assisted us in conducting the visit and putting together this report.

On this occasion, five Enter and View Authorised Representatives attended the visit. The Authorised Representatives spoke to residents, visitors and staff. Suggestions have been made on how to improve the service and good practice has been highlighted.

About this Visit

Bridgewood House

2. About this Visit

2.1 Visit Details

The visit was conducted as below.

Service Visited	Bridgewood House
Manager	
Date & Time of Visit	10.00am, 12 November 2025
Status of Visit	Unannounced
Authorised Representatives	Margaret Brand, Elizabeth Crosthwait and Catherine O'Malley
Lead Representative	Stefanie Schidlowski

2.2 Bridgewood House

On 1 July 2026, we visited Bridgewood House, a residential care home in Enfield.

Operated by Enfield Council, the home provides residential care for older adults. It specialises in support for those with learning disabilities and offers respite care.

The home may accommodate up to 70 residents and was at partial occupancy with 66 residents at the time of the visit.

2.3 CQC Rating

The CQC is the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

Bridgewood House was last inspected by the CQC in April 2021, with a subsequent review undertaken in July 2023. The inspection report gave a rating of 'Good' overall, with individual ratings of 'Good' for being safe, effective, caring, responsive and well-led. During the July 2023 review, the CQC reviewed the

information and data available about the service and found no evidence that would require a reassessment of its rating at that time. [Link to CQC Report.](#)

2.4 Online Feedback

Feedback posted on carehome.co.uk gives an average rating of 7.5 out of 10.

Summary of Findings

Key Points

3. Executive Summary

During the visit, we engaged with nine residents, ten staff members, three friends and family members and the manager. In total, we spoke with 22 people.

This report is based on their collective feedback, plus notes and observations made at the visit.

We would like to thank the staff and management for their time and for their warm welcome and cooperation.

Location and Reception

Notes

- The home was located on the corner of Hertford Road, within a purpose-built building.
- The entrance looked attractive, with neatly cut shrubs and a security gate. It was tidy and well-maintained.
- There was parking behind the building on residential streets.
- Public transport links were good – the home was a short walk from several bus stations.
- On entry, there was a generous reception room with duty staff. There was also information on the complaints policy, whistleblowing and their latest CQC report.
- Facilities for disinfection or washing hands were easily accessible.

What has worked well?

- The home was well signposted.
- On arrival we were checked for identification, asked to wash/disinfect our hands and then asked to sign in (and later, out).
- The reception area (including small entrance room) appeared clean, tidy and uncluttered.

What could be improved?

- We were granted access through the gate without being asked to identify ourselves. To further strengthen security measures, staff could verify the identity or purpose of visit before allowing entry to the premises.

Accessibility and Safety

Notes

- The home was in a purpose-built building. The wards are split on 3 floors, all including their own communal areas and dining rooms. Lifts are in operation and fully accessible while the staircase was only assessable with a fob, and therefore only for staff.
- Residents can access the garden.
- We did not notice any clutter or obstacles.

What has worked well?

- Hand sanitiser was widely available.
- The toilets and bathrooms are modern, clean and accessible, with suitable aids and pullcords. Taps were accessible.
- The fire evacuation procedure was clearly posted, and fire exits were clearly marked.
- Fire extinguishers and alarms were in suitable locations; we also noticed fire blankets and sledges.
- The lifts were spacious and accessible.
- The flooring was even and new, making wheelchair access easy.
- Utility rooms were clearly signed and were locked.
- Each resident's room had been personalised with a drawing or picture relevant to the individual living there, with some displays also including the resident's name. This helped to create a welcoming environment and supported residents in identifying their rooms.

What could be improved?

- Some dining rooms felt busy, cluttered and more like a staff room.
- The clocks were not dementia friendly, as they did not provide clear, large numbers.
- On entrance, some rooms or corridors were warm due to the heatwave. Fans or air-conditioning could improve the temperature.
- Staff could have an extra name badge pinned on their uniform, supporting residents to know their names.

General Environment

Notes

- Each floor has two wings. The ground floor both wings are residential, housed by dementia patients. The first floor has a nursing wing and a learning disability wing. The second floor also has a nursing wing and another residential wing with dementia patients.
- Resident's rooms are on the ground, first and second floors. They are all the same size and layout, all with ensuite facilities.
- Each wing has a dining room, and each floor has a communal lounge. Furthermore, hair salons are also available for residents.
- We found the temperature to be very warm in some areas while other were much cooler.
- The home has large windows in all rooms and therefore good access to natural light.

What has worked well?

- Rooms are cleaned regularly, according to residents.
- The doors to resident's rooms are all unique in signage. Additionally, some rooms are painted in colours which the residents have chosen.
- The rooms themselves looked personal. We noticed a personal pictures in one room, and an abundance of teddy bears in another, as examples.
- The home makes good use of paintings, pictures and faux flowers, to give a homely feel.

What could be improved?

- While the home in general had a pleasant and neutral smell, some nursing wings had a typical 'hospital odour'.
- While the environment overall was homely, the dining room was somewhat busy and gives the feeling of a staff room rather than a residential dining room.

Personal and Clinical Care

Notes

- Around half of the residents have dementia, and many are bed bound.
- Care planning and management were electronic, through the PCS (Person Centred Software) platform.
- As with similar systems, staff use devices – similar in size to mobile phones, to input information and to receive instructions.
- There was also a wider annual review, with families routinely involved.
- The hairdresser comes monthly with a dedicated hairdressing space which staff was also used, for example to colour hair for some residents.
- A pet therapist visits the home once a month to engage the residents in the communal areas and in their rooms.
- On clinical treatment and care, the home was visited by community nurses and paramedics. Furthermore, nurses are available in the nursing wings.

What has worked well?

- The residents and relatives we spoke with were broadly complimentary of the staff, who were professional and supportive.
- A 'very peaceful' atmosphere was described, and staff take 'genuine interest' in the residents, we hear. For example, one family member highlighted that their relative was treated 'with respect', they 'wouldn't change anything'.
- The staff we spoke with felt that they knew the residents well.
- Staff said Dementia awareness training has been useful and well as further mandatory training on learning disability.
- At the visit, the residents appeared to be clean, appropriately dressed, and comfortable.
- There was a 'hydration station' in the lounge, with jugs of water and juice. Furthermore, all residents had a jug of water with a cup accessible next to them.
- Bathroom and toilet doors have notices to 'keep closed'.

What could be improved?

- Staff were observed to be caring and supportive during our visit. However, some residents mentioned that at the beginning of their

stay they would have preferred extra care. It may have supported them in adjusting into their new live.

Activities

Notes

- There have been multiple activities mentioned on the communal board and on flyers handed out to residents on a monthly basis.
- While activities are organised, some staff (especially in the LD team) support residents with further activities like nail painting or hair colouring.
- There were a monthly activities schedule and popular activities include pet therapy, music, bingo, arts and crafts, and movies.
- Residents may be taken out, with assistance (depending on funding).
- For those who prefer to stay in their room, one-to-one sessions 'are available'.
- On faith, a Christian priest visits regularly. Other spiritual leaders are also invited on request of residents.
- The lounges were well-attended during our visit.

What has worked well?

- The monthly activities schedule was up to date (for July).
- The activities are well attended and highly appreciated by the residents. We've been told that the pet therapy was highly welcomed by the residents and their families.
- While the residents we had spoken to felt bored, the new arrivals may have struggled to access the activities.

What could be improved?

- No improvement necessary.

Diet and Nutrition

Notes

- Food was cooked in house. Residents are invited to join the cooking as a form of activity.

- Pictures are used for residents to make a choice. This helped with meal selection, and we were told that residents were encouraged to eat.

What has worked well?

- The tables were set with cutlery and napkins when we visited.

What could be improved?

- Food was of good quality, however, lacked variety, according to one comment.
- The dining room had the feel of a staff room, with disorganised shelves.
- The tables may not be spaced apart enough to allow access for wheelchairs or mobility aids.
- No fresh fruit available in the dining room.

Visiting, Feedback and Complaints

Notes

- Families were encouraged to post feedback online (at carehome.co.uk).
- No other options for feedback were given.
- Complaints were recorded and dealt with, according to the manager.

What has worked well?

- The relatives we spoke with felt well-supported to visit their family members.
- Relatives, overall, describe a good relationship with staff and management, with any issues or concerns respected, and acted on.

What could be improved?

- Some people we spoke to mentioned that complaints were met with a negative response. There was a desire for more kindness and openness from management.

Staffing and Management

Notes

- The staffing includes care assistants, nurses and housekeepers.
- We are told that agency staff are used – largely to cover annual leaves, sickness, and maternity leave.
- Breaks are partially paid. The breakfast break, 20min was paid but the 30min lunchtime break was not.
- Training can be remote or in-person, depending on the topic.

What has worked well?

- The staff we spoke with have felt 'comfortable' during their inductions and the process has helped new staff 'settle in well'.
- Staff expressed that job satisfaction was reportedly good, with specific emphasis on a strong sense of teamwork.
- General meetings happened every three months, with some staff feeling confident in participating, and able to contribute to the agenda.

What could be improved?

- Career development was not supported.
- Genuine emotional support by management to staff during bereavement or other support needs was desired by staff spoken to.

Residents and Relatives

Feedback Received

4. Resident Feedback

At the visit, we engaged with nine residents.

Length of residency ranged from 2 weeks to three years.

The residents we spoke with were generally positive about the staff, who were considered to be empathetic and helpful.

Staffing and Personal Care

General Comments:

"Some are better than others."

Positives:

"I feel supported and safe."

"I wouldn't change anything. They respect me and I feel supported."

"Very good, very peaceful."

"Staff are very good. They assist with dressing, showering and meals."

"I get on well with the staff."

Negatives:

"I don't like it here; I want to go home."

Overall, the residents mentioned enjoying the activities.

Communication about the activity offers was great, as they were laid out on the board and given as leaflets, to what we've seen.

Overall, we received no complaints about food or diet.

Activities and Diet

General Comments:

"I attend activities every day. I have falls, so need someone to take me downstairs, and out into the garden."

"I can talk to my key worker if I need support to attend activities."

Positives:

"The food is delicious."

"There are a lot of activities with lots of music."

Negatives:

"I don't do a lot, as I don't know what is available."

Some of the residents would feel comfortable raising issues or complaints.

Feedback & Complaints

General Comments:

"If I'm not happy, I write to the manager."

Positives:

"I can talk to my key worker."

"I can talk to the manager."

Negatives:

"I asked the staff for help, but they said that they are not your GP."

"Sometimes I have to be louder to get the staff's attention."

"There are no meetings here."

The residents we spoke with have been able to personalise their rooms. Cleaning was reportedly regular.

General Environment

Positives:

"I was able to put up pictures and bring my teddy bears."

"I like my room. I was able to choose a colour to paint the wall."

"My room is cleaned daily."

Negatives:

"During the hot weather my room was very hot."

When asking for any other feedback, we receive general compliments.

However, the residents who were new to the home felt lonely and wanted to go home.

Any Other Comments

Positives:

"I like it at the home, it's nice here."

"I can have as many visitors I as want."

"Nurses are lovely."

Negatives:

"There is no TV or radio in the dining lounge."

"I don't like it here. I want to go home."

5. Relative Feedback

At the visit, we engaged with three family members. The length of time of loved one's staying at the home ranged from two to 5 months.

The relatives we spoke with were somewhat positive about the staff. While they complimented the staff for their work, some concerns were raised that may indicate areas for improvement.

Staffing

Positives:

"We are happy with the care my family member is receiving."

"We can only give compliments to the team."

"We know we can speak to staff if we are worried about anything."

"They are quite helpful."

"We are able to speak to staff and resolve any issues."

Residents receive regular hairdressing and experience pet therapy. While all residents looked clean and tidy during our visit, incidents of bathroom support were reported.

Personal Care: Laundry & Grooming

Positive Comments:

"I like that a member of staff colours my hair every now and then."

"They help me to shower every morning."

Negative Comments:

"My parent was waiting for someone to take them to the toilet. I went a few times to the counter to ask for help, but still no one came."

We hear that staff are well trained; however, issues with consistent communication were highlighted.

Personal Care: Staff Training & Awareness

Positives:

"The staff are good."

Negatives:

"It doesn't seem like the staff always sings from the same hymn sheet."

"Some staff don't know what to do..."

"More staffing is needed. Especially qualified staff."

Generally, there are no issues with accessing clinical treatment or care.

Clinical Care

Positives:

"They take me to the GP whenever I need to."

"They helped my parent with end of live care. There are no complaints, only compliments."

Negative:

"My relative has developed a pressure sore and chest infection since being here. While they have aircon, this does not help with her chest infection."

Relatives talk highly of the food. However, it was mentioned that they never see fresh fruit available for residents.

Diet

Positive

"While the food is not like home, it is pretty good."

Negatives:

"I could never see fresh fruit for my relative available."

In regards to activities, many of the relatives mentioned the current situation regarding the missed BBQ due to the heat. While they were disappointed, overall, the abundance of activities was highly appreciated.

When we visited at the beginning of the month, it only took the staff a few minutes to print the new monthly schedule and hand it out to the residents.

Activities

Positives:

"We join the sing along regularly. My relative like this very much"

"My relative can't leave their room but the pet therapy is coming to them. This is making a big difference to their health."

Negatives:

"Activities are difficult to organise as my relative has to many different needs to the other residents."

The relatives felt well-supported to visit and can do so, 'at any time'.

Visiting

Positives:

"We can come when ever and as often as we like."

Negative:

"Our family have asked to stay with our relative, but we have been told we can't stay."

Mixed feelings about the relationship with staff and management are described.

Involvement, Feedback & Complaints

General Comments:

"Yes, we know we can give feedback. We've been able to speak to staff and resolve issues."

Negatives:

"I wouldn't know how to complaint or give feedback."

When asked for any other feedback, the relatives expressed further areas of concern.

Other Feedback

Negative:

"They need more trained staff."

"We can't stay with our relative who is receiving end of life care."

Staffing and Management

Feedback Received

6. Staff Interviews

During the visit, we interviewed two staff members. Length of service ranged from three to 6 years.

The staff we spoke with felt they got the support needed during their induction. The process has helped to 'get to know the residents. Supervision was reportedly every month for employed staff, not for agency staff.

Training was a mix of remote and in-person, and topics mentioned included mandatory training. Annual updates were cited.

The staff were familiar with the safeguarding policy and process.

Induction, Supervision and Training

Induction:

"I was able to shadow someone for a week on each station."

"I have 2 weeks in each unit with another member of staff."

"While I already had 2 years of experience, this helped me."

"I have to say that I was properly shown around the facility, including full induction on my first day. Each floor, resident and patient was explained on how to best help them. I found this very helpful."

Supervision and Appraisals:

"I have never had an appraisal here."

"Staff meetings are held every month."

"I'm an agency staff, so I don't have appraisals here. I also don't know when the general staff meetings are."

"Supervisions don't happen regularly. I'm also not always able to attend the general meetings."

"I have my supervision every 6 months."

"I don't go to the staff meetings, but we have handovers."

"While appraisals happen, I don't feel supported in my career development. Nothing happens anyway."

"There are no team meetings for me. I have to speak up when I want an issue to be resolved."

Training:

"Yes, trainings happen. We also get trained in food hygiene, epilepsy, nutrition...."

"We only get necessary and mandatory trainings."

"I have been trained in medication. While I can't order, I can administer."

"I'd like to be trained in medication but have never got the offer."

"Some trainings are in-house. I will have my online training soon."

Job satisfaction was reportedly stressful, with very few positive comments. Career development has been mentioned as not being supported.

We were told that staff meetings were monthly, although not for agency staff. The staff we spoke with felt confident in participating and could contribute to the agenda.

Breaks were 20 minutes sometime between 8am – 3pm (paid) and an additional 30min sometime between 2 – 10pm.

Staffing and Conditions

Job Satisfaction:

"I feel good about the role, although depends on challenging behaviours."

"I always feel a sense of fulfilment with helping others. Supporting vulnerable individuals can come with extra fulfilment."

"I feel rewarded when helping but it can be very stressful. I am though happy working here."

"Sometimes the role is too much. Resident's mental health can change suddenly. I have not been given training to handle this. One resident got abusive with staff, they attacked staff. While they managed to get away and raise the alarm and an incidence form was complete, nothing has been done."

"The work routine can be very exhausting. Sometimes we work 7 days in a row, but by day 4 we are tired."

Teamwork:

"I'd like other members of staff to help, especially if some residents need one to one care."

"Sometimes colleagues can be bossy."

"I needed to change my working hours, but I was told that this wasn't possible. I sent an appeal, but nothing has happened."

Staff Meetings:

"There are monthly staff meetings."

Breaks:

"The morning break is too close to my start time. I therefore often miss it."

"There are not enough breaks."

"Breaks can be late in the day if a resident is unwell or needs two members of staff to care for them."

Care planning was largely electronic, and staff can receive instructions and make notes through an app on their phone. We were told that the app was very easy to use.

The staff we spoke with felt that they knew the residents well.

No issues were reported with clinical treatment or care.

Personal and Clinical Care

Care Planning:

"Care plans are updated daily on the app."

"The care is very person centred."

"Support according to care plan, with emotional support. We update the family, but some can be abusive, so we only message them."

"I watch the residents; make sure they eat."

Handover:

"Handover is led by team leaders. They let us know what has happened in the previous shift."

"The handover is recorded."

Personal Care:

"I work for the best interests of the residents."

"By practising person-centred care, residents are always heard through their comments, wants, needs and even complaints."

"I support the client by spending time with them."

"We give residents the choice. I talk to them, keep telling them about the activities, show them the menu."

Involvement:

"I tell residents about the activities and if needed ask the line manager to enhance support for the residents."

Clinical Care:

"I check their Obs and vital signs. I look at the patient's wellbeing and needs."

"We support residents through regular checks and consistent monitoring."

According to staff, activities take place in the lounge, and residents are invited to take part.

On food, individual preferences are documented. A daily 'show plate' helps with meal selection, staff say.

Activities and Diet

Activities:

"I take them to activities and in the garden."

"There are two activities coordinator. They organise birthday parties, gardening, hand and pet therapy."

Diet:

"I cut up food for some clients and physically feed them."

"I help them with drinking and feeding."

"I dish up breakfast and tea. I also support them to eat and give choices."

There was an opportunity for families to give feedback through general discussion.

Staff would convey any issues or complaints to senior colleagues.

Feedback and Complaints

Feedback:

"We encourage families to speak up but haven't faced any concerns as yet. Some family members can be quite nasty but most of them are nice."

"For complaints, they can report to the line manager."

"I listen to feedback and pass this on appropriately."

"Some families are not very friendly. I think this is because of my colour."

7. Management Interview

During the visit, we interviewed the Manager, who became the deputy manager in 2023.

A summary of the discussion is outlined below:

General Information

- The home's official capacity was 70; however, 66 residents currently reside at the care home as the others were in Hospital.

Staffing

- The staffing complement was 26 and includes care assistants and nurses.
- Agency staff were used largely to cover maternity leave and holiday cover. We were informed that currently they have 2 agency staff.
- Management believed that they have a good relationship with their staff. We were told that they welcome feedback.
- An 'Employee of the month' was chosen to motivate staff.
- Birthdays are celebrated with a cake.

Staff Induction, Training & Development

- Staff retention was reportedly good, with long-serving staff members in post.
- Only some breaks are paid. The breakfast break, 20min was paid but the 30min lunchtime break was not.
- Training can be remote or in-person, depending on the topic.
- Examples of training delivered include Moving & Handling, General Health & Safety, Fire Safety, Infection Control, Food Hygiene, Dementia Awareness, Nutritional Support and Safeguarding.
- Induction was typically for one weeks and can vary - depending on the person. Agency staff do not receive inductions but are guided and supported as required.
- General staff meetings are monthly, but do not invite agency staff.
- Staff (not agency) have regular supervisions (every 3-6 weeks) and a yearly appraisal.

Safeguarding

- Safeguarding incidents are reported to relevant partners, such as the local authority and CQC.
- Staff training is offered online or in person as a refresher.

Care Planning

- Care planning was electronic.
- As with similar systems, staff use their phones to input information and to receive instructions.
- Certain elements are mandatory – requiring staff to confirm instructions or actions.
- Members of staff mentioned that this was a very easy system to use.
- Family members are asked on the religious needs for the residents. Catholic Church Members come to the care home regularly.
- While residents of Muslim faith reside at the care home, we were told that residents don't have the need for any religious support.

Clinical and Personal Care

- Some residents had dementia while others had learning disabilities.
- Some were mobile while others were bed bound.
- End of life care was supported at the home.
- The home had their own team of nurses for specific wards. For the other wards GPs were contacted when clinical support was needed.
- Dentistry was the responsibility of the family.
- Hand a pet therapist also come one a regular basis. For those residents who were bed bound, they would come into their room.
- While no translator was offered to the residents, the knowledge of staff was used. For example, a member of staff (Turkish) translates for a resident their needs to talk in Turkish.

Involvement and Choice

- Residents can choose their food from 3 choices.
- Residents can decorate their rooms and choose colours in which the walls are painted.

Activities

- Residents were getting a printout of activities which they can join.
- Some residents mentioned that the staff was prompting them to take part in those activities.
- Activities included bingo to sing-along and movies.
- Staff provided services such as hairdressing and doing residents nails.
- There was a dedicated hairdressing space which the residents highly appreciate.
- A BBQ was also planned the week before we visited but was cancelled due to the heat wave. Residents and staff highlighted that supplementary plans were made.

Diet and Nutrition

- Residents choose their food. Cooking was included as an activity for residents who were mobile.
- Pictures were used to encourage choice.

- The menu was available weekly, changing daily, three choices were displayed per meal.
- Although no fruit were seen by us neither in the dining room or the resident's room.
- Diet requirements were assessed in the care plan.
- Staff or family members helped those residents who struggled to eat their food.

Visiting, Feedback and Complaints

- Families were only able to give feedback via a survey. This feedback was encouraged.
- No forms were available on site to give feedback.
- Families could visit their relatives but were asked not to visit during mealtimes. Additionally, mornings were also not preferred as they offered personal care to the residents.
- Children visit the care home once a month from a local school.

General Environment

- We were told by staff that the garden was available for residents to visit.

Recommendations

Based on the Evidence

8. Recommendations

Healthwatch Enfield would like to thank the care home for their support.

Based on the analysis of all feedback obtained, we would like to make the following recommendations.

Recommendations

Arrival and Site Security

Whilst visitors were properly signed in once inside the home, we observed that access through the external security gate was granted without verification of identity or purpose of visit.

8.1 Although no concerns arose during our visit, the current arrangement may present an avoidable security risk. We recommend that the home reviews the process for granting access through the external gate and considers introducing a system whereby visitors are identified prior to entry. This would further strengthen the safety and security of residents, staff and visitors.

Dining Room Environment

The dining areas were observed to feel busy and cluttered in places. We also heard comments that some dining rooms felt more like staff rooms than welcoming residential dining spaces. In addition, concerns were spotted regarding wheelchair accessibility between tables.

8.2 Mealtimes are an important part of daily life and can contribute significantly to residents' wellbeing and social interaction. We recommend that the home reviews the layout, storage arrangements and presentation of dining areas, ensuring sufficient space for residents using mobility aids and creating a more homely and welcoming environment.

Dementia-Friendly Environment

Many residents at the home are living with dementia. Whilst residents bedroom identification was excellent, we observed that clocks were not dementia friendly

and internal signage was not always optimised to support orientation and independence.

8.3 The home already implemented several positive dementia-friendly features. However, consideration should be given to introducing large dementia-friendly clocks and reviewing environmental signage throughout the home. Small changes of this nature could support orientation, reduce confusion and promote independence.

Temperature Management

Several residents commented that bedrooms and communal areas became very hot during periods of warm weather. We also observed noticeable variations in temperature across different parts of the home.

8.4 We recognise that the visit took place during a period of particularly warm weather. Nevertheless, the home may wish to review its arrangements for maintaining comfortable temperatures throughout the building, including the availability of fans, cooling measures and regular monitoring of warmer areas. This is particularly important for older people and those with complex health needs.

Supporting New Residents

Whilst feedback regarding personal care was generally positive, a small number of residents described feeling lonely or finding the transition into the home difficult during the early stages of their stay.

8.5 Moving into residential care can be a significant life change. We recommend that the home reviews how newly admitted residents are supported during their first weeks, including opportunities for social integration, activity engagement and regular wellbeing checks. Such measures may help residents settle more comfortably into their new environment.

Diet and Nutrition

Food quality was generally praised by residents and relatives. However, comments were received regarding limited menu variety, and we did not observe fresh fruit readily available in dining areas during our visit.

8.6 The home may wish to review how fresh fruit and healthy snack options are displayed and offered throughout the day. Consideration should also be given to

gathering regular feedback on menu choice and variety to ensure that residents' preferences continue to be met.

Feedback, Complaints and Family Engagement

Although many residents and relatives said they were able to raise concerns, several individuals were unclear about how to formally provide feedback or make a complaint. In addition, some relatives felt that concerns had not always been received positively.

8.7 We encourage the home to review the visibility and accessibility of its feedback and complaints processes. Consideration could be given to providing additional opportunities for residents and families to share their views, such as feedback forms, resident meetings or relative forums. The aim should be to ensure that concerns are welcomed, responded to constructively and used as opportunities for continuous improvement.

Staff Wellbeing and Development

A recurring theme from staff interviews was a perceived lack of career development opportunities and a desire for greater emotional support from management, particularly during periods of bereavement or personal difficulty.

8.8 We recognise the positive comments regarding teamwork and the induction process. However, staff are central to the quality of care delivered. We recommend that the home explores opportunities for career progression, skills development and enhanced wellbeing support. This may improve staff morale, retention and ultimately the experience of residents.

Consistency of Training and Communication

Whilst staff generally spoke positively about training and care planning systems, some relatives expressed concerns regarding inconsistencies in knowledge and communication between staff members.

8.9 Effective communication is essential in delivering person-centred care. We recommend that the home reviews mechanisms for communication, handovers and ongoing competency development to ensure that residents, relatives and staff receive clear and consistent information across all teams.

Glossary

Other Information

9. Glossary of Terms

As below.

CQC	Care Quality Commission
PCS	Person Centred Software
UTI	Urinary Tract Infection

10. Distribution and Comment

This report is available to the public and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.



Healthwatch Enfield
Community House
311 Fore Street
London
N9 0PZ

www.healthwatchenfield.co.uk
t: 020 8373 6283
e: admin@healthwatchenfield.co.uk