

healthwatch
Kingston upon Thames

Enter & View Report

Royal Star and Garter

November 2025



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1 Introduction

1.1 Details of visit

Service Provider	Royal Star and Garter
Service Address	17-19 Coombe Lane West, Kingston Upon Thames, KT2 7EW
Registered Manager	Helena Maher
Date/Time of Enter and View Visits	18 November 2025, 10.30am – 3pm 25 November 2025, 3pm – 7pm
Status of Enter and View Visit	Announced
HWK Authorised Representatives	Jill Prawer (HWK staff team) Helena Wright (HWK staff team) Julie Pilot (HWK volunteer) Chelliah Lohendran (HWK volunteer) Amitesh Prasad (HWK volunteer)
HWK Visit Lead	Jill Prawer, Projects Officer, Enter & View
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HWK Contact Details	Address – Suite 3, 2nd Floor, Siddeley House, 50, Canbury Park Road, Kingston upon Thames KT2 6LX Phone – 0203 326 1255 Email – info@healthwatchkingston.org.uk
Service Provider	Royal Star and Garter Charity

1.2 Acknowledgements

These visits were undertaken by Authorised Representatives at Healthwatch Kingston. We would like to Royal Star and Garter residents and their visitors, and staff members for their contribution toward the Enter and View programme.

1.3 Disclaimer

Please note that this report relates to findings on the specific dates and times set out above. The Enter and View report is not a representative portrayal of the experiences of all service users and staff. It is only an account of what was observed and contributed through interviews during the time of Healthwatch Kingston representatives' visits.

2 Executive Summary

Healthwatch Kingston (HWK) champions better standards of care in socially funded health and social care services. As part of our remit, we recruit authorised representatives (ARs), volunteers from the local community who are trained to undertake Enter and View visits. Their aim is to identifying good practice and areas that could be improved in socially funded health and social care services.

This report presents the findings of the HWK AR's visit to Royal Star and Garter. Royal Star and Garter is situated in the Royal Borough of Kingston upon Thames (RBK) and is one of four homes operated by Royal Star and Garter Charity. The nursing home has capacity for 63 residents with general nursing and dementia, care needs. All residents have either been a member of one of the armed forces, have done National Service, or are a partner of a veteran. The home used to be located in Richmond Hill and moved to Surbiton in 2013 to a purpose built home..

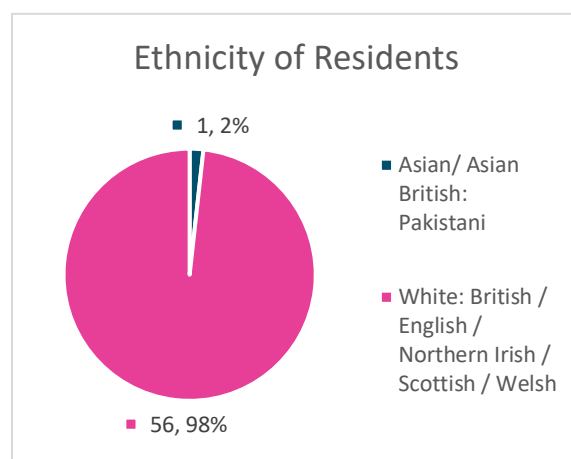
This was the first time Healthwatch Kingston had visited Royal Star and Garter. The home was last visited by the Care Quality Commission ([CQC](#)). HWK in February 2023 and received ratings of 'Good' in four of the categories, and 'Outstanding' for Care.

The Enter and View visit to Royal Star and Garter was conducted as part of HWK's series of announced Enter and View visits to local care and nursing homes which began in April 2024.

These visits are focused on three specific areas: living environment; residents' mealtime experiences; and activities provided. More information about enter and view and the HWK enter and view programme [can be found here](#).

Overall, HWK Authorised Representatives concluded that Royal Star and Garter seemed to be a well-run home with caring staff. The home catered for a range of needs among their residents and we found that there was much evidence of thoughtfulness and care taken when designing the layout, decorations and activities for all the residents. We identified a high ratio of staff to resident, and a high number of activities staff. Staff demonstrated a good knowledge of the residents' needs and a friendly, engaged and caring attitude towards them. We observed the residents in the lounges occupied and engaged throughout our visits, and we observed the staff working well as a team.

Our visits were from 10.30am – 3.00pm, and one week later from 3pm – 7pm.



3 Demographics

At the time of our second visit the home had 57 residents, 10 of whom were funded by RBK.

1 (2%) of residents were Asian/Asian British: Pakistani and 56 (98%) of the residents were White British/English/Northern Irish/Scottish/Welsh.

36 (51%) of the residents were female and 21 (49%) residents were male.

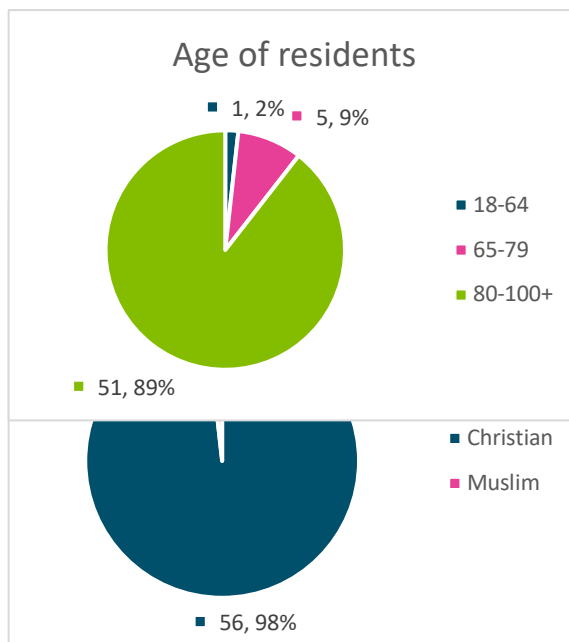
1 (2%) resident was under 65 years, 5 (9%) of the residents were aged between 65 and 79 years, and 43 (89%) of the residents were aged from 80 to 100+. 1 (2%) resident was Muslim, and 56 (98%) residents were Christian.

All 57 of the residents were heterosexual.

Residents had a mixture of health issues, including dementia, diabetes, hypertension, visual impairment and mental health issues.

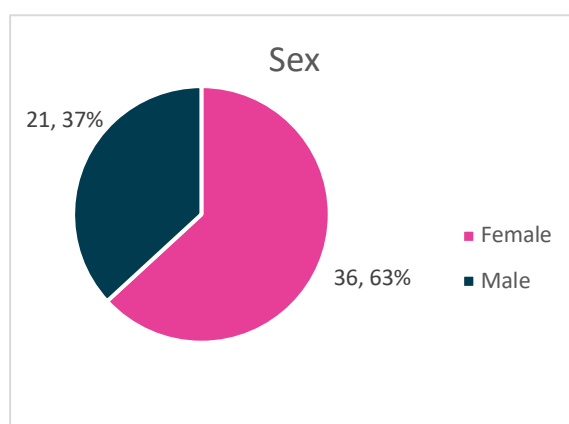
The residents spoke a number of languages, including English, Finnish and Urdu, while staff spoke English, French, Spanish, Portuguese, Italian, Arabic, Filipino, and Urdu. 2 residents followed a vegetarian diet.

109 staff worked at Royal Star and Garter and the home used between 10 and 15 agency workers per week.



4 Living Environment

Royal Star and Garter has accommodation for 63 residents over three floors. It is a non-smoking home. Entering the home there is a large central area leading to the reception desk, accessed by an airlock entranceway. To the right is a large reception area with chairs



and tables, and sofas, with on-tap hot and cold drinks, biscuits, cakes and fruit. There is a large dining room with access to the garden, the managers' office and a craft area with table surrounded by lit shelves displaying objects made by the residents. There is also a room housing a grand piano.

The ground floor (Anglin) has 22 en-suite rooms and is suitable for residents with medical needs. Two rooms are available for short break stays.

The first floor (Lister) has 24 en-suite rooms. Residents on the first floor are at different stages of dementia. The floor is divided into three areas, Sunflower is painted yellow and is suitable for residents with mild dementia. Meadow is painted green and decorated to be suitable for people with moderate dementia, and finally Lavender, with walls painted with this theme. This area is decorated to be suitable for people in late- stage dementia.

The objects and decorations in each area seem carefully chosen to enhance memory and encourage conversation. The air is scented with a fresh lavender smell throughout. Sunflower and Meadow have dining and lounge areas for all the residents on the floor to use. From Sunflower there is access to a balcony which overlooks the garden and has room for three small tables and chairs, and in the corner is Tiki bar.

The second floor (Shergold) has a reception and dining area, and 15 en-suite rooms. This floor caters for residents who have nursing needs. Work is currently in progress to create a cinema and bar area on this floor.

The garden is large and has been landscaped to provide wheelchair access. There is a 'woodland walk' which takes in a gentle slope, designed to enhance activity and provide exercise. There is, a covered area where visiting musicians perform concerts, although this was out of use during our visit due to the wooden frame rotting and needing to be replaced. There is an area where residents can do gardening in raised beds, and an area with two fountains to sit by (not in operation when we were there due to weather). There was a bookable office space (a garden cabin) which was used by staff. This area could be booked by

families to hold parties for 'their' resident, and a staff smokers shed. The home is a non-smoking home for residents.

4.1 What worked well

- The home seems well-designed for the residents it accommodates. There were many thoughtful touches throughout the home, designed to enable residents to remember and take pride in the service they gave to their country. For example, on the ground floor there were many reminders of the armed forces in shields commemorating different regiments and units, and service paraphernalia. We were told by staff members that there was a friendly rivalry and banter between residents who had been members of either the army, navy, RAF, or had done national service.
- The home was clean, and the walls were free of marks. Two maintenance staff told us they respond promptly to issues and prioritise tasks according to urgency.
- On the first floor (Lister), there were further reminders of the armed services, including uniforms from the three services and pictures of aeroplanes, tanks and naval ships. There were also objects and images linked to sports such as cricket, tennis, football, including a picture of Bobby Moore with the World Cup, and rugby.
- Residents' rooms had different coloured doors, designed to look like street doors, with door knockers and mock letterboxes. Some doors had residents' photographs, where families requested and provided them, short biographies were displayed outside some residents' rooms, others had staff reminders about residents' individual needs; for example, asking staff to introduce themselves when entering because the resident was blind.
- The communal toilets and bathrooms were very clean and had dark blue toilet seats in contrast with the white bowl and paint on the wall, which is widely recognised as dementia friendly.

- The signage in the home was clear and relevant to the needs of the residents. Fire escapes were clearly marked, and there were large staircases with emergency vacation mattresses at the top of each floor.
- The room furniture on the first floor (Lister) was designed to support people with dementia. Wardrobes had glass panels so residents could see the contents, and drawers had dipped handles to make them easier to open and identify what was stored inside.
- The doors to all the rooms were of a normal width but had an extra panel which opened to enable easy access for residents using a wheelchair. All rooms had rails to use hoists.
- The manager told us that when a resident was in the last stage of life a butterfly was affixed to their door to alert staff. When a resident dies, their coffin leaves the home draped with a Union Jack flag and a poppy wreath, accompanied by music of the families' choice, and a clapping out ceremony. We were told that the Royal Star and Garter linked with the Princess Alice Hospice when additional support is needed.
- The home is working towards achieving the '[Gold Standard Framework in Bereavement Care](#)'. Bereavement counselling is offered to staff and residents when needed.
- The home offers seeded writing paper for those bereaved to write a letter to their friend/loved one which is then planted in the 'memorial garden'. In Spring the seeds bloom and the area is full of wildflowers.
- On each floor there was a display screen which showed changing information throughout the day, e.g., which activities were happening, what was on the menu for the next meal, and which staff were on duty, etc.
- We were told by the manager that staff tended to stay working at the home for more than three years. One staff member who had recently

retired had been at the home for 30+ years. The manager had been there for five years and the head nurse had been there for three and a half years.

- The home was keen to appreciate staff and had a shout out board on each floor on which residents and families can write messages of appreciation to staff members.
- Both staff and residents told us there were residents meetings held monthly and from those meetings, resident representatives would meet with management to express the wishes of the residents.
- The manager told us that the home holds hybrid meetings for relatives every month that had a regular attendance of 4-6 people, and when there was something major to discuss, up to 15 people would attend.
- The manager told us that the home hosts a family connections website where relatives can see photos of their loved ones and other information like menus and a link to an Instagram account where videos of the residents are uploaded.
- Everyone we spoke to told us the home was a warm and friendly environment. Staff said they were proud to work there, and a number of residents told us they felt lucky to be there.
- A staff member told us that the amount of documentation they were required to fill in had increased over the time they worked at the home. We were told that the home organised the rotas to give staff members supernumerary days to complete their paperwork.
- Staff shared that the home was working to reduce the paperwork burden on staff. A digital device had been introduced so nurses could read and update care plans while on rounds. The device included a feature that uses AI to help identify pain scales by reading facial expressions for residents who are unable to communicate. The nurse emphasised that this was used to support, not replace, their own visual checks. The home had

trained care support staff to administer medication, enabling medication to be given more promptly by sharing responsibility for its distribution.

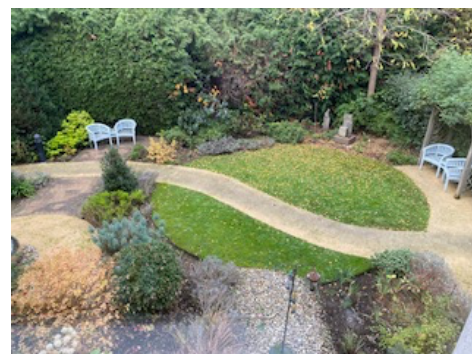
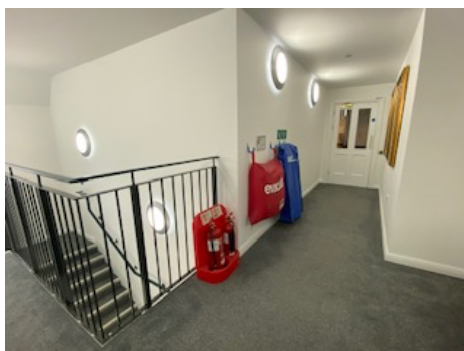
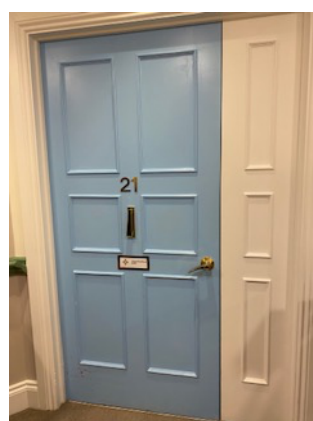
4.2 What could be improved

- In the Café/Bar area on the ground floor, we saw a carer pushing a resident in a wheelchair whilst also holding a hot drink.
- During the course of our visit, all the cups for the Café/Bar area on the ground floor were left in the sink dirty. We also noticed that plates, cups and serviettes were on the tables and had not been cleared by staff for an extended period of time.
- Staff told us that a number of changes had been taking place in the home. Some felt that the pace of change was very fast and said it would be helpful for new developments to be introduced more gradually, allowing time for each change to embed before moving on to the next.
- Our overall impression from talking to some staff members and volunteers was that not everybody felt valued for their input to the care home from the management team.
- People we spoke to told us there had been many changes to the environment, with resources used to improve its appearance. While they appreciated the interior design of the ground floor spaces, some felt this could make the home feel less personal and cosy for some residents.
- A staff member told us they would like an area on Anglin where residents and relatives could meet away from residents' rooms. Another staff member said they would replace carpets with easier-to-clean flooring because spillages could create unwelcome smells, although they also said carpets were cleaned quickly when needed.

- A staff member told us that Royal Star and Garter run a daycare service for service personnel from the borough. They are struggling to get people to use the service on a Tuesday and a Thursday.

4.3 What we saw and heard

During our visits we took some photographs and spoke to six residents, one relative, and eight members. We have captured some comments about the environment below



Images above show (from left to right): The main area for residents to congregate and drink tea and coffee on the ground floor / examples of the memory pieces decorating Lister / dementia-friendly wardrobe and chest of drawers / suitable signage / wheelchair accessible doors both shut and open / the digital screen with changing information / the balcony on Lister from inside / the stairwell / fire exit on each floor / the sloping walk in the garden.



"Princess Anne came to visit." (Staff member)

"Facilities are great. Very comfortable." (Staff member)

"Lovely coffee machine." (Staff member)

"Training is good, it empowers me a lot to work with dementia." (Staff member)

"Very nice, very welcoming, a nice place to work" (Staff member)

"(Support from managers) is very good. Managers office is always open and we can email too." (Staff member)

"The manager is approachable and supportive. Her door is always open. (Staff member)

"Training is good. We get an email about completing training." (Staff member)

"Lovely, a very caring and warm environment." (Staff member)

"Facilities here are lovely, we're very lucky. There's enough space." (Staff member)

"Good support from the management. The deputy manager's door is always open." (Staff member)

"We have a very good team. We've built our team from the ground up." (Management)

"We celebrate staff milestones – long service award their commitment to the organisation." (Staff member)

"Our staff/team help sundowning residents or if they're agitated come out of any distress." (Staff member)

"I am very proud of working here." (Staff member)

"All our staff look after each other." (Staff member)

"Management restructuring happened recently, roles changed. Nurses used to do medication administration. It's better now, it gets done earlier. There is constant improvement. We now have mobile based pain check for use with people not able to express pain. It's based on face expressions and works well for people with dementia. We have been using it since last year." (Staff member)

"Introducing one thing (change) at a time. Multiple things unfolding at the same time... it's overwhelming." (Staff member)

"Very happy. All the staff are nice and I'm well looked after." (Resident)

"Place worked for me...family close I was left in a debilitating situation few years back...kept having falls, once in the kitchen...was initially not ready to come...had fears before coming, what would happen." (Resident)

"Dramatic table in the centre with flowers, which caught my eye. Environment is nice...I liked the old [aesthetics]." (Resident)

"Wonderful place to be in...care is five stars...lovely place to be in...staff are very caring...I feel very lucky to be here." (Resident)

"I'm very happy here." (Resident)

"It's relaxed and friendly." (Relative)

"Wouldn't change anything." (Relative)



4.4 Living environment recommendations

HWK living environment recommendations	Royal Star and Garter response
1. regularly to avoid the build-up of dirty cups in the sink etc Monitor the Café/Bar area.	Schedule regular checks of Café/Bar (every 2 hours). Assign staffs for monitoring and clearing dishes. Additional signage to be put in place advising visitors that it is a non-staffed area.
2. Ensure carers moving residents in wheelchairs abide by safety guidelines, (eg, carer pushing a resident in a wheelchair whilst also holding a hot drink).	Email reminder to all staff re appropriate moving and handling. Reminder added to monthly mandatory moving and handling training.

3. Improve the general appreciation of the contribution of all staff members and volunteers.	Staff feedback board in place on all floors and handwritten thank you cards shared with individuals. Regular team meetings to highlight specific contributions.
4. Ensure the performance area in the garden has been repaired for use for when the weather improves.	Work in progress. Director of Operations fully aware of need to ensure fit for purpose by the late Spring.
5. Explore the possibility of providing a private space for visiting families (away from the main residents' room on Anglin).	The previous hairdressers on Shergold floor is going to be re purposed as a "Quiet Room".
6. Consider broadening the criteria for Kingston residents to improve attendance of daycare activities on Tuesdays and Thursdays.	This will not be achievable under our current Royal Charter.

5 Mealtime experience

During our visits we observed both the lunchtime and evening meals. The main dining room on the ground floor was available to all residents, and some from the second floor. The residents on the first floor (Lister) stayed on their own floor and generally within their own section.

On the ground floors, the tables had clean tablecloths, flowers and folded napkins. For those residents who preferred it, place names were put out on the table. We were told that residents mostly sat together in friendship groups. There was a screened off area in the dining room for residents who had visitors. Meals

were served from a Bain Marie on each individual floor and staff and residents told us that the temperature of the food was always suitable.

The lunchtime menu was potato and onion soup, breaded chicken with tomato sauce and mozzarella cheese, or stuffed pepper with tomato, rice, and feta. Desert was chocolate self-saucing pudding with custard. There was a selection of side dishes and lighter meal options available.

5.1 What worked well

- The downstairs dining room was spacious and light with access to the garden. The kitchen door was at the back of the, and there was a separate room from which deserts and ice-cream were served, called the Servery.
- There were menus on each ground floor table, and weekly menus on the walls with the upcoming meal shown on the tv screens.
- Each floor had a fridge containing snacks suited to residents' needs. The ground-floor fridge contained sandwiches, desserts and a bottle of Pinot Grigio. On the first floor, the fridge contained jellies, yoghurts and drinks to support hydration. All items were labelled with their preparation date and contents.
- lunchtime calmly and effectively. One resident became agitated towards a carer, who responded with patience and respect while another staff member offered support by distracting the resident. Although we observed the resident displayed some physically challenging behaviour towards the carer, we were later told by the manager that the resident was very fond of this carer. On our second visit, we observed a warm and affectionate interaction between them.
- During the lunchtime meal on the first floor, we observed one resident being encouraged to eat. One was being fed by a carer, two residents sat at a table eating, with one dozing off and then starting awake and

continuing to eat. On a separate table three residents sat together with a carer close by.

- We were told that mealtime support varied across the first-floor areas. In Lavender, some residents ate in their rooms while others were supported in the dining area. In Meadow and Sunflower, most residents were able to eat independently, although some needed encouragement or assistance.
- The lunchtime seemed busy for the staff. We were later told by a carer that one staff member had called in sick that morning, as well as the Deputy manager who usually helped out if needed. This carer told us that everything had been manageable and that usually they would not be so busy. The manager later told us that the staff ratio was correct, even with the absent staff member, and if necessary, other staff in other areas of the floor could have been called upon.
- The visiting team observed the lunchtime on the ground floor and commented it was extremely efficient and friendly, and felt like being in a good restaurant in the carers' desire to have the residents happy.
- In the downstairs dining room, residents were seated across several tables, including one resident eating with a visitor.
- There were 3 to 4 staff serving the residents at lunch. One resident had a glass of wine, another resident commented that the pudding 'is jolly nice.'
- We observed staff on the ground floor being very respectful and having a good rapport with residents.
- Residents ate off a set menu but were able to request particular meals with notice. Those with specific requirements (eg pureed food, food lower in cholesterol) had plated food prepared for them individually.
- Staff told us that a dietitian comes on a monthly basis, to check on the food offered to residents.

- The kitchen staff are contracted from an outside provider. The Head Chef had worked with Royal Star and Garter for over five years.
- We observed adapted cutlery, cups and plates in use by residents.

5.2 What could be improved

- On Anglin we observed a resident being fed by a carer in almost complete silence. The carer was neither telling the resident what food they were giving them or asking if they wanted more.
- One resident told us they knew they were able to ask for snacks if they wanted one, but didn't like to be a nuisance, and so didn't.

5.3 What we saw and heard

During our visit we took some photographs and spoke to six residents, one relative, and eight staff members. We have captured some comments about the mealtime experience below.



Images (from left to right): A menu / Main ground floor dining room with screen divider for residents with visitors / Dining area on Lister with adapted cups and plates / The ground floor 'snack' fridge / Bain Marie with ground floors lunch / The snack fridge on Lister.



"We have a standard set menu; some residents have requests. We do soft, fork mash and puree meals." (Staff member)

"Standard of food is the best." (Staff member)

"The food is okay, but I understand...really basic sort of food, can't expect spicy...I like crusty rolls but can't eat that...food is okay...I just tend to have a different taste...They have to serve what people can eat." (Resident)

"Servers are really lovely people. For example, today I decided to have omelet, I love lasagna cheese omelet. They did it for me, I had a lovely omelet." (Resident)

"Posh biscuits...delicious snacks." (Resident)

"There's enough choice. It's excellent." (Resident)

"We can always go downstairs to help ourselves whenever we wish." (Resident)

"They give you a good choice. You can press a buzzer to ask for food options, but I feel a nuisance and so don't use it." (Resident)

"Food is very nice. Good temperature. They do most things." (Resident)

"We offer choices. Residents eat in the lounge area, dining room or their rooms." (Staff member)

"Food is ok, very good." (Resident)

"Food is boarding school-like. I like all of it." (Resident)



5.4 Mealtime experience recommendations

HWK mealtime experience recommendations	Royal Star and Garter response
1. Ensure that carers who are assisting residents to eat are	Staff to gently encourage and offer choices during mealtimes.

communicating their actions as they do so.	VIP training being delivered for all staff which focuses on person centred care. Speech and language therapist will be role modelling in dining rooms. PORT assessment to be used to observe positive interaction.
2. Encourage all residents to ask for snacks and drinks if they would like them.	Team to encourage residents to ask for snacks and drinks. Display fridges are available on each floor with a variety of drinks and healthy snacks.

6 Meaningful activities

Royal Star and Garter appeared to have a busy programme of activities, with a dedicated craft space on the ground floor and a separate room for activities such as singing and music groups. The activity agenda was available on the reception desk for visitors to see. Staff told us the home had a well-being team of six staff covering Monday to Sunday, supported by around 12 regular volunteers who usually ran activities weekly.

6.1 What worked well

- All the staff members considered that the home provided lots of activities including those provided by a team of volunteers.
- Activities were scheduled at 11am and 4pm. During our first visit, we observed a singing session in the activity room with around 10 residents taking part enthusiastically.

- Volunteers ran regular activities at the home. These included a volunteer who came in to sing, a weekly music club where residents chose music to listen to together, a gardening club run by a volunteer gardener, and visits from a volunteer with a popular PAT dog called Poppy. During our visit, 12 residents were attending the music club, which appeared to be well-liked, with one resident saying it was their “favourite thing to do”. The manager told us the home had received applications from at least 20 people wanting to become volunteers.
- The home had links with the air-cadets, local schools and a young leaders’ scheme for children aged 12 to 13 who were struggling with absenteeism. The manager told us the scheme had been very successful, with attendance rising to 100% as participants were keen to continue visiting the home. Nursery school children aged three visited Lister once a week.
- Trips were arranged – the home had two minibuses. Trips included visits to Bushy Park, Hampton Court, boat trips, mystery drives and into Kingston and Ewell Court for coffee. Other events had been to Lower Morden Road to see the Christmas lights and visits to see the Chelsea Pensioners. The buses held at most six residents at one time.
- The manager told us that events connected to the services or to the Royal Family were important to the residents and the home. There was an annual trip to the Cenotaph for Remembrance Day. The home marked veteran’s week, and recently Princess Anne, the patron of the home, had visited.
- The monthly activities schedule was displayed on the wall and available using Alexa, with instructions about how to use Alexa at the reception. The day’s activity was also displayed on the screen on each floor of the home.
- The home had one full-time physiotherapist who worked both one-to-one with residents and also ran groups, e.g. balance groups, for up to ten people. These classes were bookable freely available for residents.

- The physiotherapist also did rehabilitation work for respite residents who needed a particular input, e.g. for a fractured hip.
- The home had a well-equipped gym on the second floor (Shergold). The gym had cycle machines and walking rails among other things.
- The garden was a good resource for activities. There was a covered area where musicians came and gave concerts.
- Resident could garden on the raise beds.
- We observed that all staff were continually engaging with the residents, chatting, singing, and encouraging them to do puzzles or colouring.
- There were many objects around the home, especially on the first floor (Lister) to help care staff to encourage activities and memory conversations with the residents. For example, stuffed cats by the fireplace, different bolts and keys hanging from the wall etc.
- A staff member told us that the top and bottom floors usually combined for activities, while the middle floor had its own activities. For larger events, such as singers, musicians or carol services, residents from all floors who wished to attend were brought together.
- The home has two minibuses, and the driver is part of the well-being team. Residents can be taken to appointments, and accompanied by a carer.
- The residents on Lister were able to use the post-office shop when it was open, and buy sweets, toiletries and second-hand clothes.

6.2 What be improved

- During the music club one of the volunteers provided tea for the residents. They expressed that it would be easier to deliver the hot drinks to the residents using a tea-trolley.

6.3 What we saw and heard

During our visit we took some photographs and spoke to six residents, one relative, and eight members. We have captured some comments about the activities below.



Images above (from left to right): Keys and locks on a wall and a ball and tambourines / A reading corner on the ground floor / The 1940's post office / Some of the items for sale on Lister / Activity and display area on the ground floor / The gym on Lister / The soon-to-be cinema room under construction on Shergold

"I just love coming here for the residents." (Volunteer)



"I help encourage the residents...help...chat with them as well...lots of cups of teas. There is no tea trolley thoughit would be much easier if I had a tea trolley." (Volunteer)

"Some residents are in their room, so we take activities into them, it's more person centred, or just to talk." (Staff member)

"The summer house comes into its own." (Staff member)

"In winter we use garden centres to take residents out (if they're able). (Staff member)

"We have a good connection with Hampton Court Palace who have a very dementia-friendly workshop. It's free and we try to take as many residents as possible. It's on a Tuesday when the Palace is closed to the public so the residents have privacy." (Staff member)

"Four boys from local school boys come in every week, and on Wednesday morning, nursery children come in." (Staff member)

"I went to the Cenotaph." (Resident)

"I'd like to go to Central London – Battersea Park or Hyde Park." (Resident)

"I had a day out with the Chelsea Pensioners." (Resident)

"I would love to go to have a coffee with carer in Surbiton." (Resident)

"I went on one of their outings – a boat on the river. Any outing is good." (Resident)

"I use the hair salon and have seen a chiropodist once here." (Resident)

"I've seen the physio here. I have been to the physio gym." (Resident)

"There's a lot of music here. It's good music therapy for the dementia residents upstairs. We had choir this morning." (Resident)

"We went down to the Star and Garter in Worthing. They were doing jigsaw puzzles." (Resident)

"If I need to go out and about, I need to organise in advance...1-2 days in advance...they are very accommodating" (Resident)

"I go for the music club...exercises...I would not play bingo, matter of principles! I love to go to the garden, it's quiet and beautiful...[Penny] is an amazing voluntary gardener." (Resident)

"I am part of few clubs...Wimbledon scout group. I attend some meetings...book a cab...could go once a month...nephews look after drop and pick-up...go to Roehampton club... I go down the road with a carer." (Resident)

"Sometimes if I need a haircut, I just book one...same for massage. I have a smart TV, Alexa for music, Wi-Fi in the room." (Resident) '



"We do a wide range (of activities). Flower arranging, Lucy Freud art book club, bingo, board games. Quiz afternoons, pottery, arts and crafts – especially with Christmas coming up." (Staff member)

"VR headset was very popular with residents." (Staff member)



6.4 Meaningful activities recommendations

HWK activities recommendations	Royal Star and Garter response
1. Review the outside activities plan to explore incorporating visits to other areas of London that residents are familiar with.	Identify locations familiar to residents - Coordinate transport, risk assessments, and staffing - Implement trial visits

7 Next steps

This report has been shared with Royal Star and Garter who have had the opportunity to check it for factual accuracy and respond to our recommendations. It has subsequently been shared with, Kingston Borough Council, Care Quality Commission, the Kingston Care Governance Board and other stakeholders. We have also shared this report with Healthwatch England and have published it on the Healthwatch Kingston website. We have agreed with the management of Royal Star and Garter the next steps to be taken in response to outstanding recommendations.



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