

Fourways Care Home

Enter and View Report 1st April 2026

healthwatch
Bracknell Forest



**Fourways**
Residential Home
Retirement with peace and tranquility

Tel: 01252 871751

www.fourwaysresidentialhome.co.uk

manager@fourwaysresidentialhome.co.uk

45 Scotland Hill Sandhurst GU47 8JR

Contents

Contents.....	1
What is Enter and View?	2
Purpose of the visit	2
Background of the home	3
Preparation and Planning for the visit	3
Observations.....	4
Quality of Care	17
Activities and Daily Life.....	19
Food and Drink	23
Hydration and nutritional needs.....	26
Dignity and Respect	27
Staff	27
Staff: training and support	30
Connections with other services	32
Recommendations with response from manager.....	33

What is Enter and View?

Enter and View is one of a range of options available to Healthwatch Bracknell Forest to enable us to gather information about health and social care services and to collect the views of service users, their carers, and their relatives.

Enter and View is an activity that all local Healthwatch organisations can carry out to contribute to their statutory functions. This means Healthwatch Bracknell Forest can choose if, when, how, and where it is used, depending on our local priorities.

An Enter and View visit is where a team of appropriately trained people, known as Authorised Representatives, access a service on behalf of a local Healthwatch organisation, make observations, collect experiences and views and then produce a report.

An Enter and View visit is not an inspection – it is the Care Quality Commission (CQC), as the independent regulator of all health and social care services, that has the formal inspection responsibility. Local Healthwatch organisations aim to offer a layperson's perspective, rather than a formal inspection.

Enter and View is not a stand-alone activity, but rather it is part of a wider piece of work to collect information for a defined purpose.

Purpose of the visit

This visit was to look at what is working well with the service and what could be improved. We had a particular focus on independence and choice.

Background of the home

Fourways Care Home is based in a residential area of Sandhurst. It was acquired by JI Ventures in 2024. The home has a capacity for 20 residents and, on the day of our visit there were 19 residents at the home.

Preparation and Planning for the visit

Following discussion with the Local Authority a priority list was presented to the Healthwatch Bracknell Forest Advisory Group who agreed the visit to Fourways Care Home.

Three weeks prior to the visit, the manager was telephoned and we requested a visit on April 1st. This was confirmed with a letter. One week before the visit a member of the team dropped off posters to promote the visit, as well as printed surveys for staff and relatives, along with a post box to hold them securely. The post box was collected one week after we had visited.

During our time there we spoke with 4 residents.

Additionally we received surveys from 8 relatives/friends, and 5 members of staff. We also spoke to the manager and the activities lead.

The Enter and View team consisted of Ann Brosnan, Nick Durman and Mike Butcher.

Disclaimer: Please note that this report relates to findings observed on the specific date set out above. Our 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 at the time.

Observations

Interactions with Staff

We arrived and signed in. We were greeted by staff and by one of the residents, who welcomed us to the home. We were given a walk round of the home and saw all the rooms. As we walked around we were greeted by staff and also spoke to some of the residents who either chose to stay in their rooms, or were confined to bed. We noticed good interactions between residents and staff. Several of the residents joked with the manager and deputy manager.

Environment

As well as general observations, we used the King's Fund Dementia-Friendly tool.

Fourways Residential Care Home
The Kings Fund Environmental Assessment Tool
Is Your Care Home Dementia Friendly

1. The environment promotes meaningful interaction and purposeful activity between residents, their families and staff.

All assessment criteria met except one relating to layout and choice of seating. Examples where the assessment criteria were met:

Does the approach to the care home look welcoming? Is the entrance obvious and the doorbell/entry phone easy to use?

There was a clear sign outside the care home identifying it a Fourways care home. The approach to the care home looked welcoming; the outside area had well tended shrubs. There were two steps up to the front of the care home but there was a handrail for those who needed assistance to climb the two stairs and there is a ramp with handrails from the side of the house to the front door.



The entry doorbell was easy to identify and easy to use.



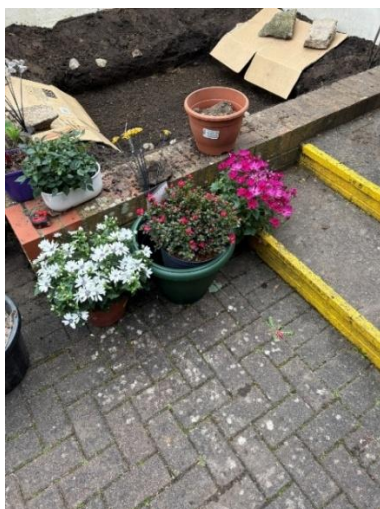
Does the care home give a good first impression i.e. does it look clean, tidy and cared for?

The care home entrance and hallway were clean and tidy and there were no unpleasant odours. There were flowers displayed on a table along with hand sanitiser and the signing in/signing out book. The entrance hall also had a chair for anyone who needed to sit down.



Does the environment support residents to engage in home life e.g. doing gardening?

We spoke to a resident who was very involved with planning garden planting and the installation of a pond which was in the process of being dug out when we visited. (Picture Below). The resident also had help with the gardening by another resident.



Is there a choice of seating e.g. settees as well as single chairs with arms, and are chairs arranged in small clusters to encourage conversation?

We only saw individual seating with arms, rather than a variety of seating. The seating was arranged in lines around the walls of the lounge rather than some being in clusters. This may be due to the space available. The home may want to consider if they can introduce some alternative seating and/or see if it is possible to arrange some seating in clusters. Below are images from another care home we visited with seating options and clustered chairs.



2. The environment promotes well-being.

All assessment criteria met. As examples:

Is there good natural light in bedrooms and social spaces? Are links to and views of nature maximised e.g. by having low windows?

We observed good natural light in social areas, for example, in the living room and dining room. The dining room had large windows, with views to the garden, and patio doors leading to the garden. The bedrooms we did observe were light and had views of the outside areas. The dining room had large windows with lots of light and views into the garden.



Is the décor age appropriate, are there photographs or artworks of a size that can be easily seen?

There was a variety of art works throughout the home. It was large enough to be seen easily and was age appropriate. There were bright floral arts and some depicting nature.





Is there independent and easy to locate access to a pleasant, sociable, safe and secure outside space e.g. garden, courtyard, or terrace with sheltered seating areas?

We observed a pleasant safe and secure garden. Some residents were involved in organising and planting in the garden and on the day we visited one resident was doing some flower planting. The home was in the process of installing a pond which the residents had requested. The garden was laid to lawn and there was a variety of shrubs and trees and flowers. Access to the garden was via patio doors from the dining area. The threshold from the patio doors to the garden was flat. There was a flat patio and path around the garden. There was a variety of seating in the garden and a large gazebo to provide shade.





3. The environment encourages eating and drinking.

All assessment criteria met. As Examples:

Are large dining areas divided so as to be domestic in scale?

There is a large bright dining room which was divided so as to be domestic in scale.



Is there a sufficient level of lighting so that the table settings and food can be seen easily?

The dining room was in a glazed conservatory which had large windows that created a light and bright space and overlooked the rear garden. When we observed during lunchtime, the level of lighting enabled table settings and food to be easily seen.



Does the dining room provide opportunities for residents to eat in small groups or alone if they wish?

Residents could sit in small groups if they wished, they could be joined by a family member or they were able to sit in the lounge or in their bedrooms to have their lunch if they preferred.

Do the people living in the care home and/or their relatives have constant independent access to hot and cold drinks and snacks?

We observed drinks being offered by staff. In addition, there was a large easy to see hydration station in the living room, there was also a variety of fresh fruit and crisps next to the hydration station.



4. The environment promotes mobility.

All assessment criteria met. As examples:

Is the flooring in a colour that contrasts with the walls and skirting?

All of the flooring we observed throughout the home contrasted with the walls and skirting.



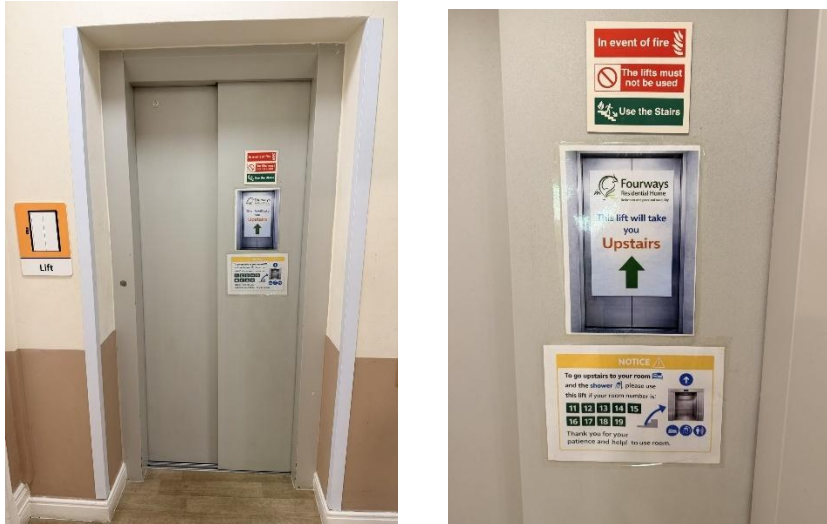
Are the handrails in a colour that contrasts with the walls.?

All of the handrails we observed were all in a distinctive colour that contrasted with the walls.



Are lifts easy to find and does it provide information to residents about where the lift goes?

We observed that the lift was easy to find and it is clearly marked with an easy to see sign in word and a lift symbol. There are clear instructions attached to the lift doors explaining where the lift goes and to what room numbers.



5. The environment promotes continence and personal hygiene.

All assessment criteria met except the following which was partially met:

Are the toilet seats, flush handles and grip rails in a colour that contrasts with the toilet/bathroom walls and floor?

Some but not all of the toilet seats we observed were in a different colour to the wall/floor. There were also some grip rails that did not contrast in colour to the toilet and in at least one case there were no grip handles present.



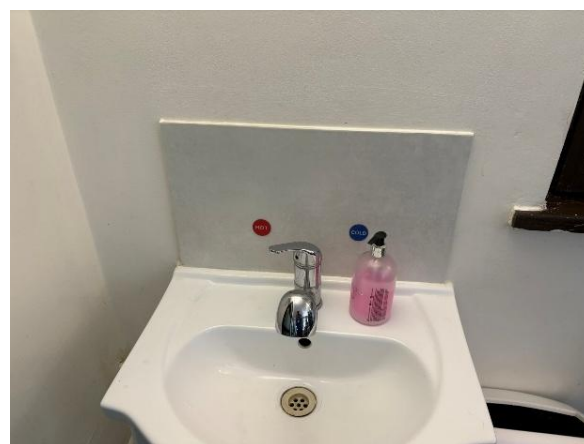
For comparison, below are good examples of consistent contrasting toilet seats and grab rails we have found at other care homes we have visited.



Examples where the assessment criteria were met:

Are the sink taps clearly marked as hot and cold and easy to identify as such?

The sink taps we observed had hot and cold circular stickers on the basin splashbacks behind the taps.



Do all the toilet doors have the same clear signage with text and images?

All of the toilet doors we observed had the same signage which included written and pictorial symbols for the toilets.



6. The environment promotes orientation.

All assessment criteria met except:

Is there a large, accurate and silent clock clearly visible in the social area and does it display the correct day and date and weather?

We observed some small/medium sized clocks at the home but there wasn't a large clear to see clock in the lounge. There was a large board in a hallway displaying the day, date and weather. It can be helpful for residents to clearly see a large clock with the time, day, date and weather in the lounge area.



Below are good examples of large accurate clocks with additional information that we have seen in some other care homes



Examples where the assessment criteria were met:

Are signs for residents of a good size and of a contrasting colour to be seen easily?

We observed various signs for residents to help with wayfinding. The signs were of a size and colour to be easily visible. As examples:



Are bedrooms and bedroom doors personalised e.g. through the use of numbers, accent colours, artworks, or personal photographs?

We observed bedroom doors that had been personalised in various ways using accent colours, pictures, photographs. We haven't given photographic examples in this report in order to protect individuals' privacy.

7. The environment promotes calm, safety and security.

Are spaces clutter free so as not to prevent easy movement in the home?

All assessment criteria met. As examples:

We didn't observe any cluttered areas in the corridors, social spaces and other areas of the home that could impede residents' safe movement around the home. We didn't observe any clutter in the garden that would prevent safe movement of residents.



Has careful consideration been given to the placement of any mirrors or shiny surfaces in corridors and social spaces?

We didn't observe any intrusive mirrors or shiny surfaces or flooring in any of the corridors, lounge, dining rooms or other communal spaces.

Garden Observation

In addition to our dementia assessment, we were shown around the garden by one of the residents who had taken on the role of making the garden more user-friendly. She explained her plans and had drafted in the maintenance man to dig a pond outside the dining area.

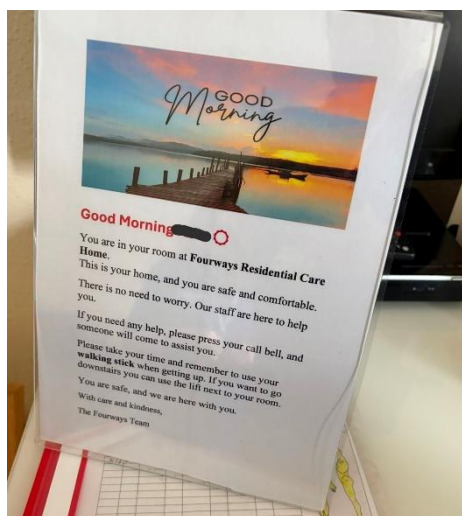
She also told us that she had spoken with one of the neighbours regarding cutting back the hedge, which ran the length of the garden, and the neighbour was happy for this to be done and had offered to share the maintenance of the hedge going forward.

It was clear that this activity and responsibility was very important (and stimulating) for the resident leading the garden update. She was keen to have brighter plants and encourage the other residents to come out into the garden and make more use of the space. Part of the patio was much brighter as it had been pressure washed and there were plans to do this to the rest of the paving.

The staff we heard from said that weather and mobility issues were the two main things that would affect residents ability to access the garden.

Quality of Care

The manager had been innovative in encouraging those residents able to do things for themselves. For those who had mild dementia, but were physically independent, notices were placed next to the bed and on their bathroom doors, as well as in the bathroom, wishing them 'Good morning' and explaining that they could get up and dressed themselves. Instructions in the bathroom listed what they needed to do next. This not only helped them retain their independence, but encouraged them to move around and reduced the pressures on the care staff in the morning. If they needed any help there was a note of how to call for assistance.



The residents we spoke to gave the following comments:

“Only need to ask and someone comes along and gives help and advice.”

“I have no complaints. The carers are all good. Manager has done a great job since they came to the home.”

“Feels safe and like I am at home.”

The relatives we heard from said that they were happy with the quality of care and all said that their loved ones looked presentable.

“My relative always looks clean and well cared for. She wears her own clothes and the clothes are well looked after.”

All but one said their loved ones had a choice of what to wear and could choose what time they went to bed and got up.

With one exception, relatives also felt that their loved ones were encouraged to be as independent as possible.

From our walk around and seeing the aids on bedside tables and posters on bathroom doors, we could see that the manager is very proactive in encouraging residents to do as much for themselves as possible to keep them physically and mentally active, which in turn reduces their decline.

All relatives said that their loved ones had access to appropriate healthcare and all except one said they had access to other services such as a hairdresser, etc..

“I can confirm they have regular visits from the chiropodist and hairdresser.”

Most of the staff felt there were enough carers to provide the support the residents need:

“We always have enough staff on the floor; our management would never compromise resident safety.”

“During busy shifts there may not always be enough staff.”

“It is a 24 hour job and both day and night staff will help each other out to ensure the residents care is provided.”

Most staff also felt that they could provide individual support to the residents, and some felt it was challenging to do so at times:

“I am confident and believe so.”

“I try my best but, due to workload, it sometimes makes it difficult to give enough time to each resident.”

“Personalised care for each resident. Keyworkers and key leads and designated manager.”

Activities and Daily Life

Residents' comments

Some of the residents we spoke to were more able to move around freely:

“If I go out it is generally into the garden. If the home were to arrange any trips out then I would probably go.”

Others faced challenges:

“Tend not to (go out of the home) as I have fallen over so it is hard for me to go out. My daughter comes and takes me out.”

The residents we spoke to also felt they were encouraged to move around:

“They have activities here regularly that I can join in with. I can go out into the garden whenever I want and I can walk around the home. I can walk and see other residents.”

“Yes – I’m able to be active around the home and especially in the garden.” (This resident gave us a tour of the garden)

We had the following feedback from the residents on the garden:

“I’m busy redesigning the garden. I want to encourage people to use it more.”

“The garden is great, a resident has helped make it really nice, she is planting flowers and soon there will be a pond. The garden is quiet, there are chairs and there is a gazebo if you want to sit in the shade. I go out into the garden a lot.”



The garden door is always unlocked during the day so I can go out whenever I want. The resident has really improved the garden and next there will be a pond which is nice.



There was one suggestion for how activities could be improved:

“They don’t have any sports related things in the care home and I like sports.”

Relatives' comments

Not all relatives had been asked about their loved ones hobbies, when they arrived at the care home.

Relatives overall felt able to join in with activities if they wished. They were also aware of what other options were available if their loved ones did not want to or could not participate in the planned activities:

"They provide person-centred activities for residents confined to bed."

"Talk to other residents, watch TV, listen to music."

The majority of relatives felt that their loved ones were encouraged to move around during the day and use the outside space regularly, with one respondent saying this was only during the Summer with regard to using the outside space.

When asked what they thought of the garden, the relatives gave the following replies:

"It's beautiful but needs attention and care."

"Accessible space and safe."

Suggestions for how to make better use of the garden included space for wheelchairs; to have lunch/tea outside in good weather and have family visits in the garden.

Staff

The staff were positive about the activities that are available:

"There are plenty of activities available such as gardening, music, and dancing. Also other person-centred activities."

"The activities are good, including gardening and colouring. The activities staff member supports the residents, which is helpful."

"Good: engages residents and good for movement."

We also spoke with the Activities Coordinator: she explained that, every morning since she started her role, she goes and speaks to the residents. She has learned about their individual interests and needs. Some prefer not to join in with activities downstairs and so she provides other forms of entertainment for them in their rooms (we spoke with one of the residents who confirmed she preferred to stay in her room and showed us the various games and puzzles she had been given to use that day). During our visit a Bollywood class took place and residents were encouraged to join in.

When we asked staff what they did if a resident wanted a different activity from those on offer they responded as follows:

“We always respect everyone's choice and if immediately we don't have the requested item we will find an alternative and for the next time, take action to get it.”

“I would listen to the resident and try to find a solution, or inform a senior staff member or manager to see what can be arranged.”

“We would offer a book, newspaper or other form of entertainment.”

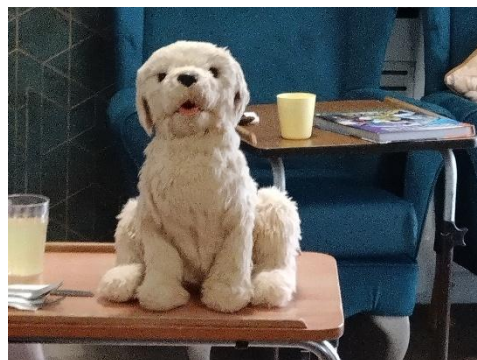
The staff we heard from were keen to find time to sit and talk with the residents, even when this was not planned into their day:

“Yes, whenever I am free.”

“Sometimes, but not always, due to the work schedule.”

“Yes I do. I make them laugh. Not planned into my day.”

One resident had a support toy in the shape of a dog. We observed her using this to calm herself down when she got agitated. As she was unable to speak clearly the carers would listen to her and reassure her



Food and Drink

Lunchtime Observation

We undertook an observation at lunchtime:

There were three tables alongside the window, each with four chairs. Some of the residents sat at these tables and interacted with each other. Some of the residents remained in their chairs.

Staff wheeled in a trolley with plates of food. The menu had been changed that morning due to an issue with the gas supply (they were waiting for the engineer to come and sort it out) and so the chef had made fish and chips with peas as the main course.

All the plates of food were covered and labelled for each resident. Staff helped some of the residents to cut up their food. One resident was given a collar for her plate to help her pick up the food rather than push it off the plate. Some of the residents were given bibs.

Staff encouraged the residents to eat and do as much as they could for themselves. If anyone was struggling, a member of staff would come and help and again encourage them to feed themselves before they then assisted some more.

One resident kept refusing the food and staff continued to encourage her to eat.

Staff explained what the food was when they served it. One of the residents said she didn't like the thin chips and the manager said that he would ensure they ordered some chunky chips for her. This resident also said she did not like the sauce that was served with the meal, so her plate was taken away and a new plate provided, without sauce.

One resident became distressed and a member of staff went over and reassured her. Those staff members in the living room and dining area made an effort to engage with the residents.

The food looked appetising and the residents seemed to enjoy it. Most cleared their plates and then had either chocolate cake or tiramisu for dessert.

One resident became quite agitated and a staff member immediately came over and spoke reassuringly to her and explained that dessert was on the way and encouraged her to sit down.

Staff cleaned the table before serving desserts. Some residents were helped to eat their desserts. Staff helping would talk to residents: one resident had dropped a utensil and the staff member helping said 'I am going to get you another spoon'. Staff communicated well with each other.

Staff continuously watched out for the residents who might need help and encouraged them to eat and drink, but did not put pressure on them.

All menus were clear and easy to read with photos to help residents see what options were available for breakfast, lunch and dinner.



Resident feedback

The residents we spoke to were mainly positive about the food:

“Good”

“The food here is good, I don't leave anything. There is a lot of choice. If there was something I didn't want the staff would make me an alternative.”

“Didn't like the chips today.” (they were French fries and the manager said they would order chunky chips for her to have in future).

“Incredible.”

All said they could sit where they wished and most only needed minor help with eating (such as cutting up food as they had arthritis).

“The dining room is very nice and bright and I can sit wherever I want, I usually sit near a window and look into the garden.”

“I don't need any help with eating and drinking but the staff are very good with those people who do need help.”

Relatives

All except one relative thought that the food was good quality and their loved ones had a choice about what they ate.

Additionally, all except one relative thought that there was enough help given at mealtimes, they were able to join their loved one for a meal, and the home catered for those from different cultures.

All who answered the question felt that there was a suitable quantity of food.



Excellent choice of food: Fresh and well-cooked. This is what my relative looks forward to the most.



Staff Feedback

The feedback from staff was positive:

“Quality and variety of the food served to the residents is well cooked and prepared by the chef.”

“The food is generally good, but more variety would improve it.”

“We have a variety of food options. We always ask residents what they like to eat and adjust according to their needs and choice.”

Hydration and nutritional needs

All the staff we heard from were aware of the need to keep residents hydrated and well-nourished throughout the day:

“We have a hydration station and those who are more independent can help themselves from there. Staff encourage residents to drink.”

“We regularly offer food and drink and monitor intake of fluids. We encourage them throughout the day.”

“Staff know the residents: their appetites, likes and dislikes and give advice to the chef.”

Dignity and Respect

The residents felt that staff treated them with dignity and respect when supporting them:

“The staff help put me to bed and help me get up and wash me when I ask. Staff always ask your permission before doing anything. I have never felt embarrassed or uncomfortable with care when I receive it.”

Residents also felt that they were helped when needed:

“What I can do for myself I will do and the staff help when I need help. They always ask your permission before doing anything for you. All the carers are good.”

“Yes. They are very courteous.”

All the relatives we heard from felt that their loved ones were well-treated and looked after.

“The manager and staff are very kind and caring in all the things they do.”

Staff

Resident feedback

The residents we spoke to appreciated the staff and gave us the following comments:

“In the morning, it can take a little while until the carers get to you but it's ok, I understand they are dealing with lots of residents first thing in the morning.”

“Get down to the lounge by 10am.”

Residents said that the staff were caring and kind:

“Yes they are all caring and kind .”

“Very caring: nothing is too much trouble.”

“Yes! I would give them a smack if they weren't!” (laughs)

“I am spoilt by the staff and love all of them. They keep an eye on me and I like to keep an eye on them!”

Overall the residents felt that staff responded quickly to their needs, but understood that it wasn't always possible to do so:

“I think they respond as quickly as they can depending on whether they are dealing with other residents.”

“Not always in the morning.”

When we asked if staff had the time to sit and talk with them, we received the following responses:

“When they have the time the staff and managers will stop and chat to me.”

“Yes, as much as I want.”

“Not really.”

“Maintenance man does as he is helping me with the garden improvements.”

Relatives' feedback

All the relatives we heard from felt listened to by the staff and managers.

Only one relative did not know who to talk to if they had concerns about their loved one.

With one exception, the relatives felt they were kept up-to-date with their loved ones health situation and alerted if it deteriorated.

Again, all except one relative felt involved in decision-making for their loved-one and knew how to raise concerns and complaints and that these were acted upon.

"I can confirm they are very supportive and caring."



My husband is looked after well and I appreciate everything they do. We are so lucky to have a wonderful group of people.



Manager feedback

We heard from the manager who felt one of the main challenges is keeping staff fit and healthy both physically and emotionally, to deal with the residents in the best way possible. The manager acknowledged the long hours and hard work takes its toll and would like to see an increase in salary to support the care staff and improve the level of support in the home.

Staff: training and support

The staff we heard from had been at the care home from four months to four years. The majority felt they had good training:

“All mandatory training is provided and if any additional training is needed, there is the opportunity to do that also.”

“Staff receive basic training and support but more regular training would be helpful.”

“Very well. A training matrix is in place.”

“Yes, all mandatory. NHS, dementia awareness, pressure sore awareness. Personal development by owners e.g. NVQ 4 etc.”

Most staff felt that communication between them and staff meetings, were good:

“We do have a staff meeting every month or when there is something that needs to be discussed.”

“We communicate daily but regular staff meetings are not very frequent.”

“Regularly, can always ask questions.”

Overall staff we heard from felt well supported:

“Encouragement, additional help if needed in the workplace.”

“I receive support from my team every day. They help me when needed and provide guidance.”

“Regular contact with management. Therapy is offered.”

When we asked the staff what was the hardest part of their job we received a number of different responses:

“Nothing: I enjoy and love working with the residents.”

“Sometimes it is the busy schedule and time pressure.”

“Differs, depending on the situation.”

We asked the staff to tell us what improvements they thought could be made and they responded as follows:

“Work schedule and to provide breakfast for the staff.”

“Good feedback about the company, and the care given.”

Other feedback from staff .

“Instead of 12 hour shifts we are now doing six hours, which has reduced long shift tiredness.”

“The team is supportive and the working environment is very friendly. With small improvements the workplace can be even better.”



I've worked in many companies but this is the best care home I have ever worked in.



Manager Feedback

We spoke with the manager who told us that before he joined there had been a lack of consistency with managers due to changing circumstances and he was focusing on ensuring all necessary documentation was up-to-date.

He was keen to engage more with staff, as he felt this was lacking under the previous ownership, and wants to encourage them to give feedback to help improve the service offered to residents.

The manager also informed us that he was clear about the residents that were suitable for this home and would not take people who did not fit the criteria as, this would not be good for them or the existing residents.

Connections with other services

The manager felt that GP access was easy: They have monthly visits which alternate between a GP and a paramedic. Prior to the visit he sends a list to the surgery of those residents he would like to be seen and an explanation as to why. The visit is documented and any changes to diet, medication etc. is logged.

Pharmacy is Care to Home and an assessment was completed at the end of March 2026.

There is no contract in place with a dental surgery and the manager will refer any dental issues to the GP surgery. Since his arrival there have been no dental issues.

They use Connect Eye Care, which the resident pays for.

The hairdresser visits twice a month and there is a hairdressing station set up downstairs for them to use.

Mental Health support has been easy to access due to going via the GP Surgery; the visiting GP knows the residents well and will refer to the mental health team as necessary.

Support from Bracknell Forest council has been good and the manager is pleased with the relationships he has built with adult social care.

Hospital discharge continues to be a challenge: The manager felt that more support from the council would be appreciated when assessing the resident in hospital prior to discharge. The manager keeps track of the resident on the care

home system while they are in hospital to ensure that records are adjusted as appropriate.

The residents we spoke to felt they were able to get appointments when needed:

“Yes I get haircuts and nails clipped when I want them done.”

“I am waiting for the hairdresser to come and cut my hair, I always get it done when I ask.”

“Yes I have a doctors appointment this week.”

“When I ask the staff to make me an appointment then they do it for me.”

Recommendations with response from manager

Overall the feedback from residents was positive and they were happy with the care home and the staff. Relatives were also complimentary and happy with the home, with only one relative making negative comments. The Manager had clearly read the care home report we sent as an example, prior to our visit, and had already implemented some of the recommendations, such as marking hot and cold taps more clearly and identifying walking frames by putting stickers on them. We would like to make the following recommendations:

- Use contrasting colours in all bathrooms and toilets for things such as toilet seats and grab rails

Response from Manager: This is a great idea and forms part of our ongoing renovation and improvement plans within the home. Thank you very much for highlighting this recommendation. We will certainly be working on this moving forward.

- Consider introducing a more varied range of seating in the lounge and grouping some seats together, where possible.

Response from Manager: We truly appreciate this suggestion. However, there are a few practical challenges, particularly regarding the available space within the lounge and the specific needs of our residents. At present, many of our chairs and recliner chairs can be adjusted according to residents' individual needs and can also be moved easily when activities require additional space. Larger combined seating options such as sofas may be more challenging in terms of flexibility and space management. That said, I have discussed this recommendation with the Director and we will certainly explore further suitable options.

- Introduce larger clocks, with date, time and weather on them to make them more visible.

Response from Manager: Absolutely, we agree with this recommendation. We are planning to reposition the existing large display board currently near the toilet area to a more visible location within the living room so that all residents can clearly see the date, time, and weather updates more easily.

- Ensure all residents are asked about their hobbies when they arrive and this information is passed on to the activities co-ordinator.

Response from Manager: This is already part of our admission and care planning process. During all pre-admission assessments, we gather information regarding residents' hobbies, likes, dislikes, preferences, and life history, which helps us to create personalised care plans. We also ask about food preferences and routines to ensure person-centred care.

In addition, our Activities Co-ordinator regularly communicates with residents and their next of kin to gain a deeper understanding of residents' backgrounds, interests, and hobbies. However, we fully recognise that there is always room for improvement. I have discussed this recommendation with the Activities Co-ordinator, and moving forward we will ensure this process is explored in even greater detail from the very first day of admission, with earlier involvement from the activities team.

- Consider activities for those who are interested in sports, and have themes for events such as Wimbledon, World Cup etc. Consider a subscription to a sports channel.

Response from Manager: Yes, absolutely. We appreciate this recommendation and will work towards introducing more sports-related activities and themed events such as Wimbledon, the World Cup, and other national sporting occasions. We will also explore the possibility of adding a sports channel subscription for residents who may enjoy watching sporting events.

- Consider accessing a minibus in order to take residents out for activities.

Response from Manager: This is something we have discussed internally on multiple occasions and it already forms part of our future plans. Historically, when residents have been consulted regarding outdoor activities and trips, only a small number expressed a wish to go out regularly, while those residents are already frequently supported by their families for outings.

We also maintain records confirming residents' preferences regarding outdoor activities. However, this remains a personal priority for me as I strongly believe residents benefit greatly from community access and outdoor experiences. I will continue discussions with the Director and we will work towards arranging a minibus service, regardless of numbers, to support outdoor activities, local visits, and small picnics where possible.



Unit 49, Aerodrome Studios, Airfield Way, Christchurch, Dorset, BH23 3TS

www.healthwatchbracknellforest.co.uk

t: 03000 012 0184

e: enquiries@healthwatchbracknellforest.co.uk

 [@https://twitter.com/HealthwatchBF](https://twitter.com/HealthwatchBF)

 [Facebook.com/Hwbracknellforest](https://www.facebook.com/Hwbracknellforest)