

# Enter & View Report

Ashton Meadows Nursing Home

June 2025



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# 1 Introduction

## 1.1 Details of visit

Service Provider	Ashton Meadows
Service Address	17-19 Coombe Lane West, Kingston Upon Thames, KT2 7EW
Registered Manager	Nicola Ambler
Date/Time of Enter and View Visits	24 June 2025, 10.30am – 3pm 1 July 2025, 3pm – 7pm
Status of Enter and View Visit	Announced
HWK Authorised Representatives	Jill Prawer (HWK staff team) Kezia Coleman (HWK staff team) Julie Pilot (HWK volunteer)
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Service Provider	Ashton Care Group

## 1.2 Acknowledgements

This visit was undertaken by Authorised Representatives at Healthwatch Kingston. We would like to thank Ashton Meadows residents and staff members for their contributions 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. They aim to identify 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 Ashton Meadows. Ashton Meadows is situated in the Royal Borough of Kingston upon Thames (RBK) and is the fifth home opened by Ashton Care Group. The nursing home has capacity for 68 residents with general nursing, dementia, post-operative and palliative care needs. At the time of our first visit, there were 46 residents and on our second visit, 49 residents. The building was custom built for Ashton Meadows Nursing Home and opened in 2024.

Ashton Meadows was registered in July 2024 and in line with usual procedure, has yet to be visited by the Care Quality Commission (CQC). HWK is the first visit from a statutory organisation.

The Enter and View visit to Ashton Meadows was conducted as part of HWK's series of announced Enter and View visits to local care and nursing homes which took place between April 2024 – April 2025. Funding was continued for a further year to March 2026, with visits in the current year to include supported living environments.

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](#).

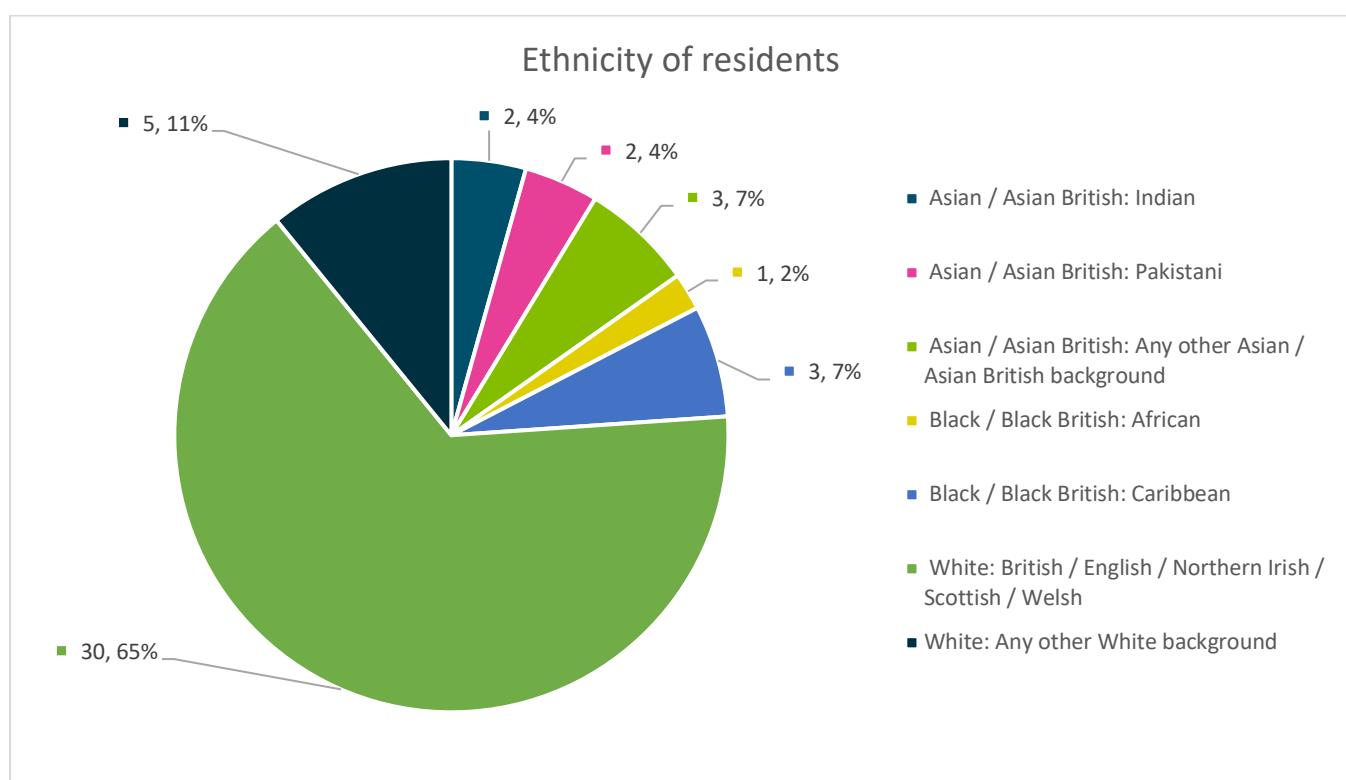
Overall, HWK Authorised Representatives concluded that Ashton Meadows seemed to be a well-run home with caring staff. We identified a high ratio of staff to residents and a high number of activity workers. Staff demonstrated a good knowledge of the residents' needs and a friendly, engaged and caring 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 10.30 am – 3.00 pm, and one week later from 3 pm – 7 pm.

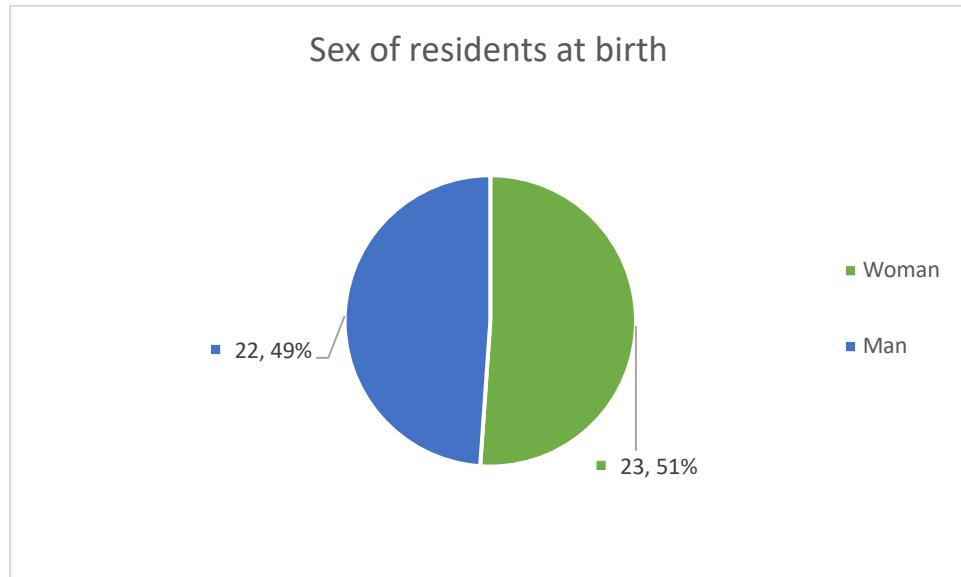
# 3 Demographics

At the time of our first visit the home had 46 residents, 22 of which were funded by RBK.

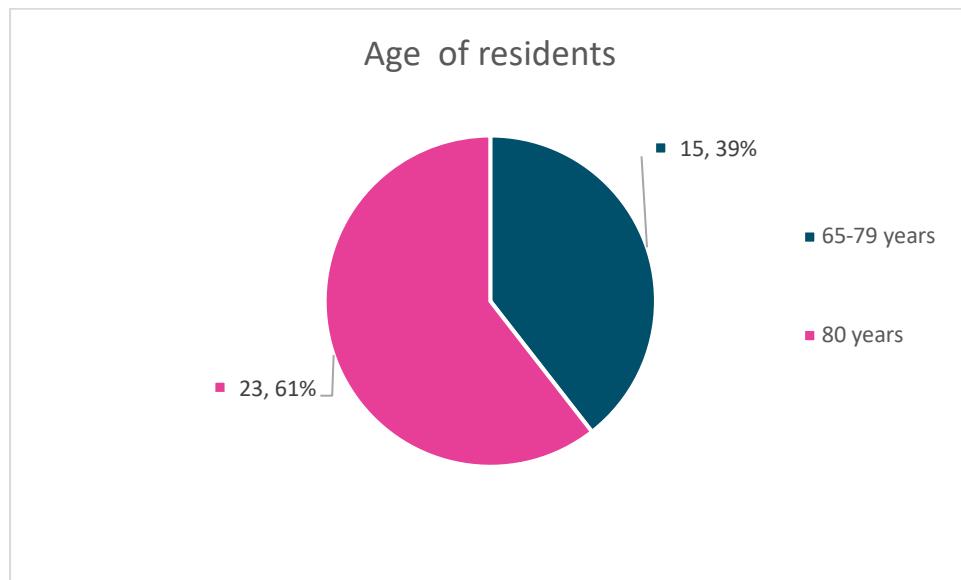
2 (4%) of residents were Asian British: Indian, 2 (4%) of residents were Asian British: Pakistani, 3 (7%) of residents were Asian British: 1 (2%) of residents were any other Asian / Asian British background, 1 (2%) resident was Black British: African, 3 (7%) residents were Black British: Caribbean, 30 (65%) residents were White British / English / Northern Irish / Scottish / Welsh, and 5 (11%) of residents were Any other White background.



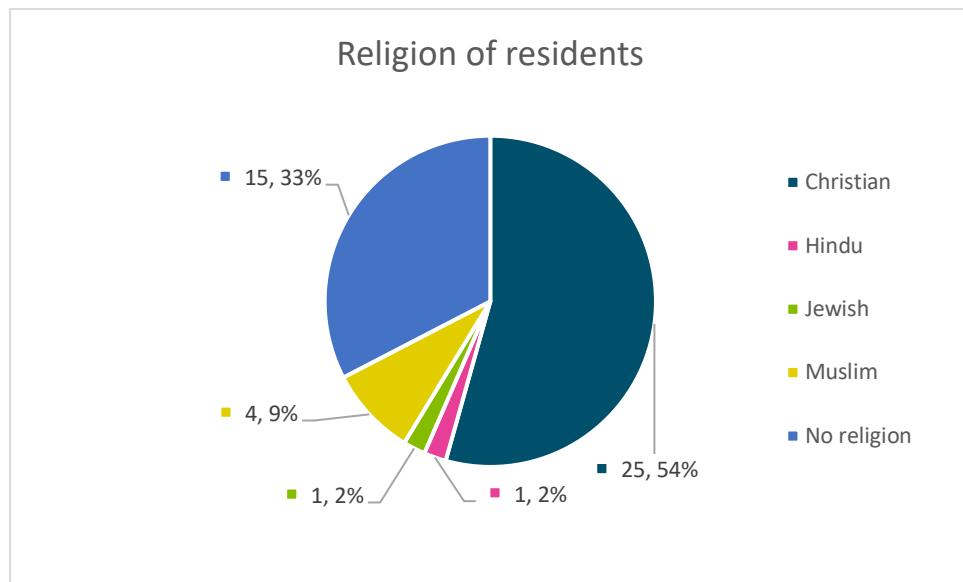
23 (51%) of the residents were female and 22 (49%) residents were male.



23 of the residents were aged over 80 years, and 15 of the residents were aged between 65 and 79 years old.



25 residents were Christian, 1 resident was Hindu, 1 resident was Jewish, 4 residents were Muslim and 15 residents had no religion.



All 46 of the residents were heterosexual.

The residents spoke a number of languages, including Bulgarian, Punjabi, Italian and Spanish. Among the staff, Punjabi, Spanish, Hindi, Italian, Africana and Mulayam were spoken

1 resident followed a medical diet.

23 residents were funded by RBK.

## 4 Living Environment

Ashton Meadows has accommodation for 68 residents over three floors. The ground floor has bedrooms for 31 residents. 21 of the bedrooms had access to the garden with personal patio space for the occupant. There were 10 bedrooms overlooking the front of the house with no garden access. The ground floor had a large lounge/activity room with access to the garden, a lounge/dining room, and a nurses' station.

The first floor followed a similar layout it has 24 bedrooms, a large lounge/dining room and a sensory room. The corridor had a bay area by the window with two chairs for residents to use.

The second floor has 13 bedrooms, a lounge/dining room and a second smaller lounge area.

In the basement was a decent sized kitchen, a board room, the administrator's office, the manager's office and a cinema room for showing films on a large TV screen.

Ashton Meadows has 77 staff members and uses no agency workers. We were told that five new staff had been recruited and were completing inductions over the next two weeks. During the visits one of the owners was present and told us that the manager had been working with Ashton Care Group for 16 years and the deputy manager for five years. The staff complement is divided between 42 care workers and registered nurses, 18 domiciliary staff, 8 activity coordinators, 4 management, 2 reception staff, 1 admin, 1 maintenance, and 1 physiotherapist.

## 4.1 What worked well

- The home is spacious, modern, and thoughtfully designed with good natural light in all areas.
- Decoration was understated and calming throughout, with pictures on the wall that related to the surrounding area.
- The atmosphere in the home was quietly busy. Staff were continually engaging with residents, and we observed the use of touch from staff members to reassure, calm and communicate with the residents.
- The good-sized garden was well designed and had a wheelchair accessible path which allowed access to all areas. There were raised flowerbeds which were full of flowers and a number of tables and chairs protected by umbrellas which could be moved to direct the shade. We were told there were plans to build a garden room.
- There was an awning outside individual rooms which had access to a patio area in the garden, which gave shade to residents who were seated outside.
- Signage around the house was clear.
- Fire extinguishers were situated on every floor by the lounge areas. We were told that the home had a sprinkler system and that there were 3 fire stretcher beds/slide-sheets/ flexible evacuation stored in the nurses' rooms on the first and second floors, these are for the air mattress and stored by the fire panels. These enable residents to be evacuated from their beds without needing to first seat them in a wheelchair.
- The rooms were all en-suite and there was a shared jacuzzi on the first floor and a shared bathroom on the ground floor. All communal bathrooms and toilets were clean.
- There were calendars on each floor in the house which gave details of the date, the season and the day's weather. These were up to date on both visits.

- Residents had identity/memory boxes outside of their rooms. Useful in helping staff remember something about the person in their entirety.
- We observed the smaller lounge area on the second floor being used by a resident and their spouse. We were told that this resident can get confused when the environment is busy and can become aggressive. Films were being played in the resident's native language. We were told that this helps to calm them down.
- One staff member told us that they had begun working in the care home in one role and had been supported and trained to become a carer. They were very appreciative of the opportunity the home had provided and the support they had been given by the staff team.
- We observed one resident becoming very upset. One carer then spent a lot of time with them, eventually making them laugh.
- A relative told us they had raised concerns about their spouse's medication, saying it wasn't working. They told us that the staff arranged for the GP to review the medication and it was promptly changed.
- We witnessed a positive rapport between the relative and the staff, with a good level of humour.
- We were told that the home worked closely with Princess Alice Hospice and the local GP surgery.

## 4.2 What could be improved

- In conversation with the staff the visiting team sensed that there was a variable understanding of the existence of the three stretcher beds/slide-sheets/ flexible evacuation and where they are stored.
- Our second visit coincided with an extremely hot day. The communal rooms were all air conditioned and the individual rooms had fans, but the corridors were very warm and the rooms at the front of the building with direct sun were very hot.

- In the lounge on the second floor, three residents were left sitting without a carer for a couple of minutes during our afternoon visit.
- Toilet seats and bathroom were all in white where a different colour of toilet seat can help those with dementia identify the toilet more easily.
- We saw two store cupboard doors left open (see photos below), despite signs saying they should be kept shut at all times.
- The door to the medicine room on the second floor was open and unattended as we walked by. One of the nurses appeared 10 seconds later and had been in the nurses' station just around the corner, which had, however, no view of the door.
- There was a banner advertising Ashton Care Home in the corner of the activities room on both of our visits. We were told this was due to an outside organisation hiring the room once a month to hold a meeting.
- We were told that one resident had had a problem with lost clothing when first coming to the home. It had been resolved by using name labels.

### 4.3 What we saw and heard

During our visits we took some photographs and spoke to three residents, four relatives and five staff members. We have captured some comments about the environment below.



"Staff are always friendly. I'd be happy to come here myself."  
(Relative)

"It's brilliant that dogs are allowed in." (Relative)

"The garden is lovely." (Relative)

"Staff listen when you raise any concerns." (Relative)

"The Manager is wonderful." (Staff member)

"The facilities are good. If we need something we ask and generally get it." (Staff member)

"The team helped me as I was quite new. Training was given. I had medicine training from the Deputy Manager. He guided/shadowed me and also with peg feeds." (Staff member)

"Management are very good. Very friendly. We have in person and online training. I'm happy here." (Staff member)

"From the first week it was heaven. (The resident) improved greatly when released from the hospice." (Relative)

"Environment is comfortable but requires air conditioning as sun hits the front of the building."

"Really nice and caring. The managers are amazing." (Relative)

"The Manager was interested in (resident's) well-being and got them to eat. She's hands on. Staff are very engaging." (Relative)

"Staff are very engaging and smiling." (Relative)

"Initially clothes got lost because of mislabelling but it's been sorted since we put labels on them." (Relative)

"Emotional support is lacking. No one talks to (the Resident). Someone needs to talk to them slowly, at their own pace." (Relative)

"Staff can be a bit rough as they try to do things quickly to ease the disturbance." (Relative)

"Everything is fine here, but I would like to go home." (Resident)

"It's a nice environment, staff care about the residents, everyone is doing very well." (Staff member)

"There's lots of fun on the first floor. It's nice." (Staff member)

"Anything for the residents, they will do it." (Staff member)

"Staff and management are very balanced. They know the residents' specific needs and are very good" (Staff member)



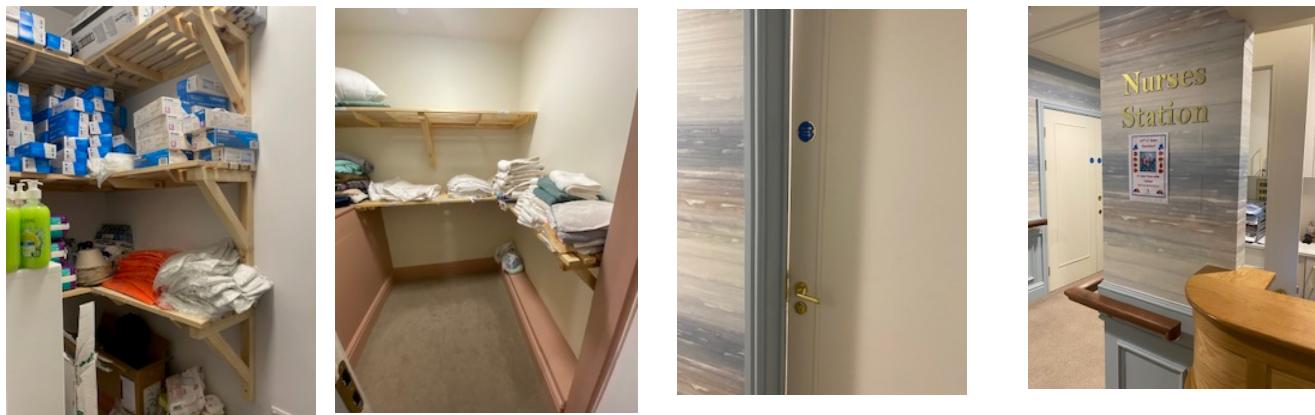
Images above (from left to right) show a corridor with the understated decoration which gave a calming effect, the bay window on the first floor overlooking the road, and the second, smaller lounge on the second floor.



Images above (from left to right) show a communal toilet, the jacuzzi and an example of a 'memory' box outside a resident's room.



Images to the left show the garden with an easy access layout, chairs and umbrella, and the personal patios outside residents' rooms each with an awning.



Images above (from left to right) show the two store cupboards and the door of the medicine cupboard which was around the corner of the nurses' station and out of sight.

## 4.4 Living environment recommendations

<b>HWK living environment recommendations</b>	<b>Ashton Meadows response</b>
1. Ensure that all staff are clear where stretcher beds/slide-sheets/ flexible evacuation and are stored.	We have evacuation slides around the house and also slides for under air mattress for evacuation. These are situated around the home, and the home has sprinkler system in place. Staff undergo regular fire trainings.
2. Explore ways to cool rooms at front of the house, which experience direct sunlight.	We have air conditioning in the lounges, the care home has supplied several fans to keep the rooms cool, they have temperature gauges, but on the day of the visit it was in a heat wave
3. Ensure adequate staff cover in the lounge area on the second floor, especially when staff breaks are being taken.	In the report it states the lounge was unattended for 2 minutes, the staff and the activity staff stay in the lounges to ensure that the residents are safe and cover the brakes. We review our

	<p>dependency ratio on monthly basis to ensure we have adequate staff to meet the needs of our residents. We have 3 activity staff 7 days a week. Lounges on the 2nd floor doesn't need to be staffed at all times based on the risk assessments of the residents on the 2nd floor. We do have adequate staff to cover the lounge but at times, there might not be staff (maximum 5 minutes). We do ensure there are adequate staff on floor during staff lunch breaks. These are all accounted for within the staffing ratio.</p>
<p>4. Provide different colour toilet seats suitable for residents with dementia.</p> <p><a href="https://www.nhs.uk/conditions/dementia/living-with-dementia/home-environment/">https://www.nhs.uk/conditions/dementia/living-with-dementia/home-environment/</a></p>	<p>When it was under construction, this was discussed but we decided to leave it all white and then customise it based on individual residents. During admission, we have asked the residents about this, if we feel this is appropriate for a resident then we will change the colour of the seat to a blue seat.</p>
<p>5. Ensure all store cupboard doors are kept shut when unattended, particularly the medicine cupboard which also needs to be locked at all times, unless being used by staff.</p>	<p>This has been brought up with the nurse who was on the floor, she had left the medication room to go around the corner (few steps away from the medication room) same corridor and there are no rooms in that short corridor to get the Mar chart from the nurses station to put into the medication room.</p>

6. Remove the advertising banner from the activities room when it is not being used by outside organisations.	This banner had been used for a event and had just not been put back down
7. Ensure the families of new residents are aware of the need to label clothes for the laundry when they enter the home.	In the admission pack all the family have a notice about the labelling of clothes, they also have a leaflet about tags we use in the home. A property list is completed on admission, and the clothes are labelled but this does wash off during the washing of the clothes, so this is why tags are offered

## 5 Mealtime experience

During our visits we observed both the lunchtime and evening meals. On the ground and first floors, residents were given the option to eat in a separate 'dining area' of the lounge/dining rooms, stay in the main area, either sitting at tables, in armchairs, or to eat in their room. The third floor had tables that residents could move to for meals, which were not in a separate area. Meals were served from a Bain Maire on each individual floor, and we were told by relatives and staff that the meals were always of a good temperature.

Food options included meatballs or fish with mashed potatoes, and softer alternatives were provided for residents with higher support needs. One resident did not want the meal that was ordered, so staff made them a sandwich instead.

During the lunchtime meal on the second floor the lounge dining area had nine residents and eight staff members supporting the residents. We were told that two of the staff members were new and were being trained. On the first floor there were 10 staff with 23 residents and on the ground floor there were 7 residents 10.

## 5.1 What worked well

- We were told that a member of the care staff on each floor was allocated to ask residents what they would like to eat the next day. This was also used as an opportunity to check residents' likes and dislikes.
- There was a good ratio of staff to residents during the mealtimes. During the lunchtime meal on the second floor, the lounge dining area had nine residents and eight staff members supporting the residents. We were told that two of the staff members were new and were being trained.
- We observed one resident transferred from a wheelchair to the table with a hoist. Staff were very caring and attentive and two staff members were helping to transfer them. Staff were explaining to the resident that the hoist would lift them and were giving them instructions to stand with the hoist.
- For the lunchtime meal on the first floor, five residents sat around one table with three staff members, and four residents sat around a different table with two staff members. Two residents sat in the lounge area on armchairs with one staff member encouraging them both to eat. One resident was being fed by one staff member, and we observed one resident sitting and eating by themselves at a table. We were told that this resident sat alone by choice.
- The atmosphere on the first floor during both the lunchtime and evening meal was friendly and 'chatty', with staff members communicating with the residents and demonstrating care and attention throughout the meals.
- The lunch served on our first visit was either fish or meatballs, served with mash, broccoli, and carrots.
- The evening meal on our second visit was Italian style frittata and broccoli, sandwiches and soup. There were eight staff members and the Manager present throughout the meal.

- Music was played during lunch on both the first and the second floor. On the second floor, residents were observed singing along after eating their meal.
- On the first floor during the evening meal, a selection of Abba and 1980/90's music videos were playing on the TV, which both the residents and the staff seemed to be enjoying.
- On the first floor, the lunchtime food trolley arrived with great fanfare from the staff, which the residents seemed to enjoy.
- Meals were delivered to the residents promptly.
- There was a visual menu on the wall of each floor in the eating area.
- Food was well presented and residents ate with enjoyment.
- Residents were given aprons to protect their clothes.
- Residents had food cut up for them and adapted cutlery and cups to help them to maintain their independence in feeding themselves.
- We observed carers encouraging residents. One was saying to the resident that they should eat, describing the food and saying, "it's good for us and our body".
- Cakes were freshly made by one of the Head Chefs every day and distributed to the residents.
- Fresh cakes and a drinks machine were available to visitors placed in the reception area, which gave a welcoming effect.
- We observed the staff employing warm physical gestures with the residents which were responded to well.
- Each lounge had a kitchen area with a fridge stocked with milk, juice and yoghurts. A fruit bowl was visible on all floors during both our visits.
- Three residents were bedbound on the first floor, two of whom were peg fed. We were told that the third resident was able to feed themselves.

- There was a very good and friendly atmosphere throughout the meals on the first and second floors. The ground floor had only four residents, three of whom sat together at a table in the dedicated area. We were told that other residents ate in their rooms.
- We were told that the Chef had taken the time to ensure that carers described the food they were serving accurately so as to manage the resident's expectations of what taste to expect, e.g. carrots mistaken for swede.
- We were told that all food was made from fresh ingredients and that a good quality butcher had been sourced.
- We were told that as the number of residents increased, the equipment in the kitchen would need to be bigger and that staff anticipated no problems with this being achieved.

## 5.2 What could be improved

- The area of the floor in front of the sink on the second floor was sticky when walking on it.

## 5.3 What we saw and heard

During our visit we took some photographs and spoke to three residents, four relatives and five staff. We have captured some comments about the mealtime experience below.



"The food is good." (Relative)

"He can't tell us what he thinks of the food but he eats it." (Staff member)

"There are enough staff (at lunchtime), we have a good routine." (Staff member)

"If residents change their meal choice the kitchen change it." (staff member)

"I assist at mealtimes in case of choking and help feed the residents." (Staff member)

"We consult with a dietitian about a bedbound patient who is overweight." (Staff member)

"Nurses have to be present at mealtimes because of choking. We help residents to eat or encourage them. If someone is not eating we help them." (Staff member)

"People who are bedbound are fed at the same time as the residents." (Staff member)

"Food is nice." (Staff member)

"We have a heat trolley from the kitchen to keep the food at the right temperature." (Staff member)

"We have weekly menus. Every day in the evening a carer is assigned to ask residents what they would like." (Staff member)

"Re diabetic patients, blood sugars for diabetic patients are taken weekly and GP keeps an eye on it." (Staff member)

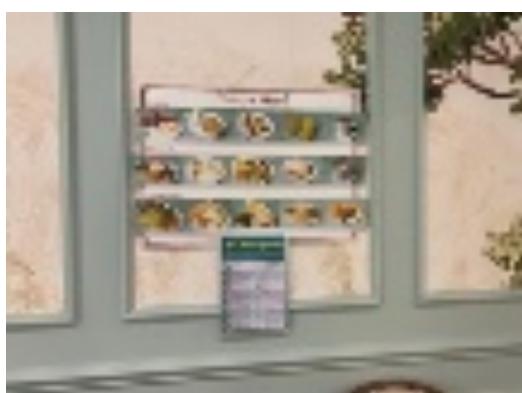
"There are three or four choices for lunch and more choices for supper/dinner. Very good chef. Heard from other residents that they'd like more English food but there are suitable choices for my (resident)." (Relative)

"At 3pm drinks, cakes, scones, cream, tea, coffee or juice is served." (Relative)

"Meals are very good. Tea and cakes in the afternoon and ice lollies." (Relative)

"Food is lovely, menu selection is very good." (Relative)

"(Resident) is bedbound. Staff cut food but don't stay – would be good if staff were with them while they eat, for company." (Relative)



"Food is good, I haven't had anything I've disliked." (Resident)

"You can ask for drinks, snacks." (Resident)

"Food is excellent." (Resident)

"I enjoy the food." (Staff member)

"If the residents enjoy their food, then I'm happy." (Staff member)





Images above show (from left to right) the food choices displayed in the lounge/dining areas, the fresh cakes made daily and given to residents and available for visitors, and a fridge with milk, juice, and yoghurts with a fruit bowl on the side.

## 5.4 Mealtime experience recommendations

HWK mealtime experience recommendations	Ashton Meadow response
1. Ensure that any spillages on the floor of the kitchen area are cleaned to remove any stickiness. floor is kept clean and any spillages are clean.	The kitchenette is under constant usage throughout the day. After every meal time, the allocated cleaner sweeps and mops the floors. Kitchenette tends to be sticky during meal times but this is always cleaned after the trolley is sent back to the kitchen. Recently, on the 2 <sup>nd</sup> floor, we moved the tables from the main lounge to the smaller lounge to make it more of a mealtime experience. This has now made the main lounge less crowded with residents and staff

# 6 Meaningful activities

Ashton Meadows employs eight activity coordinators and the rota was employed so that three were working each day. Organised activities took place in the activity room on the ground floor and residents from all three floors were able to join if they wished. The activity room was spacious and had lots of natural light. The home has a cinema and a hairdressing salon with a hairdresser who visits every two weeks.

## 6.1 What worked well

- On our first visit, we observed a craft activity in the ground floor activity room with residents colouring pictures, doing a jigsaw, or reading a magazine. Three activity coordinators were busy chatting to residents and working to ensure everyone's participation. Eight residents were participating, one with a relative.
- The afternoon organised activity on our second visit was an interactive quiz on screen led by an activity coordinator. Two other activity coordinators were engaged in encouraging the residents to answer the questions. 13 residents were participating in the activity along with the staff members and there was lots of participation and laughter.
- When there were no 'activities' scheduled, on the first floor, we observed staff engaging the residents with games and by chatting.
- After lunchtime, residents either went to their rooms, snoozed in the lounge or were engaged by the carers who chatted to them, or played darts with a fuzzy ball and Velcro board.
- We observed a carer distracting a resident from feeling upset by encouraging them to throw the fuzzy ball at the dartboard. Staff joined in the encouragement. Some residents were walking up and down the corridor with carers accompanying and talking to them.
- We were told that the chefs did a cooking activity with residents every two weeks which was very well received. The Chefs baked cakes and residents

decorated them with piping and fruit. Cookie dough was cut into cat shapes, and pizza bases were filled with toppings.

- One resident celebrated their 64th wedding anniversary in the week before our visits. The home had put on a celebration for them and their spouse. We were shown photographs of the couple sharing an anniversary meal with the table decorated in a celebratory manner. There was a poster celebrating the event in the window in the dining room on the ground floor.
- All staff were continually engaged with the residents, chatting to them, singing with them, and encouraging them to do puzzles or colouring.
- The receptionist brought her two dogs in twice a week (each dog once). We were told that residents and relatives (and staff) enjoyed the visits.
- The home employed a physiotherapist to work with the residents. She was employed over the 5 Ashton Care Group homes and told us she focused mainly on Ashton Meadows due to need. The physiotherapist offers both one-to-one sessions and group activities.
- Activity coordinators were creative in their approach to their work. We were told that they had organised for duck eggs to be at the home which the residents enjoyed seeing hatched. We were also told that residents watched butterflies pupate.
- The activity rotas were displayed in the lift and in each of the lounges.
- We were told that the raised flower beds in the garden were planted and watered by the residents.
- The home had a sensory room on the first floor (we did not see it used).

## 6.2 **What be improved**

- Activity rotas were small in size and written in small lettering.
- The activity rota said that 4.30 was 1:1s in the rooms. However, we were told by one resident that they hadn't seen anyone on a 1:1 basis.

## 6.3 What we saw and heard

During our visit, we took some photographs and spoke to three residents, four relatives and five staff members. We have captured some comments about the activities below.



"We read books 1:1 to the bedbound." (Staff member)

"To those who don't want to participate (in activities) a staff member will talk to them. We take them to the lounge." (Staff member)

"Activities provided include crafts, dancing and singing, physiotherapy. We have tea parties in the garden, dogs come in and ducklings were hatched. The residents enjoyed the ducklings." (Staff member)

"We've seen boxing activity and kicking the ball. (Resident) doesn't participate." (Relative).

"They do have activities, I've been to see films downstairs." (Resident)

"I chat to other residents. (Resident)

"Chefs do baking with the residents every two weeks." (Staff member)

"There are lots of activities, 1:1 sessions of reading or talking, physiotherapy, hatching ducklings and butterflies, barbeques, sitting exercise, balloons, weight training, therapy dog..." (Staff member)

"Carers are very supportive." (Staff member)

"Residents are encouraged to take part in activities, but there's no pressure or bossing around." (Relative)





Images above show (from left to right) the activities schedule displayed in each dining area, the hairdressing salon prices, the screen and chairs in the cinema room, the sensory room, and the raised flowerbed planted by the residents.

## 6.4 Meaningful activities recommendations

HWK activities recommendations	Ashton Meadows response
1. Update the activities rota to make it larger and perhaps use images.	The activity staff have started a new system in the home to display activities, and we have a 2-week list. Any different activities are displayed around the home and in the lift to make everyone aware what is happening in the care home

## 7. Next steps

This report has been shared with Ashton Meadows who have had the opportunity to check it for factual accuracy and respond to our recommendations. It has subsequently been shared with KBC, CQC, the KCGB and other stakeholders. We have also shared this report with Healthwatch England and have published it on the HWK website. We have agreed with the management of Ashton Meadows Care Home on the next steps to be taken in response to outstanding recommendations.



# healthwatch

Kingston upon Thames

Healthwatch Kingston upon Thames  
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