

Enter & View Report

Elysium Partnership Ewell Road

June 2025



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1 Introduction

1.1 Details of visit

Service Provider	Elysium Partnership
Service Address	89 Ewell Road, Surbiton, Surrey, KT6 6AH
Registered Manager	Katherine Price
Date/Time of Enter and View Visits	11 June 2025, 10.30am – 3pm
Status of Enter and View Visit	Announced
HWK Authorised Representatives	Jill Prawer (HWK staff team) Kezia Coleman (HWK staff team) Julie Pilot (HWK volunteer)
HWK Visit Lead	Jill Prawer, Projects Officer, Enter & View
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Service Owner	Ramsay Healthcare

1.2 Acknowledgements

This visit was undertaken by Authorised Representatives at Healthwatch Kingston. We would like to thank Ewell Road residents 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 date and time 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' visit.

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 ARs' visit to Ewell Road. Ewell Road is situated in the Royal Borough of Kingston upon Thames (RBK) and is one of a range of homes across the country run by Elysium Partnership that support people with learning disabilities and autism, with mental health and wellbeing, with neurological disabilities, and children and education.

Ewell Road is part of the learning disability and autism division and provides support for up to nine people who may be living with moderate learning disabilities with associated health needs, autism, and behaviours which, due to their diagnosis may be seen as challenging. During our visit, four residents were and one was on home leave. This meant that we were only able to observe/meet four of the residents during our visit. There were no visitors while we were there.

The building was bought by Elysium Partnership from London Care Partnership in 2013. In 2024 Ramsay Healthcare bought out Elysium Partnership who still operate the home.

HWK has not previously visited Ewell Road. The last Care Quality Commission (CQC) inspection was undertaken in 2019 which rated the home 'Outstanding'

overall. ([CQC report](#)) CQC had visited Ewell Road in April of this year (2025) to do a targeted visit in the areas of 'Safe' and 'Well Led', but this had subsequently been expanded to a full visit inspecting all areas as the previous visit was six years ago. On the day of our visit CQC were talking to members of staff through MS Teams, a meeting arranged late the previous evening. We were assured that our visit would not interfere with the daily running of the home and that our input was welcomed as further feedback on the service provided at the home.

The Enter and View visit to Ewell Road 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 provisions.

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 Ewell Road seemed to be a well-run home with caring staff. We identified a high knowledge of the residents' needs from the staff and observed communication between the residents and staff to be tailored to the individual residents. Staff we spoke to told us they were happy with their environment and felt there was a strong teamwork ethic and good support from the team and managers. All the residents we observed seemed happy and to have good relationships with the staff. We were unable to speak to any of the residents in a meaningful way about their experience of living in Ewell Road as communication was either limited, or residents found communication with new people difficult.

Our visit was from 10.30am – 3.00pm. There was no specific lunchtime to observe as residents were either off-site or ate in their rooms. We observed one resident leaving the premises with a staff member and returning after his activity. This resident went to the kitchen with the staff member to make some food. Another resident returned from an activity with a staff member and was introduced to us, but we were unable to have a conversation.

3 Demographics

At the time of our visit the home had nine residents, one of whom was funded by RBK. The house was for men over 18 and under 65 only. One resident was Muslim; the eight others were not declared. Six of the residents were heterosexual, one was homosexual and for two their orientation was unknown. The ethnicity of the residents is shown in the box.

Ethnicity	
Asian British: Bangladeshi	1
Multiple ethnic groups: Asian and White	1
Multiple ethnic groups: Black Caribbean and White	2
Any other Mixed / Multiple ethnic groups background	1
White: British / English / Northern Irish / Scottish / Welsh	3
White Irish	1

Gender	
Male	9

Age	
18-65	9

Sexual orientation	
Heterosexual	6
Homosexual	1
Unknown	2

Religion	
Muslim	1
Not defined	8

All the residents could speak English and one also spoke Italian.

One resident followed a religious diet, and one resident followed a gluten-free diet, while the others had no dietary concerns.

Residents at Ewell Road were living with a number of different health issues: all of the residents had autism and learning disabilities. The home has 20 staff and at the time of our visit used bank workers comprised of current staff and staff who had previously worked at Ewell Road, but no agency workers.

4 Living Environment

Ewell House is in an adapted residential house for nine residents. It has seven bedrooms, five bedrooms upstairs on the upper floor, with another bedroom for staff to do 'sleeping nights', two rooms in the basement (both of which had windows with natural light), and two flats accessed through the garden which comprised a bedroom and bathroom downstairs, and a sitting room upstairs. On the ground floor of the house was a communal room at the front opposite the staff office, a lounge a sofa, chairs and a television, a dining room seating eight people, and a kitchen which is used by residents only when staff accompany them. Off the kitchen was the laundry room where staff did the residents laundry, with the resident's assistance where appropriate.

Access to the garden was from the dining room and off the corridor coming up from the basement. In the garden, separate from the house, were the two flats side-by-side in an 'outhouse'. There was no lift, and we were assured that the residents were all able to manage the stairs.

Ewell Road has 20 staff members: the manager, one deputy manager, four team leaders and 14 support workers. The staff were all expected to be omnicompetent. Food preparation/cooking, and cleaning was allocated on a daily basis by team leaders. A couple of staff members told us that there was a good team spirit and everybody helped out if they were free and something needed to be done.

Seven staff members worked each shift. The shifts ran from 7am – 3.30pm, 2pm – 10pm and overnight was 9.30pm – 7.30am. Overnight there was a sleeping and a waking member of staff. The home used bank staff when necessary, who comprised current members of staff and staff who had left but came back in to do the occasional shift. This meant that residents were familiar with all the members of staff.

We were told that there had recently been a turnover in staff and that there were a number of new staff members. We were told that this was because of the cost of living in London. Staff came to work at Elysium which had become a social

sponsor as part of the Government's Care Worker Scheme to attract graduates from abroad. Once the individual had worked their first year in Ewell Road they were then free to move on. We were told that staff often moved to another Elysium Partnership home located in an area where it was cheaper to live. This was often in the North of England. These staff members usually stayed connected with Ewell Road staff and residents and would be invited to barbecues and celebrations held in the garden.

We heard from staff members that new staff needed a lot of support initially as a lot of the learning was experiential. The behaviour of the residents could be unpredictable and sometimes challenging and could lead to damage to the property. New staff had to learn how to recognise signs of an imminent episode of what staff called 'behaviour'. Established staff were generally able to avert a 'behaviour' by recognising the signs in a resident and calming them down. Signs could be something small like the raising of an eyebrow in a particular manner. Established staff might also know how to 'bring a resident's mood down when necessary, by knowing how the resident would best respond to them.

We were told at the beginning of our visit that if any resident demonstrated 'a behaviour', we might be asked to leave if staff felt that there was potential danger to anyone present.

New staff members had to be deemed 'strong enough' to be able to accompany a resident outside of the home. 'Strong enough' meant knowing how to contain the behaviour of the resident and manage potential difficulties when accompanying a resident outside the home.

We were told that the residents have lived together since they were 18 years old. Eight came to the home in 2013 and one moved in in 2018. Consequently, the residents have grown up together and are like a family. It was felt that this consistency has been a positive feature in their development. As their interests and needs have changed the support provided to them has been adapted accordingly. Improvements in residents' behaviour has been observed over time, particularly in the reduction of challenging behaviours.

4.1 What worked well

- The atmosphere in the home was quiet. We saw no gathering of staff and residents together but did see staff members communicating to individual residents in a friendly and calm manner.
- The staff we met and spoke to were all of a similar age or slightly older than the residents. There was a mix of genders with one female team leader, and a female staff member on each team, two female bank staff and the manager. The manager told us that there had been a concerted effort to recruit women because it was felt important that the residents were familiar with women to help with their independence skills.
- Staff carried radios to communicate with each other. A staff member told us staff were careful to ensure that radios were switched off if they were with residents who were able to understand messages shared, to protect the confidentiality of the other residents.
- The home was clean and seemed cared for although there were visible signs of damage caused by residents' behaviour. The walls looked fairly recently painted and the furnishings were in mostly good condition. We were told that the home was currently on a rolling programme of painting. The furnishings were all very heavy to minimise the risk of furniture being thrown across a room.
- The garden was well-kept with a lawn and patio area with a (very heavy) garden table and fixed chairs. There was a barbeque in a corner of the garden. The garden had high netting between the home and the houses behind. We were told that the residents had liked to play with a ball in the garden and this was to stop the ball going into the neighbours' gardens. However, there had been complaints about noise so residents now went to a nearby park with their carers.
- We saw fire extinguishers in a cabinet (so that they could not be misused by residents). There were no obstructions and blockages in the hallways.

- Signage around the house was clear and indicated action in a fire and covid risk minimisation.
- The rooms were all en-suite and residents were expected to go to their rooms to use the facilities. We were shown a couple of rooms used by the residents which were all clean. There was one toilet for staff and visitors on the ground floor which was kept locked. This was clean and tidy.
- The communal rooms all had some sort of decoration on the walls, although we were told it was difficult because things not fixed securely could be torn down. We observed noticeboards with information about autistic spectrum disorder in both words and pictograms, famous people identified with autism, and photos of the residents. In the lounge with the television, one wall had a large floral design.
- Residents were able to decorate their rooms as they wished. We saw one room where the resident had chosen a bright and cheerful yellow for their room which had recently been painted. Walls had pictures and various personal belongings were observed in the rooms.
- The communal room at the front of the house used sticky plastic to look like blinds which created privacy and light. We were told that hung blinds were often pulled down and that the sticky plastic covering was a good 'work around'.
- Residents have monthly meetings, called 'talk times' to discuss what they want. This can include menus, activities, where they would like to go on holiday, and the type of personalities in staff they would like. We were told that different forms of communication were used for non-verbal residents during these meetings, including picture cards and Makaton. Other residents prefer lists to choose from. The meetings are very informal.
- Staff described a highly supportive working environment where they are treated well, especially during difficult personal times, and are given the necessary leave when needed. We were told that the team gets along

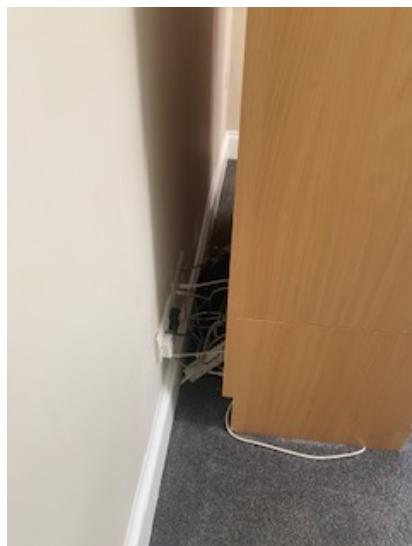
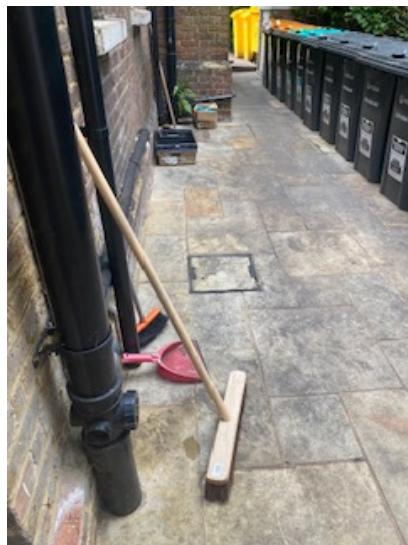
well and socialises outside of work, contributing to a positive and cohesive atmosphere.

4.2 What could be improved

- The fire extinguisher cabinet had a broom in front of it which was a very minor obstruction but also something that could be used by residents during a 'behaviour'.
- The rubbish bins in the back outside area were very neat and tidy but we saw a long-handled broom propped against the wall which again could be grabbed by a resident and used during 'a behaviour'.
- There were signs of damage around the home. One of the chairs in the tv lounge had a tear in the seat, and the light switch in the communal room at the front of the house had cardboard taped over it. We were told that the flooring had been replaced in April but that there was already signs of damage where residents had 'picked at it.' We were told that the damage to the light switch was very recent, had been reported and would be fixed later that day or in the next day or two. The chair in the tv lounge needed to be replaced but due to the special nature of the furniture (extra heavy) it was expensive and so was not easy to replace regularly. We were told that Ewell Road had a higher contingency budget than the other homes in Elysium Partnership because of the nature of the residents who lived there.
- The plugs behind the television cabinet looked very easy to interfere with and pull (see image below).
- The temperature control switch in the tv lounge was surrounded by a gap in the plaster where it was fixed to the wall (see image below).

4.3 What we saw and heard

During our visit we took some photographs and spoke to six staff members. We have captured some comments about the environment below.



Images show (from left to right): brooms left where residents can find them; sofa with damage to seat; temporary cover for broken light switch; accessible plugs behind tv; missing plaster around temperature control; damage to new flooring on the stairs.



"Residents are more likely to get involved with the cleaning if they see everyone is doing it." (Staff member)

"There's no such thing (as a normal day)! Nothing is predictable. It's always busy." (Staff member)



"I need to be dramatic, he is very theatrical" (Staff member, discussing communication styles with different residents)

4.4 Living environment recommendations

HWK living environment recommendations	Ewell Road response
1. Ensure brooms are not left in front of the fire extinguisher or by the bins.	Residents are encouraged to participate in household chores; therefore, brooms are left in accessible areas for service users but can be promptly relocated if an incident arises.
2. Ensure there is enough budget for the home to promptly repair/replace damaged furnishings.	Ewell Road has a significant, dedicated budget for repairs and replacements. Any damage is made safe immediately by on site staff, and Elysium estates and maintenance teams aim to complete repairs as quickly as possible. However, due to the specialist nature of the furnishings required, there can be a long timeframe for manufacturing and delivery for any replacements.
3. When upgrading flooring ensure materials used are 'resident proof'.	The flooring concerns were reported to Elysium estates team and have been fixed.

4. Ensure electrical cabling behind the TV is safely encased in trunking or something similar to avoid mishaps.	An incident the day before the visit caused damage in the TV lounge, resulting in the TV cabinet being pulled away from the wall. This has since been repaired and the TV cabinet has been securely fixed to the wall so the cables cannot be accessed.
5. Replace plaster around the temperature control switch in the TV lounge.	An incident the day before the visit caused damage in the TV lounge, resulting in damage to the wall surrounding the temperature control. This has since been repaired.

5 Mealtimes experience

We were told that breakfast was available from about 7am until 10am, lunch was flexible – some residents have brunch between 11am – 12pm, and dinner was served at 6pm. Most residents come together to eat at 6pm, although some prefer to eat in their room. Breakfast and lunch usually fits around activities the residents are doing.

We observed that no vegetables were visible on the menu but were assured that vegetables were included in the meals but that if they were advertised they were likely to be rejected.

The kitchen was locked at all times unless a member of staff was present. In the kitchen was a fridge and a freezer. When the fridge was opened there were lots of vegetables in it.

We did not observe anyone eating in the dining room, but we saw one resident carry his lunch into his room to eat, and another resident with food in his room. Later in our visit a resident came back after an activity and went to the kitchen to

make lunch with a support worker. We did not see what he made and ate as our visit was ending and it felt intrusive with that particular resident to observe their cooking activity.

5.1 **What worked well**

- We were told by one member of staff that where possible cooking was allocated to those who were proficient at cooking of whom there was at least one member of staff per team, although everyone was able to prepare basics.
- The dining room is accessible at all times and had a fridge with bottled water and milk available on demand by the residents.
- The daily menu for the evening meal was displayed both visually and in words for the residents to see.
- We observed different residents with different lunchtime choices. One resident had beans on toast which we saw him carry into his room. Another had sandwiches and chopped apple in his room.
- The fridge in the kitchen contained lots of fresh vegetables and the freezer contained frozen meat and vegetables and staples like chips.
- There were lots of sauces in the cupboards for the residents' use.
- The kitchen was clean and tidy.
- We were both told that staff made food with the residents to promote their independence, and we observed that this happened.
- The staff we spoke to demonstrated understanding of the concept of healthy eating and told us they tried to strike a balance between resident's autonomy and promoting healthy choices. For example, those wanting snacks were guided towards popcorn.
- One resident was being supported to make healthy choices and alongside a programme of exercise had managed to lose 10kg in weight in the last year.

5.2 What could be improved

- When we were taken to view the kitchen there were eggs left to boil on the hob with nobody in the room.

5.3 What we saw and heard

During our visit we took some photographs and spoke to six members of staff. We have captured some comments about the mealtime experience below.



Images show (from left to right):
fridge in dining room with water and milk available; food choices displayed in the dining room. The insides of the fridges in the kitchen showing vegetables and fruit and a variety of frozen meats and staple like chips.



"Residents let you know when they want to eat. We can prompt them if it's past the normal time." (Staff member)

"Three residents always eat together." (Staff member)

"There are about two staff members who 'can cook' per shift." (Staff member)

"Staffing capacity is suitable at mealtimes." (Staff member)

"We engage the residents in cooking to promote their independence." (Staff member)

"Residents have access to fruit. They are able to go out of the house to buy snacks like popcorn (with a staff member)." (Staff member)

"Sometimes four different meals are made. Halal, gluten-free... one resident eats out. Residents who eat together will make meals together with varieties. Saturdays will be pizza, fish, and chips. The residents will vote for options." (Staff member)

"Residents are given the choice to eat at the table or in their room." (Staff member)

"Residents will let you know when they want to eat or staff will prompt them (if they're busy with an activity)." (Staff member)

"Menus are on the fridge and the pictures are shown to the residents. It changes every three weeks. They have the option to have something else." (Staff member)

"Apples and grapes are favourite with the residents." (Staff member)

"One resident is trying to eat healthily. Staff help to promote his healthy living." (Staff member)



5.4 Mealtimes experience recommendations

HWK mealtimes experience recommendations	Ewell Road response
1. Ensure hot food being prepared is attended to at all times.	This was addressed by the Deputy Manager on the day. The staff member had locked the kitchen while they retrieved additional ingredients to ensure no resident was at risk. All staff have been reminded during handover that hot food should never be left unattended regardless of the kitchen being locked.

6 Meaningful activities

Activities are arranged and provided by all staff and were tailored to each individual residents' needs and likes. The manager told us that there was currently a review of the activities offered and was working with Your Local Healthcare to find out the likes and dislikes of the residents so that feasibility of providing the activity could be assessed. We were shown a sheet of pictograms that residents had ticked, crossed, or said 'maybe', with different options all related to health and fitness. Options included gym, running, cycling, ice-skating, yoga, swimming, relaxation, exercise class, athletics, basketball, netball, and bowling.

Activities were mostly organised for the one resident, but sometimes two or three could do something together (like play football). All residents had a support worker accompany them on their activities.

6.1 What worked well

- We observed residents doing different things either onsite or leaving the home.

- Ewell Road had two vehicles to transport the residents. We observed one of the vehicles. The other was in use taking service users to an activity in Box Hill.
- It was the birthday of one of the residents on the day of our visit. We were told that later in the day (after our visit) the room would be decorated and there would be a birthday party in the dining room.
- Ewell Road is in a convenient location for accessing shops, cafes, and parks by foot. We were told that the residents are known by the community and are welcomed into local shops, pubs, cafes, and the local hairdresser.
- Staff ensured that each resident was able to go out of the house to do an activity each day.
- One resident was 'at risk of absconding'. The manager was currently applying to increase his funding so that two support workers could accompany him when outside the house. Although this happened currently, it required careful scheduling to ensure that there was sufficient staff cover for all of the residents to be able to go out daily.
- Staff told us they worked hard to cater to the resident's needs. They described two residents who enjoyed watching wrestling who were supervised by staff to engage in 'no contact' fights in the tv lounge.
- We observed a vacuum cleaner in the corner of the tv lounge. When we asked where it was stored, we were told that it was left in that place to prompt residents to vacuum when they made a mess in the room.
- A staff member told us that staff were exploring ways to facilitate residents to attend a local club night for adults with learning disabilities. They have identified a local nightclub venue where other organisations like HTF Surrey and Mencap bring groups for leisure evenings.
- We were told that residents occasionally attend garden parties hosted by other residential homes.

6.2 What be improved

- An activities rota was displayed in the upstairs lounge but did not seem to bear any relation to what the residents were doing that day.

6.3 What we saw and heard

During our visit we took some photographs and spoke to six members of staff. We have captured some comments about the activities below but were unable to take any photographs.



"Residents do companion cycling, cinema, shopping, banking, Jenga, park for football, aquarium." (Staff member)

"Residents are given a choice and time to process what they'd like to do that day. One resident chooses from picture and different choices are given (according to that resident's preferences). Could be cinema, going by bus, his laptop, going to the pet shop to see birds." (Staff member).

"Communal areas are good for those who need extra space – e.g. one resident likes to do jigsaw puzzles. Others like to do things in their bedrooms." (Staff member)

"We're slowly incorporating things again after covid."
(Staff member)



6.4 Meaningful activities recommendations

HWK activities recommendations	Ewell Road response
1. Update the activities rota displayed in the communal room at the front of the house to reflect current options.	Due to changes in resident interests and efforts to avoid disengagement, we are currently working with the occupational therapist from Your Healthcare to develop new, individualised activity rotas. We are using the activity checklist to support this process. In the meantime, the displayed rota provides staff and service users with general activity ideas whilst the personalised plans are being finalised.

7 Next steps

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



healthwatch

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