healthwatch Kingston upon Thames

Enter & View Report

Medihands Healthcare

August 2025

Contents

1 Introduction

1.1 Details of visit

Service Provider	Medihands Healthcare
Service Address	149 Kingston Road, New Malden, KT3 3NS
Registered Manager	Mrs Jayashree Sawmynaden
Date/Time of Enter and View Visits	14 August 2025, 2.30pm – 7pm
Status of Enter and View Visit	Announced
HWK Authorised Representatives	Jill Prawer (HWK staff team) Julie Pilot (HWK volunteer) Ashley Pearce (HWK volunteer)
HWK Visit Lead	Jill Prawer, Projects Officer, Enter & View
HWK Visit Support Lead	Julie Pilot (HWK volunteer)
HWK Contact Details	Address - Suite 3, 2nd Floor, Siddeley House, 50, Canbury Park Road, Kingston upon Thames KT2 6LX Phone - 0203 326 1255 Email – info@healthwatchkingston.org.uk
Service Owner	Mrs Jayashree Sawmynaden

1.2 Acknowledgements

This visit was undertaken by Authorised Representatives at Healthwatch Kingston. We would like to thank Medihands Healthcare 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 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. 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 ARs' visit to Medihands Healthcare (Medihands). Medihands is situated in the Royal Borough of Kingston upon Thames (RBK) and is one of two homes in Kingston run by Mrs Jayashree Sawmynaden. Medihands Healthcare provides accommodation and personal care for up to 17 adults with mental health needs and has been in operation since 1992.

HWK has not previously visited Medihands. The last Care Quality Commission (CQC) inspection was undertaken in 2023 when the three areas of 'Safe', 'Effective' and 'Well Led' were rated 'Good'. (CQC report).

The Enter and View visit to Medihands 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.

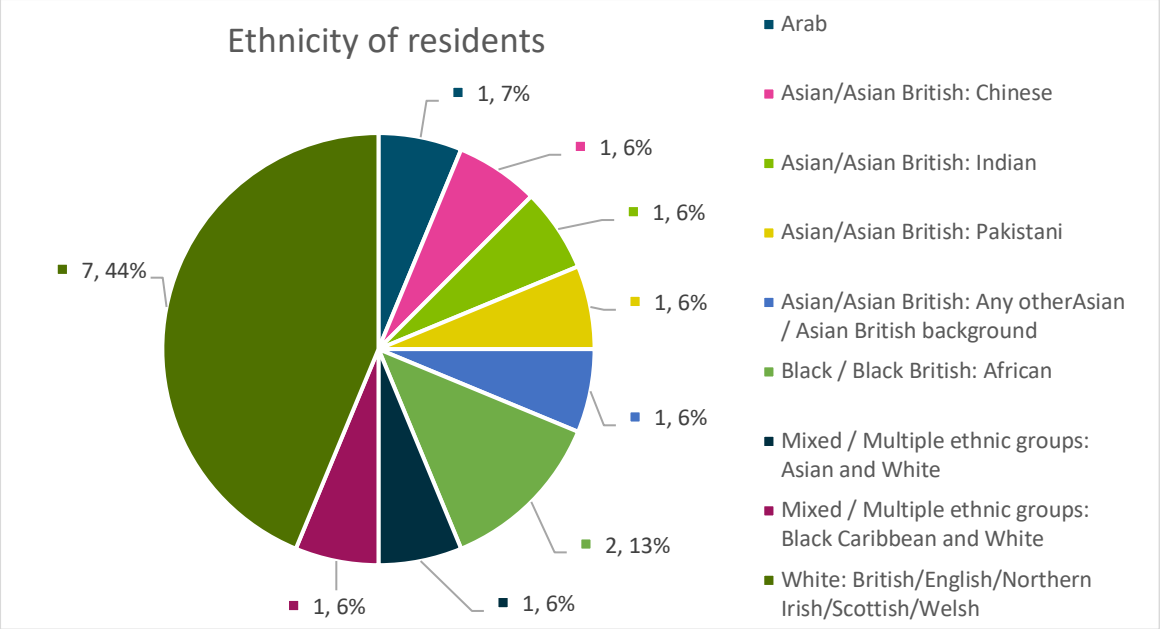
Overall, HWK Authorised Representatives concluded that Medihands seemed to be a well-run facility where most residents told us they were happy to be living there.

Our visit was arranged from 2.30 pm – 7.00 pm to allow us to meet residents and to observe any afternoon activities and the evening meal.

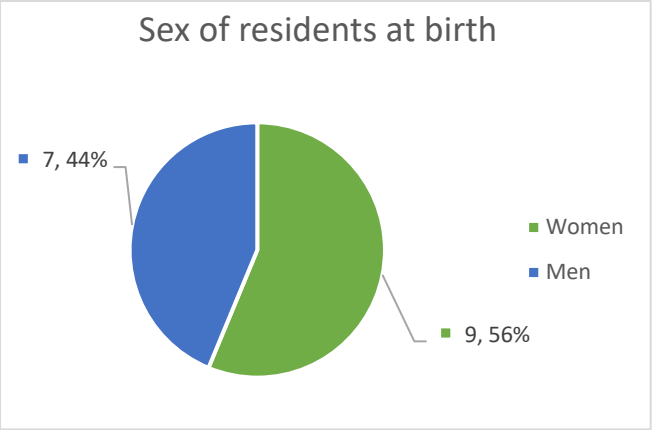
3 Demographics

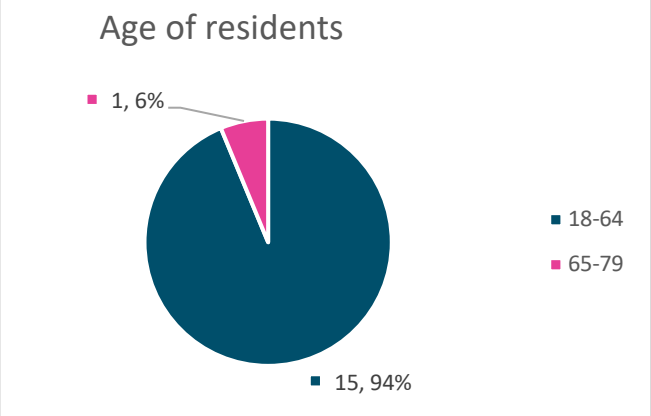
At the time of our visit, the home had 16 residents, all of whom were local authority funded by RBK, Merton and Hounslow.

1 (7 %) of the residents was Arab, 1 (6 %) of residents was Asian/Asian British: Chinese, 1 (6 %) was Asian/Asian British: Indian, 1 (6 %) was Asian/Asian British: Pakistani, 1 (6 %) was Asian/Asian British: Any other Asian background, 2 (13%) resident were Black British: African, 1 (6%) Mixed/Multiple ethnic groups: Asian and White, 1 (6%) resident was Mixed/Multiple ethnic groups: Black Caribbean and White, and 7 (44%) residents were White British/English/Northern Irish/Scottish/Welsh.

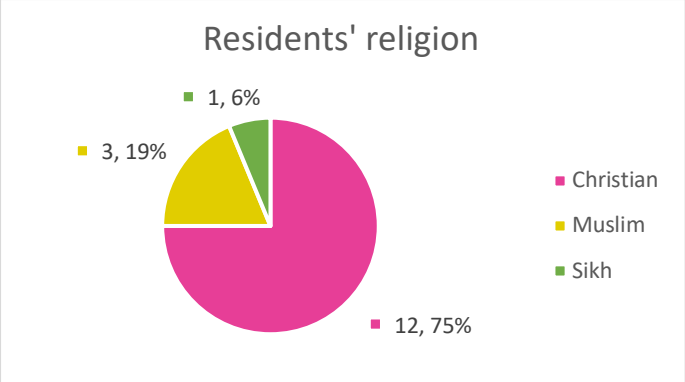


7 (44%) of the residents were female and 7 (56%) residents were male. 15 (94% of the residents were between the ages of 18 and 64, and 1 resident was between the ages of 65-79.





12 (75%) of the residents were Christian, 1 (6%) resident was Sikh, and 3 (19%) residents were Muslim.



All of the residents had a mental health condition, and some had other physical health concerns. 6 residents had diabetes, and 7 residents followed a medical diet.

The home has 14 staff members and used no agency workers. During our visit, the two owners of the home, the deputy manager and two staff members were at the home.

4 Living Environment

Medihands is in a residential house for 16 residents over three floors adapted for use by combining three residential houses. The home has been in operation since 1992, when it started with one house and has been expanded over time. Although the ground floor is joined up, the upstairs areas are separated as per the original houses. No. 149 has eight residents: four upstairs, and two downstairs with two rooms ensuite. In no. 151, there are four men, three upstairs and one downstairs, with no ensuite rooms, and in 153, there are four rooms upstairs with one ensuite room. This joining together has made the house layout quite convoluted downstairs. There are two front doors, but only one was operational.

On the ground floor was a long kitchen where house meals were prepared, with a dining area that looked onto the garden. The dining area went through to the lounge, which had sofas and chairs and a large television. There was a second lounge where we met with the manager and deputy manager at the front of the

house. There was a second, smaller kitchen used for making teas and coffees, and toast.

The garden was narrow, running along the back of the house and paved. It had an abundance of plants in pots and around the walls, and had different areas to sit in. It was very hot on the day we visited and staff were conscientious about ensuring residents in the garden were shaded, either under an umbrella, or in an undercover but open area near the house, which was used by smokers.

During our visit, both owners were at the premises. One of the owners was the manager. Also present was a deputy manager and two care staff, one of whom doubled up as chef and cooked the evening meal.

4.1 What worked well

- Residents we spoke to were very positive about living in Medihands and were enthusiastic about how beneficial it has been for them to be living there.
- Staff told us that residents' meetings were held to discuss menus, activities, incidents, and other things like any building work planned to take place. We were told that these happen 'every four, five, or maybe six weeks'.
- The home had been upgraded after a CQC report in 2021, which gave a 'requires improvement' in the areas of 'Safe', 'Effective' and 'Well Led' and seemed in good repair.
- The house was clean and had last been decorated in 2023.
- The residents seemed very comfortable with each other. Two residents who had come to live in the house within the last four months seemed acclimatised and accepted as part of the group.
- One of the owners played 1960s music in the garden through their mobile phone and a Bluetooth speaker. Both the residents and the staff seemed to enjoy the music.

- It was a very hot day and we observed around 10 residents sitting in clusters together outside.
- One of the residents who was relatively new to the house told us they had the ashes of both a parent and a pet in their room. When hearing about this, the owner told them 'I'll make a shrine in your bedroom where they can be safely kept."

4.2 What could be improved

- In arranging the visit our team had difficulty in contacting Medihands Healthcare, whether via email or telephone. This was raised with the staff team at the visit, who were unaware that this was a problem (this had also been an issue in January 2025 when contact had not been achieved). The staff team were unaware that their phone lines were not being answered. The manager (one of the owners) told us they didn't check the answerphone messages. The deputy manager told, and showed us that they had two handsets, one for an internal line and one for an external line. We were also told that a company laying Wi-Fi cables had been working outside for a while (they were no longer there on the day of our visit). However, this does not explain why we were also unable to get an email response from the home during January 2025.
- There was a notice on the front door of 149 which read 'BELL NOT WORKING, please use 151 Doorbell. Thank you'.
- On the entrance to 151 there were signs outside saying 'Face masks must be worn' and 'No entry without a face mask'. On enquiry, we were told that there was no longer a requirement to wear face masks.
- There were steep ramps in the corridors, which were not immediately visible to the eye. This led one of our team to have difficulty moving around.
- In one of the rooms on the ground floor, which was accessible to the residents, we saw a locked medicine cabinet. The top of the cabinet was

used for storage, and we saw an open sharps bin, an open epi-pen cartridge box, and a transparent folder with a recording sheet in it.

- One of the communal toilets had a sign on it saying, 'Not in Use Not In Service Under Maintenance.'
- On the ground floor, the toilet had nothing to dry hands with after washing. This meant users of the facilities had to dry their hands on their clothes.
- The downstairs bathroom had a shower mat that looked like a material square which could slide around when stood on.
- One resident was wearing dirty and food-stained clothing. We were told by the staff that they were encouraged to better manage their personal hygiene and change their clothes every day.
- There were not sufficient chairs in the lounge area for all residents to be able to sit together. It was lit by ceiling lights but was quite dark. There were no spotlights, reading lights or small tables in the communal areas to encourage reading or other hobbies.
- One resident told us they needed a new wardrobe to better store their clothes. The owner told the resident that one could be provided. The deputy manager interrupted the conversation (which had been with our team) and told the resident the matter would be discussed with their relative, someone who was actively involved in managing their well-being. The visiting team felt that this gave a mixed message to the resident.
- The decoration in the home was minimal. There were very few 'homely' touches in the communal areas, and the walls throughout the premises were all painted white, which gave a clinical air. We spoke to the manager regarding the lack of colour and decoration throughout the house and were told, 'This is the way we do things and we've been doing it for 30 years'. She explained that some of the residents frequently trash things and don't like colours, so everything is kept white.

- We saw at least two residents with very few teeth. We were told that dentists were seen annually unless a problem occurred in the meantime.
- One resident told us repeatedly that they 'wanted to leave this place'. The deputy manager told us that they were 'always saying this', and that their social worker was aware, but no explanation as to how the home was addressing this was shared with the visiting team.
- The designated smoking area in the garden was nicely furnished with seats and cushions. However, it was very close to the house and an obvious place for all residents to congregate. Sitting in the area meant that non-smoking residents inadvertently became passive smokers from those residents who were smoking.

4.3 Living environment recommendations

HWK living environment recommendations	Medihands Healthcare response
1. Ensure the answerphone is checked regularly for messages and that emails are responded to promptly.	As was stated on the day Medihands was unaware of any lost communications and had not had feedback from any other external bodies saying that they had not been able to. Our emails are checked first thing in the morning and regularly throughout the day so we apologise if you were missed.
2. Either fix the bell on no 149 or change the message to 'entrance not in use'. Remove 'wear a mask' signs on no 151.	The wear masks sign has been removed as it is no longer a mandatory requirement. The bell on front door of 149 has been changed to "Please use main entrance 151"

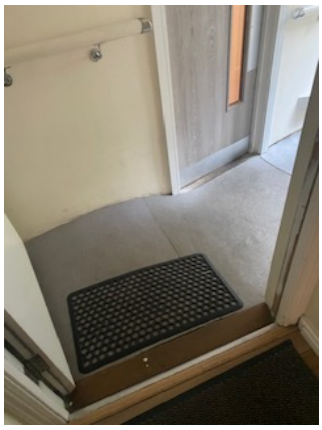
3. Highlight the steep ramps throughout the home to ensure any current, incoming resident or visitor, does not trip.	There is only 1 ramp throughout the house which is a link way through the homes. Any service user is always supported by staff and there are handrails on both sides for stability. Your recommendation to highlight this will be completed for the safety of residents, staff and visitors.
4. Keep sharps bin closed and locked away with all other medical equipment.	The sharps bin is always locked away after use and was only out because the staff were going to take blood glucose reading with a service user
5. Ensure the out of order toilet is repaired.	There are a total of 8 toilet facilities for use and the one with information signage on is being repaired hence why it stated under maintenance.
6. Provide hand-drying materials in the toilet to avoid residents and visitors having to use their clothes to dry their hands.	The best method will be looked into as hand dryers are no longer recommended as a sanitary way of drying hands and can spread infection around the room during use.
7. Replace the bathmat in the downstairs bathroom to something that is non-slip.	Medihands bathmats are all non-slip and the one that was in the bathroom at the time of visit was a service users personal belongings which they forgot to remove after their shower. They are encouraged to use one which the home provides but they choose to use their own, which they have the right to do.

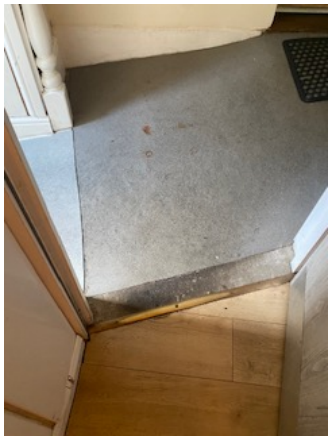
8. Encourage non-smoking residents to avoid the smoking area.	Our non-smoking residents are always encouraged to sit over the other side of the garden to avoid passive smoking but again they have the right to choose and choose to sit with their other housemates.

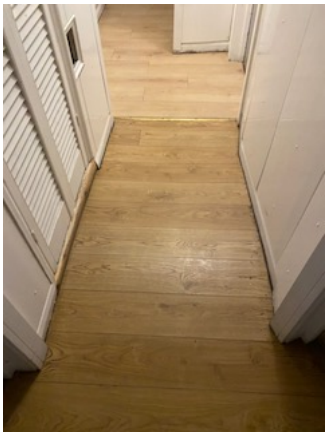
4.4 What we saw and heard

During our visit, we took some photographs and spoke to four residents in depth, three residents briefly, and three staff members. We have captured some comments about the environment below.

Images (from left to right) sign outside no 151 re face masks, toilet with no hand drying facilities and notice on toilet door







Images (from left to right) instances of unmarked, steep ramps in the home which caused one of our team to stumble and trip.

Images (from left to right) the medicine cupboard with medical equipment on top and accessible, and the open sharps bin.

"I like living here, it's nice." (Resident)

"It's friendly here." (Staff Member)

"Anything I need, or wish to discuss, time is made for me from management." (Staff Member)

"I've been here a couple of months It's marvellous! I'm able to relax and don't have to worry. There's structure, community, I have a lovely room. I have friends here." (Resident)

"Training is good – we're full on with the training. There is a lot to learn and discuss about individual residents' needs. I like the training. If it's too hard he (owner) will discuss with other staff/management who explain it." (Staff member)

"It's very therapeutic here. My mind ricochets. I talk to (the deputy manager). That lady is wonderful to me. I love these guys." (Resident)

"Governor is a marvellous man, he really is a tryer. Wants to help me. He bought me a fridge freezer and just offered me a big TV." (Resident)

"It's friendly and busy. Service users keep us busy. The facilities are good, enough space and comfortable. I'm happy with things. Everything seems to be working nicely." (Staff member)

"You get a lot of support. Management are always there 24/7. We have a really good team at the moment. Staff are really good. Training is ongoing all of the time – we get enough. I'm happy with my job." (Staff member)

"Training is good. If there is anything I don't know I can ask. Our manager and deputy manager make sure I know everything before I do it, like hydrations, nutrition level 1. I've done safeguarding and mental health training." (Staff Member)

"I can't praise this place up. Seems to set me out all right. The governor rolls with it." (Resident)

5 Mealtime experience

We visited the house during the afternoon and early evening and witnessed residents having their evening meal. The home had two kitchens. One was the main kitchen from which meals were prepared. The second kitchen was used for making tea, coffee, and toast.

At the mealtime, we observed four residents sitting together at one table in the garden, two residents sitting together in a different area of the garden, and four residents were eating undercover in the smoking area. One resident ate in the lounge area, and one ate in the dining room. The dining room area had a capacity for a maximum of five residents to eat together at tables.

The visiting team noted that, as we visited on a hot sunny day, many of the residents were eating in the garden. We were unclear where residents would dine communally within the home. We were not clear about the whereabouts of the other four residents in the house during the mealtime.

We were told by the managers that residents did not like to participate in preparing any of the food (breakfast, lunch, or supper) and that staff provided all meals unless the resident went out to eat independently or with a relative.

There was a written menu for the day, laminated, and in a folder on one of the tables in the dining room. The selection for the evening meals was on a separate sheet. The evening meal was chosen by a different resident each evening. That evening, the menu was curry, followed by fresh fruit salad and ice cream. We were told that alternatives could be made if the choice of the day did not suit a particular taste.

We were told that no residents require help with feeding, and that residents are encouraged not to stay in their rooms.

5.1 What worked well

- We observed one of the carers preparing the evening meal, which was temperature checked and then served immediately to the residents.
- The food was declared delicious by the residents, who in some cases had seconds. We were told by both the residents and the staff that this staff member was a very good cook, and the residents especially enjoyed the meals prepared by them.
- There was a bowl of fruit available for the residents in the kitchen, containing apples and oranges, to which they could help themselves.

5.2 What could be improved

- When we visited the larger kitchen before it was used to cook for the evening meal, we identified a strange 'stale' smell.
- One resident with diabetes told us they wanted mango chutney for the meal that evening, and also that they loved a particular sweet bought from a particular shop in the area. The owner overheard this conversation and asked the resident if they wanted a small or medium box of the sweets and promised they would be provided that afternoon as the owner would be going near the shop that sold them later that day. There was no conversation about the wisdom of eating sweets with diabetes. We also felt that there was no requirement from the resident to have the sweets immediately and that the rush to provide them was not necessary.
- We observed a resident eating a bowl of cereal. The resident told us they eat this cereal at most mealtimes. This was confirmed by the deputy manager. The resident was diabetic, but nonetheless covered their cereal with a full mug of sugar. This was not commented upon by the staff member during the visit.
- We did not hear any staff suggest to residents that they clean their hands before the meal was served.
- We did not see any tables cleaned before they were set for the meal.

- We were told that residents were not encouraged to make their own breakfasts or even to provide themselves with cereal from the cupboard. Staff seemed to prefer to have control over this process.
- Residents (and the Enter and View team) were offered a warm can of sugar-free fizzy drink, which would have been served better chilled.
- At the mealtime, jugs of squash were brought to the table, but beakers were not provided for over ten minutes.
- We did not observe staff members monitoring what residents had eaten or drunk during their mealtime.
- The tablecloths on the tables in the dining room were covered in stains and needed cleaning/changing. No effort had been made to clean the outdoor table before serving food on it.

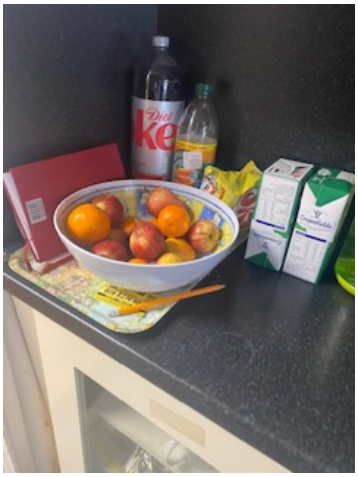
5.3 Mealtime experience recommendations

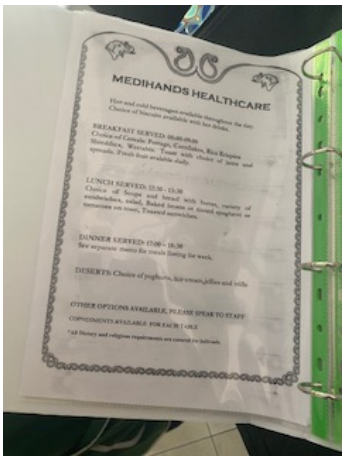
HWK mealtime experience recommendations	Medihands Healthcare response
1. Source and remove the 'stale' smell in the main kitchen.	Due to our service user's mental health some cannot retain information and others choose to ignore the advise given stating "I have the right to choose".
2. Ensure that residents with diabetes are not facilitated to eat sugary foods.	All service users have dietary needs laid out by the dietician which are followed by all staff. Our service users however are all mobile and have capacity to make their own choices. They do buy their own snacks to which staff try to monitor.
3. Provide education materials, suitable for residents' abilities, covering the impact of sugary	All staff work with the service users alongside the Dietician and GP to ensure that our service users are aware of their individual needs.

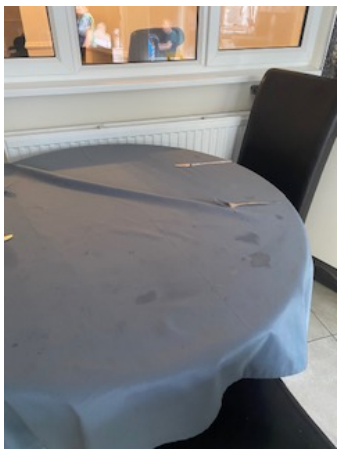
diets on dental health, physical health and nutrition.	
4. Ensure residents are reminded of hand hygiene before meals.	All service users are encouraged to wash their hands before meals.
5. Provide suitable mugs or beakers at the same time as jugs of refreshment during mealtimes.	All drinking vessels are provided in the resident kitchen in the dining rooms to which they are all aware and help themselves to.
6. Ensure clean the tablecloths are in place before serving meals.	Hygiene is taken very seriously and the dining room is cleaned before and after meal service.

5.4 What we saw and heard

During our visit, we took some photographs and spoke to four residents in depth, three residents briefly, and three staff members. We have captured some comments about the environment below.







Images (from left to right) bowl of fruit in the kitchen, second kitchen leading out to the garden, the laminated daily menu, the laminated evening menu. and the stained, dirty tablecloth in the dining room with cutlery laid out.

"We manage things – we fix things the best we can (i.e. a change of meal of a resident." (Staff member)

"Office staff will help out if extra help is needed at mealtimes." (Staff member)

"On Fridays we have takeaway – I have a burger." (Resident)

"I think the standard of food is good, good choices, and if something is not liked it is taken away and the resident is given their second choice." (Staff member)

"Food for diabetics is bought and bloods are taken to check sugar levels. The food is not full of fat. Tonight is curry. Fruit for puddings, low sugar for breakfast. Brown bread for toast. Residents are involved in their menu planning. They may change their minds but it's fine. We always have salad, we always have fruit. I'm happy with what we do for residents. We get good feedback from GPs. We weigh residents once a week. It's a routine they know." (Staff member)

"I'm happy with the way mealtimes are managed. I have to keep an eye at mealtimes. One resident has teeth implants which can affect their eating and they need encouragement if they are in pain - staff are always around when residents are eating." (Staff member)

"We always check temperature of the food and ask residents what they want. They can change their mind. Today's choice is curry but someone wants a jacket potato, another wants an omelette. It's their choice." (Staff member)

"Sunday roast dinners are favourite." (Resident)

"Residents have their own money and can buy crips, drinks etc. They can buy something and we'll cook it together." (Staff member)

"Some residents have diabetes. We can't force them not to eat things they shouldn't." (Staff member)

"I can cook when I want to." (Resident)

6 Meaningful activities

We had timed our visit for the afternoon, anticipating that residents would be out doing activities during the day. However, during our discussion with the manager and the deputy manager before our visit began, we were told that only those residents who had family members tended to do activities outside of the house. We were told that suggestions were made as to what a resident might do, but these suggestions were very rarely taken up. The local Mencap day centre is an option offered to residents, but only one resident attends.

As our visit coincided with an extremely hot day, most residents were sitting outside in the garden while we were there.

6.1 What worked well

- The garden provided a very pleasant space to sit out in the heat.
- The garden was full of plants that we were told residents had planted and looked after. One resident confirmed that they enjoyed tending the plants.
- We had been warned by the manager before our visit that residents would be cautious of us, would mostly be unwilling to speak to us, and would be liable to react badly if we 'said the wrong thing'. Although we experienced some shyness from one of the residents, everyone seemed very happy to see us and pleased to talk to us.

6.2 What could be improved

- During our conversation with the staff, we were left with the impression that the residents did very few activities. We asked if any outside organisations came into the home to engage the residents, for instance, befriending volunteers or therapy dogs. We were told that having volunteers was ‘too much work for staff’ due to the nature of the mental health issues of the residents.
- When the owner put on the music in the garden, one of the residents said, "I've been asking you for one of these for ages so I can play music in my bedroom (pointing to Bluetooth speaker and mobile phone)" The owner responded with "I'll buy you one, and a mobile phone". The owner then offered to purchase a speaker and a mobile phone for £10 a month for a number of residents. We did not see any discussion of budgeting or a discussion with individuals about what financial impact this would have on them.
- We observed the deputy manager attempt to start up a game of ‘I spy’, however, it petered out almost immediately and seemed an inappropriate activity for the residents.
- We saw no evidence of games, or drawing or colouring facilities at the home, and no books (although we noted board games were on the activity rota, as were craft activities). The activity rota was displayed in the front lounge, advertising a mask making activity at 3.30pm that day. However, we did not see staff suggest this to the residents and give them the opportunity to decline.
- At the end of the visit the owner talked about providing internet access and iPads for the residents. It appeared to the visiting team that this seemed to be an afterthought prompted by our visit.

6.3 Meaningful activities recommendations

HWK activities recommendations	Medihands Healthcare response
1. Improve conversations with residents to better understand what activities and hobbies they might enjoy. Involve third parties to encourage hobbies. Develop individual activity rotas for residents to follow.	All service users which reside at Medihands have accesses to many types of activities including dance and exercise, Karaoke, board games, quizzes, group chats, books, puzzles and many more. Unfortunately, our service users are low functioning with impaired cognition and due to their mental health often lack concentration or become extremely suspicious in these kinds of environments. They are encouraged daily to join in with the activity which is being provided. Their choice is to join or not.
2. Encourage residents to be autonomous within the house wherever possible (e.g. providing their own breakfasts).	Our service user all has autonomy and they would never be served a meal which was not of their own choice.
3. Ensure residents have easy access to puzzle books, library books, colouring materials and music to enable them to casually become involved in doing something that is stimulating to them.	All service users have access to these.
4. To encourage activities like colouring and jigsaw puzzles provide more chairs, ambient and	This is done throughout the day. Our staff work hard to encourage inclusion with all activities.

focussed lighting in the lounge area, and small tables.	There are 12 chairs provided in the communal lounge which is more than adequate.
5. Ensure decisions requiring financial input from the residents are made with due diligence and with proper consent.	During the visit no members of staff were asked whether any of our service users have financial needs and therefore we do not understand how our diligence could be questioned. Most service users with Medihands have a deputy or are under appointee ship. Any money management required by the home is meticulously done with every transaction being recorded and signed and checked by two staff members and all receipts documented.
6. Ensure that the activities advertised on the rota are at least offered to the residents at the appropriate day and time shown.	The scheduled activity is offered by alternatives are always available with the knowledge of knowing our individual service users and their likes and dislikes.
7. Consider bringing in a therapy dog and/or other outside organisations and volunteers to provide stimulation and engagement for the residents.	All our service users are independent and come and go as they choose. This is not a nursing home and therefore although the recommendation is appreciated, we do not feel that this is suitable for our home and our service users.
8. Ensure residents are offered independent advocates to help them to express their needs with their social workers.	Social workers work very closely with the home and any advocacy needs are always addressed

9. Provide a covered display board which is stuck to the wall, to display local events taking place in the area to encourage resident participation in the local community.	There is a covered display case in the entrance and has various information and leaflets.
10. Develop activities based around cooking to encourage residents to understand nutrition and develop independence skills.	Maintaining our service user's independence is very important to us and staff work daily to support them to develop their ADL's. In a mental health setting with individuals whose needs are quite complex this can take a long time. 3 years to finally get a service user to make his own cup of tea. This is the level of cognitive function, motivation and interest that they have. These things do not happen quickly. All service users have an ILS programme in place which identifies their abilities and the areas where they need support, and these areas are addressed and worked on daily.

6.4 What we saw and heard

During our visit we took some photographs and spoke to four residents in depth, and three residents briefly, and three staff members. We have captured some comments about the environment below.

Image (left) shows the activity rota displayed in the front lounge. We did not see it situated elsewhere.

"If everyone is in the lounge watching a film residents sit together quietly enjoying it." (Staff member)

"I like dancing. (The deputy manager) knows I like watching the old films, like Elephant Man." (Resident)

"The residents love music. They join in and dance and smile'" (Staff member)

"Some residents love to play games. Some residents just want to sit. Games are offered but it depends who wants to play, charades, I-Spy." (Staff member)

"You have to be aware of all the residents. If residents wish to be left alone you can suggest alternatives (puzzles, reading, etc), you give options." (Staff member)

"There are activities if they'd use them. We struggle with it. It's their choice, we can only offer, if they don't want to participate it's their choice. It would be nice to see residents participate in my activities but deep down I know it's not likely to happen, but I'll keep trying." (Staff member)

"We have board games, walks. We have a TV. If they are bored we will speak/chat to them. We offer other things if they don't want to participate." (Staff member)

"I do food shopping, clothes shopping, I keep clean and washed." (Resident)

"I go out with my sister." (Resident)

"It can be very busy if residents want to do different activities." (Staff member)

7. Next steps

This report has been shared with Medihands Healthcare, 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 Medihands Healthcare the next steps to be taken in response to outstanding recommendations.

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