

## Enter and View Report

Location of visit	Priestley Care Home, Market Street, Birstall, West Yorkshire, WF17 9EN
Service provider	Highgate care
Date and time	Wednesday 10 <sup>th</sup> September 2025, 9.30-12.30pm
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### **Acknowledgements**

Thank you to all the residents, staff, relatives and visitors at Priestley Care Home, who took the time to speak with us and share their experiences.

Thank you also to the manager, deputy manager and wider team for helping us arrange our visit and being so welcoming on the day.

**Disclaimer**–This report relates only to the visit carried out on the specified date and is not a representative portrayal of all service users, visitors and staff, only those who spoke with us during the visit or completed our online surveys.

### **What is Enter and View?**

Enter and View is a visit to a health or social care setting by Authorised Representatives of Healthwatch Kirklees and Healthwatch Calderdale as a means of gathering evidence of people’s experiences. Enter and View is one of the many tools used by Healthwatch to gather opinion. The visits are not a formal inspection or part of an investigation.

### **Healthwatch Kirklees and Healthwatch Calderdale have a right to carry out Enter & View visits under the Health and Social Care Act 2012.**

Enter and View visits give service users, visitors, carers and staff the opportunity to speak to an independent organisation about their experiences of health and social care services. They may talk to us about things which they feel could be improved, but we also want to find examples of good practice so that we can recognise and promote things that are working well. The visits may focus on a single issue across multiple settings, respond to local intelligence about a particular setting, explore an area we haven’t visited before, or be carried out at the request of a service to better understand how it operates.

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## The service

Priestley Care Home is a purpose-built, two-storey home in the middle of Birstall. It provides residential and dementia care for up to 40 people, with occasional respite care when a room is available. Each floor has its own lounge and dining room, with resident bedrooms along the corridors. The ground floor has access to a secure garden, and there is a car park at the front of the building.

## Why did we visit

This was a planned, supportive visit as part of our ongoing programme of work in adult social care settings. We aimed to gather feedback from residents, staff, and visitors to better understand life at the home and highlight what is working well and what could be improved.

## Staffing and resident numbers

At the time of our visit, the home was full, with 40 residents. Staffing levels included 13 staff members: the manager, deputy manager, cook, administrator and care staff.

## What we did

We carried out a three-hour prearranged visit. We toured the two floors, communal spaces, spoke with residents, visitors and staff. The visit was informal, and we had conversations about safety, independence, choice, dignity, food, dining and activities. We also invited feedback via surveys, for people who were unable to speak to us on the day, and these were made available for one week following our visit.

We spent our time speaking to individuals in lounges and dining areas. We also used our senses to note our impressions of the home (the '5 senses' approach). Both residential areas visited were pre-lunch.

## Overall impressions

The home felt warm and welcoming, with plenty of natural light and a comfortable temperature. The atmosphere was calm and relaxed. We were greeted at reception, asked to sign in, and introduced to the manager. Staff offered us refreshments more than once during the visit, which immediately made us feel looked after.

On arrival, the manager explained that the service had gone through some management changes recently due to illness, which had been challenging. At the time of our visit, senior staff were sharing responsibilities. Staff and management both told us the décor in some areas is due to be updated and that this is already on the home's improvement plans. We had a brief chat with the manager and were shown around the building.

Two cats live at the home, and we saw them in reception. They added to the homely feel. Staff told us that residents' and visitors' own pets can also come in to visit. If a resident wanted a pet to live with them, this would be considered on a case-by-case basis for small animals.

The layout of the home is over two floors, with lift and stair access to floors. The lounges had chairs grouped together to encourage conversation. Furniture looked clean and suitable. The television was on in both lounges but at a level that was not intrusive. Some residents were watching, others were not, which made the space feel relaxed and homely.

There were plenty of personal touches. Artwork, mirrors, and residents' pictures were displayed on the walls. There were bookshelves and DVDs, although no one was using them at the time. An activities calendar was clearly visible. The home was clean and tidy overall, although there was a little clutter and some staff supplies stored in corners.

Residents were relaxed and happy. They were chatting to each other and to staff, and several were keen to talk to us. One resident came straight over to explain the home was a *"nice place to be in"*. Another described it as like *"being in a hotel"* because they didn't have to worry about cooking, cleaning or laundry. Others talked about the companionship and said

things like *“love it”* and *“it’s lovely, isn’t it?”* when talking about the home. We also heard staff singing as they worked, which made the place feel cheerful. Other residents told us about feeling comfortable and feeling looked after at the home, which was lovely to hear. All the residents we saw were well dressed and cared for.

#### Resident comments

- *“Everyone is treated the same” said a resident, “I’m used to them all” indicating staff and residents while smiling, “and no-one is awful”*
- *When we asked residents if anything needed improvements all we spoke to said they couldn’t think of anything. A resident said they are “very happy” at the home. Another said that “every need is met” here explaining they felt refreshed after a bath a staff member had supported them with earlier.*

A strong, unpleasant smell was present in the ground floor corridor but improved noticeably in the lounge area. Staff told us they were aware and were actively addressing this matter at the time. We were informed later the odour was related to a resident who had recently become unwell in that area, and immediate cleaning was undertaken. Upstairs, we noticed an area of stained carpet near a window which also smelled. This was raised with the manager.

The décor included a wall display of vinyl records from the 1940s–1960s and memorabilia about music from that era. Upstairs, corridors were named like streets, and one door was painted to look like a red telephone box. There was also a “Spread a little care” tree display on the lower floor, with positive thoughts and gift bags, though it wasn’t clear who this was aimed at.

The secure garden, accessed from the ground floor dining room, had flowers, planting pots and ornaments. It was a peaceful space despite being close to a main road. Some benches needed repainting, and a table near the entrance looked untidy, possibly used for smoking, and could be moved.

During our visit, we noticed that staff were busy, and we often heard the alert alarm going off. Staff were quick to respond.

Visitors were also positive. One said the council should provide more money to show appreciation for the home. Another gave the service *"5 out of 5 stars, excellent."* One visitor said, *"The best thing about the Priestley is that it feels like home."* Another told us, *"I think the Priestley is just perfect the way it is."* Another visitor mentioned that they felt the home had dignity and that everyone knew them and had the time to sit and talk from *"the top to the bottom"*.

Staff commented about what works well at the home and any improvements they felt were needed. One staff member felt the areas needed to be given new décor or freshen up.

Staff comments:

- *"The home has a nice vibe"*
- *"We try our best for residents. I would describe it as a big, odd dysfunctional family. I love working here"*
- *I have come in on my day off to chat to residents, they see us as family, i have even brought my grandad who thinks it is an amazing place."*
- *"Residents are put first by staff, I see them as grandparents"*
- *"It is good it feels like a family, I love being here, I also pop in to see residents in my spare time. we are supported by the community - with donation as well. "*
- *"They are like a second family" (about residents)*
- *"I think it is so good, my mum stayed here."*

## Independence, choice and dignity

Residents are encouraged to make their own choices and to be involved in decisions about daily life. Regular monthly meetings take place, where food choices, activities, and any other issues are discussed. A visitor told us they valued these meetings, and one had been held the previous week.

The manager explained that residents can choose when to get up and go to bed, what they eat, and how they decorate their bedrooms with their own furniture and possessions. One resident told us: *“yes all good here.”*, and told us that they can get up and go to bed as they want. During our visit, we saw a resident getting up later in the morning. Staff explained quietly that this had been agreed with the resident and their family, showing how individual choices were respected.

The home can accommodate couples in two rooms, which can either be used separately or as a bedroom and lounge.

Residents also have access to Wi-Fi. Staff joked that they knew it was well used because “Amazon parcels are arriving regularly,” showing that residents are independently ordering things they want, which perhaps is something they wouldn’t have been able to do just a few years ago.

When new residents arrive, staff carry out an assessment at their home if appropriate. They can also try a day at the care home before making a final decision. Families are offered support and reassurance during this time.

We saw that many residents were physically independent, moving freely around the home. Some residents told us they needed support with baths. One explained they were happy with daily washes instead and did not use the bath because of mobility issues. They didn’t feel a bath seat was available to help them. The home later confirmed that assisted bathing facilities and bath seats are available to all residents who wish to use them. The home explained that residents are supported to make personal choices about their hygiene routines, and they respect individual preferences for showers, baths, or daily washes. Another resident said staff helped them with baths and they felt refreshed afterwards.

A few residents mentioned they did not choose the TV channel, but later we saw a staff member asking if anyone wanted to change it. No one did.

Residents and visitors described going on outings. These were usually with relatives, but staff sometimes arranged trips using taxis. No one we spoke to said they wanted to leave the home independently.

A visitor felt their relatives' individual needs were met and that they were kept well informed. That staff were good at noticing small changes in health and letting them know. They felt the personal care was very good too.

Visitors said:

- *"At the Priestley they are person centred and know all of mum's little ways."*
- *"My mum is always cared for and wearing her own clothes."*

Staff explained that resident meetings include relatives, and that activities and food choices are discussed. They said person-centred care was important but also noted it sometimes depended on *"who's on shift"*. It was mentioned the activities co-ordinators involved residents in choices and cook asks residents about meals.

## Socialisation, activities and entertainment

The home had a sociable feel. Residents sat together chatting. One told us they had "no one to speak to" where they lived before, but here there was always someone. Another said they were "with their friends" now.

There are two activity coordinators, working Monday to Friday and sometimes weekends if there is an event such as a summer fair. During our visit, the coordinator was preparing an activity, in the ground floor dining room, to make personalised stickers for residents' walking frames and wheelchairs, later moving to the upper floor. One resident explained how they were looking forward to putting a sticker on their wheelchair so they would know it was theirs.

Activities are provided on both floors. More able residents can come downstairs if something is happening there. Activities include:

- Crafts such as bunting, pictures, and seasonal decorations like autumn wreaths.
- Flower arranging, with displays used around the home afterwards.
- Gardening, including watering plants in the garden.
- Knitting, word games, and reading.
- Exercise sessions (several residents mentioned these but couldn't give details).
- Outings to the local market or square.
- Occasional themed days, like Alzheimer's Day dress-up or "Teddy Bear Day."
- Entertainment from singers, bands, and musicians. During our visit, a banjo player was due to perform.

Residents talked fondly about an animal visit, where they held a tortoise and a snake visited. A staff member also said residents enjoyed these visits.

Visitors said they could suggest activities if they wanted to. One told us:

- *"My mum enjoys colouring, painting, baking, dancing and listening to music."*

Entertainers are paid for through fundraising and are booked monthly. The hairdresser comes twice weekly, and local churches hold services with both Methodist and Catholic ministers. A school visits around Christmas to rehearse their play. A choir group comes in occasionally and an individual who lives nearby comes to play a keyboard for them as a treat, voluntarily. When it was the Christmas light switch on, the organisers sent in an entertainer with bubbles which was lovely said one staff member. Staff also said they were planning to arrange dog visits-a petting dog.

The home had multiple craft works displayed around, from bunting to pictures and a notice board in the foyer of the communal areas displaying residents making crafts, with pictures of residents with animals - including a snake and the said tortoise. One resident said they liked entertainment but don't get a lot. Knitting was mentioned as an activity by one resident. Many of the residents we spoke to said that they didn't do many activities

and then told us about the things (activities) that they did in the home, like holding animals, dancing, gardening, games including word games, reading and having a singer in the home. One resident explained they water the plants in the garden which was also mentioned by a staff member later in the visit that residents are involved in the gardening. The staff member said that residents downstairs can come outside as they wish. Activity plans are displayed throughout the home. They do have occasional fish and chips from the shop, and a curry night is planned.

One staff member told us about a time when the lift was broken, and resident's upstairs couldn't join the entertainer downstairs. They felt it was unfair that entertainment was always on the lower floor and said it should be alternated. They explained that residents on the upper floor need a turn in their own environment. One staff member said they are open to suggestions from residents, visitors and staff regarding activities. A staff member said that taxis are used to get around and more trips with residents would be nice.

Staff views on social time with residents were mixed. Some said they had enough time not only to meet their care needs but also to talk with them. Others said it depended on staffing levels. One said: *"We need more help staff wise"*. Another told us *"the social aspect is as important as activities."* explaining about walks to local shops etc.

Other staff comments.

- *"I do know the residents but sometimes have the time to chat with them. I do this when providing support for them. Many staff try and socialise with them when having a break themselves and grabbing a drink"*

## Food and drink

All meals are cooked in-house. A four-week rotating menu was displayed. Breakfasts included multiple options. The senior team was passionate about the food explaining about the multiple breakfast choices, saying it was sometimes like a hotel at mealtimes. Lunch was lighter, with the main

hot meal served at teatime. Management explained that serving the main meal later helped residents sleep better, improved weight gain, and reduced falls. They also accommodate any other specifics that people may want such as finger food or if they change their mind on meal choice. The home said that there is a bigger age mix of residents now – from 70s to 100. Some residents wanting traditional meals, others suggest curry and international cuisine.

Residents told us they enjoyed the food:

- *“The food is okay I like it.”*
- *“The food is excellent. They give you a choice and haven’t not enjoyed a meal yet.”*
- *“Food is nice here; there’s a change each time.”*

We saw staff checking meal choices with residents individually. One resident told us how a staff member remembered they liked jam sandwiches (childhood memories of eating them) and now makes them two every night. They were very happy that the staff member had listened and been so thoughtful. A couple of residents mentioned that they had a choice of meals and would be offered something else if they didn’t want what was on the menu that day. One resident was having a baked potato as they didn’t want the other choices that day. We saw that residents were offered drinks and biscuits throughout the morning if they required.

Food choices are also discussed at resident and family meetings. Staff use pictures or show plated up choices to help residents with communication difficulties choose their meals. A dumb waiter is used to take meals to the upper floor.

Staff views were mixed. Some said meals were *“better with lots of choice – home cooked”*. Others said *“the meals are sometimes good sometimes bad or not as good”*. Staff also mentioned blended and pureed meals were available for those who needed them. One staff member mentioned that the new dining furniture was much better.

Visitors were very positive. One said the food was *"5 out of 5, excellent."* Another said their relative had gone up clothing sizes since moving in, which they felt showed how well they were eating. Visitors also said suggestions were welcomed by the home, *"they always take onboard suggestions."*

## Health and Safety

We were asked to sign in on arrival, and all sanitiser dispensers we tried were working (although very strong smelling). A safeguarding information board was displayed in the foyer.

Residents told us they felt safe. Some nodded or smiled to show agreement even if they couldn't answer fully. One resident explained they had felt very unsafe living at home but now felt safe here. Everyone we spoke to said they have an emergency buzzer but hadn't used them- we are unsure if this is different from the staff call button.

Staff also told us they felt the home was safe.

The upper floor was key coded for safety and there was a secure garden. We noticed a few issues:

- Cigarette ash trays in the garden were full and needed emptying.
- A smoking table near the garden entrance looked untidy and could be moved.
- A long extension cord across a fireplace upstairs looked like a trip hazard.

We felt the cats were a positive addition to the home, but one of our team wondered what plan was in place or considered if someone came to live here who had allergies to cats.

Visitors also told us they felt their relatives were safe. One said the resident they visited had fallen a couple of times when they first arrived but now had a fall mat in their room. Another said they used to worry because their relative wandered at night at home, but now they felt reassured. Another

visitor said they would feel comfortable raising concerns with the manager or senior staff if they needed to.

Visitors told us:

- *"I know mum feels safe as she never asks to go home and is always happy."*

## Visitors to the home

Visitors can come at any time, though they are asked to avoid mealtimes as these are protected. They can share meals with residents at no cost if they arrange it in advance. A visitor confirmed that they could visit at times that suited both them and the resident.

Visitors told us they always felt welcome. They provided personal touches like, buying favourite biscuits for residents. A visitor gave the home "5 out of 5" for welcome and care. It was welcoming to both them and the resident they visit. Another said the resident they were visiting liked it there and they agreed

They said:

- *"All staff know her and really show her care and kindness."*

One visitor explained that their loved one had first come for respite but decided to stay permanently. Another said they had moved their family member from another home due to poor care, and here *"they can't do enough to make them happy"*, which is great to hear.

## Staff at Priestley Care Home

We saw lots of positive, friendly interactions between staff and residents. One staff member sang to a resident to help them move and explained this encouraged the resident's independence and mobility. Residents were

positive about staff and the interactions we saw were respectful, jovial and familiar.

One resident said they didn't have chance to talk to staff much but knew them well – When explaining this the resident demonstrated that everyone talked to them (including staff) explaining they get on with them all.

Residents comments:

- *"The staff are good, and we rely on them."*
- *"Everything [is good]."*
- *"The staff are very kind."*

The staff team were displayed in the foyer. Many staff were longstanding, often moving into different roles, showing opportunities to progress and flexibility. One told us they were still happy to help with care shifts if needed, as they were a care worker previously, although now in a different role, their certificate is still valid.

Staff mentioned that working was becoming more challenging with residents' increased needs and there are higher needs from residents living upstairs. Staff levels were mentioned by many and how these needed increasing, *"we need extra staff"* said one staff member. Staff comments were mixed. Many said they loved their jobs and felt close to residents, describing the home as a family. Others said workloads were heavy and they felt stressed or under-appreciated.

Staff comments:

- *"More staff are needed as work is increasing, and it is challenging, things feel unfair at the moment"*
- *"Nothing feels enough that I'm doing... I don't feel appreciated or valued."*
- *"I pass on information to management, and it gets actioned as appropriate".*
- *"It's sometimes stressful at work when you are trying to help everyone and don't want to let any residents down. "*

- *“Working here can be hard.”*
- *“Just a thank you would be nice.”*
- *“I like working here and everyone gets along.”*
- *“I love doing it.”*

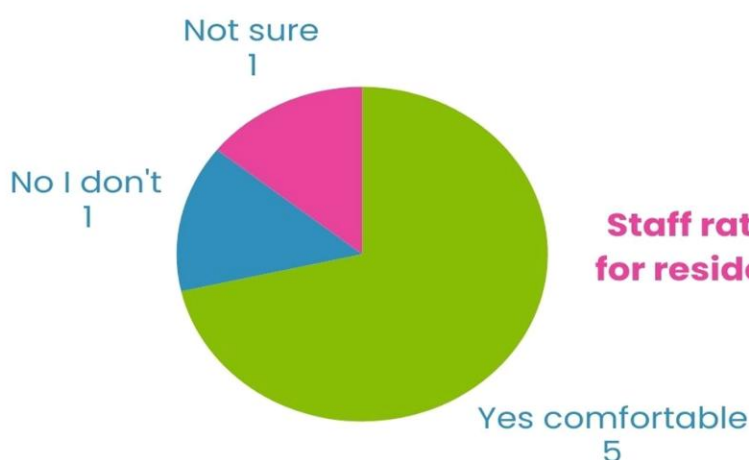
Some said they felt supported and listened to, while others described pressure, stress, and sickness absence among staff, with one staff member considering leaving the job. One said: *“Lots of sickness in staff – staff are going off with stress, workloads. Too many shifts in a row and no flexibility swapping floors.”* Another explained that their time is spent equally between both floors on different shifts, talking about flexibility and getting to know residents this way. Working conditions could be improved A staff member felt. Some staff said they didn’t feel supported in their role or by the management feeling there is bias towards some staff and not others. Another said they would appreciate more checking to see if they are okay rather than what they haven’t done or completed, to check in to see what’s happening and why this might be. It was recognised that there had been some changes lately.

Equal amounts of staff disagreed explaining it was the best job they had ever had or that they feel listened to and supported. One staff member felt that if they all continue to work together (staff team) it is good, but it can be pressured at times. Another saying that they would feel happy to mention concerns to management as needed, they just bring up issues as and when. The deputy manager was someone a staff member said they would go to for support.

Training was a key theme. Staff preferred face-to-face training, saying it was more effective than online. One remembered a practical exercise about blended food choices that had stayed with them. Staff said they would like more dementia training, with a focus on person-centred approaches, and some were looking forward to End-of-Life Care training.

## Staff feedback about working at Priestley Care Home

Staff told us how comfortable they felt speaking to senior staff members about a work-related issue



4.2★  
average rating



Staff rated the overall service for residents living at the home as 4.2 out of 5

### staff comments

"I think the staff do their best. The staff are caring- good staff. They put residents first "

"Upstairs is like the forgotten floor. I don't always feel supported."

"I've worked here a long time. I enjoy my job

"There are some lovely residents - I love working with them"

"I don't feel I can go to all the management, some yes, I can.

3.6👍  
average rating



Staff rated working at Priestley care home 3.6 out of 5

## Health professionals supporting the home

The home is supported by two GP practices and they have a good relationship with them. However, they are often not very flexible on visiting days, meaning sometimes no one is unwell when they visit and they are unavailable when someone falls ill. Both practices have different approaches which the home adapts to. They don't have a priority line when contacting the practices and must wait in the telephone queue, sometimes for long periods of time. One GP practice was described as easier to work with than the other. One staff member said that sometimes antibiotics were prescribed based only on staff reports, which the staff member felt was not always appropriate.

Staff told us:

- *"Not everyone is poorly on the same day."*
- *"I'm not a doctor, I can only say what I see with [health] conditions."*

The Urgent Community Response (UCR) team was described as helpful, although a staff member felt GPs sometimes passed responsibility to them.

Other health services included:

- **Audiology:** Specsavers and hospital services described as good.
- **Optical:** "Eye Care on Call" was described as excellent.
- **Dentistry:** described as the biggest challenge, as residents must usually travel unless paying privately. Locala is used but there are long waits.
- **Chiropody:** visiting services were mentioned positively by relatives.

A visitor told us:

- *"My mum has her hair done every week by a visiting hairdresser. The GP comes when needed."*

## Conclusion

Our visit showed that Priestley care home is a warm and welcoming environment where residents generally feel happy, cared for, and safe. Both residents and visitors spoke highly of the home, describing it as homely, supportive, and friendly. Staff interactions were kind and respectful, and there were many examples of residents being treated with dignity and choice.

Residents appreciated the companionship, the food, and the support they received. Visitors valued the personalised care, regular communication, and welcoming atmosphere.

However, staff feedback was more mixed. While many love their work and feel part of a family, others reported stress, low staffing levels, and a lack of recognition. These issues may affect morale and should be addressed to support staff wellbeing and retention.

Overall, the home is clearly a positive place for residents, but continued attention to staff support, activity provision across both floors, and minor health and safety issues will help maintain high standards.

## Recommendations

Recommendations	Managers comments
<p><b>Recommendation 1</b></p> <p>We recommend that staff wellbeing and support to be assessed. Management should take steps to support staff through team building, regular recognition, and opportunities to share concerns. This could help reduce stress and improve morale.</p> <p>Given the increased care needs of residents, staffing should be reviewed to ensure there is enough capacity to</p>	<p><b>We acknowledge the mixed staff feedback regarding support, pressure, and working conditions. We are encouraged that some staff reported feeling listened to and supported, and we recognise the value of flexibility and teamwork, especially when staff work across both floors and build strong relationships with residents.</b></p> <p><b>At the same time, we take seriously the concerns raised about stress, sickness absence, shift patterns, and</b></p>

Recommendations	Managers comments
<p>provide both personal care and social support.</p>	<p><b>feelings of being underappreciated or unsupported. In response, we continue to monitor and support staff wellbeing, including regular reviews of sickness trends and offering return-to-work meetings and appropriate support where needed.</b></p> <p><b>We have recently redecorated and improved the staff room to provide a more comfortable and welcoming space for breaks and downtime, recognising the importance of rest and morale during the working day.</b></p> <p><b>We are also reinforcing open communication and supportive supervision, ensuring check-ins focus not only on tasks but on how staff are feeling and coping. We continue to review staff deployment and shift allocation to improve flexibility and reduce workload where possible.</b></p> <p><b>We remain committed to creating a positive, fair, and supportive working environment and value all staff feedback as part of our ongoing improvement efforts.</b></p> <p><b>We also acknowledge the mixed staff views on the time available for meaningful interaction with residents. While some staff feel they have sufficient time to engage socially, others have expressed that this can be</b></p>

Recommendations	Managers comments
	<p><b>affected by current staffing levels. We are taking this feedback seriously and reviewing staffing deployment in line with our dependency tool outcomes to ensure staff are supported in delivering both high-quality care and valuable social engagement. We remain committed to providing a stimulating and inclusive environment where every resident feels valued, heard, and included in the life of the home.</b></p>
<p><b>Recommendation 2</b></p> <p>We recommend that the home considers increasing activity provision upstairs. Ensure that entertainment and activities are rotated fairly across both floors so that all residents can benefit equally.</p>	<p><b>We appreciate the feedback regarding the location of entertainment and activities within the home. We recognise the importance of ensuring all residents have equal access to social opportunities in a way that respects their comfort and mobility.</b></p> <p><b>In response to the concerns raised, we are now reviewing our activity planning to ensure a more balanced approach, including rotating group activities between floors where possible, and increasing room-based or small group sessions for residents who prefer or require support in their own environment.</b></p> <p><b>We value input from residents, families, and staff, and continue to encourage suggestions through our regular resident meetings and feedback channels. The use of taxis and community transport for outings</b></p>

Recommendations	Managers comments
	<p><b>is ongoing, and we are actively exploring opportunities to increase external trips, subject to staffing availability and resident interest.</b></p>
<p><b>Recommendation 3</b></p> <p>We recommend tackling minor health and safety issues. Resolve issues such as stained carpets, cigarette ashtrays, clutter, and trip hazards promptly to maintain a safe and pleasant environment.</p>	<p><b>We acknowledge the concerns raised regarding unpleasant odours on the ground floor corridor and the stained carpet near the window. The upstairs carpet staining and odour were brought to the manager’s attention during the inspection and have since been reviewed. A deep clean was carried out, and the carpet is scheduled for review as part of our ongoing refurbishment programme.</b></p> <p><b>We remain committed to maintaining a clean, pleasant, and safe environment for all residents, staff, and visitors, and have reinforced daily monitoring to ensure swift response to any such issues going forward.</b></p> <p><b>We acknowledge the observations regarding the condition of some outdoor benches and the table near the entrance. The benches identified as needing repainting have been added to our maintenance schedule and will be addressed as part of routine upkeep.</b></p> <p><b>The table near the entrance had been informally used by some individuals for smoking, and we agree that this did not present a tidy or welcoming</b></p>

Recommendations	Managers comments
	<p><b>appearance. This table has since been relocated and signage has been reviewed to ensure designated smoking areas are clearly identified and appropriately maintained.</b></p> <p><b>We are committed to ensuring that all external areas of the home remain clean, safe, and presentable for residents, visitors, and staff.</b></p>
<p><b>Recommendation 4</b></p> <p>Feedback has shown staff expressing an interest in more face-to-face training. Explore additional dementia and face-to-face training. Provide more person-centred training opportunities to meet the complex needs of residents.</p>	
<p><b>Recommendation 5</b></p> <p>We suggest that you continue to celebrate positive practice. The homely environment, companionship, and caring relationships are clear strengths and should be maintained.</p>	

<b>Additional feedback from the manager</b>
<p>We can confirm that assisted bathing facilities and bath seats are available to all residents who wish to use them. Residents are supported to make personal choices about their hygiene routines, and we respect individual preferences for showers, baths, or daily washes.</p> <p>In the case of the resident who shared concerns about mobility and not feeling a bath seat was available, we acknowledge this and have since followed up to ensure they are fully aware of the available equipment and support options. Staff have been reminded to regularly discuss and review bathing preferences</p>

with residents as part of their care plans, and to ensure all appropriate aids are clearly communicated and offered.

We acknowledge the mixed staff feedback regarding the quality and consistency of meals. We are pleased that some staff have recognised the improvements in meal variety and the availability of home-cooked options. However, we also take seriously the comments that some meals may not always meet expected standards.

We regularly review our menus with input from residents and staff, and our kitchen team strives to provide nutritious, well-balanced, and appetising meals each day. Ongoing feedback is encouraged through meal satisfaction surveys, resident meetings, and daily interactions, and any concerns raised are addressed promptly.

To further improve consistency, we are working closely with the catering team to review quality control measures and ensure all meals meet our standards. Staff have also been reminded to report any concerns directly so they can be actioned in real time.

We remain committed to providing a high standard of food that supports residents' health, preferences, and enjoyment.

## Recommendation update June 2026

**Update June 2026** – We followed up with the Regional Director of the home regarding the proposed recommendations, and their comments are shown below.

### **Recommendation 1**

We acknowledge the mixed staff feedback regarding support, pressure, and working conditions. We continue to monitor staff wellbeing through regular supervision, staff meetings, sickness monitoring, and return-to-work discussions. The staff room has been redecorated to provide a more comfortable and welcoming space for breaks and wellbeing. We have reinforced open communication and supportive supervision, ensuring staff have opportunities to share concerns and feedback. Staffing deployment continues to be reviewed alongside dependency assessments to ensure sufficient support is available to meet residents'

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personal care needs whilst also enabling meaningful social interaction and engagement.

## **Recommendation 2**

Activity planning has been reviewed to ensure a more balanced approach across both floors. Group activities and entertainment are rotated where possible to provide equitable access for all residents. Additional room-based and small group sessions have been introduced to support residents who prefer to remain in their own environment or require additional support. Feedback from residents and relatives continues to inform activity planning, and opportunities for community outings and external trips are regularly explored.

## **Recommendation 3**

The concerns identified during the visit were reviewed and actioned. A deep clean was undertaken and carpeted areas were assessed as part of the home's ongoing refurbishment programme. Daily environmental checks and regular audits have been reinforced to ensure prompt identification and resolution of any issues. External areas have also been reviewed, with maintenance works added to the schedule where required. Smoking areas have been reorganised to improve presentation and ensure designated areas remain clean, safe, and appropriately maintained.

## **Recommendation 4**

We acknowledge the feedback from staff regarding a preference for increased face-to-face training opportunities. In response, we have reviewed our training programme and introduced additional in-person learning sessions to complement our existing training provision. Particular focus has been placed on dementia care, person-centred approaches, communication skills, and supporting residents with increasingly complex physical and emotional needs. Staff are

encouraged to share learning experiences during team meetings and supervision sessions, and competency observations are used to ensure training is embedded into daily practice. We remain committed to providing staff with the knowledge, skills, and confidence required to deliver high-quality, person-centred care.

### **Recommendation 5**

We are pleased that the caring relationships, companionship, and homely atmosphere within the home have been recognised as key strengths. We continue to promote a culture that values kindness, dignity, respect, and person-centred care. Positive feedback received from residents, relatives, visitors, and professionals is regularly shared with the team to recognise good practice and celebrate achievements. We encourage meaningful relationships between residents and staff and continue to seek feedback to ensure the warm, welcoming, and inclusive environment that residents value is maintained. We remain committed to building on these strengths and ensuring residents continue to feel safe, respected, and at home within our service