healthwatch Lewisham

Enter and View Report

Jennifer's Lodge Care Home, 30th March 2026

Contents

healthwatch Lewisham

Visit Details	
Service Visited	Jennifer's Lodge 105 Wellmeadow Road, Catford, London, SE6 1HN
Manager	Jennifer Blackwood
Date & Time of Visit	30th March 2026, 13.30pm – 15.30pm
Status of Visit	Announced
Authorised Representatives	Daniyah Kaukab, Lila Bull
Lead Representative	Daniyah Kaukab

1. Visit Background

1.1 What is Enter and View?

Part of the local Healthwatch programme is to undertake 'Enter and View' visits.

Mandated by the Health and Social Care Act 2012, the visits enable trained Healthwatch staff and volunteers (Authorised Representatives (AR)) to visit health and care services - such as hospitals, care homes, GP practices, dental surgeries, and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service, but equally they can occur when services have a good reputation.

During the visits we observe service delivery and talk with service users, their families, and carers. We also engage with management and staff. The aim is to get an impartial view of how the service is operated and being experienced.

Following the visits, our official 'Enter and View Report', shared with the service provider, local commissioners and regulators outlines what has worked well, and gives recommendations on what could have worked better. All reports are available to view on our website.

1.1.2 Safeguarding

Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an AR observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

1.2 Disclaimer

Please note that this report reflects observations, feedback, and experiences shared during this particular visit. It provides a snapshot of the service at the time of the visit and may not represent the views or experiences of all service users or staff.

1.3 Acknowledgements

Healthwatch Lewisham would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this Enter and View project to take place.

We would also like to thank our ARs, who assisted us in conducting the visit and putting together this report.

2. About this Visit

2.1 Jennifer's Lodge

On Monday 30th March 2026 we visited the Jennifer's Lodge residential care home located in Catford. They provide personal care and support in a large, adapted house for eight residents, older people living with dementia and adults with disabilities. It is provided and run by: Jennifer's Lodge Residential Care Home, owned by Mr & Mrs E Blackwood and managed by Jennifer Blackwood.

The care home consists of two floors and a basement, which has the staff room, store and laundry room. The main floor comprises the reception, three resident bedrooms, main bathroom, kitchen, dining room/conservatory and a lounge. The second floor has five bedrooms and a private manager's room. All rooms have an en-suite with sink and toilet. There is also a large garden.

The service is led by a manager and has a total of 10 staff with two always being present during each of the three shift times (morning, afternoon and over the night). During night shifts, one member of staff is awake and one asleep.

At the time of the visit, the care home had eight residents, six of whom had mild to moderate dementia. One resident is diagnosed with cerebral palsy and another has bipolar disorder/schizophrenia.

Healthwatch Lewisham previously visited this service in 2022 as part of an Enter & View visit. The visit found many positive aspects of care, including kind and person-centred staff, a homely environment, and positive feedback from residents and relatives. Some health and safety and environmental concerns were also identified, including trip hazards and areas of the premises requiring improvement.

2.2 CQC Rating

The Care Quality Commission is the independent regulator of health and adult social care in England. They make sure health and social care services provide people with

safe, effective, compassionate, high-quality care and encourage care services to improve. Jennifer's Lodge was last inspected by the CQC in March 2021. The inspection report gave a rating of 'Good' overall, with individual ratings of 'Good' for being Effective, Caring, Responsive and Well-led, with individual rating of 'Requires improvement' for Safe.

2.3 Online Feedback

Three Google reviews were found for the service with an overall rating of 4.7 stars/5.

2.4 Focus of the Visit

For the financial year 2025/2026, Healthwatch Lewisham has a statutory duty to carry out a programme of Enter & View visits across health and social care services in the borough.

As part of this programme, 50% of Enter & View visits are identified using intelligence and insight from external partners, including the NHS, Local Authority colleagues and the Care Quality Commission (CQC). The remaining 50% are informed by Healthwatch Lewisham's own engagement and insight, including data collected through the Lewisham Independent Advocacy Service, which forms part of the Healthwatch Lewisham contract.

Jennifer's Lodge was selected from the CQC list of care homes under the Lewisham authority. The visit focused on understanding patient experience in relation to access, communication, the care environment, and awareness of feedback and complaints processes, with the aim of highlighting areas of good practice as well as opportunities for service improvement.

3. Executive Summary of Findings

Our analysis is based on the feedback of 3 residents and 4 staff members. No family or friends were present during the visit.

This is a summary of key findings – see sections 4 – 6 for findings in full.

This report is based on their collective feedback, plus notes and observations made at the visit.

Resident Experience and Daily Life

What has worked well:

- Residents reported high satisfaction with the care provided.
- Staff were mostly described as helpful, respectful, and supportive, and residents felt comfortable approaching them.
- Activities were available and generally enjoyed, with residents feeling involved in day-to-day life.

What could be improved:

- Although the residents generally enjoyed the activities provided, they expressed interest in having a broader range of activities and more flexibility in daily choices, including food.
- One resident noted that staff interactions were not always consistent. They mentioned that not all staff were kind and felt older staff were better.
- No dementia-friendly display outlining the weekly activities schedule was observed during the visit.

Environment, Comfort and Safety

What has worked well:

- The home was clean, comfortable, and welcoming.

- Communal areas and bedrooms were well maintained, and safety systems such as keypad entry and fire equipment were in place.

What could be improved:

- No external signage was visible.
- Minor risks were observed, including potential trip hazards and an open food/snack cabinet.
- One resident also reported that the home can feel cold at times.

Communication and Supporting Residents' Needs

What has worked well:

- Residents felt staff communicated in ways that suited them, with positive interactions observed, including staff taking time to engage during meals.
- Staff demonstrated awareness of residents' individual and cultural needs.

What could be improved:

- There was limited evidence of structured communication tools to support staff having conversations with residents with dementia. Maintaining conversations can require the need for additional patience.

Engagement, Feedback and Involvement

What has worked well:

- Residents felt able to raise concerns and generally felt listened to.
- The manager stated that feedback from families is gathered informally.

What could be improved:

- There was limited evidence of structured approaches to collecting and sharing feedback.
- Family involvement in meetings appeared minimal.

Staffing, Training and Support

What has worked well:

- Staff described a positive and supportive working environment, with strong teamwork and approachable management.
- Training was viewed positively and contributed to staff confidence.
- Staff also reported feeling safe at work.

What could be improved:

- Staff highlighted the emotional demands of supporting residents with dementia and managing challenging behaviours.
- Interest was expressed in additional training opportunities, particularly more in-person learning.

4. General Observations

During the visit, the Authorised Representatives made the following general observations notes of the home, environment and how people experience the service through watching and listening:

Location and Signage

Observations

- The care home is located on a quiet residential street, off the main road with occasional traffic.
- There was no external signage.

Accessibility

Observations

- Driveway and free road parking available.
- Easy bus access.
- Ramps and stairs with chairlift.
- Stairs to access the garden.
- The garden has seating.

Security and Fire Safety

Observations

- The front door had a key coded pad.
- Lock pad on the kitchen door.
- Manual registration using notebook and pen.
- Control of Substances Hazardous to Health (COSHH) cupboard on the main floor locked with a keypad.
- The doors to the garden are kept secure using key locks.
- Fall prevention and temperature checking monitors were present inside the entrance hallway that serves as a small reception area.
- A regular fire alarm test is conducted weekly. The last fire drill happened last week Wednesday (25th March 2026).
- All staff are trained in fire safety.
- Fire blanket, extinguisher, exits and fire action plan present.
- In case of a fire, 2 staff members are assigned to evacuate the residents. 1 goes upstairs and the other downstairs in order to bring everyone out of the home. Residents are taken to Brownhill Care Home if a night evacuation happens, which is nearby (around 5 minutes walk).

General Environment

Observations

- A very good, comfortable, cosy and welcoming environment organised as a home.
- Staff were always visibly available to help.

- There were no immediate visible obstructions observed during the visit. However, two potential trip hazards were noted:
  1. The fixed ramp leading into the dining/conservatory area opposite the kitchen may present a trip risk when exiting the room, as it is sloped on one side and notably raised on the other as seen in the photo on the right.
  2. Additionally, although the vacuum cleaner upstairs was stored under a table, its hose and pipes could still present a potential tripping hazard at times.

- The communal area has appropriate furniture such as sofas, side tables, chairs and dining table and a TV. The overall atmosphere was welcoming and homely.

Noticeboard

Observations

- Our Enter and View visit poster was displayed.
- The noticeboard displayed relevant information. Largely focusing on resident information, health and safety.
- Information displayed included other service's activities club calendar (for February - outdated), emergency guidelines, safeguarding and whistleblowing information, as well as first aid, accidents, and incidents procedures. Daily routine schedules outlining personal care and mealtimes, and activity time was also displayed. However, there was no detail provided about the specific activities taking place.

Accommodation and Resident Care

Observations

- Face masks by the entrance.
- Walking canes by the entrance.
- Residents have their own bedrooms with en-suite facilities (toilet and sink) without a shower. Bedrooms are also equipped with emergency call buzzers.
- There is a shower bathroom on the main ground floor used for all and assisted by members of staff. It is equipped with mobility aids for the toilet and bath and fitted with red emergency pull-chords .
- Residents are able to personalise their rooms as they wish and most of them have done so and families are also involved in the decorating.
- Staff address residents by their first names, while communicating with them.
- All staff have the responsibility for the residents' laundry. The laundry room is located in the basement next to the staff room and store for linen, bedsheet and other required utilities.
- Residents are offered to go out for walks, cafes, cinema and other activities like day centres. The manager or family (informs the manager) takes them for outdoor activities as they can't go alone. On special occasions singers come in to perform.
- Resident birthdays are celebrated (during our visit it was a resident's birthday and it was celebrated with music, cake and everyone from staff and residents being present in the activity room).
- Residents are referred to the care home through social workers. Before admission, residents and their families are able to visit the home, and the manager also visits the resident's previous place of living. Following admission, there is a six-week period during which both the resident/family and the care home can decide whether the placement is suitable.

Additional Observations

Observations

- All staff were wearing name badges.
- One resident that lives there was previously refused by social services for support and therefore the care home is supporting them.
- Care vision software is used to log daily information related to residents such as daily activities, medication, allergies and so on. This information then automatically gets transferred to the computer.
- There is a food/snack cabinet in the corridor opposite the kitchen.
- Activities with residents happen as a group and also individually.
- Freezer with lock in the conservatory.

- The staff room had their own noticeboard which included each resident's upcoming appointments.
- The staff room fridge has items labelled with name and date.
- Computerised and manual file keeping of staff and residents.
- We did not see a physical copy of the activities plan for the week/month displayed.

- Care plan with allergies, tea time and individual resident's menu and requirements present in the kitchen (seen in the photo). Changes can be made to it.

5. Resident Feedback

During the visit on Monday 30 March 2026, we engaged with three residents in total. All residents present were approached for feedback; however, only those who consented to engage and share their views participated in the survey.
This report is based on their collective feedback. The residents we interviewed had varying capacities to communicate with us, resulting in brief answers. (We tried using simple basic clear words, follow-up questions and showing expression pictures (happy to sad) to make it easier for them to respond).

We asked questions about their background, staff, activities, the care home, and the feedback and complaints procedure.

General Questions and Background

We asked residents to rate the following aspects of the care home on a scale of 'Very Satisfied' to 'Very Dissatisfied'.

Cleanliness - All three residents were very satisfied.
Helpfulness of management - All three residents were very satisfied.
Gardens/Outside Space - Two residents were very satisfied but one answer was 'not applicable'.
Activities/Engagement - Two of them were very satisfied and one was satisfied.
Staff attitude/support - All three residents were very satisfied.

All three residents described the home as clean and a positive place to live, with staff and management considered helpful and supportive. Two residents said they enjoyed the activities available, while one resident preferred quieter individual activities such as word searches.

Residents were asked about the kind of day-to-day help they require and one resident described needing support with walking and using a walking frame, while another spoke about experiencing memory difficulties.

All three residents felt staff communicated with them well, with one resident appreciating staff sitting and chatting with them during meals.

Food, Drink and Daily Life

All three residents said they received enough food and drink each day. Residents who required support with eating or drinking said staff were available to help, with one resident explaining *"I ring the bell to call staff if needed"*.

Residents described different levels of choice around meals. One resident said staff helped them choose what to eat and when, another said they made their own choices independently, while one resident said staff usually chose for them.

Two residents said the home felt warm and comfortable, although one resident commented that it could sometimes feel cold. Two residents also said they felt safe living at the home.

Personal care and Independence

Residents generally spoke positively about the support they receive with personal care and day-to-day living. All three residents stated that staff provide support when needed with tasks such as washing, dressing, and haircuts. Staff were consistently described as respectful, with residents commenting positively on staff attitudes, privacy, and relationships within the home. One resident stated, *"Oh yes! I can have a laugh with them,"* while others described the staff as *"good and respectful."*

Responses regarding independence and choice in terms of what they do each day were more mixed. One resident felt there were limited activities available to engage with. Another resident said they are usually able to choose what they do each day, but they cannot always choose what food they want, although it is

generally good. A third resident felt they could not choose "exactly everything," but noted that there were generally good options available.

Health and Medical Support

All three residents said staff informed them about important matters relating to their health. One resident described staff support as generally very good, although they occasionally felt rushed at times, *"generally very good but sometimes I feel as if I am in a hurry 'must do this and that"*.

All three residents said they knew what to do in an emergency, with one resident explaining that they could ring the bell for assistance.

Residents described different experiences regarding support with health appointments. One resident explained that the doctor visited the home, while another said the manager accompanied them to appointments when needed.

Activities

All three residents said there were activities they enjoyed, despite one previously stating options were sometimes limited, with one resident specifically mentioning they like colouring and games. One resident also said staff helped them choose activities they liked.

Two residents said they received support to go out into the community when needed. One resident explained that they attended a day centre and were very happy when able to go. For the third resident, this question was not applicable.

Staff and Support

Two residents said staff understood them and knew how to support their needs. Similarly, two residents felt staff had the right training to support them.

All three residents described staff as kind and patient overall. However, one resident felt that experiences varied between staff members, commenting that some staff were kinder

and more patient than others and expressing a preference for the more experienced staff.

Views on the home environment were generally positive. One resident described the home as clean, safe, and welcoming, while another said they liked living there and felt the environment was *"okay."*

Your Voice and Rights

Residents generally felt listened to and comfortable raising concerns or expressing their views within the home. All three residents stated that they felt able to speak up if something worried them, with one resident commenting, *"If I feel like I need to say something, I can. I can be honest."*

While feedback was largely positive, one resident noted that although staff generally listen, there are occasions where they feel their voice is not always heard.

Overall, residents spoke positively about the support they receive at the home. Two residents described the support as *"great"* and *"very good*", while another resident described it as *"not bad."*

6. Staff Feedback

During the visit, we got feedback from the manager and three Healthcare assistants.

6.1 Manager Interview

Overview and Structure of Service

It was explained that the service is supported by part-time care staff, with two staff members typically on duty during each shift. During the night shift, two staff members are present, with one remaining awake while the other sleeps on shift.

The manager described residents' daily routines as being centred around individual needs and preferences. Mornings usually begin with support from night staff, including assisting two residents with showering and providing a light breakfast before day staff arrive. Some residents are able to manage aspects of personal care independently but still require support with showering. The manager also demonstrated clear awareness of residents' individual healthcare needs, including one resident who receives nutrition through a feeding tube according to their care requirements.

Residents were described as being involved in planning their daily routines and activities. Some residents attend a day centre with support from the manager, while others choose activities within the home. A quieter front room near the entrance was available for residents who preferred not to participate in activities. The manager also shared that residents often enjoyed visits from staff members' children and grandchildren, which were seen as positive social interactions. *"Some days the children and grandchildren of the staff visit the home as residents enjoy spending time with the children".*

Accommodations and Support for Residents

Staff aim to meet residents' cultural and religious needs by recognising individual preferences around food, faith, and traditions. Examples included supporting Caribbean residents who preferred spicy food, supporting a Jewish resident to attend synagogue, and providing familiar foods and drinks for a Scottish resident. Other residents were also supported to attend church and celebrate festivals where appropriate.

The manager stated that interpreters would be arranged for residents who did not speak English as their first language, usually through a telephone translation service. All staff were described as English-speaking, with interpreters available when required.

Residents who required additional support with eating were supported by staff, with dietitian input accessed where needed. The manager also explained that care plans and individual assessments were used to tailor support for residents with learning disabilities, autism, or mental health needs, with advice sought from intervention teams, GPs, and surgery nurses where appropriate.

Activities and Resident Engagement

The manager explained that residents are involved in menu planning through regular discussions about their likes and dislikes, which are recorded for each individual. Monthly meetings are held with residents, and family members are also involved in decisions relating to meals and food preferences.

Residents are also encouraged to choose social and leisure activities based on their individual interests, with regular meetings involving both residents and families helping to inform activity planning. Information about residents' hobbies, interests, likes, and dislikes is gathered from the first day of residence as part of the care planning process and used to tailor support and engagement opportunities. Regular activities mentioned included a Dementia Monday Morning Club, Wednesday social gatherings at the library, coffee clubs, day centre visits, shopping trips, cafés, and use of outdoor spaces and gardens during the summer months.

The manager explained that staff encourage participation by observing what residents enjoy and tailoring activities accordingly. For residents who are less likely to engage in group activities, staff offer one-to-one interaction and quieter forms of stimulation such as music, visits from the hairdresser, or manicures. The manager stated that residents are only confined to their rooms if this is their own preference, and that residents who choose not to participate in activities are still encouraged to observe, read, or engage in quieter activities.

Feedback and Family/Friend Involvement

Family members and friends are encouraged to provide feedback and can do so on a daily or weekly basis. Feedback is gathered through ongoing communication with staff and management and shared with residents and families where appropriate.

The manager also confirmed that family members and friends do not attend staff meetings.

Staff and Safeguarding

The manager explained that good relationships with care staff are supported through daily discussions, use of a communication book, emails, and regular phone contact. Staff are also recognised through gestures such as Christmas gifts, and management stated they were considering organising social outings for staff in the future.

The manager confirmed that staff are aware of safeguarding procedures, including whistleblowing processes, and that safeguarding training is available through the online Care Vision system. At the time of the visit, no recent safeguarding concerns had been raised. One previous concern relating to a resident with a pressure sore at end of life was discussed, with advice sought from the surgery nurse.

A range of health and safety measures were described as being in place, including fire safety checks, PAT testing, DBS checks, visitor sign-in procedures, and risk assessments. To support staff wellbeing, the manager stated that flexible shift arrangements, supervision, rewards, and daily checks of the building were provided.

Additional Comments

The manager shared a number of additional comments regarding resident support and healthcare access. Residents were described as having access to emergency support services when needed, including NHS 111 and a newer local service where a paramedic nurse carries out an initial assessment before referral to a doctor if required. The

manager explained that avoiding unnecessary visits to A&E was preferred due to long waiting times and the discomfort this can cause residents.

The manager also highlighted challenges in accessing dental services, noting that visiting dentists no longer attend care homes locally and that support is now provided through a mobile dental service. Positive examples of external support included regular optician visits and a hairdresser attending the home every two weeks.

For new admissions, the manager explained that there is a six-week trial period to ensure the placement is suitable for both the resident and the service. The manager also described adapting television programmes to residents' dementia-related needs and preferences, such as showing slower-paced food programmes or familiar content residents enjoy watching.

6.2 Healthcare Assistant Interviews

Experience, Culture. and Dynamics

This part of the survey focuses on the staff member's experience working at Jennifer's Lodge, and their general perspective of the work environment.

All three staff members interviewed were Healthcare Assistants. Staff described their overall experience of working at the home as very good, highlighting a positive and supportive working environment that was frequently described as friendly and family-like. Staff stated that colleagues were approachable and willing to help, while management was viewed as organised, attentive, and open to feedback.
"*The care home has a very nice atmosphere. Everyone is friendly and willing to help*".

Staff spoke positively about supporting residents and described strong job satisfaction from engaging with residents through activities, conversations, and social interaction. They valued building relationships with residents, learning about their personal histories, and seeing residents happy and well cared for. Staff also spoke positively about teamwork within the home.

When discussing challenges within the role, one staff member reported no significant difficulties. However, other staff highlighted the emotional and practical challenges of supporting residents living with dementia, including situations where residents may not recognise staff or may display behaviours that require additional patience and reassurance.

Training, Development, and Support

Staff described mixed feelings at the end of shifts, with some feeling drained, others neutral, and one feeling energised. Despite this, all staff reported receiving sufficient support and guidance from both colleagues and management.

All staff had recently completed training, with two specifically mentioning dementia training. Training was generally rated as good to very good, with staff explaining that it improved their understanding of residents' needs, particularly in relation to dementia care and managing challenging behaviour. Staff also felt training helped reinforce and refresh day-to-day care practices.

"*I know what I need to do on a daily basis and it helps to keep me refreshed on my knowledge, making sure I support the service users in the correct way*".

Most staff felt the current level of support and resources was sufficient, although one staff member expressed interest in additional training opportunities, particularly more face-to-face sessions.

All staff reported feeling safe at work. They described the environment as calm and supportive, with good teamwork, positive relationships with residents, and clear safety procedures in place, including regular equipment checks and awareness of visitors within the home. Staff also demonstrated awareness of safeguarding procedures and knew how to raise concerns, including informing management when required.

Communication with Residents

Staff generally felt able to communicate effectively with residents and their families, although some challenges were identified. One staff member reported no significant barriers and noted that family members were able to approach staff for updates about their relatives. Another staff member described communication with residents living with dementia as sometimes requiring additional patience and attentive listening, as conversations could shift between topics. A further staff member highlighted that communication with some family members could be more limited when relatives were living abroad.

7. Recommendations

Based on the analysis of all feedback obtained, Healthwatch Lewisham would like to make the following recommendations. Below each recommendation we have included the response from Jennifer's Lodge.

Resident Experience and Daily Life

1. Increase opportunities for choice in daily routines and activities
Some residents described limited activity options and reduced flexibility in daily choices.

The service would benefit from offering a wider variety of activities and creating more opportunities for residents to contribute to daily decisions, such as meal options or activity planning. We recommend that there is a visible weekly activity schedule as providing awareness of the activities may help strengthen engagement and independence.

Response from the Care Home Manager: *Manager is currently looking into more activities to introduce to service users both inside and outside of the care home. Service Users' current activities are individualised however, an increase in variety is a welcomed recommendation. We would be happy to stick a copy of weekly activities in Service User's bedrooms.*

2. Promote consistency with staff-resident interactions
While feedback about staff was largely positive, one resident noted some inconsistency with the way staff interacted with them, mentioning that not all staff are kind and that they felt the older staff are better.

Regular follow-up conversations with residents regarding staff interactions and any concerns they may be experiencing could help support ongoing feedback and resident wellbeing. Creating opportunities for team reflection, such as brief

discussions or sharing examples of good practice, may also support a more consistent experience for residents.

Response from the Care Home Manager: *Manager has signed up staff to a course of English lessons for those whose second language is English to reduce any current barriers in communication and support staff's ability to expand within their role. As part of handovers, staff are encouraged to speak directly with service users to check if there's anything they need or would like to improve their day. Manager has spoken with all staff to reinforce the expectations around consistency and working in healthy ways. Manager will use the option of regularly sharing good practice as tangible examples of how to work well with service users.*

Environment, Comfort and Safety

3. Improve visibility of the home through external signage

No external signage was visible during the visit and this was also mentioned in the previous Enter and View Visit conducted in 2022. The manager stated that this has not currently caused identification issues, as the house number is clearly visible, though signage may be considered in the future.

Introducing a clearly visible, moderately sized sign at the front of the building may support easier navigation for visitors and professionals, particularly those visiting for the first time, and could also help improve awareness of the home within the local area.

Response from the Care Home Manager: *Manager to look into options for external signage which supports with home location.*

4. Review environmental risks and day-to-day safety practices

Minor risks were observed, including potential trip hazards within the home. Something also highlighted in the previous Enter and View visit.

This includes the fixed ramp leading into the dining/conservatory area opposite the kitchen. While the ramp supports accessibility, the change in level between the sloped entry side and raised exit side may present a potential trip hazard for residents when leaving the room. Exploring whether any safer or more gradual

alternative could be implemented within the available space may help reduce this risk.

Response from the Care Home Manager: *Manager will conduct a visual check around the home to see if there are any additional trip hazards to make note of. Manager will look into the possibility of making the conservatory ramp renewed to increase the height.*

5. Maintain consistent comfort levels within the home

One resident reported that the home can feel cold at times.

The service should review heating levels across different areas of the home and gather resident feedback on comfort which may help create a more consistent living environment.

Response from the Care Home Manager: *During the time of the Enter & View visit, the home was experiencing an identified issue with heating. The home's thermostat was not reflecting the correct temperature, and we had 3x visits from our gas engineer. This issue has since been resolved via the installation of a brand-new thermostat and multiple checks to ensure it is displaying accurate temperatures.*

6. Explore ways to support safer and more inclusive outdoor access

Access to the garden involves climbing stairs, which may limit use for some residents.

The service should continue to maintain appropriate support and supervision for all residents when accessing or leaving the garden.

Response from the Care Home Manager: *Service users can also access the Garden via the side gate, located on the right-hand side of the property. This is for those who have mobility issues and require step-free access.*

Communication and Supporting Residents' Needs

7. Expand communication support for residents living with dementia

Staff highlighted that they sometimes experience challenges in maintaining conversations with residents experiencing dementia/memory loss.

Introducing/increasing the use of communication tools, such as visual prompts or structured approaches (e.g. nhs version of communication cards for care homes or dementia communication cards) could enable more effective and meaningful interactions. We strongly encourage the service to work with local dementia organisations and explore training and support opportunities.

Response from the Care Home Manager: *Manager to purchase communication cards as suggested for internal use amongst service users and staff. Staff also to engage in the training offered by Local Authority around Dementia based care and support to ensure understanding and practice is as up to date as possible.*

Engagement, Feedback and Involvement

8. Strengthen approaches to gathering and sharing feedback
Feedback is currently gathered informally, and family involvement appears limited.

Introducing simple and regular opportunities for feedback, such as short meetings or accessible feedback methods may help strengthen engagement. Additionally, we recommend the care home explores ways to record and demonstrate how informal feedback from residents and families is used to inform improvements and contributes to service development.

Response from the Care Home Manager: *The home is currently reviewing the implementation of a new care support app which includes and allows family access and interaction – this way, we'll be able to capture views much more efficiently. Regular e-feedback-surveys will be sent out to those who work with and within Jennifer's Lodge for better tracking of trends and areas of improvement.*

Staffing, Training and Support

9. Expand training and development opportunities for staff

Staff expressed interest in additional training, particularly in-person learning.

Exploring further training opportunities, including practical sessions on dementia care and managing challenging behaviour, may support staff confidence and development.

Response from the Care Home Manager: *Manager is working with other local care home managers to arrange shared in-person training opportunities for their staff forces. Jennifer's Lodge has recently renewed their contract with Care Skills Academy (under the iHasco umbrella) which means staff can have greater access to interactive refresher training.*

8. Glossary of Terms

CQC	Care Quality Commission
AR	Authorised Representative
COSHH	Control of Substances Hazardous to Health

9. Distribution and Comment

This report is available to the general public and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

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