



Enter and View

Annesley Lodge

September 2025

healthwatch
Nottingham & Nottinghamshire

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Report Author

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Report signed off by

Name	Position	Date
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1.1 Details of visit

Name of home	Annesley Lodge Care Home
Date and time	20 th May 2025 10am to 3.30pm
Location	Annesley Road, Hucknall, Nottingham, NG15 8AY
Service provider	Zion Care Ltd
Authorised representative (s)	Deborah Ferguson (Team Lead) Jeff Box Juliet Cox Natalie Wright Richard Mayer

1.2 Acknowledgements

Healthwatch Nottingham & Nottinghamshire would like to thank the service provider, staff, service users and their families for their contribution to this Enter and View visit, notably for their helpfulness, hospitality, and courtesy.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time. We have used artificial intelligence (AI) to assist with some drafting and editing. All content has been reviewed and approved by the project team to ensure accuracy, relevance and alignment with organisational standards.

2 Executive Summary



Healthwatch Nottingham and Nottinghamshire (HWNN) conducted a pre-arranged visit to Annesley Lodge Care Home, 51 bed purpose-built residential home in Hucknall, a small town in Nottinghamshire. A mixed methodology approach was used: including interviews with residents, and surveys with staff and relatives, collecting data from 31 people in total, along with HWNN team's observations of the service.

Good care is about more than keeping people clean and fed. It's about making sure they feel happy, included, and respected. When staff check in on how people are feeling, who they're seeing, and what matters to them at this time of their lives, it helps spot problems early and improve how people live. As such, the aim of the visit was to gather residents' experiences about the quality of care, focussing on whether their Social, Emotional, Physical and Spiritual needs had been met.

Overall, residents spoke favourably about the care they are receiving, with choice and caring staff being the standout features of the feedback received. Relatives supported these findings, and staff demonstrated a good understanding of person centred care and feel supported and satisfied in their roles.

"Got lots of things to do, everyone is lovely and can't do enough for you" Resident

Many examples of good practice were observed during the visit, including:

- Residents supported to personalise rooms with signs, televisions, fridges and personal items.
- The activities coordinator offers personalised, and tailored activities utilising her previous experience as care staff to support this.
- The calm, accessible garden space is regularly used by residents and visiting relatives.
- Introduction of an aviary based on one resident's interest, enriching the environment for all.

- Staff and relatives describe positive, trusting relationships between staff and residents.
- Clear dementia-friendly clock in communal areas supporting orientation and independence.

HWNN identified 6 key recommendations to maintain or enhance the quality of care being provided:

1. Make the activities schedule easy to see and understand.
2. Support residents to stay oriented with time and routine.
3. Keep fall alarms working and easy to reach.
4. Adapt the dining area to meet growing occupancy needs.
5. Reintroduce opportunities for spiritual reflection.
6. Protect staff time for meaningful connection with residents outside of formal care duties.

3 Introduction

3.1 What is Enter and View



Healthwatch Nottingham and Nottinghamshire (HWNN) is the independent public voice for health and social care in Nottingham and Nottinghamshire and exists to inform service providers and commissioners, to improve services for the people who use them.

We believe that the best way to do this is by providing local people with opportunities to share their views and experiences.

HWNN has statutory powers to listen, act, challenge and gather feedback to improve local services and promote excellence throughout the NHS and social care services.

To help achieve this, Healthwatch have a statutory function under the Local Government and Public Involvement in Health Act 2007¹ and Part 4 of the Local Authorities Regulations 2013² to carry out 'Enter and View' visits to health and social care services that are publicly funded. The purpose of an Enter and View is to listen to people who access those services and observe service delivery. All visits are conducted by an 'Authorised Representative' (AR).

Following the Enter and View visit, a report is compiled identifying aspects of good practice within the service visited along with any recommendations for any possible areas for improvement.

As we are an independent organisation, we do not make judgements or express personal opinions but rely on feedback received and objective observations of the environment. Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about, they are required to inform their lead who will inform the service manager, ending the visit.

¹ [Section 225 of the Local Government and Public Involvement in Health Act 2007](#)

² [Part 4 of The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013](#)

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.

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 – so we can learn about and share examples of what they do well from the perspective of people who experience the service first-hand.

The report is sent to the service provider, offering them the opportunity to respond to any recommendations and comments before being published on the Healthwatch Nottingham and Nottinghamshire website at: www.hwnn.co.uk

The report is available to members of the public along with the CQC, Healthwatch England, Nottinghamshire County Council and any other relevant organisations. Where appropriate, HWNN may arrange a revisit to monitor the progress of improvements and celebrate any further successes.

3.2 Strategic Drivers

HWNN is in the process of launching its new three-year strategy, of which one key objective is to expand and strengthen its Enter and View programme. HWNN will be specifically focusing on the experiences of service users and their loved ones in a variety of settings in both health and social care. HWNN is particularly keen on hearing from cohorts of people who are seldom heard or are underrepresented such as care home residents or people supported in mental health units. The Enter and View function allows us to do this effectively and will supplement the intelligence we receive and therefore enhance the opportunities to improve care for all. As such, the Enter and View programme goals will be reviewed on an annual basis to assess priorities in line with the intelligence gathered.

3.3 Purpose of Visit

To understand the overall quality of care a resident is experiencing, we need to look at the whole person, not just whether they are clean and fed. In a holistic approach we must also look at whether residents have people to talk to, how they feel inside and whether their personal beliefs are respected.

Care Quality Commission's Regulation 9: Person Centred Care, makes it clear that this holistic approach is not optional, but rather it is a legal requirement.

“Assessments of people’s care and treatment needs should include all their needs, including health, personal care, emotional, social, cultural, religious and spiritual needs.”³

We have grouped these needs into four areas to tell the whole story of the people living in this care home:

- Social needs (like friendship, conversation, activities)
- Emotional needs (like feeling listened to or supported)
- Physical needs (like food, mobility, and hygiene)
- Spiritual needs (like faith, beliefs, or meaning)

As such this report sets out to:

- Independently seek and collect the views of residents on the quality of care they receive at the care home.
- Seek and collect the views of families, friends, and staff who care for residents, from their perspective, on the quality of care residents receive.
- Document and share examples of good practice.
- Analyse feedback and provide actionable recommendations that ensure the needs of the residents are met

3.4 Methodology

This was a prearranged visit, with two weeks’ notice provided to Annesley Lodge Care Home. Our Enter and View lead arrived at 9:15am, followed by three authorised representatives (ARs) who arrived at 10:00am. The fifth team member arrived at 12:00pm. The team remained on site until 4:15pm and engaged actively with residents, staff, and relatives between 10:00am and 3:30pm.

On arrival, the manager welcomed the team and confirmed the visit arrangements. The ARs checked with the provider whether any individuals should not be approached or were unable to give informed consent, however none were

³[Regulation 9: Person-centred care - Care Quality Commission](#)

identified. The manager facilitated a thorough tour of the home and gave the team full access to all areas for the duration of the visit, except any occupied bedrooms.

Information was gathered using a mixed-method approach, combining semi-structured interviews, surveys, and observations made by the team on the day. Questions and conversation-prompts were designed to collect the residents' views and experiences on how well Annesley Lodge Care Home meets their emotional, social, physical and spiritual needs, in line with the stated purpose of the visit. Surveys for relatives and staff were designed to be completed independently, allowing the visiting team to prioritise direct engagement with residents and observations of the environment.

Residents were asked if they were willing to talk about their experiences, and it was made clear that they could stop the conversation at any time. One-to-one interviews were not always possible due to the layout of shared spaces, mobility limitations, or the presence of care staff. In these cases, small group conversations were conducted, with the acknowledgement that responses could be influenced by the presence of others.

Where possible, interviews were also conducted with relatives and staff, using the survey questions as conversation prompts. Most interviews were conducted in pairs, allowing one AR to lead the conversation while the other took notes. Pairs rotated roles for each interview and took part in regular debriefs to ensure all observations were captured and to reflect on any required adjustments in approach.

Throughout the visit, the team observed the environment, routine daily activities as well as the lunch service. Notes were recorded by hand and team members checked in frequently to share reflections. After lunch, many residents became sleepy and less inclined to participate in further interviews, so the team used this time to focus on staff engagement, and speaking to some relatives present with loved ones, along with environmental observations.

4 Service Overview

4.1 Overview

Annesley Lodge is a residential care home offering accommodation and personal care for up to 51 people. It is situated in a residential area on a main route out of Hucknall, Nottinghamshire, benefitting from good public transport links and multiple car parking spaces on site for staff and visitors. A bus stop outside the home provides regular services to Nottingham City, Kirkby-In-Ashfield, Sutton, and Mansfield. The centre of Hucknall is a 20-minute walk away and offers further transport options via tram and train.

The home is registered to provide personal care for adults of all ages, including:

- Older adults (over 65)
- Adults under 65
- People living with dementia
- People with physical disabilities
- Annesley Lodge is not registered to provide nursing care.

The current provider, Zion Care Ltd, took over the service in August 2024. The most recent inspection by the Care Quality Commission (CQC) was carried out on 20 January 2022, whilst under the previous provider, and rated the service as Good overall, with a rating of Requires Improvement for *responsiveness*.

Despite the Good rating, at the time of our visit, the home was operating at around half of its capacity. The manager attributed this to the home's past reputation under a previous provider, as well as competition from other local services.

The registered manager, Bethany Owen, has worked at Annesley Lodge for over three years and has remained in post throughout the change in provider.

4.2 Demographics

On the day of the visit there were 25 residents living in the home with one having moved in that week:

- 20 females and 5 males
- 11 private residents, 14 Local Authority funded residents
- Ages ranging from 66 to 100
- 7 on end-of-life care
- 12 reported to have capacity whilst the others have fluctuating capacity depending on how they feel on a given day

Our team interviewed 16 residents (13 females and 3 males): 10 individual interviews and one group interview with 6 residents as mobility hindered private conversations for some.

Of those interviewed individually (n=10):

- Ages ranged between 66 to 95
- 4 did not report any observed religion, or provided no information, 5 Church of England, 1 Roman catholic
- Ethnicity, 9 White British and 1 did not answer
- All reported a long-term condition with 8 specifically mentioning or were observed to have a physical impediment
- 4 were living with a diagnosis of dementia however, more may have been in the early stages

In addition, we collected surveys from:

- 7 family or friends of the residents
- 8 members of staff with length of service ranging from 18 months to 27 years including:
 - Reception
 - Administration

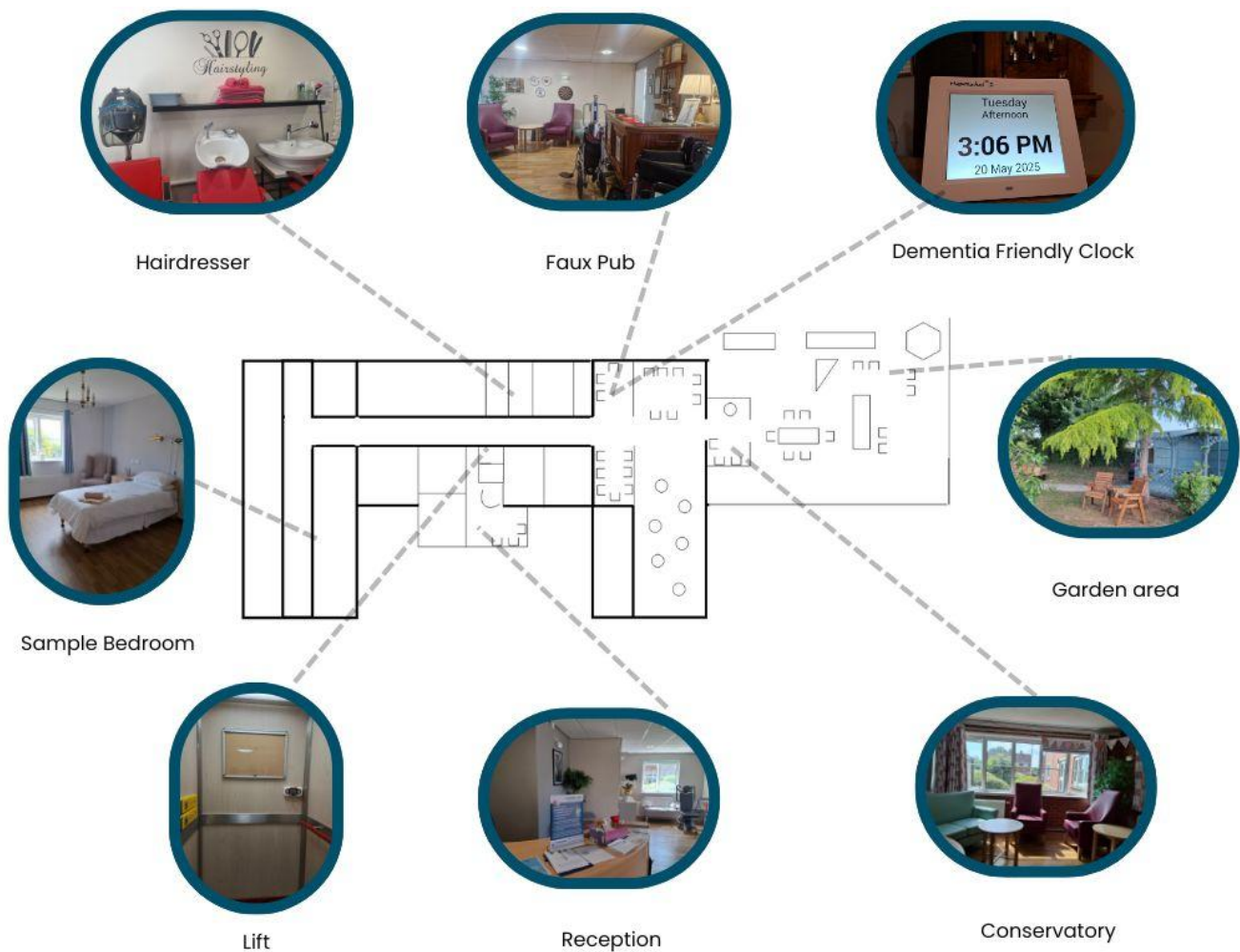
- Activities coordinator
- Care staff
- Team leaders
- Kitchen staff

Interviews were also conducted with the registered manager and deputy manager who were both on duty on the day. At the end of the visit, both were verbally briefed on the visit confirming the report will be sent in due course with an opportunity for them to comment on any recommendations made.

4.3 Premises

Annesley Lodge is a purpose-built, two-storey care home with wide hallways, spacious communal areas, and an inviting garden that all contribute to a calm and settled environment. The building layout supports accessibility for people with reduced mobility, including a centrally located lift, that whilst small, is suitable for wheelchair users. Inside the home, there was no evidence of strong odours or hygiene concerns. The environment felt orderly and respectful.

The first floor is primarily residential bedrooms, with additional rooms on the ground floor. Residents and staff shared that, where possible, residents are supported to choose which floor their bedroom is on. On the ground floor, the reception area leads to the main hallway giving access to the communal lounges on one side, with resident bedrooms located to the other side, and additional facilities such as a laundry room and hairdresser on site. A dedicated “faux pub” and a bright, dementia-friendly clock offer thoughtful, personal touches.



The garden is a standout feature. It is easily accessed via the conservatory, which flows from the main communal areas. During our visit, we observed three groups of residents and their families enjoying the space, supported by a variety of seating areas. The well-established garden has been enhanced with flower beds, upgraded furniture, a new aviary (installed in honour of a resident's love of birds), an orangery, and shaded areas. These features contribute both to the social and emotional wellbeing of residents, reflecting the service's commitment to meeting residents' broader needs. Staff were observed responding sensitively to residents. For instance, when the temperature dropped, staff offered residents blankets and asked if anyone needed support to move indoors, highlighting attentiveness to comfort and dignity.

5 Summary of Findings

5.1 Overview

This section of the report explores each of the different needs as stated in our purpose (social, emotional, physical and spiritual) from the perspective of the residents, followed by feedback from relatives and the staff, with key observations made by our team. The final section gives feedback on other areas highlighted by staff, relatives and our team.

5.2 Social Needs

In the one to one interviews, we asked residents what kind of social activities were available, what they would like more of and what are the best things about being at Annesley Lodge. The main areas residents talked about were:

Choice: Residents described having the freedom to make everyday decisions and personalise their routines.

"I use the hairdresser - don't use the pub"

"It's lovely here - I can watch telly all day"

"I moved into a new room recently because I prefer being downstairs"

Family Support: Residents spoke about the value of visits and ongoing support from family and friends.

"Daughter comes every night. My family are welcome anytime"

"Sister and friend visit occasionally"

"Son and daughter visit regularly"

However, not all residents have anyone to visit them as we were also told:

"I don't get visits from family."

Caring Staff/Community: Residents shared positive experiences of feeling cared for by staff, having a good relationship with the staff and/or fellow residents reflecting the perceived sense of community within the home.

“I've made some good friends here which I didn't expect.”

“Carers are really good. I look after them!”

“Staff are amazing, so patient and have a laugh”

“Got lots of things to do, everyone is lovely and can't do enough for you”

“They organised [activities] for special dates e.g. singing on VE day”

During the visit there were a group of 6 residents who chose to spend a large proportion of the day together, as such we decided to interview them as a group. There was a clear sense of community evidently between them:

“We are of a certain generation; we are a group who work together”

The group also highlighted, in relation to visitors:

“We make everyone welcome” but “Sometimes we wonder who they are”

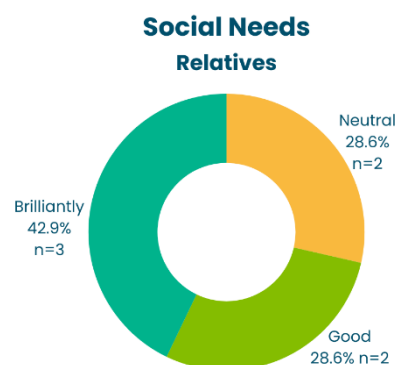
We asked relatives to rate how well the care home met the social needs of their loved ones. As you can see most of the respondents (n=5) were positive with only two marking this as neutral.

Relatives said:

“Social needs mostly met by family”

“There are regular activities and outings”

Relatives also reported feeling welcome at the home with over half (n=4) “feeling like part of the family”



We also asked relatives what activities their loved ones enjoy at the home, and they said:

"Gardening, VE Day celebrations, Quizzes. Excellent idea involving local school children to come and see the residents"

"Music, dancing"

"Bingo, colouring in, ball games"

"Relatives are encouraged to join in"

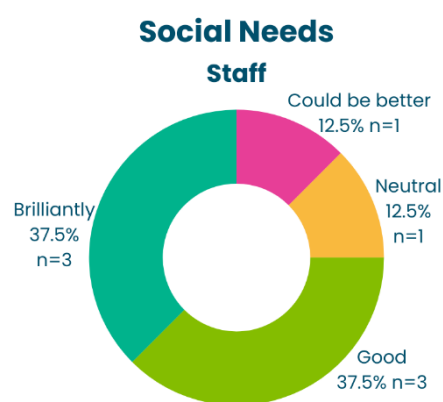
When staff were asked how well the care home met the social needs of the residents most (n=6) rated positively with only one person stating it could be better and one being neutral. A few provided more details behind their answer:

"We try to offer regular outings, created knit and natter groups, encourage family outings"

"Outings outside, normally same ones, try to avoid high UV times of day"

"Trips out, School visits, Coffee mornings, Staff family visits"

"Staffing levels affect this"



Observation

Annesley Lodge benefits from a full-time activities coordinator who works Monday to Friday, with flexibility to work weekends when needed. Her previous experience in care enhances her understanding of residents' individual needs and enables her to adapt activities thoughtfully and responsively. A monthly activities schedule is displayed in communal areas, outlining group sessions such as bingo, music, crafts, and singalongs. However, this notice is printed on A4 paper and placed at standing eye level, which may limit its accessibility, particularly for residents using mobility aids or with visual impairments. The home also shares a monthly newsletter and updates via Facebook, providing a useful record of events and moments of joy. These materials are more targeted toward relatives than residents.



We also noticed there are several clocks in the walkways and communal areas of Annesley lodge which can help residents with the routine and structure of the day. However, many of these were not displaying the correct time and date which may cause confusion for some, especially those with cognitive difficulties such as Dementia.



5.3 Emotional Needs

We wanted to find out how well the care home supported the resident's emotional needs. We asked residents what happens when they're feeling low or having a bad day, and whether anyone notices when they're feeling good. We also asked about trust, safety, and any other support for their emotional wellbeing. Here's what we heard:

Caring Staff:

"Staff are good and underappreciated. I would like more involvement from staff in engaging with us [residents]"

"On a bad day can get frustrated and they are good with me"

"I trust the staff - I like all the carers"

Rigid Staff: Residents expressed dissatisfaction with some of the staff's attitudes towards them.

"They do look after me but I'm not happy. Carers are bossy and [I am] used to being independent. It was a big change coming here and losing my freedoms. "

"Staff don't listen to me or help me "

Community/Settled: In addition to residents describing having a good relationship with the staff and/or fellow residents reflecting the perceived sense of community within the home, they equally expressed feeling calm, safe, and comfortable where they live.

“I trust the girls [carers]. At birthdays and Christmas, I get them gifts.”

“They are setting up an aviary to bring my birds”

“Staff are good, and all helped me settle in. I feel safe and trust they will look after me”



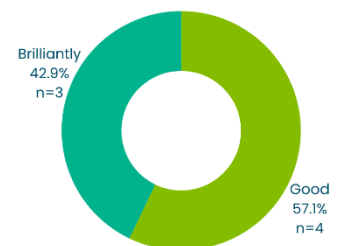
Relatives advised Annesley Lodge catered for their loved one’s emotional needs well, with all respondents (n=7) rating the service positively:

“Staff are sensitive, kind and caring towards mums’ mental health”

“Varies between staff, most staff are encouraging and supportive”

“Always patient, fun and interact superbly with my mum”

Emotional Needs Relatives



Staff had a similar perception to relatives with only one person feeling neutral. They said:

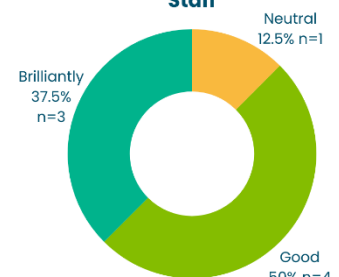
“Being understanding, encourage activities. Make each resident feel valued and respected”

“Good knowledge of residents’ personal history. Adaptable to every individual”

“Activities coordinator will offer one to one sessions and staff will often check in on the residents. I speak to many residents each day”

“When a resident is emotional, I can help solve for example a phone call to family”

Emotional Needs Staff



We also asked staff how they support residents if they are having a bad day:

“Spending time and if appropriate get to the bottom of it. For some it could be illness, could be dementia.”

“Be understanding of their needs and what can be done to help them feel better”

“Talking to them, ensure they are asked to participate, see if they would like to do anything different.”

Observation

The team observed several moments that reflected the service’s focus on wellbeing beyond basic care. For example, one relative was able to bring her own kit to the onsite hair salon to support a resident, who commented her hair looked “just the way I like it.”, helping them to maintain identity and confidence. The team also witnessed a member of staff interacting with a resident getting agitated near the main exit to reception, as they wanted to get out. The staff showed patience and care, letting the resident look out of the window while talking about what they could see, listening to and engaging with all the residents’ stories then gently guiding them away. Everyone showed respect towards the resident with no signs of impatience with the situation despite a queue developing around the exit, showing another example of person-centred care.

5.4 Physical Needs

We asked residents about the physical side of daily life, like what activities are on offer and whether there’s anything they’ve missed out on or would like to do more of. We also asked if they feel they help shape their own care plans, what they think of the food, and if there’s anything that could make their time in the home better. Residents told us:

Choice

“I like the Singers/acts. I prefer to get out though. I like the garden”

“They ask me if I want to get up. I can go to bed when I want.”

“The food is good – always have two choices but not more and can get snack any time”

Caring Staff

“Carers help with bingo”

“I have difficulty walking but have full support [from staff] to join in”

“I just ask and they [staff] can help.”

Lack of Independence/ Acceptance – Residents spoke of needing support to take part in activities; and also expressing a sense of growing recognition and coming to terms with their current circumstances.

“I always need help to do anything.”

“I can't get out in my wheelchair to the garden.”

“I don't need any help right now. I get myself up and out of bed”

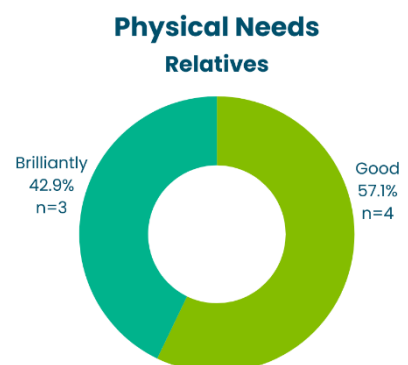
“I get hot sweats, so staff have helped me to change in the middle of the night - I mean at this age you don't have any dignity, but I feel respected”

Relatives unanimously agreed that their loved one had choice in several areas of home life including meals, personal care and activities. When asked how they would rate the service in fulfilling the residents' physical needs, all (n=7) marked as positive. Relatives explained their ratings:

“Personal care good, activities relevant, food excellent”

“Excellent activities coordinator, who engages with mum regarding gardening, being outdoors in the fresh air and keep her active”

“Encouraged to be mobile and toilet equipment was provided when their needs changed”



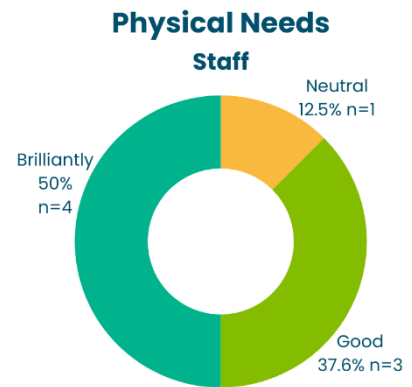
Again, staff had a similar viewpoint to relatives with only one marking this element as neutral. They said:

“Work to promote independence with all the tasks of daily living with the needs of that individual”

“Lots of activities for them including trips out for exercise and movement to music”

“We provide all correct equipment to meet all needs”

“When busy this can get missed i.e. challenging behaviour”



Observation

During our visit, the lunchtime experience was calm and well-managed. Staff supported residents as needed without being intrusive. Allergies and dietary preferences were known to staff and followed according to care plans. Residents were assisted with dignity, including the use of bibs when required

The dining room setup supported autonomy and comfort. While residents could choose where to sit, most opted for their “usual” places, offering reassurance and routine. With the current number of residents (n=25) there was ample room for mobility aids and wheelchairs on the day of our visit. However, if the home returns to full occupancy (n=51), space could become limited.

The quality of the dining experience was reinforced by thoughtful touches. Handmade cotton tablecloths and well-set tables created a sense of respect and homely tradition.





We also witnessed several emergency fall alarms located around the home in walkways and communal areas, however a high proportion of these were purposefully tied up and therefore inoperable. As this is a serious safety concern this was highlighted to the manager at the time of the visit, so this could be rectified immediately.

5.5 Spiritual Needs

We asked residents how they felt about living at Annesley Lodge and whether it felt like home and somewhere they belong. This helped us explore a deeper sense of comfort, meaning, and connection. This is what they shared:

Choice

“Yes, feels like home, everyone is nice and have brought things from home like my China and photos”

“I did bring a few things from home”

“I’ve got a fridge in my room”

Settled/Unsettled – For spiritual needs, some residents equally expressed feeling calm, safe, and comfortable where they live, whereas others felt unsure, worried, or like they don’t belong where they are.

“They look after me here – it does feel like home”

“It does feel like home. I am settled”

“I’m not sure how I feel about being here.”

“I find it alright, but I want to go home. I don’t like being told what to do”

Acceptance

“I find it very good. It feels like home, I don't have a home but I brought my possessions.”

“I’ve threatened to walk out but I can't go home as [...] no longer have a home”

Both relatives and staff had mixed views as to whether the service were meeting the spiritual needs of the residents. In both cases over half of respondents (relatives n=4, staff n=6)) rated the service as “neutral” or “could be better”

Relatives said:

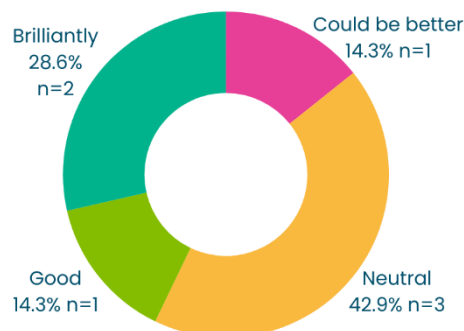
“Religious service at Annesley Lodge would be appreciated”

“Staff help mum each week to join her church audio meeting on her mobile phone”

“My mum is Roman Catholic like the rest of the family. But she is so far gone she has no idea now”

Spiritual Needs

Relatives



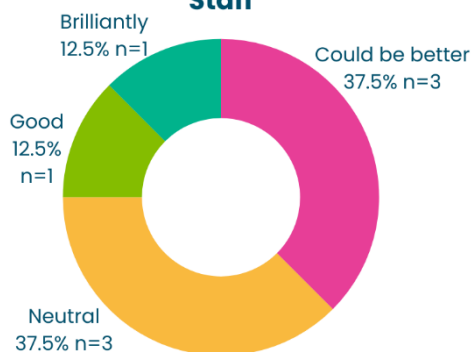
Staff said:

“I think we have found it difficult to link up with local churches post covid. It would be nice for residents to have this option”

“Could improve. not really many with these needs but there is one lady with lots of church friends and perhaps a pastor on a Sunday would be a good addition”

Spiritual Needs

Staff



Observation

When considering spirituality in the wider context of a person’s sense of self, identity and purpose, we observed an example of good practice promoting this aspect of care home life by using signs outside each resident’s bedroom that were personalised to them and their passions or interests. We did not see any links to religious or otherwise spiritual activities or practices being offered.

5.6 Workforce & Culture

In addition to the key findings from residents around the specific needs we identified, both relatives and staff had other comments about the service which alluded to the overall quality of care being delivered at Annesley Lodge.

Raising Concerns

During our visit, we observed the complaints process clearly displayed in prominent areas. All staff surveyed said they felt comfortable responding to concerns from residents or families and knew when to escalate these to the management team. Both the registered manager and deputy manager were described by staff as approachable and responsive. All relatives also reported feeling confident to raise concerns and said that, when they had, these were addressed either well or satisfactorily. 71.4% (n=5) of relatives rated the home as “Very Responsive” to their loved one’s needs.

Staff Satisfaction

To provide a caring and nurturing environment for residents, staff must feel supported and satisfied in their own roles. We asked staff a variety of questions to establish if this was the case.

All staff surveyed reported having a high job satisfaction with 50% (n=4) selecting “best job I’ve ever had.”

“I enjoy coming into work, it is a rewarding job. Particularly when working with the residents”

100% (n=8) of staff reported:

- feeling supported in delivering the best service they could
- satisfied with the training opportunities available to them
- would recommend the care home to a loved one or friend

“I think Annesley Lodge is a homely and welcoming home. Residents are happy and have many options for activities. The garden has recently been modified and is now a lovely space for the residents” Staff Member

It is worth noting that while all staff (100%, n=8) said they have time to communicate with residents as part of their core role, some also mentioned that time constraints can limit their ability to offer support beyond basic care or formal tasks. This became apparent when we asked the staff what helps and what makes it hard to deliver the best service. We were told:

What helps	What makes it Hard
"Having an excellent management and admin team"	"Sometimes when we have time constraints or an unexpected event"
"Resident satisfaction"	"Staffing levels - should go on users' needs"
"Full support from management in my job role and encouragement"	"Finding enough staff for trips"

Relatives Overall Impression

All relatives rated the service positively when asked to what level they felt their loved one was treated with dignity and respect, with 57.1% (n=4) choosing "brilliantly" and the remaining 42.9% (n=3) choosing "good".

When asked what works well and what could be improved, we were told:

"Sometimes short staffed. But residents' safety always considered e.g. unable to sit in the garden if staff not available to supervise"

"Annesley lodge is very clean and tidy. The food is excellent, and the head chef couldn't do enough for the residents and is very kind and knowledgeable. The care staff are always very helpful kind and respectful towards the residents even though they are incredibly busy"

"I think it is outstanding, could not be better!"

"It works well for my relative and he enjoys the activities within his capabilities. he is happy and secure"

6 Conclusion & Recommendations

We explored the overall quality of care for residents at Annesley lodge considering whether residents social, emotional, physical and spiritual needs had been met. This chart combines staff and relative ratings on how well they feel each of these needs is met by the home. This clearly shows emotional and physical needs are perceived as being mostly met whereas social and spiritual needs are areas that could be improved, despite there being positive factors highlighted. Notably nobody rated the service as “Very poorly” in any category therefore this is not represented. Residents did not rate these elements specifically; however, we have collated their feedback with the other evidence to offer actionable recommendations to improve or maintain the quality care being received.



Social Needs

- Residents spoke of the choice available to them, supported by a full time activities coordinator who provides a variety of social activities for residents to engage with
- Family support was also very important to residents, and the service recognises this by including visitors in activities and making them feel welcome at the home
- Caring staff and a sense of community were also important factors for residents
- Some staff feel that the provision of social activities can be impacted by staffing levels
- Some residents don't have family to visit, and some don't know who the visitors are or what activities are happening
- We saw the activities schedule is not conveniently located for residents and lots of clocks showing the wrong date and time making it hard for residents to orientate themselves around the existing schedule and anchor themselves into time, especially difficult for those with memory or concentration issues

Recommendation 1: Make the activities schedule easy to see and understand.

Ensure the schedule is clearly displayed in communal areas and available in resident rooms, using large print and plain language so everyone knows what's on and when.

Recommendation 2: Support residents to stay oriented with time and routine.

All clocks in shared spaces and resident rooms should show the correct date and time. This helps residents, especially those with memory issues, feel more settled and aware of daily routines.

Emotional Needs

- Caring staff is the most talked about area that supports residents with their emotional wellbeing which also supports the other key themes of feeling settled and a sense of community
- When residents feel staff are perceived as being rigid, this has a big impact on their emotional wellbeing

- Staff show good knowledge of the different factors affecting a resident's emotional wellbeing and know that teamwork and spending quality time with residents is key to supporting them

Physical Needs

- Residents report having a lot of choice in relation to various aspects of their physical needs such as care plans, activities and meals
- Staff demonstrated that person centred care matters when supporting residents with their physical needs. This is especially important, as residents told us they really value kind, caring staff who help them stay comfortable and independent.
- Residents also expressed a sense of acceptance, acknowledging their current need for support or the possibility of needing help in the future, a reality that is also recognised by their loved ones.
- Residents sometimes feel staff can be rigid when it comes to the "rules" which can have a big impact on their overall wellbeing
- Residents enjoy mealtimes, however, comfort in the dining area could be impacted if more people were living there
- We saw residents' safety could be at risk as many of the emergency fall alarms were inoperable

Recommendation 3: **Keep fall alarms working and easy to reach.**

All personal and communal alarms must be tested daily and placed where residents can access them safely. This is essential to maintain dignity and safety.

Recommendation 4: **Adapt the dining area to meet growing occupancy needs.**

As more residents move in, the layout and seating in the dining area should be reviewed to make sure everyone can move around comfortably and enjoy mealtimes together.

Spiritual Needs

- Residents felt that having the choice to bring personal items from home helped them to feel at “home” at Annesley Lodge
- Residents shared mixed feelings with some feeling at ease and at home whereas others are finding it hard to settle into care home life
- Residents expressed a level of acceptance and understanding that they were living in an ‘institution’.
- Relatives and staff felt a religious service would benefit the residents

Recommendation 5: **Reintroduce opportunities for spiritual reflection.**

Offer residents the choice to take part in religious or reflective session, such as visiting chaplains, prayer time, or quiet space, to support spiritual wellbeing and a sense of home.

Workforce & Culture

- Annesley lodge has a clear complaints process, and all staff and relatives feel confident in raising any concerns with management described as being approachable and responsive
- Staff are happy and feel supported in delivering the best service, describing teamwork as a key area that helps
- Relatives describe the home as welcoming and speak highly of the care their loved ones receive
- Staff and relatives identified staff can, at times, be too busy to support.

Recommendation 6: **Protect staff time for meaningful connection outside of formal care duties.**

Create space in staff rotas for quality, unhurried time with residents beyond care tasks. This helps build trust and emotional wellbeing, supporting a truly person-centred care.


7 Service provider response

Thank you for visiting Annesley Lodge. It was lovely to hear that your visit identified positive outcomes and acknowledged the hard work and dedication from the team. We will communicate the positive findings to our residents, families, and staff and we will continue to work hard to provide safe, caring individualised care to meet the needs of our residents. We welcome your recommendations and will be actioning these with immediate effect.

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