healthwatch
Nottingham & Nottinghamshire

Enter and View

Leawood Manor Care Home

July 2026

Who is Healthwatch Nottingham & Nottinghamshire?

Healthwatch Nottingham & Nottinghamshire is the local independent patient and public champion. We hold local health and care leaders to account for providing excellent care by making sure they communicate and engage with local people, clearly and meaningfully, and that they are transparent in their decision making. We gather and represent the views of those who use health and social care services, particularly those whose voice is not often listened to. We use this information to make recommendations to those who have the power to make change happen. This is a part of our statutory role under Regulation 44 of The NHS Bodies and Local Authorities Regulations 2012.[1]

Why is it important?

You are the expert on the services you use, so you know what is done well and what could be improved. Your comments allow us to understand the overall picture of the quality of local services. We then work with the people who design and deliver health and social care services to help improve them.

How do I get involved?

We want to hear your comments about services such as GPs, home care, hospitals, children and young people's services, pharmacies and care homes.

You can have your say via:
0115 956 5313 | www.hwnn.co.uk
LinkedIn:HWNN | Facebook:HWNotts | Instagram:HealthwatchNotts
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Report Authors

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Report signed off by

Name	Position	Date
Kinsi Clarke	Head of Engagement & Projects	9th July 2026

[1] The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012, UK 2012

1 Contents

1.1 Details of visit

Name of home	Leawood Manor Care Home
Date and time	14th April 2026, 10am to 2.30pm
Location	Hilton Crescent, West Bridgford, Nottingham, NG2 6HY
Service provider	Runwood Homes Limited
Authorised representative (s)	Anila Rehman Deborah Ferguson (Team Lead) Nellie O'Rourke-Stopka Ndinda Kimuyu Rozhin Gharooni Shahnaz Stevens Shazain Ishfaq

1.2 Acknowledgements

Healthwatch Nottingham & Nottinghamshire would like to thank the service provider, staff, residents 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 residents 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) carried out a planned Enter and View visit to Leawood Manor, a 79-bed residential and dementia care home for older adults in West Bridgford, Nottingham, run by Runwood Homes. We interviewed residents, observed daily life, and surveyed staff and relatives, gathering feedback from 35 people in total.

We looked most closely at two areas: social life and connection, and emotional wellbeing and support. We also report on residents' overall experience of the home and on its workforce and culture.

Most residents and relatives were positive about Leawood Manor, and above all about the people who work there. Staff know residents as individuals. They serve one resident his Guinness from the can, not a glass, because that is how he likes it. Even residents who were less settled spoke warmly about the staff. The friendships residents form with one another are one of the home's real strengths, and for many the company of others matters more than any activity.

"That's the best part, the people you're here with." Resident

The visit also found a clear pattern. The home does well for residents who can speak up for themselves, and less well for those who cannot: people who are bed-bound, living with advanced dementia, or who do not like to complain. These residents can look settled when they are not, and they can miss out when staff are busy. Some have also lost the work and routines that once gave their days a purpose, and feel that loss deeply.

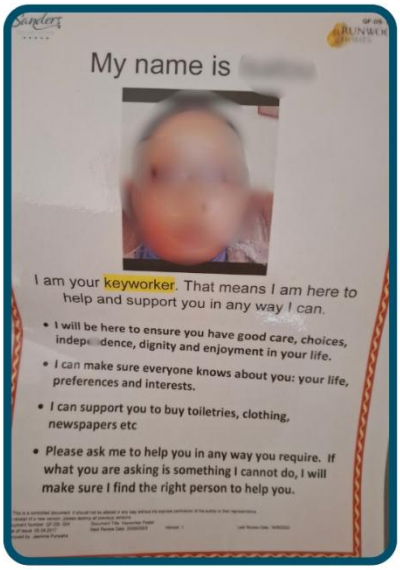
The pattern showed most clearly in personal care. The team saw two moments that fell short of the kind, respectful care seen elsewhere in the home, and both involved residents who could not easily speak up for themselves. We saw these on a single visit and cannot say how often they happen, but they matter because they happened to residents who were least able to speak up about their own care.

The same is true for staff. Most feel able to raise concerns and say the home has come a long way since the change in management. But a few feel that when they raise something, whether with the home or with the provider, nothing comes back. Both of these are true at once.

To build on these strengths, HWNN makes five recommendations, set out in full in Section 6:

1. Identify and reach out to the residents who are easy to miss.
2. Help residents who miss having a role feel useful again.
3. Review and document how personal care is delivered, to protect residents' dignity and privacy.
4. Make sure staff hear back on the concerns they raise.
5. Make sure families can easily find how to raise a concern.

By acting on these, Leawood Manor can do for every resident what it already does well for most: help each person feel known, included, and listened to.



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, by sharing feedback with those who commission, design and deliver services.

To help achieve this, Healthwatch have a statutory function under the Local Government and Public Involvement in Health Act 2007[2] and Part 4 of the Local Authorities Regulations 2013[3] 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 report on the 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.

[2] Section 225 of the Local Government and Public Involvement in Health Act 2007

[3] 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 therefore available to members of the public and shared directly with the CQC, Healthwatch England, Nottingham City 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 Purpose of Visit

Enter and View visits are one of the main ways HWNN hears directly from people who use health and social care services, especially those whose voices are heard less often. Care home residents depend on others for much of their daily care, and many cannot easily speak up for themselves or say when something is wrong. That dependence is part of what makes them among the most vulnerable people we work with.

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. A person's needs include how they feel, the people around them, and the things that matter most to them.

Care Quality Commission's Regulation 9: Person Centred Care makes it clear that this holistic approach is not optional, but 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." [4]

[4] Regulation 9: Person-centred care - Care Quality Commission

No single visit can look at all of this. Our earlier Enter and View work has shown how much a resident's social life and emotional wellbeing shape their quality of life, so on this visit we looked most closely at those two areas:

Social life and connection (how residents are supported to build friendships, stay active and involved, and feel part of a community)

Emotional wellbeing and support (how residents are helped to feel settled and secure, and how well they are listened to)

We also report on residents' overall experience of the home and on its workforce and culture, which shape the care residents receive day to day.

Leawood Manor was also a timely home to visit, as it had been several years since its last CQC inspection, so there was good reason to listen to residents and families about life in the home today.

By looking across these areas, we aim to identify what is working well for residents and what could help make life at the home more connected, settled and fulfilling.

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 help meet the residents' needs.

3.3 Methodology

This was a prearranged visit, with two weeks' notice provided to Leawood Manor. Our Enter and View lead, together with six authorised representatives (ARs), arrived at 9.30am and remained on site until 2.30pm, engaging actively with residents, staff, and relatives between 10am and 2pm.

Leawood Manor's manager was present throughout the visit and welcomed the team on arrival, giving full access to all areas. The provider's regional operations director was also on site that day, and we took the opportunity to interview both the manager and the director during the visit.

Information was gathered using a mixed-method approach, combining semi-structured interviews, surveys, and observations made by the team on the day. Throughout the visit, the team observed the environment, routine daily activities, and the lunch service. One of our representatives also joined a small group of residents and staff on a short outing from the home.

The visit was resident-led. We put residents' own voices first and used staff, relative and observation evidence to check and build on what residents told us.

Many people living at Leawood Manor are living with dementia, a long-term health condition or reduced mobility, and a number could not give informed consent to take part in an interview. Of the 78 residents present on the day, 13 were able and willing to talk with us about their experiences. Ahead of the visit, we asked the home to identify residents who had the capacity to take part, and we spoke with residents on that basis. Everyone we spoke with was happy to take part. Where a resident became distressed, or where their responses could not be reliably used, we did not include their feedback in our analysis, so that no one was represented by words they were not able to give freely.

Resident 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 make sure all observations were captured and to reflect on any adjustments needed in approach.

We also gathered feedback from 14 members of staff and 8 relatives. Most completed the survey themselves, and some were interviewed with the survey as a basis for the conversation.

Observations were informed by the *Person-centred Observation and Reflection Tool (PORT)*,[5] [6] alongside general AR observations of the home environment and daily interactions. The PORT tool was used as a *qualitative snapshot* to capture residents' emotional state, engagement, and interactions with staff, peers, and their surroundings.

ARs also made broader observations about the atmosphere, environment, dignity and respect, and evidence of inclusion or individuality within daily routines. These general observations complemented the PORT findings, helping to describe how residents experience quality of life and care in the home.

[5] The Person-Centred Observation and Reflection Tool | Leeds Beckett University

[6] Development and acceptability of the person-centred observation and reflection tool for supporting staff and practice development in dementia care services - Surr - 2023 - International Journal of Older People Nursing - Wiley Online Library

Insights from all observation activity were integrated with feedback from residents, staff, and relatives to identify emerging themes about quality, inclusion, and person centred practice.

Overview of Data Collection Tools Utilised			
Evidence Source	**Method**	**Tool**	**Key Focus**
Residents (13)	Conversation based Interview	Conversation guide Structured template	Resident voice, Lived experience Quotes and reflections
Person Centred Observation	Timed intervals and reflection	PORT sheets	Resident mood, Engagement, Environment
General Observation	AR sensory observations	Structured template	Environment, Interactions & Culture
Relatives (8)	Survey or Interview	Paper or Smart Survey	Satisfaction, Communication, Involvement
Staff (14)	Survey or Interview	Paper or Smart Survey	Workforce culture, Care approach

4 Service Overview

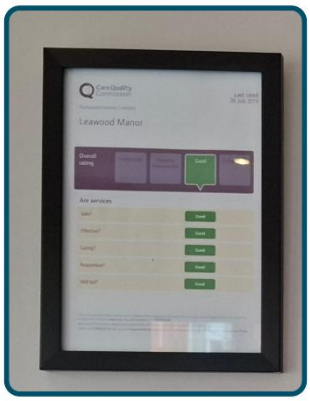
4.1 Overview

Leawood Manor is a purpose-built residential care home for older adults in West Bridgford, Nottingham. It is operated by Runwood Homes and stands on Hilton Crescent, about three miles south of Nottingham city centre, with good parking and bus routes nearby (the NCT 5 and 6, although roadworks had moved the nearest stop a little further away around the time of our visit). The home is registered for 79 people and was home to 78 when we visited. The registered manager is Hira Butt, who was recently appointed to lead Leawood Manor, having joined Runwood Homes a little under two years ago.

The home provides residential and dementia care, along with respite stays. The building has a dedicated dementia floor upstairs, where residents tend to need more support, while the ground floor is home to more independent residents.

The home is registered with the Care Quality Commission (CQC) to provide:

- Accommodation for persons who require nursing or personal care
- Caring for adults over 65 years
- Caring for adults under 65 years
- Dementia
- Physical disabilities
- Sensory impairments



The home was last inspected by the CQC on 4 June 2019, when it was rated Good overall and Good in each of the five areas the CQC looks at. The CQC reviewed its information about the home again in July 2023 and found no reason to change the rating. The home had therefore gone almost seven years without an inspection by the time of our visit. Separately, the home recently had a quality visit from the Local Authority quality team, which was described as outstanding. That Local Authority quality visit is not a CQC rating, and the two should not be read as the same thing.

4.2 Demographics

On the day of our visit, most people living at Leawood Manor were older adults, the youngest aged 62. Around two thirds were living with dementia, at different stages. Of the home's residents, 18 had their care funded by the local authority and 60 funded their own care. About half had regular visitors or closely involved family. Three were receiving end-of-life care.

We hold this broad picture of the home, but not a full breakdown of residents' cultural and ethnic backgrounds, which we were not able to gather for the home as a whole. The home did not flag any particular cultural, faith, language or gender considerations affecting how residents should be approached.

Of the 13 residents we interviewed, 11 were women and 2 were men. Ten described themselves as White British and one as Scottish, with two not recorded. Five were Church of England, one was Church of Scotland and two had no religion, with five not recorded. Ages were recorded for eight of the thirteen and ranged from 70 to 96. Five were living with a long-term health condition, four had a physical or mobility impairment, and two were recorded under other conditions.

4.3 Premises

Leawood Manor is a purpose-built home on two floors, served by two lifts and accessible throughout. Both lifts are spacious, with room for more than one wheelchair at a time. The more independent residents live downstairs, while the upper floor is dedicated to people living with dementia or with higher support needs. Each floor has its own communal lounges, shown in the plans below.

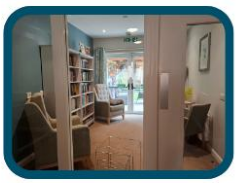
The home has clearly thought about dementia-friendly design. There is an easy-to-read day clock, symbols on bedroom doors, and a picture menu at mealtimes that lets residents see the day's choices. Some features may be harder for residents living with dementia: direction signs are printed on glass, and a few corridor name signs are small.

The home is clean and well-kept and felt homely and welcoming. There were no strong smells in most of the home, though a urine odour lingered in one toilet area during the day. Lighting is good throughout, including on the wide stairs. Music plays quietly in the corridors through smart speakers, so it can be turned down or off when needed. There is a hairdressing salon on site, and a secure, well-kept garden with varied seating and established flower beds, with some rooms opening onto their own small private gardens.

Leawood Manor: Ground and First floor

A simple guide to how the home is laid out. It shows the main areas, not every room, and is not drawn to scale.

Communal Hall Seating

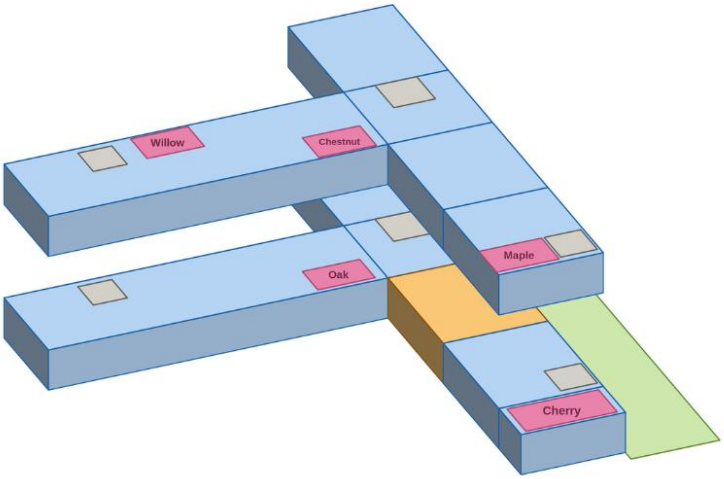


Library

Hairdressser

Lift

Sample Bedroom



Private Gardens

Assisted Bathroom

Garden Area

On Site Shop

Reception Area

Cherry Lounge Cafe

Lounge Kitchen Area

5 Summary of Findings

5.1 Overall

This section is about life at Leawood Manor as a whole: not any one part of the day, but the bigger picture of how people talk about the home and the staff, whether residents feel known as individuals, and how well they settle in. Three things have their own sections and are not covered here: the chances residents have to be social, how they feel from day to day, and the staff who work at the home. Most of what follows comes from residents themselves. Where it comes from staff or relatives instead, we say so.

Life at the home

Most people we spoke to were happy at Leawood Manor:

> *"I hope you enjoy your work here as much as I like living here"*
>
> Resident

Residents and relatives alike spoke well of the home, and staff felt the same, though they were quicker to point out what could be better. The praise, though, was above all for the staff. Even the least settled resident spoke warmly about the staff who look after him. Residents may not all have chosen to live in a care home, which can bring mixed feelings. How they feel about the staff, though, is not mixed at all: that warmth is one of the home's real strengths.

Being known as a person

Residents do best when staff know who they are: their past, what matters to them, and the person they have always been. One of the clearest examples our team heard was:

> *"My Mum used to be a teacher […] The staff sometimes give her a register to check and tick mark […] This gives me a feeling that the staff here take my mum as an individual"*
>
> Relative

The visiting team saw the same in small, personal touches. Staff knew one resident liked to drink Guinness from the can, not a glass, and offered it instead of the usual tea or coffee. They offered to play rock music for a resident who preferred that to

the singing. When a group went out for a walk, they brought a slice of honey cake back for a resident who had stayed behind, because they knew she liked it. None of these things costs much, but each one tells a resident the staff know who they are. The home does this well for most residents. For the few it does not reach, the difference is felt deeply. One resident described his life there in just five words: *"staying, but that's not living"*

Settling in, and what was left behind

Some residents are well settled; others are not. They live in the same building, eat the same meals, and are looked after by the same staff, and the everyday choices (the food, when to get up, whether to join an activity) are mostly going well. So the difference between them is not about the home. It is about what coming into care took from them. For some, it brings relief rather than loss:

> *"After the fall at home I came here for a temporary stay, then I realised how good it was, so I sold my house and moved in full time"*
>
> Resident

For others, the move took away their independence: their own home, their work, the tasks that filled their days, and the feeling of being useful. One resident said it plainly, praising the staff and naming the loss in the same breath:

> *"The staff are lovely and they'd do everything for you, but it makes life far too easy. Not like home where you have responsibilities and tasks to do"*

How these residents feel from day to day is picked up in the Emotional Wellbeing section. The point here is simpler: for some, it is what they gave up that costs them their sense of purpose, and that, more than anything the home can control, is what sets them apart.

The split is not perfectly neat. Even one of the most positive residents said she did not feel she had *"much of a choice of what we do"* and had to fit in with the home's routine.

But the pattern holds: the residents who have kept hold of something from their old lives are usually the ones who have made the home their own. One is happy to spend hours reading alone; others keep up small routines that have always mattered. Another has taken on the role of resident ambassador and told us it gives them a sense of purpose. The resident who misses their old responsibilities and tasks is the one still waiting to feel at home.

5.2 Social Life and Connection

Leawood Manor gives residents the chance to be around other people: to make friends, take part in things, and feel part of life there. Some of this works very well. The friendships between residents stand out. But not everyone gets the same chance to join in, and some residents would like to get out of the building more often than they do.

Friendships between residents

The friendships residents form with each other are one of the strongest things about Leawood Manor. For many, the company of others matters more than any particular activity:

> *"That's the best part, the people you're here with"*
>
> Resident

> *"It is easy to be friendly [...] you are not in competition with anyone"*
>
> Resident

Another made friends within a few weeks of arriving: two women she sits with at meals. One relative noticed her mother now phones home less, because of the company she has in the home. Staff value these friendships too and help them along, letting friends sit together at meals and putting on parties when residents want to celebrate birthdays together:

> *"Friendship groups are so important and connecting with likeminded people"*
>
> Staff Member

Not everyone makes these bonds. A few residents stay on the edge of things and can feel alone even in a room full of people:

> *"I'm not too bothered about making friends as I don't really know why I'm here"*
>
> Resident

The visiting team saw the same from outside. In the lounges, some residents sat near each other without really talking, often only beginning to chat when a staff member came over. Being in the lounge is not the same as being included, and sitting on the edge can be lonely. What that loneliness feels like is explored in the Emotional Wellbeing section.

Some residents would join in more if what was on offer suited them. One said the only activity he had ever enjoyed was one with animals and would like more like it. Another who loved knitting has not been able to do it for a long time and would like to again. Staff saw the same need: one asked simply for more individual activities.

Help to join in

Joining in is harder for some residents than others. Most of what we learned about this came from staff, relatives, and the visiting team rather than from residents themselves, because the residents most affected often could not take part in an interview. Staff said that some residents' health needs could make taking part harder, and gave mobility as the clearest example:

> *"Lack of mobility may make them feel awkward to ask to be taken to an activity"*

When staff actively help, it works well: the team watched wheelchair users brought to a singing session and taking part, and one relative described her mother being collected in her wheelchair and taken to activities. Where it depends on staff remembering, it is less reliable. One relative, whose mother cannot walk after a hip fracture, said she relies on carers remembering to take her. Staff named bed-bound residents as the hardest of all to involve.

The manager was honest that some residents are, in her words, *"isolated by their own choice"*: staff try to motivate them, but they do not engage, and some families say their relative was never sociable. That is true for some, but not all. The team saw residents who seemed disengaged come to life when offered something that suited them, like music they liked or a one-to-one chat. At one activity the team saw a resident sitting alone who was not invited to join in. As one member of staff put it, *"not everyone is included".*

The relatives' answers fit this mixed picture. Of the eight relatives, 50% (n=4) felt the home supports their family member well to take part, rating it very or quite well; two said it could be better, and two did not know. On how often their relative takes part in activities and social time, four said rarely or never, two said sometimes, and two said often or very often. Helping these residents join in depends most on staff having the time to do it and remembering to. That makes it a staffing matter more than a social one, and it is explored in the Workforce and Culture section, where staff time and capacity are discussed.

Getting out and about

Several residents told us they would like to leave the building more often than they do. This mattered most to those who had been active in their lives before. One was clear about what he wanted:

> *"All I really want is to get out and about"*

Others spoke of things they used to do and miss: one would like to go swimming again, another to go out on walks as she used to, and another said he likes to go out when he feels well enough.

Outings do happen. The visiting team joined a walk to a local coffee shop with six residents and two staff, lasting about an hour and a quarter, and saw residents smiling and laughing along the way. Staff told the team that in warmer weather the group goes further afield, and that the home goes out almost every week, by bus, on picnics and to other places. So outings are not absent, just less frequent than some residents would like.

The manager understood this and was honest about why it is hard. There is a limit to how many residents can be taken out at once, which makes it difficult to give everyone who wants to go a fair turn.

5.3 Emotional Wellbeing and Support

Whereas the Social Life section asked who joins in and who sits on the edge of things, this section looks at what that feels like from the inside: how residents feel, rather than what the home provides. For many people, moving to Leawood Manor has brought real emotional relief, mostly because they are no longer alone. A smaller group are harder to read, and their quieter unhappiness is easy to miss.

Relief at no longer being alone

Several residents described the move as a relief:

"My biggest fear coming here was being left on my own in an ocean flailing, but I've been getting on with everyone quite well"

"Moving has been the best thing for me to do. I am not alone any more […] it's a good feeling with all the people around"

She added that if she became unwell, she would not be alone. A third said loneliness had been *"just horrible"* before, but not here, and named her friends as the reason. The residents who speak about this most strongly are the ones who seem most settled.

Being heard, even when the answer is no

Residents also described feeling listened to, even when the home could not change what they were asking about:

"I know they can't please everyone all the time, but they do listen to suggestions […] most of the time the staff try to fix things for us"

Another said she felt settled and that *"you really are listened to".* Staff said the same:

"Taking the time to listen and understand and help them overcome what's upset them where we can"

Staff told us the home listens through one-to-ones, residents' meetings and ambassador meetings. A "you said, we did" board (pictured) shows the home acts on at least some of the suggestions made through these routes, with six put in place in the six months before our visit. Most staff feel the home supports residents' emotional wellbeing well, with 11 of 14 rating it 4 or 5 out of 5.

The quiet ones

Not every resident feels settled. A few do not feel at home: their thoughts are still with family or the life they had before, rather than with the community here. They do not complain, which makes *their* unhappiness hard for staff to see. For these residents, loneliness shows up as quietness rather than as a complaint. One resident said:

> *"There's not really anyone in the home that I can talk to [...] I'd rather talk to my family"*

The same resident, who had once had a busy working life, said he now felt he did nothing: "I feel like I don't do anything here." Another said he had decided to "just get on with things", because there was "no point in getting angry". Families notice it too. Asked how settled and emotionally well their family member was, three of the eight relatives said their family member struggles at times. One described it as:

> *"Uneasy, worried, [and] lacking contact with others"*

Because these residents do not complain, their quiet resignation can be mistaken for contentment. The visiting team saw it directly: some residents sitting in the lounge looked relaxed but were not really joining in. They can go unnoticed, because they seem settled on the surface.

The home has structures meant for this. Through the Tools Down practice, a bell rings and all staff stop what they are doing to spend a meaningful five or ten minutes with residents. The Forget Me Not scheme is aimed at residents who have few visitors or are isolated: they are visited in the morning and through the day, with a blue flower symbol on the door so staff know who they are. The home says the hard part is doing this consistently and at the right moment for the resident, which does not always match what suits staff on a busy day: *"2pm is a good time for staff but residents tend to be sleepy by then."* However, these schemes do not reach everyone. Someone who sits quietly in the lounge, who may have visitors and spend little time in their room, might be picked up by neither, yet can still be the resident no one really reaches.

Personal Care

The residents who depend most on staff are also the least able to speak up about their own care. The team saw two moments that did not fit the kind, respectful care seen everywhere else. In one, staff were in a resident's bedroom looking at what appeared to be a full catheter bag, with the door left open, so the resident was in view of people passing by. In another, a wheelchair user's urine bag was

seen to be full at more than one point during the visit. We saw these on a single visit and cannot say how often they happen or what caused them.

5.4 Workforce and Culture

This last section turns to the people who work at Leawood Manor: what drives them, the pressures they work under, and whether they feel heard and looked after. How staff feel, and whether they are listened to, shapes the care residents receive, so this section matters for residents as much as for staff. Here the evidence comes mostly from staff and relatives, and from what the visiting team saw, because workforce and culture are mostly seen from the staff side. Where a resident or relative speaks for themselves, we point that out.

Care as a vocation

For many staff at Leawood Manor, this is not just a job. They talk about the residents with real warmth, and their care comes from a personal place:

> *"I always get excited to come to work. Because I love each and every resident at the care home"*

Another said simply that the care *"is coming from the heart"*. This comes across to the people they look after, with one resident saying "everyone is lovely". 88% of relatives (n=7) feel the home knows their family member as a person, not just a patient, and staff are confident too, with 11 out of 14 saying they would recommend it to family or friends. That sense of vocation is one of the things residents value most about the home.

Pressure on staff time

The most common concern staff raised was time. Many feel stretched, citing staffing levels and heavy workloads, with the morning and evening personal care rounds the busiest points of the day. This feeling is common across the sector, and sharper in care homes than in social care as a whole: in a national survey for the Department of Health and Social Care, three in five care home staff in England (60%) said they did not have enough time to do their job well, higher than the 48% across social care generally[7].

[7] https://www.gov.uk/government/publications/adult-social-care-asc-workforce-and-work-related-quality-of-life

At Leawood Manor, staff said it falls hardest on the residents who need the most support to take part:

> *"When the home is short staffed these residents [with severe dementia] can't always be properly supported to engage in activities"*
>
> Staff Member

The manager named time as her main challenge too. Most staff do have time for the residents, though two of the fourteen said they never have time to just talk with residents beyond care tasks.

Raising Concerns

79% (n=11) of staff are comfortable raising concerns or ideas with managers (two are not, and one was neutral). Families have a clear route too. The manager told us the home keeps in regular contact with families in several ways, including a weekly email, monthly relatives' meetings and a newsletter. 75% of relatives (n=6) know how to raise a concern, but two did not. Not knowing the exact route had not stopped families in practice, as seven had raised a concern, and four of them felt it was resolved well, three only partly. But the information was not always easy to find. On the family information board the team saw, there were support leaflets, including those for POhWER and Age UK, but nothing that set out how to raise a concern or who to speak to (pictured). There may have been more than one such board in the home; this was the one the team saw.

Relatives feel the home is in a better place than it was. The management changed recently after an unsettled spell, and the difference has been noticed. One relative said that *"since the recent change in the management, quite a lot of things have improved"*, and that she is called in far less often about her mother. The manager, too, is proud of how far the home has come.

The part that needs attention is what happens after a concern is raised. Some staff feel it goes nowhere. As one put it, *"we're ignored when we raise concerns".* A member of staff told the visiting team they had raised a concern with the provider, Runwood Homes, and had still not had a response, but would keep raising it.

The survey points the same way: two staff are not comfortable raising concerns. One of those two rates the support they get overall as five out of five, so this is not only about staff who are unhappy with the home. A couple of staff also spoke about what it is like to work in the team: one said some staff stick together and leave others out, with some talking about others behind their backs, and another felt their own wellbeing comes second.

Both are true at once: the home is improving, and some staff still do not feel heard today.

6 Conclusion & Recommendations

Strengths to hold on to

The warmth between residents and staff is the strongest note in everything we heard, and even residents who were not fully settled spoke well of the people looking after them. The friendships residents form with one another are a strength of the same order, and for many they are what make the place somewhere to live rather than somewhere to be. Among staff, caring here is widely felt as a calling rather than a job, which residents notice and value. Families feel the home is in a better place than it was: under newer management, they have seen things improve. None of the recommendations that follow is meant to take anything away from this.

The picture underneath

What the visit showed, beneath all of this, is a home that responds well to residents who can make themselves heard, and less reliably to those who cannot. The people it serves least well are often those who find it hardest to speak up. Some cannot ask, because they are bed-bound, living with advanced dementia, or because they lose out first on the days staff are stretched. Some will not ask, because they do not complain, and so can look settled when they are not. Looking relaxed is not the same as being happy. And some have lost something they would not think to ask for, the work and the role that gave their days a shape before they came into care. These are not all the same people, but what they share is the risk of being missed, and that thread runs through this report.

Some residents would also like to get out of the building more than they do. The home knows this and goes out most weeks, and the real limit is how many residents can go at once. We make no separate recommendation on this, but keeping track of who has been out would help make sure the residents who most want to go are not always the ones who wait.

The thread shows most in small things, and most sharply in personal care, where the team saw two moments that did not match the kind, respectful care found everywhere else. The residents they affected were among those least able to speak up about their own care, which is why they matter out of proportion to their number.

The same question of voice runs through the staff. The home has come a long way, and most staff feel able to raise concerns. But a few still feel that what they raise goes

nowhere, and the report holds those two facts together rather than choosing between them. The recommendations below are offered in that spirit: a home doing a great deal well, asked to carry its strengths to the residents and staff it does not yet reach.

To build on its strengths, HWNN makes the following five recommendations. The first two run across the whole report. The rest sit within particular parts of home life.

Recommendations that run across the report

Recommendation 1: Identify and reach out to the residents who are easy to miss.

Some residents do not complain and do not join in. Instead, they sit quietly and can look content when they are not. Because nothing looks wrong, they are the ones most easily overlooked when the day is busy. The home should actively seek these residents out and offer them something that suits them, including one-to-one options for those who would rather not be in a group. It should use its regular residents' meetings and one-to-ones to check who is not taking part, and to ask the quieter residents themselves whether they feel included. What this shows should be recorded so it can be acted on.

Recommendation 2: Help residents who miss having a role feel useful again.

For some residents the hardest part of coming into care is losing the sense of being useful: not a hobby, but a responsibility or a say in something of their own. This loss is easy to miss, because it does not show as unhappiness. The home already does this well for a few, giving them a role that gives their days purpose. It should look out for the others who feel the same loss, offer them a real role or task that is theirs, and reflect this in their care plan. The resident ambassadors are well placed to help find who would value this.

Emotional Wellbeing and Support

Personal care must protect the dignity of the residents least able to ask.

Recommendation 3: Review and document how personal care is delivered, to protect residents' dignity and privacy.

The team saw two moments during personal care that did not match the respectful care seen elsewhere. In one, a resident was left in view of people passing with their bedroom door open. Residents should be kept appropriately covered and out of view

and should never be left waiting. To ensure this happens the home should review and record how personal care is carried out.

Workforce and Culture

Most staff feel able to speak up, but a few feel unheard, and some families are unsure how to raise a concern.

Recommendation 4: Make sure staff hear back on the concerns they raise.

Most staff feel able to raise concerns, but a few feel that what they raise goes nowhere. The home should make sure that anyone who raises a concern is told, within a clear timeframe, what happened to it and why. This matters most when the answer is no: staff still deserve the reason, not just the decision.

Recommendation 5: Make sure families can easily find how to raise a concern.

Two of the eight relatives we spoke to did not know how to raise a concern, and the board the team saw did not show it. The home has regular ways of reaching families, so it should use these to set out plainly how to raise a concern and who to speak to.

Together these changes would help Leawood Manor do for every resident what it already does well for most: make each person feel known, included, and listened to.

HWNN asks the provider to set out, in its response, the timescale it will work to for each recommendation.

7 Service Provider Response

Thank you for the report I am happy with this please find my response below:

Recommendation 1:

Leawood Manor acknowledges this recommendation and recognises the importance of ensuring that quieter residents are not unintentionally overlooked. We already complete regular one-to-one wellbeing sessions, Resident of the Day, resident meetings, and daily observations to identify those who may not engage in group activities we also complete forget me nots. Moving forward, we will strengthen our approach by specifically monitoring residents who participate less frequently, recording their preferences and feedback, and ensuring personalised one-to-one activities are offered where appropriate. Outcomes from resident meetings and individual discussions will be documented and reviewed regularly to ensure every resident feels included, valued, and supported in a way that reflects their individual wishes and choices.

Recommendation 2:

Leawood Manor welcomes this recommendation and recognises the positive impact that having a meaningful role can have on a resident's wellbeing and sense of purpose. We already have successful initiatives such as our Resident Ambassadors and opportunities for residents to take part in meaningful daily tasks. We will build on this by identifying more residents who may benefit from having an individual role or responsibility, based on their interests, abilities, and personal history. These preferences and agreed responsibilities will be reflected within their care plans and reviewed regularly to ensure they continue to provide purpose, choice, and a sense of achievement.

Recommendation 3:

Leawood Manor takes this recommendation very seriously, as maintaining dignity, privacy, and respect during personal care is fundamental to the care we provide. The observations made do not reflect the standards we expect from our team. We will reinforce expectations with all staff through supervision, competency observations, and dignity-focused training. Personal care practices will be reviewed through regular observational audits to ensure bedroom doors are appropriately closed, residents remain covered where possible, and personal care is delivered promptly and respectfully. Findings and any required actions will be documented and monitored to ensure sustained improvement.

Recommendation 4:

Leawood Manor values an open and transparent culture where all staff feel confident to raise concerns and know they will be listened to. We recognise the importance of providing timely feedback, regardless of the outcome. Moving forward, we will ensure that concerns raised are acknowledged, investigated where appropriate, and that feedback is provided within a clear timeframe, including the rationale for any decisions made. This will strengthen communication, build trust, and reinforce our commitment to speaking up and continuous improvement.

Recommendation 5:

Leawood Manor acknowledges this recommendation and is committed to ensuring all relatives know how to raise a concern. Information on how to raise concerns is already displayed on all family and resident noticeboards throughout the home, with clear posters detailing who to speak to and the available routes for feedback. We will further strengthen this by regularly highlighting the complaints and concerns process in family communications, resident and relative meetings, and during admissions, ensuring all families feel informed, confident, and supported to raise any concerns at any time.

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