



# Enter and View

West Lodge Care Home

January 2026

**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	West Lodge Care Home
Date and time	11 <sup>th</sup> November 2025, 10am to 3.30pm
Location	238 Hucknall Road, Nottingham, Nottinghamshire, NG5 1FB
Service provider	West Lodge Care Home (Nottingham) Limited
Authorised representative (s)	Deborah Ferguson (Team Lead) Juliet Cox Natalie Wright Nellie O'Rourke-Stopka Shahnaz Stevens

## 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 planned visit to West Lodge Care Home, a 24-bed residential nursing and care home in Nottingham City. We used a mixed approach, including interviews with residents, observations, and surveys with staff and relatives, gathering feedback from 20 people in total.

**Good care is more than keeping people clean and fed. It is about making sure residents feel happy, included, and respected.** When staff check in on how people are feeling, who they are seeing, and what matters to them, it helps spot problems early and improve their day-to-day life. We focused on two main areas: spiritual and cultural life; and social life and connection, alongside residents' daily emotional experience.

Residents spoke warmly about the spiritual and cultural support they received. Many valued visits from faith leaders, culturally appropriate food, and staff who took time to understand what mattered most to them. The diversity of the staff team added to this positive experience, helping residents feel understood and respected.

**"This place is a microcosm of how the world should be. All different languages ethnicities and religions just getting along with each other"**

Relative

Most residents described feeling included and able to make choices about where they spent their time. Staff were seen encouraging friendships and supporting contact with family. A few small barriers affected day-to-day life: a broken TV and fewer structured activities, alongside busy periods for staff, meant some residents with higher independence felt bored or less stimulated.

Across all interviews, the warmth and kindness of the staff stood out. Residents consistently said they felt safe and well cared for. At the same time, several residents spoke about the emotional challenge of adjusting to life in a care home and how it affected their sense of independence.

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

- Spiritual and cultural support tailored to individual needs

- Friendly and attentive staff who build trusting relationships
- Encouragement of social connection and family contact

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

1. Update and maintain the dementia-friendly menu displays
2. Fix the main lounge TV and enable subtitles as standard
3. Keep the activities planner up to date and introduce simple, regular structured sessions
4. Consider personalised engagement approaches to support the emotional wellbeing of residents who do not engage in communal activities

By acting on these recommendations, West Lodge can build on its caring culture and ensure all residents, regardless of their needs or background, feel connected, respected, and supported to live well.

# 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<sup>1</sup> and Part 4 of the Local Authorities Regulations 2013<sup>2</sup> 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.

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

<sup>2</sup> [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](http://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 Strategic Drivers

HWNN has just launched 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 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.”<sup>3</sup>*

We want to understand how well this care home supports residents’ overall quality of life through two key areas:

- **Spiritual and cultural life** (how residents’ beliefs, traditions, identities, and personal values are recognised and supported, helping them find meaning and feel respected)
- **Social life and connection** (how residents are supported to build friendships, stay active and involved, and feel part of a community)

By focusing on these areas, we aim to identify what helps residents feel at home and what could make life in care more inclusive, connected, 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 ensure the needs of the residents are met.

## 3.4 Methodology

This was a prearranged visit, with two weeks’ notice provided to West Lodge Care Home. Our Enter and View lead arrived at 9.30am, followed by four authorised representatives (AR) who arrived at 10:00am. The team remained on site until 3.30pm and engaged actively with residents, staff, and relatives between 10:00am and 3pm.

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

As the registered manager was on leave on the day of the visit, their interview was conducted in advance. The owner of the home, affectionately known as “Matron”, was present on the day and upon arrival, welcomed the team and confirmed the visit arrangements. The owner facilitated a thorough tour of the home and gave the team full access to all areas for the duration of 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 as well as the lunch service.

We were advised in advance that many of the residents did not have capacity to reliably give consent and conduct an interview, so those that were able to take part (n=6) were identified to our team. Residents, who were assessed as having capacity, 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.

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 ensure all observations were captured and to reflect on any required adjustments in approach. Staff and relatives were also interviewed using the survey as a basis for this conversation.

Observations were informed by the *Person-centred Observation and Reflection Tool (PORT)*,<sup>4 5</sup> 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.

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.

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<sup>4</sup> [The Person-Centred Observation and Reflection Tool | Leeds Beckett University](#)

<sup>5</sup> [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](#)

## Overview of Data Collection Tools Utilised

Evidence Source	Method	Tool	Key Focus
Residents (6)	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 (2)	Survey or Interview	Paper or Smart Survey	Satisfaction, Communication, Involvement
Staff (12)	Survey or Interview	Paper or Smart Survey	Workforce culture, Care approach

# 4 Service Overview

## 4.1 Overview

West Lodge is a dual registered nursing and residential care home offering accommodation and personal care for up to 24 people, currently home to 22 individuals. It is situated in a residential area, on a main route out of Nottingham City, 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, Hucknall, Sutton, and Mansfield. Nottingham City Centre offers further transport options via tram and train.

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

- Accommodation for persons who require nursing or personal care
- Treatment of disease, disorder or injury
- Dementia
- Physical disabilities

The registered manager, Stephanie Smith has worked at West Lodge since December 2024 and was established in post to assist in improving the Care Quality Commission (CQC) ratings.

The most recent assessment by the CQC was carried out on 10 February 2025, and the home was assessed to be “Good” in all areas; a marked improvement on the last rating of “Requires Improvement”, assessed in October 2024.

## 4.2 Demographics

On the day of our visit there were 22 people living at the home, although two were not present on the day for different reasons. Their ages ranged from 48 to 91, and

none were receiving end of life care. As this is a nursing home, most of the residents were either living with a long term health condition and/or various stages of Dementia. This meant that there was a limited number of people capable of providing informed consent to be interviewed.

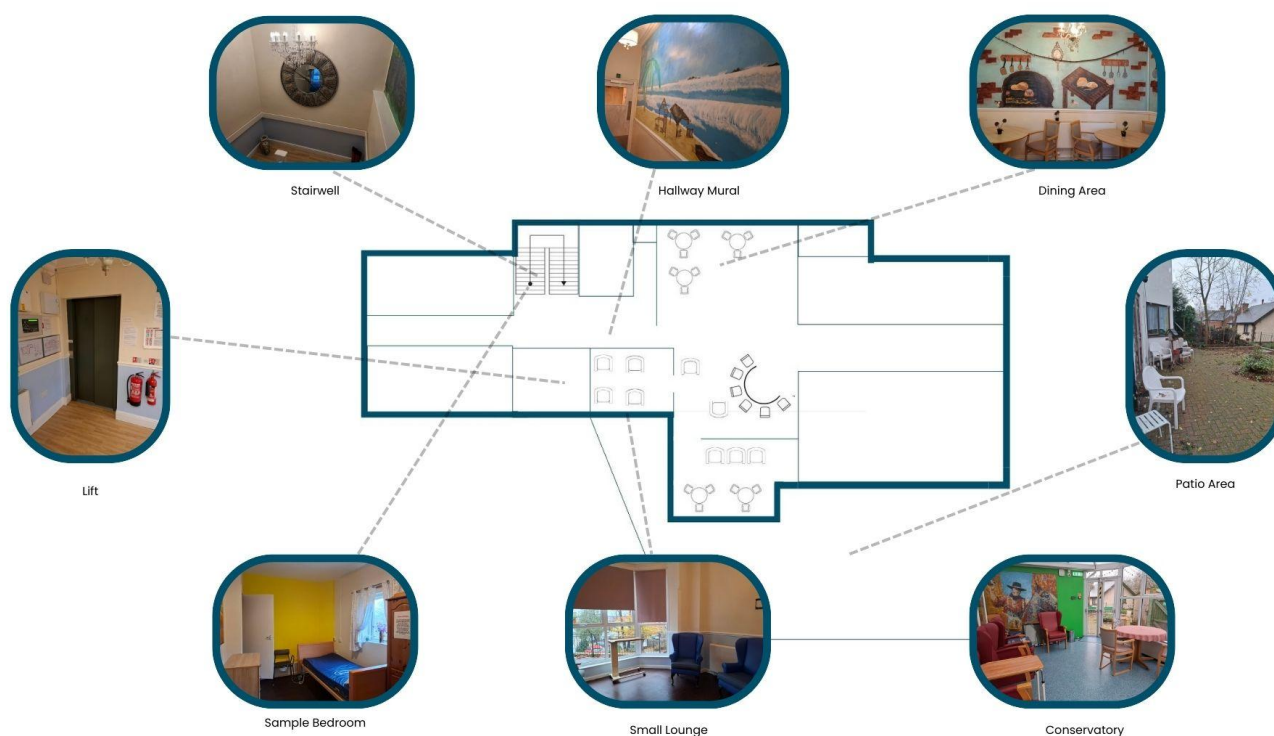
HWNN receives information about a wealth of different health and social care services across the city and county. We chose this home as we were told they had a history of catering for a diverse population and so we wanted to explore what practices supported cultural diversity within the limited budget afforded to social care providers. Based on information provided by the home following the visit, residents were described as coming from a range of cultural and ethnic backgrounds: half (n=11) were identified as White British, with others described as Afro Caribbean (n=8), Persian (n=1), Spanish (n=1), and Polish (n=1). With 20 of these residents having their care funded by the local authority leaving only 2 paying for their care privately (self-funders).

Of the 6 residents we interviewed:

- Age Range: 79 to 91
- Gender: 5 Males, 1 Female
- Religion: 2 No religion, 1 Christian, 1 Methodist, 1 Catholic, 1 chose not to answer
- Ethnicity: 4 White British, 2 Afro Caribbean

## 4.3 Premises

West Lodge is a period style property offering accommodation over 3 floors with resident bedrooms on all floors and the main communal areas located on the first floor. As this is not a purpose built home like many care homes, the building layout has been adapted to meet the needs of its residents. The main corridors are enclosed with no natural light, so they do feel narrow, however they are wide enough to support accessibility for people with reduced mobility. The property has a centrally located stairwell and benefits from a lift, that whilst small, is suitable for wheelchair users. Inside the home, there was no evidence of strong odours or hygiene concerns. The environment appeared clean and felt homely.



# 5 Summary of Findings

## 5.1 Overview

This section of the report explores each of the different areas as stated in our purpose (spiritual & cultural life, social life & connection) as well as themes emerging from the overall experience from the perspective of the residents, alongside feedback from relatives, staff, and key observations made by our team. The final section gives feedback on other areas highlighted by staff, relatives and our team.

## 5.2 Spiritual & Cultural Life

It was acknowledged that residents' conditions can impact the delivery of spiritual and cultural support and knowing whether this has been received well:

*"Some residents behaviour is challenging, and you just have to try and learn what different things mean"*

**Staff Member**

Culture and spirituality take on many different forms depending on the person's beliefs, experiences and opportunities. For some, it is clearly rooted in traditional practices such as organised religion, for others this could be as simple as embracing a resident's love of a *"nice cup of tea"* or accommodating their specific lifestyle to the best of their abilities.

*"They [West Lodge] bend over backwards to understand his boat life"*

**Relative**

We found that West Lodge was able to cater well for its residents by understanding what matters to them the most and making it standard practice to approach everyone's care with openness and curiosity.

*"Residents are diverse so have different needs and came from different cultures [so we] talk to the family to develop care plan."*

**Staff Member**

During interviews, we asked residents about their spiritual and cultural life and how West Lodge supported them. The main areas residents talked about were:

**Religious Visitors:** Residents described how they valued the home supporting their beliefs by facilitating visits from different faith leaders giving them an opportunity to engage in familiar rituals:

*"The Church comes, they visit and I join in the prayers"*

The home demonstrates inclusivity and respect for the resident's beliefs by offering residents the choice:

*"The home did offer to have a priest visit if I wanted one"*

Relatives also commented:

*"The church side of things are great and glad he has offered that"*

**Cultural Celebrations:** Residents spoke about the different celebrations the home observes which included religious festivals such as Christmas, however wider celebrations were also welcomed:

*"The birthdays are nice, and everyone gets a celebration"*

*"I appreciated the home observing the two minutes silence"*

Not all residents welcome these celebrations, as staff also highlighted that the resident's declining condition is the top barrier in supporting their cultural or spiritual needs. One staff member told us:

*"I feel bad for ones with Dementia as they don't know."*

**Inclusive Dining:** Residents spoke warmly about the menu on offer at this home and found comfort in being provided with meals and dietary choices that reflected their individual backgrounds and their traditional practices:

*"I drink coconut water, I like drinking coconut water, they get me that"*  
Resident

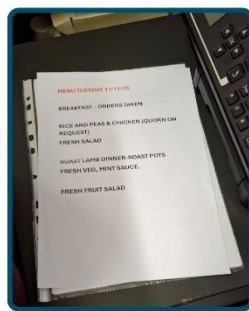
Relatives echoed this sentiment:

*"They make sure they cook cultural food, so I know he's getting that. Food is important and they are very strong about that"*

One resident also explained how they appreciated how accommodating the home were, when their preferences changed and they no longer wanted to eat meat.

Food was also mentioned frequently by staff, stating that this is the most important thing for residents at this period of their life.

*"Main things are food at this stage. Menu is different cultures. Afro Caribbean, Asian, English, from all over."*



Staff also had an awareness that different cultures and religions have varying needs e.g. *"Muslims don't eat pork, Hindus don't eat beef"*. At the same time welcoming input from the family and friends of the residents, highlighting that *"some families will bring homemade food"*.

What really stood out at West Lodge was the person centred approach by staff

*"To understand the resident culture/values I talk with them about what they used to do, where they worked"*

*"For one blind resident I have guided his hands over my hijab to help him "see" it"*

All staff interviewed (n=10) agreed that West Lodge supports residents' spiritual and cultural needs "very well" and all were confident in speaking with residents about this. In fact, a large proportion of the staff we spoke to were from different cultures and backgrounds themselves and talked proudly about the spiritual and cultural offerings at West Lodge. The diversity of staff has been embraced and

celebrated by West Lodge allowing both staff and residents to have a richer experience:

*"[The residents] ask me about my religion. I tell them who I am: Muslim; then ask about them. Whether that be Jesus or their God. I am encouraged to share this and be open with residents"*

Matron also shared how the home supports different cultural practices around end of life. For example, some cultures choose immediate burial, so the home invites families to stay with their loved one in their final moments and offers space for them to remain overnight. This approach shows respect for cultural expectations and helps families feel supported at a very difficult time.

## Observations

We noticed the use of dementia-friendly pictures to help residents understand their choices around food. This is good practice and supports people who may struggle to read text. However, some of the pictures were out of date and did not match the meals being served that day. Updating these would help residents feel even more confident in choosing what they want.



During our time at West Lodge, the visiting team saw a variety of spiritual and cultural artefacts in the communal areas which spoke to the inclusivity and diversity of the home.



This included a framed poster of the lyrics to a popular Christian song “The Blessing”, a “Qibla” which aides Muslims to know which direction to face for their prayers, and a “Djembe” drum which, although has gained global popularity as a musical instrument, carries spiritual and cultural significance for West Africans<sup>6</sup>.

It is important to note that spiritual and cultural life are intertwined with social life and connection. Both relatives and staff identified religious visitors and cultural expression as important aspects of social connection:

*“He is a religious man, and I know they have [the] church coming in. He has strong faith and enjoys the singing. This is important to him.”*

**Relative**

*“I think there's 8 different languages here, with all the cultures it's just magical.”*

**Relative**

This overlap leads naturally into what residents told us about their everyday social life and how connected they feel.

## 5.3 Social Life & Connection

We wanted to find out how well the care home supported the residents to feel socially connected, including what helps or limits that connection. We used a variety of conversation prompts to help us understand this aspect of home life from the resident's perspective. Here's what we heard:

**Connection and Control:** The residents spoke favourably about the choice they are offered when it comes to social life and being included.

*“They ask me where I want to be. That's nice. I like that.”*

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<sup>6</sup> <https://www.afriklens.com/african-drumming-culture-history-spirituality-and-influence/>

Autonomy in this respect is very important to residents, even if it means they *"would rather do [their] own thing instead"*. Staff acknowledged this: *"The resident might not want to [get involved in activities] and that is respected"*. Whilst our team has seen choice being offered in residents' daily routines, some felt isolated. Whether that be from a physically limiting condition: *"It's hard for me to join in because I can't see"*; or because of cognitive differences between residents. One resident told us, *"We're just not the same... we're on a different level"*. Staff also recognised the difficulties associated with declining health of the residents:

*"With Dementia. They don't do anything or can forget where they are or who you are."*

**Everyday Activities:** Residents spoke about the range of activities they liked to do whilst in the home, which for many, enjoyment comes simply from *"watching programs on tv and sitting and watching the comings and goings [out of the window]"*

The conservatory offers a good view of the outside world including the hustle and bustle of the main road. However, we noticed the TV in the main lounge loses connection and becomes pixelated which could have an impact on those residents for whom, it is their main source of activity. We also noticed the TV did not have subtitles showing. Subtitles can make a big difference for residents who are hard of hearing or want to follow a programme when the sound is turned down during other activities, such as music or dancing.



A few other activities were mentioned by some, including dominoes and playing cards.

One resident highlighted they enjoy the staff dancing and likes to join in with them when they do. This was reinforced by our person centred observations where we saw many of the cognitively impaired residents sat together in the lounge, as staff danced to music, encouraging other residents to join in with them. We did see one

resident who showed clear signs of agitation towards staff in the morning due to her condition, later engaged in this activity moving her hands and feet whilst smiling and humming to music she recognised. In fact, staff told us that this is also a good way to get people to exercise:

*"They don't like exercises, so dancing is a good way to do that."*

There was also reference to activities outside of the home such as walking to the local shops in good weather. This did not appear to happen as often as some would like. One resident told us:

*"I would like to go out more, haven't gone anywhere for ages."*

The registered manager alluded to the fact they would like to take the residents out more, but this is restricted by limited funding to pay for suitable transport and additional staff time, something relatives also acknowledged:

*"Some places can take them out but it's not easy with funding and staffing."*

**Staying Connected:** Residents told us that support from their families is a key factor in helping them feel socially active and connected. Some residents go on holidays with their family, whilst others *"have been able ... to take [them] out for meals and to the pub"*. West Lodge also nurtures friendships within the home: we witnessed staff encouraging people to engage with each other. One resident told us:

*"There's 1 or 2 people here I talk to"*

We were told by the home, prior to the visit, that many of the residents don't have visitors. However, we were pleased to hear that some do keep in touch using the telephone where possible. Half of the residents we interviewed (n=3) specifically mentioned using the telephone to stay connected with their friends and family, with staff supporting them when needed.

*"I lived in [a different country] and my phone helps me stay connected to everyone back there"*

*Resident*

One relative supported this:

*"Sometimes he'll ring in the middle of the night just to chat."*

We asked staff for their opinion on how well the home supports residents to stay socially connected and 90% (n=9) rated West Lodge positively. We also asked if staff felt they had enough time to talk or spend time with residents outside of normal care duties, 70% (n=7) advised "Always" or "Often", the remaining 30% (n=3) were more conservative stating only "Sometimes" or "Rarely".

Time pressures can also shape how connected residents feel. Although fully staffed, it is important to note that the perceived lack of time the staff have, can have an impact on those with higher capacity. Our team noticed during our person centred observations that the staff did not give these residents as much attention as they may like. One resident explained during their interview:

*"There is nothing for me to do. I spend my time just sat"*

This highlights a gap between residents who need high support and those who are more independent.

## Observations

We noticed that there was an activity planner on display in the dining area however this was out of date. The registered manager explained that they no longer employ a specific activities coordinator and that this is part of everyone's role. She also explained there are challenges in providing structured activities for the whole group due to varying capacity and care needs. Whilst we acknowledge that structured activities can be challenging to provide, in an environment with such varying levels of support and communication needs, there is a risk those needing less support will be socially isolated.

## 5.4 Overall Experience

As we had explored specific topics (spiritual & cultural life and social life & connection) during the conversation, it was inevitable that these would feature throughout the interview. Therefore, in this section we aimed to focus on the emotional impact these have on the resident's overall wellbeing and experience.

We asked residents about their day to day life at West Lodge including what feels comfortable and what could feel better. We also explored how residents felt about the people looking after them. Residents told us that the most important aspects in this area were:

**Caring Staff:** Residents explained how the kindness and warmth of the staff impacted their daily lives positively, with this being the most mentioned aspect of daily life at the home.

One resident described the staff as friendly, sympathetic and *"always make you feel good"*. Whereas another resident wanted the staff to have greater recognition for the work they do:

*"it's not easy, it's not for everyone...you know most people can't do it... they deserve every penny, if not more."*

**Living with change:** This emerged as a core theme of everyday life at the home. Residents acknowledged that despite appreciating the support they receive from the staff at West Lodge and retaining autonomy, adjusting to living in an institution has its challenges. One resident explained that, whilst not wanting to sound ungrateful, they missed the ability to do his own chores such as cooking and cleaning. Another resident described the difficulty they had adjusting to life at the home initially but with the support of the staff came to terms with, and accepted their situation:

*"For the whole first week I said I want to go home every day. But I can't look after myself at home."*

Residents reported feeling safe at the home, which is vital to their emotional wellbeing, however some struggled with varying cognitive abilities of their peers:

*"I don't really feel like I fit in with anyone, it's not my scene".*

**Stimulation versus isolation:** How the residents experience time at the home was another major theme to arise from both interviews and the person centred observations.

Given that West lodge offers nursing care, there is a natural demand for staff to attend to varying levels of care and behavioural needs which can prevent them

from spending quality time with each of the residents. We noticed that staff regularly checked on residents and actively encouraged them to spend time together in communal areas. This helped residents stay stimulated and supported a sense of community. This also means the staff are not geographically spread around the home, allowing them to devote more attention to a larger number of people at the same time than if they were all in their separate rooms. This method seemed very effective for the majority. Although one resident offered an explanation as to why this approach does not work for everyone:

*"The staff do check to see if I would like to go to the lounge, but I decline due to the people there being geriatric"*

## Observations

It is clear the staff team are kind, compassionate and go above and beyond providing basic care to enrich the lives of the residents they support. This does not diminish the fact the residents are living in an institution which takes time to adjust to and can have an emotional impact on them. Therefore, although not without its challenges, it is of the utmost importance to provide opportunities for suitable stimulation and engagement.

## 5.5 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 West 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. The relatives we spoke to, also reported the home to be responsive to any queries they have had.

## Staff Satisfaction

To provide a caring and nurturing environment for residents, staff must feel supported and satisfied in their own roles. In the last year, West Lodge has seen changes in management with a focus on improving the standards of care. This has been successful as evidenced by the improvement in their overall CQC rating in February 2025 from Requires Improvement to Good.



This regulatory focus will naturally have an impact on the staff who have been employed throughout the duration of this transitional period: only one member of staff was new to the home having started within 3 months of our visit with the remaining 90% (n=9) having worked at West Lodge for over 3 years. However, this focus does not appear to have negatively affected the staff morale as all staff who answered (n=9), advised they felt supported in their roles to deliver the best care possible and would recommend the home to a loved one.

*"It's a good team, I hope it stays as good as it is now"*

Staff Member

In addition, most staff feel confident to approach the management team with new ideas or concerns which speaks to the approachability and open communication fostered at this site.

*"If you see something or need something I am happy to talk to management!"*

When we asked the staff what helps deliver the best service it was clear to see that teamwork was valued above all else:

*"Support from each other in the team. Without it the job wouldn't be done properly!"*

The person centred approach of the staff, again, stood out:

*"I am motivated and passion driven. I just want to take care of them like I would my parents back home."*

There are always challenges in delivering care and the staff identified the top barrier to be the challenging behaviour of residents, which is to be expected in a setting such as this. This can reduce the time staff have available to complete their core duties and makes it harder for them to consistently spend time with residents beyond basic care tasks.

West Lodge is known for its cultural diversity among both residents and its workforce. It was highlighted that diversity among staff can cause communication challenges; language barriers amongst the workforce make it harder for management to maintain paperwork to document the standard of care being delivered. However, it also increases the cultural competency of staff. It can be argued that the benefits this brings to quality of life for the residents, outweighs the challenges associated in hiring a diverse workforce.

*"Diverse cultures. That diversity makes it easier for us to work together. We respect each other and our values"*

**Staff member**

## Financial Constraints

The registered manager and owner noted that funding per resident can be restrictive. While the owner shared examples of making additional purchases to support residents' quality of life, she also reflected that this is not a long-term solution and has become harder to sustain, particularly as community donations have declined over time. This provides important context when considering the pressures on providers supporting diverse resident needs.

The home also supports different cultural expectations around end of life, including allowing families to stay overnight when a loved one is in their final moments. This is a valued part of their approach, but it does add to the financial and staffing pressures already described.

Funding was also raised as a concern when we explored resident's Social Life & Connection in Section 5.3. With the home predominately catering for people funded by the local authority, it raises a question as to whether the amount awarded by the commissioners, per person, for residential social care is sufficient, especially for providers with a more diverse population.

## Relatives Overall Impression

As only 2 relatives were available to be interviewed for this visit, we have not included any ratings in this section. Nonetheless, both stated they felt welcome at the home and would recommend the care home to other families. It was clear that family and friends valued the family feel created at West Lodge:

*"It feels like coming into a family situation."*

*"They try to make it a home from home"*

This sentiment was endorsed by the staff themselves:

*"We are very close. Matron is like mum"*

Out of all the feedback we received, the significant feature was the quality of care being delivered at the home.

*"The Carers do actually care and that's the most important thing."*

Relative

# 6 Conclusion & Recommendations

West Lodge provides a warm, caring, and culturally aware environment. Residents generally feel safe, respected, and supported, with staff showing kindness and attentiveness across daily life. The home demonstrates good practice in many areas, particularly in spiritual and cultural support, social connection, and workforce stability.

Residents benefit from staff who take time to understand individual needs, including cultural preferences, dietary requirements, and social interests. The diverse workforce strengthens understanding and helps residents feel included. Religious visitors, celebrations, and culturally appropriate food were appreciated, creating a sense of belonging and respect.

At the same time, a few practical issues limit the experience for some residents. Residents with greater independence sometimes feel less stimulated, and technical issues or gaps in activity planning can reduce engagement. Adjusting to life in a care home remains a challenge for some, affecting their emotional wellbeing and sense of autonomy.

To build on these strengths and address small gaps, HWNN recommends the following practical actions:

## Spiritual & Cultural Life

**Recommendation 1: Update and maintain dementia-friendly menu displays.**

Ensure the pictures match daily meals and refresh them regularly so residents can make confident choices.

## Social Life & Connection

**Recommendation 2: Fix the main lounge TV and enable subtitles.**

Prioritise resolving the TV connection issues in the main lounge so that programs are displayed clearly and without interruption. This will benefit those for whom it is their main source of stimulation. In addition, subtitles support residents who are hard of hearing or when sound is reduced during shared activities.

**Recommendation 3: Keep the activities planner up to date and introduce simple, regular structured sessions.**

Predictable activities, such as weekly card games, gentle walks, or news chats, help reduce isolation and offer stimulation for residents who are more independent.

## Overall Experience

**Recommendation 4: Consider personalised engagement approaches to support the emotional wellbeing of residents who do not engage in communal activities.**

Alongside the regular checks and community-focused approaches already in place, this helps ensure residents who do not engage in communal activities still experience meaningful connection in ways that suit them.

## Workforce & Culture

Staff teamwork, communication, stability, and cultural diversity are clear strengths. No immediate recommendations are required here, but continuing to support staff wellbeing and engagement will maintain this positive culture.

West Lodge shows a caring, inclusive environment where residents feel understood and respected. By implementing these small, achievable improvements, the home can ensure all residents, regardless of their independence, health needs, or cultural background, continue to feel connected, included, and supported to live well.

# 7 Service provider response

Thank you for the report, which I feel was good. The following have been addressed:

- Activities are the responsibility for every member of staff – we have an activity planner which is published and available for all to see. We have a wide variety of activities/games/both individual and group activity e.g. they love chocolate Bingo which is played weekly – Friday pm and or on request from residents. Biscuit decorating with icing etc. Dominoes is always a winner – I like to challenge some of the residents as I like to play (and win)!!
- Some residents do have more individualised activities – one who is younger likes to go into Nottingham on the bus with a carer – they go to Costa, then shop, they usually go out for lunch more shopping --(spending is this particular resident love!) This resident loves it and returns a different person!– spring /summer this is a weekly activity – less so in cold inclement weather. However, she did go to see the Christmas lights and the Christmas market.
- Community church approached and some of the residents now visit the local church for the regular coffee meetings on alternate Thursdays– everyone enjoys this.
- Another resident likes to go out to the Bingo in the evening – this is facilitated when he requests, again he really enjoys the social aspect.
- Menu is updated seasonally, published for all to see. The Chef attends each resident pre mealtimes to offer a choice, some use a pictorial chart to choose, some see plates set out i.e. two hot meal choices lunch time. Breakfast has a large choice of home-made foods–cereal, toast, porridge – a favourite, cooked breakfast is always available e.g. Full English, eggs on toast, tomatoes on toast. French toast, croissant jam etc– diabetic diets are available as required. All food at west lodge is freshly made by our chef, No frozen ready meals are served here. Good portion size is offered and 'seconds 'are often requested! Each resident has a favourite food, so these are incorporated into the menus monthly. If the residents do not want the meals that is offered a call order will be accommodated.

- New TV ordered for the main lounge; a smaller TV is now in the small 'quiet lounge' for those who prefer a quieter relax watching TV.
- The management and staff found this experience informative and rewarding for us and for our lovely residents.

Stephanie Smith – Registered Manager

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