

Report & Recommendation Response Form

Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012.

Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions 2013 Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by Local Healthwatch to a service provider.

If there is a nil response, please provide an explanation for this within the statutory 20 days.

Report submitted:

Report sent to	Sade Kur	
Date sent	24/04/2026	
Report title	Enter & View: Hatton Grove	

Date of response provided	22/05/2026	
Please outline your general response if applicable	See responses below	

production of personalised door signage and communal area signs, fostering both independence and a strong sense of belonging.

- We will update any fire evacuation posters with missing information

was followed effectively on the day of the Authorised Representatives' visit.

At the time of inspection, clear signage was displayed on the original front door to guide visitors to the main entrance. The service name board is positioned on a wall at the end of the main pathway, providing visibility as visitors approach the entrance.

Each flat is clearly identified by lettered signage. This was implemented by the manager over a year ago to improve orientation for residents, staff, and visitors.

All fire exits are clearly marked and compliant, as confirmed by the service's external fire risk assessment. Some exits are not signposted where they are not wheelchair accessible, in line with their intended use.

The home has introduced a monthly newsletter to improve communication with families and stakeholders.

Recommendation 4: Assess the outcome and user feedback after some time to identify the effectiveness of this approach.

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Activity & Engagement

We were told there are no resident meetings taking place in the home. In addition, some staff members suggested arranging more indoor and outdoor activities. Residents who can go out to attend community activities could benefit from visits to zoos or local museums. Residents who remain inside could do with some more in-house activities tailored to their needs and capabilities.

- We will introduce and improve visual menu planners to better support residents' understanding and choice.
- The frequency of carers' meetings will be increased to promote consistent engagement and collaboration with families.

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We are optimistic and forward-looking in our approach to engagement and inclusion.

- The revised resident meeting format will continue to be embedded and evaluated, with feedback actively informing ongoing improvements.
- Future meetings will provide structured opportunities to discuss a range of themes,

held annually. The last meeting was in December 2025

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It is important to clarify that resident meetings are in place within the service. At the time of the Healthwatch visit, the designated staff member responsible for facilitating these meetings was on duty but was not interviewed.

The Healthwatch report indicate the importance of promoting and sharing information about the activities which

Recommendation 5: Arrange a regular residents' meeting to allow a space to raise questions or concerns and discuss improvements to areas such as activities or meals, for those who have capacity.

Alternatively, for those who do not have capacity, invite their friends and families to share their views.

Recommendation 6: Residents who are bedbound or do not have the capacity to engage with group activities should have a tailored activity plan to meet their needs.

including activities, meals, and service development. For residents unable to participate, we will actively involve families and representatives.

- Care plans and personal goal planning will remain central to shaping meaningful, individualised activity programmes.
- We will continue to evidence engagement through activity logs and visual displays.
- We are particularly excited about the forthcoming opening of the Platinum Jubilee Centre in Hillingdon and the new opportunities it will offer our residents for community participation.

take place in the care home for residents staff and visitors

There is documented evidence of regular resident meetings. These have evolved in response to feedback and are now held in smaller group formats with representatives from each flat. Communication cards are used to maximise participation, particularly for individuals with communication needs.

Where residents lack capacity, their views are captured through person-centred care planning, review meetings, and best-interest decision-making processes involving carers and advocates.

Residents benefit from a varied programme of activities, including coffee mornings, sensory sessions, and therapeutic aromatherapy delivered by a visiting specialist over the past nine months. Social events are regularly organised to celebrate key occasions such as birthdays, Christmas,

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Risk Management Safeguarding & Falls

A safeguarding incident involving an unwitnessed fall resulted in a fracture that was not immediately identified. Although actions have been taken, this highlights the need for more proactive monitoring following incidents.

Recommendation 8: Introduce a formal post-fall protocol requiring immediate clinical assessment and ongoing monitoring of residents following any fall, particularly for those at high risk, to ensure timely identification of injuries

supplier's performance fails improve
Continued poor performance will

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We are committed to continuous improvement in safety practices.

- Post-fall protocols will be reviewed to ensure full alignment with best practice guidance.

A dedicated Falls Champion will be introduced to strengthen oversight, promote awareness, and drive preventative strategies

performance with the clear understanding that an alternative supplier would be found if the service did not improve

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A Section 42 safeguarding meeting was convened in response to the fall referenced in the report, and all agreed actions have been fully implemented.

The service maintains a detailed falls log and systematically reviews incidents to identify trends and implement preventative measures. Risk assessments are updated promptly following any incident or near miss.

Falls are currently monitored through logs, motion sensors, and increased supervision for high-risk residents.

Recommendation 9: Continue to expand the use of preventative measures and review falls data regularly to identify patterns and implement further targeted interventions.

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Staff support and wellbeing and management

A staff member required us to explain what safeguarding is before answering the question on how to raise a safeguarding alert. Another staff member wished they had more time to go through the training.

Recommendation 10: Allow adequate time for staff training to improve learning and ensure understanding. It could be a good idea to collect feedback

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We are confident in our ability to further strengthen staff development and support.

- A staff survey will be introduced to gather feedback on training experiences and identify opportunities for improvement.
- Training time will be protected and prioritised to ensure meaningful learning and confidence in practice.
- Recognising the physical demands of care work, we will

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All staff, including agency workers, are expected to have a clear understanding of safeguarding principles and complete regular refresher training. It is therefore disappointing that this was not demonstrated during the visit.

The service places strong emphasis on staff training and development. Where challenges arise, these are addressed through supervision. Staff are financially supported to complete training, with particular emphasis on moving and

from staff to identify gaps and areas for improvement

Since staff are required to undertake physically demanding tasks, including hoisting and full personal care, and are supported through training and supervision.

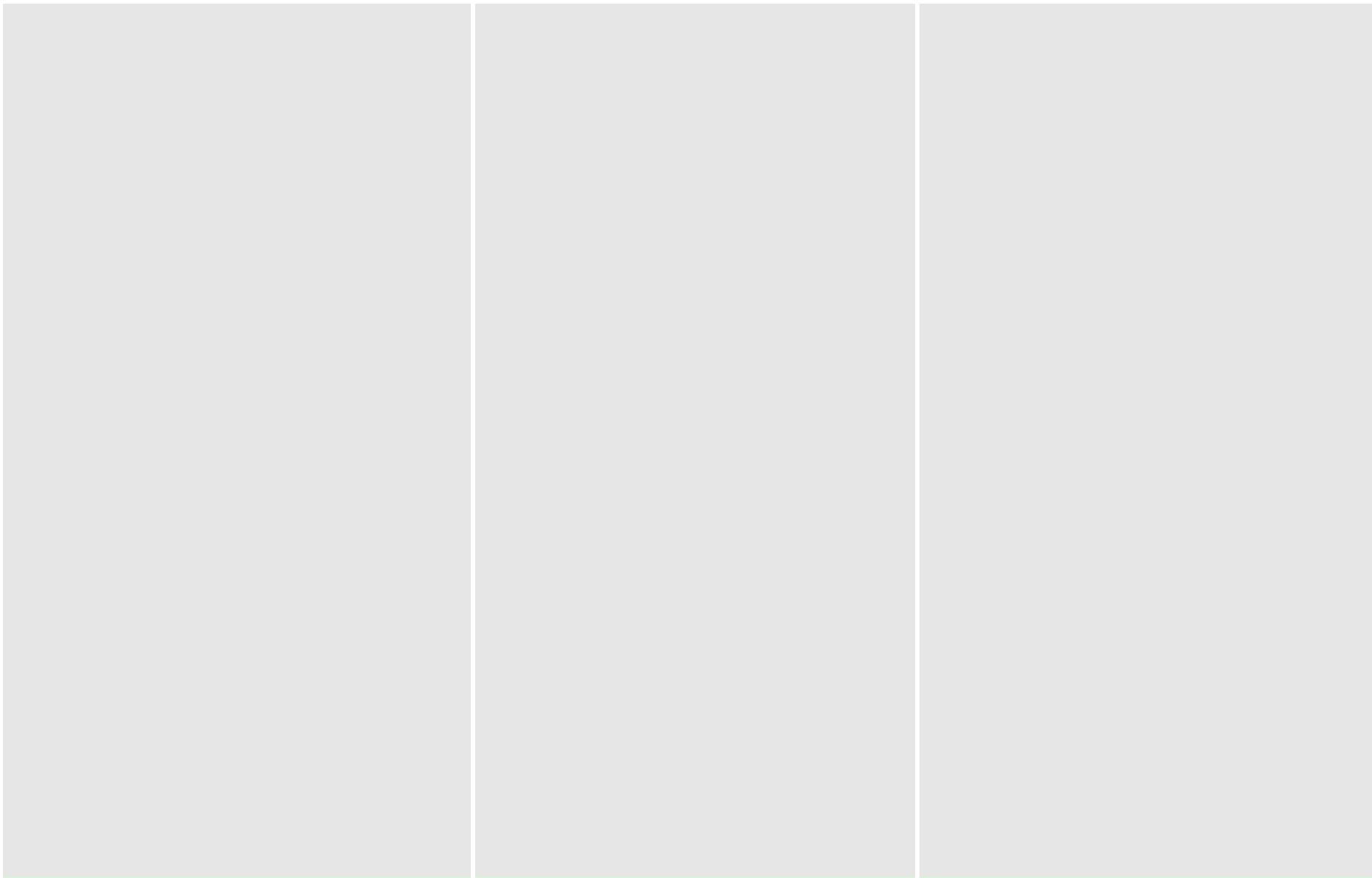
Recommendation 11: Continue to support staff wellbeing by monitoring workload and physical demands and consider additional refresher training in manual handling to reduce the risk of staff injury and fatigue.

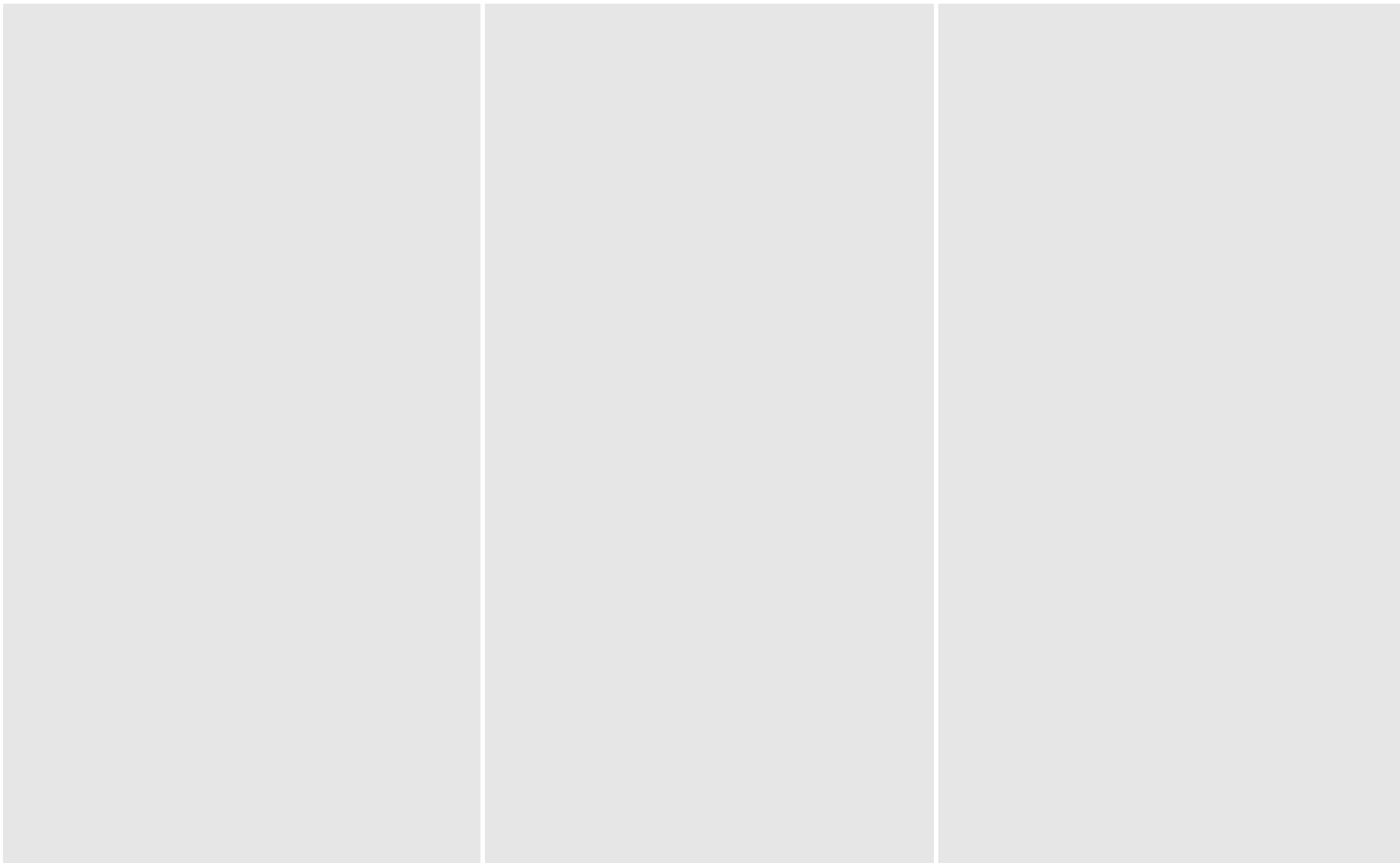
continue to support staff through structured supervision and targeted training.

- Additional competency assessments, including those focused on Mental Capacity and recording/reporting, will be introduced to further enhance standards of care and accountability.

handling due to its importance for both staff and resident safety.

Staff are required to review individual risk assessments and understand the safe use of mobility equipment. Competency assessments are in place to ensure safe practice.





Signed:	Sade Kur	
Name:	Sade Kur	
Position:	Registered Care Home Manager	22/05/20