

Hatton Grove Enter & View Report

11th February 2026



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1. Visit Background

1.1 What is Enter & View

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

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

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

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

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

2.1 Safeguarding

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

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

3.1 Disclaimer

Please note that this report relates to findings observed on the specific date set out. 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.

4.1 Acknowledgements

Healthwatch Hillingdon would like to thank the staff and residents at Hatton Grove for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Representatives, who assisted us in conducting the visit and putting together this report.

The Authorised Representatives spoke to residents and staff. Suggestions have been made on how to improve the service and good practice has been highlighted.



“They know what things I enjoy and support me to keep occupied, safely”- Resident



2. Visit Details

Visit Details	
Service Visited	Hatton Grove, 4 Hatton Grove, West Drayton, UB7 7AU
Registered Manager	Adefolake Kur
Date & Time of Visit	11 th February 2026, 11am-2pm
Status of Visit	Announced
Authorised Representatives	Samreen Nawshin, Sadie Edmondson, Odette Carvalho
Lead Representative	Samreen Nawshin

On February 11th 2026, we visited Hatton Grove in West Drayton in the borough of Hillingdon.

Hatton Grove is an assisted living accommodation for adults with learning disabilities and complex needs with capacity to host 20 residents. There were 18 residents living at the home at the time of our visit.

2.1 Online Feedback

Hatton Grove has one 5-star review on carehome.co.uk.

2.2 Purpose of the Visit

Hatton Grove is currently rated by CQC as *'Requires Improvement'* based on an assessment carried out in October 2024. The home was rated *'Good'* for being Effective, Caring and Responsive, and *'Requires Improvement'* for being Safe and Well-led. The report is available to read [here](#).

3. Executive Summary

This section of the report details the key findings from our observations and the resident and staff feedback collected during our visit, and also captures responses received from friends and families.

Observations

What has worked well

- Reception had a sign-in system and a visitors' book, which we were asked to sign upon arrival.
- Communal areas, such as lounges, were used as activity rooms with TVs and seating. These spaces were accessible for wheelchair users.
- Staff and the manager appeared to know every resident by name. They were actively engaging with the residents and checking and addressing their care needs.
- Medication cabinets were secure and located in the same room as staff lockers. We were told medication is administered by a nurse, who supervises and dispenses doses.
- All bedrooms were decorated and residents had personal items on display.

What has not worked so well

- The home needs overall renovation, and we observed issues such as broken ceiling tiles, bathroom sinks, and uneven flooring that need addressing. We were told that renovations were underway.
- There is limited access to hand washing and sanitising in the bathrooms, including ones in patients' bedrooms, the kitchen and the medication cabinet room.
- There is no external signage directing visitors to the care home entrance. In addition, we observed a lack of signage inside the home. The fire exits, kitchen, bathrooms, communal rooms and residents' rooms were not signposted.
- Noticeboards were cluttered, and the information displayed was not updated. We saw no information about activities, menus, or feedback.

Patient Feedback

What has worked well

- The residents are very satisfied with the cleanliness, staff support, visiting arrangements and the home overall.
- They also reported feeling safe and happy.
- Residents spoke positively about the staff, telling us that the staff take time to get to know residents, are quick to respond to their requests, are aware of their routines, meal preferences and individual care needs
- Residents reported feeling happy with the activities and food provided and the general environment at the home.
- All residents agreed that they feel comfortable asking questions, making requests and raising complaints with the staff.

What has not worked so well

- We were told there are no resident meetings taking place in the home, mostly since many residents don't have full verbal capacity.

Friends & Family Feedback

What has worked well

- Friends and family members spoke positively about the cleanliness of the home and described the environment as peaceful and comfortable.
- Staff were described as friendly, helpful and supportive, with care staff providing reassurance regarding residents' wellbeing.
- Administrative staff were noted to be well organised, particularly in arranging and coordinating visits.
- A comment was made regarding nutrition: a family member requested higher-fat food options to support their loved one's intake when they were reluctant to eat, and they confirmed this request has been met.

What has not worked so well

- In relation to activities, one family member suggested a wider range of options, including reintroducing the sensory room, arranging music events, welcoming visiting pets, and organising themed visits (e.g., a dessert van) linked to activities. This feedback suggests residents may benefit from a broader programme of activities, with opportunities for family involvement where appropriate.

Staff Feedback

What has worked well

- In general, staff are happy working at the home. They expressed satisfaction with the cleanliness, helpfulness and support provided by the management and their direct supervisor, pay, and leave/sick time.
- Staff reported receiving training, such as health and safety and moving and handling, which they find useful in supporting their day-to-day roles. We were also told that staff receive ongoing training.
- All staff said they were aware of safeguarding procedures and knew how to raise safeguarding alerts when required.
- Staff reported being happy with the personal care and support given to residents, and they reported no issues with residents accessing health and social care services.

What has not worked so well

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

4. Full Findings

This section of the report presents detailed information on our observations and resident and staff feedback collected during our visit with responses received from friends and families post visit.

During the visit, we collected responses from 3 residents, 6 staff members, and the Home Manager. Most residents did not have the capacity to speak with us. We then circulated the survey to friends & families through the management team and received 2 responses.

We would like to thank the staff and management for their time and their warm welcome and cooperation.

Observations

During our visit, our team of Authorised Representatives (ARs) made observations on Outside Area and Entrance, General Environment and Communal Spaces, Signage, Safety and Hazard, Activities and Other Information, and Resident Bedrooms.

Outside Area and Entrance

- There is no external signage directing visitors to the care home entrance. Additionally, the entrance was difficult to find due to roadworks and a large van blocking it.
- There was no one at the reception upon our arrival, and some of our team members had to wait outside for some time before being let in.
- Reception had a sign-in system and a visitors' book, which we were asked to sign upon arrival.
- There was a car park in front of the main entrance marked for staff. We did not observe visitor spaces near the main entrance, although the wider complex may have some.

General Environment and Communal Space

- The reception area is quite small and does not seem to be tidy and well-maintained.
- The home needs overall renovation, which we were told is underway. Walls are chipped, paint is peeling off, and damp was observed in rooms and hallways.
- Communal spaces were clean. Bathrooms appeared to be well-kept with clear guidelines and safety protocols. However, the bathrooms were used to store equipment for bedbound residents, making the spaces feel cluttered. Having a dedicated storage area would make it easier for residents and staff.
- In some of the bathrooms, the ceiling tiles were broken or missing, as were some sinks. We were told the staff were aware of this issue and were in the process of getting it fixed.
- There is inconsistent access to hand washing and sanitising in the bathrooms, including ones in patients' bedrooms, and the kitchen.



- Communal areas, such as lounges, were used as activity rooms with TVs and seating. These spaces were accessible for wheelchair users, which is the case for most residents at the home. During our visit, we observed four residents in wheelchairs enjoying TV and singing with the supervision of a staff member.
- Staff and the manager appeared to know every resident by name. They were actively engaging with the residents and checking and addressing their care needs.
- A room called 'Judy's Parlour' is dedicated to a resident who has the capacity to enjoy arts and crafts and prefers to have alone time. While the room was nicely decorated, it also seemed to be used for storage at times.

Signage

- We observed a lack of signage in the home. The kitchen, bathrooms, and communal rooms had no labels on the doors.
- No names or pictures of residents were displayed on their bedroom doors.

Safety & Hazard

- Medication cabinets were secure and located in the same room as staff lockers. We were told medication is administered by a nurse, who supervises and dispenses doses.
- During our visit, we observed a damaged ceiling tile in the reception area. It appeared that it could come down at any time, posing a risk to anyone in the reception area.
- In some areas of the home, the flooring seemed uneven.
- Fire exits were not clearly signposted, and fire alarms had no labels on them.
- We observed a randomly placed box/shelf on one of the doorways, which seemed to be out of place. This could pose a safety risk.
- We observed raw meat left in a container on a kitchen counter.
- We observed some internal doors in the home being left open or with a key in the lock. This could pose a risk to residents who are able to move around the home.



Activities and Other Information

- Noticeboards were cluttered and placed all along the downstairs hallway; a designated board area may be more effective.
- The information displayed had not been updated and the activities board did not clearly display which activities occur each day.
- We did not see mealtimes or menus on display in kitchens.

Resident Bedrooms

- All bedrooms were decorated and residents had personal items on display.



Resident Feedback

We spoke with 3 residents during our visit. Most residents in the home lack verbal capacity to provide feedback, and many are bedbound. However, the residents we spoke with were able to communicate with us using a few words and short phrases.

This section of the report contains a summary of the feedback received.

General

- The residents are very satisfied with the cleanliness, staff support, visiting arrangements and the home overall.
- The length of stay for the residents we spoke with ranged from 5 to 10 years.
- Residents reported feeling safe and happy at the home. They were given an orientation of the home when they first arrived.

Staff

- Residents are happy with the staff. They described staff as supportive and helpful, and that they take time to get to know residents to meet their needs.
- We were told that staff respond quickly to residents' requests, even though some residents have some communication issues. The staff are

also aware of their routines, meal preferences and individual care needs, such as medication.

Activities

- Residents told us they participate in and enjoy activities such as listening to music, singing, taking trips outside, and watching TV in the communal rooms.
- A resident told us they have a personal activity room, which is separate from their bedroom, with puzzles, games, family photos, a desk, and other belongings. The resident also mentioned enjoying going to parks and would like to do so occasionally.
- Another resident told us they have an activity coordinator and a weekly activity schedule, which the staff take them to. They told us the activities provided are very good.

Environment and Food

- The residents are happy with the environment at the home and described it as "homely".
- The residents are happy with the food provided to them.
- They did not have any suggestions for improvements.

Feedback and Complaints

- Residents agreed that they feel comfortable asking questions, making requests and complaints to the staff.
- We were told there are no resident meetings taking place in the home, as majority lack capacity.

Friends & Family Feedback

As we did not have any visitors at the house on the day of our visit, we shared the survey with the friends & families of the residents through the home's management team. Families were emailed the questionnaire and given two weeks to respond. The manager of the home then emailed us the feedback of those who wanted to share their feedback.

This section of the report contains a summary of the feedback received.

General

- Overall, feedback from friends and family members was positive, with the home described as calm, welcoming and well-maintained.

- Visiting arrangements were reported to be well organised, with administrative staff supporting with efficient scheduling and communication.

Staff

- Friends and family members spoke highly of staff, describing them as friendly, approachable and supportive.
- Care staff were praised for their attentiveness and for keeping families informed about residents' health and wellbeing.

Activities

- One family member suggested expanding the range of activities, which indicates that residents may benefit from a more varied activity programme, with greater opportunities for family involvement where appropriate.

Environment and Food

- Cleanliness was highlighted as a key strength, contributing to a comfortable and pleasant environment.
- A comment was made regarding nutrition: a family member requested higher-fat food options to support their loved one's intake when they were reluctant to eat, and they confirmed this request has been met.

Feedback and Complaints

- No concerns were raised regarding the complaints process. Feedback suggests that communication between staff and families is clear and effective.

Staff Feedback

We spoke with 6 staff members during our visit. The length of service ranged from 6 months to 4 years. Some staff members are employed through an agency.

This section of the report contains a summary of the feedback received.

General

- In general, staff are happy working at the home. They expressed satisfaction with the cleanliness, helpfulness and support provided by the management and their direct supervisor, pay, and leave/sick time.

- Staff told us that the managers and agencies review their work and give feedback on their performance verbally and in writing.
- Staff members recalled receiving training, such as health and safety, food hygiene, fire safety, safeguarding and moving and handling, which they find useful in supporting their day-to-day roles. We were also told that staff receive ongoing training.
- All staff said they were aware of safeguarding procedures and knew how to raise safeguarding alerts when required, although none of them mentioned doing so recently.
- One staff member required us to explain what safeguarding is before answering the question on how to raise a safeguarding alert.
- One staff member wished they had more time to go through the training.

Working Environment

- Staff told us they enjoy their work and find colleagues helpful and friendly. Most staff also reported receiving adequate breaks and handover times, although one staff member mentioned additional breaks could be helpful.
- Handovers are given verbally and in writing: for example, medication information and patient information are recorded in the appropriate books. The handovers are given to senior staff who then pass them to incoming staff members.
- Staff reported being happy with the personal care and support given to residents. For example, the staff helps residents to participate in activities such as dancing, music, drawing, and cinema.
- Staff reported no issues in residents accessing health and social care services. Any concerns regarding residents' health are fed back to the manager or nurse, who then arranges for residents to see a GP or a dentist.
- Staff told us that there are no restrictions regarding visitors; they can visit residents at any time. We were told that families usually visit twice a month, although this does not happen with all residents.
- Staff find communication with residents and their families easy, and no obstacles were reported. Staff told us they communicate with residents through signs, body language or by reading their facial expressions.
- Staff reported feeling generally happy after their shift, although they can sometimes feel exhausted.

- One staff member felt the evening shift was not long enough to support their resident, who is a slow eater. They would prefer more time to provide personal care.
- 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.

Management Feedback

We spoke with the Care Home Manager.

This section of the report contains a summary of the feedback received.

General

- The manager explained that the home supports residents with a range of needs, including nursing care, dementia, cognitive decline, and palliative care. Residents range in age from 35 to 85 years old. Many residents are non-verbal or have limited communication abilities and require full support with personal care, mobility, nutrition, and hydration. In addition, several residents have complex clinical needs such as PEG feeding, catheter care, and dysphagia.
- To support these needs, the home uses specialist equipment including hoists, adapted beds and baths, as well as communication aids. The service employs a number of staff members, with nursing staff present on every shift. Staff are required to be physically able to use hoists and provide full personal care, including bathing and showering throughout their shifts.
- The home is registered with two GP practices, and a community matron visits on a weekly basis. Residents are admitted through both referrals and private arrangements, and all new residents undergo a pre-assessment by the nursing team prior to admission.
- Residents have access to a wide range of healthcare services, including GP services with annual health and medication reviews, Speech and Language Therapy (SALT) for dysphagia management, as well as dietitians, physiotherapists, occupational therapists, district nurses, and palliative care services. The service also benefits from the support of a Learning Disability Specialist Nurse, particularly in facilitating safe hospital discharges. Overall, the home demonstrates effective multidisciplinary working and strong access to external healthcare services.

Working Environment and Resident Experience

- Friends and family are welcome to visit residents at any time, although the home generally suggests avoiding mealtimes; otherwise, there are no restrictions on visiting.
- The management told us that residents are encouraged to share their views and preferences. Residents have input into meal choices, and the home is currently changing catering providers. Residents also taste and help decide menu options.
- There is a structured activities schedule supported by an activities coordinator and assistants. Examples shared included resident-led art exhibitions and organised outdoor trips.
- Residents' choices, preferences, likes and dislikes are identified through pre-assessed and reflected in their care plans. If a resident lacks capacity to express their wishes, family and friends are also approached to contribute to the care plan.
- The home also recognises and supports residents' cultural and religious needs. This includes providing culturally appropriate food options and celebrating important holidays and festivals that are meaningful to residents.

Meals and Nutrition

- Residents' dietary needs are managed through individualised care plans that clearly outline their nutritional requirements and any associated risks. Where appropriate, residents are supported by Speech and Language Therapy (SALT), particularly those identified as being at risk of choking or aspiration. The home also uses adaptive equipment, such as specialist cutlery and cups, to ensure residents are able to eat and drink safely.
- Residents are supported to make choices about their meals through the use of visual aids and through staff understanding of their individual preferences. For residents who are non-verbal or have limited communication abilities, staff rely on observation and familiarity with behaviours and reactions to guide decision making.
- Overall, nutritional care is well managed and tailored to meet the needs of residents, particularly those with complex feeding requirements.

Medication Management

- The manager identified ongoing issues with medication supply from the pharmacy provider. These are being addressed through regular service level agreement (SLA) meetings and ongoing monitoring of pharmacy performance.

Risk Management, Safeguarding and Falls

- Daily environmental and safety checks are conducted by staff and overseen by the Duty Senior. Issues are escalated to the local authority facilities management team, if identified.
- The manager reported a safeguarding incident involving an unwitnessed fall resulting in a fracture, which was not immediately identified. The outcome concluded unintentional neglect, leading to updated risk assessments and new protocol to call emergency services following any fall for high-risk residents.
- Falls are monitored through incident logs, and preventative measures have been implemented, including the use of motion sensors (telecare) and increased supervision, such as 1:1 support where required. While safeguarding systems are in place, this incident highlights the need for more proactive clinical observation and timely escalation following falls.

Complaints and Governance

- The complaints process is shared with residents, families, and staff, and is clearly displayed within the home. It is also discussed during meetings to ensure awareness and accessibility.
- The service notifies commissioners of any upheld complaints and ensures that outcomes are shared transparently.

Ongoing Improvements

- The manager reported ongoing renovation work across the home, including improvements to bathrooms, flooring, and windows.
- Communication improvements are also being made. A monthly newsletter has been introduced and is being shared with external partners, friends and family, and the CQC.
- Staff recognition is an active part of the management approach, with staff being acknowledged for their work and offered opportunities for learning and development.
- Issues with pharmacy medication supply are being actively addressed. Regular Service Level Agreement meetings are in place to monitor and improve performance.
- The introduction of telecare/motion sensors and 1:1 night support for high risk residents have shown a reduction in fall frequency.

5. Recommendations

Healthwatch Hillingdon would like to thank the service for the support in arranging our E&V visit.

Based on the analysis of all feedback obtained, we would like to make the following recommendations.

Signage

There is no external signage directing visitors to the care home entrance. In addition, we observed a lack of signage inside the home. The fire exits, kitchen, bathrooms, communal rooms and residents' rooms were not signposted.

Recommendation 1: Install external signage to direct visitors to the main entrance and install internal signage to improve the navigation around the home and to signpost fire exits and alarms for safety.

General Environment and Cleanliness

The home needs overall renovation, and we observed issues such as broken ceiling tiles, bathroom sinks, and uneven flooring that need addressing. We were told that renovations were underway.

Recommendation 2: Implement fixes to the issues highlighted in our report, including the damaged ceiling tiles in the reception area, as a priority to avoid any safety issues. General renovations should also begin soon to improve the overall environment.

Information & Communication

Noticeboards were cluttered, and the information displayed was not updated. We saw no information about activities and food menus.

Recommendation 3: Update and organise the information displayed on noticeboards. The information displayed should include an updated activities schedule and weekly menu.

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.

Activities and 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.

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.

Medication Management

The manager reported ongoing issues with medication supply from the pharmacy provider, which may impact continuity of care if delays persist.

Recommendation 7: Strengthen contingency plans for medication supply issues, including establishing alternative pharmacy arrangements or emergency stock protocols to ensure uninterrupted access to medicines.

Risk Management, Safeguarding and 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.

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.

Staff Support & 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 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.

Glossary of Terms

AR	Authorised Representative
CQC	Care Quality Commission
Enter & View	E&V

Distribution and Comment

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

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



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