

Enter & View Visit Report

Elm Lodge
Nursing & Residential Home
3rd December 2025

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Details of visit

Service address:	18 Stoke Road, Leighton Buzzard, Bedfordshire, LU7 2SW
Service Provider:	Elm Lodge Nursing & Residential Home (Rochemont Care Ltd, a subsidiary of KTN Group)
Date and Time:	Wednesday 3rd December 2025
Authorised Representatives:	Gill Hiscox, Victoria Davies, Alan Jackson, Julie Hoare
Contact details:	Healthwatch Central Bedfordshire Capability House, Wrest Park, Silsoe, Bedfordshire, MK45 4HR Tel: 0300 303 8554

Acknowledgements

Healthwatch Central Bedfordshire (HWCB) would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

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.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being managed and make recommendations where there are areas for improvement. The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and care workers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists 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 – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues however if concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.



Purpose of the visit

- To engage with residents of the care home and understand how dignity is respected and how person-centred care is delivered within the environment.
- Identify examples of good working practice.
- Observe residents and relatives engaging with staff and their surroundings.
- Consult with residents and relatives about their experiences of the environment within the care home and how care is delivered.
- Engage with the care home staff and management team to gather insight into resource, working culture and staff experience.

Strategic drivers

- The timing of this visit was prompted by a request from Central Bedfordshire Council to review and gather insight into the service provided at Elm Lodge.
- Care Quality Commission latest assessment dated April 2023 issued an overall rating of **'requires improvement'**
[Elm Lodge Nursing and Residential Home - Care Quality Commission](#)
- In light of concerns raised about insufficient meaningful activities and resident engagement.
- Responding to varied feedback about food quality and the selection of available menu options.
- To ensure continuing healthcare needs are consistently met.
- Care homes are a Local Healthwatch priority.
- To engage with residents of care homes and their relatives to understand how dignity is being respected.
- To ensure the care provided meets the expected standards.



Methodology

This was an announced Enter and View visit, initially prompted by a request from Central Bedfordshire Council. The visit followed concerns highlighted in the most recent Care Quality Commission report and the new appointment of an Interim Manager.

Healthwatch Central Bedfordshire (HWCB), in its role as an independent organisation, subsequently visited the care home to speak with residents, relatives, staff, and members of the management team.

The home was notified in advance of our visit, with posters supplied to ensure residents and their families were aware of the scheduled date.

Upon arrival, representatives were met by the interim Manager, who then introduced us to members of the management team. The Manager gave a guided tour of the care home and introduced HWCB representatives to staff members. During this tour and throughout our visit, detailed observation of the home with resident and staff experience was recorded.

At the time of the visit, HWCB Representatives conducted interviews with eight members of management and staff, along with three residents. In addition, staff had previously supported residents in completing 17 questionnaires, and relatives had submitted a further 12. This resulted in a total of 40 completed questionnaires.

The staff interviews involved individuals in various roles, including The Interim Manager, Deputy Manager, Head of Housekeeping, Office Manager, Head of Hospitality, Activities Coordinator and Care Assistants.

At the start of our visit at 10am, HWCB Representatives observed a small number of residents seated in the main communal lounge, while the majority remained in their rooms receiving assistance with their morning personal care, including hygiene, grooming, and dressing. By late morning, the communal lounge was full, with residents reading, conversing, watching television, and enjoying hot drinks.

HWCB Representatives also witnessed the Activities Coordinator providing Christmas manicures to several residents, demonstrating good levels of care and positive rapport with genuine interaction.

Summary of findings

Elm Lodge Nursing & Residential Home operates within a three-tier company structure. KTN Group sits at the top of the ownership chain, with control passing through Rochemont Care Ltd to Cambridge Nursing Home Ltd who is the registered provider responsible for day-to-day operations..

Central Bedfordshire Council (CBC) prompted this visit following reports of dissatisfaction regarding care standards and food provision, compounded by a lack of feedback obtainable from residents and relatives.

Elm Lodge provides care for older adults, people with dementia, individuals with physical disabilities, and those with mobility challenges. It delivers a combination of nursing care, residential care, and support for more complex needs where appropriate.

The home has capacity for 64 residents, with all rooms designated for single occupancy. It is currently accommodating 46 residents aged between 68 years and 102 years of age.

Following a change of management and prior to the appointment of the current interim Manager, Elm Lodge initiated a voluntary embargo on accepting any new residents. The rationale behind this was to allow the management and staff to focus on implementing necessary changes identified at that time, ensuring that improvements could be effectively planned, prioritised, and embedded to enhance the quality of care and overall operation of the home.

All residents bedrooms contain a sink with close access to a communal toilet and shower. Approximately a quarter of rooms have en-suite facilities.

Some residents have personalised and furnished their rooms, while others appeared more basic and impersonal. A number of rooms were spacious, featuring bay windows that provided ample natural light and pleasant views. Other rooms were smaller with limited natural light, giving a darker and less inviting appearance. Furniture provided by the home in bedrooms was generally dated and in poor condition, indicating a need for replacement, which could present a potential infection control concern.

All bedrooms are currently carpeted. The flooring requires urgent replacement with a hard, hygienic surface to comply with infection control and care standards. A strong urine odour was noted in several rooms and was detectable in adjoining corridors, highlighting a clear risk to hygiene and infection control. Immediate action is recommended to address this issue and ensure the environment meets expected care standards.

The main communal areas were located on the ground floor and included a large rectangular lounge. The lounge was furnished with ample comfortable and supportive armchairs, constructed from durable, wipeable materials to facilitate effective cleaning and maintain infection control standards. Seating was arranged in a large U-shape to promote social interactions among residents and provide clear sightlines to the television. Additional chairs were positioned around the periphery of the room, offering quieter spaces for residents to read or spend time individually. Multiple windows allowed natural light to fill the room, creating a bright and airy environment.

At the rear of the lounge, a family room was available, furnished with a sofa and safe, comfortable seating around a coffee table. This space enables residents to spend quality time with relatives privately, without needing to retreat to their bedrooms. The family room was observed to be clean, homely, and welcoming.

Behind the lounge is the main dining room, located at the rear of the building with direct level access to the terrace and garden via French doors. HWCB Representatives were informed that, during periods of good weather, residents are able to make use of this open and easily accessible outdoor space. The dining room is furnished with wooden tables, each set for four to six residents, supporting a comfortable and sociable dining experience. Staff reported that residents' visitors are welcomed during mealtimes and are frequently present to assist their loved ones with eating.

HWCB Representatives observed residents in the dining room during lunchtime, where they were served a roast meal. Portion sizes appeared appropriate, a generous selection of vegetables was provided, and the food was observed to be of good quality. The absence of bibs during mealtimes was noted, which supported residents' dignity.

The kitchen, located next to the main dining area, is reaching the end of its functional lifespan and requires replacement to meet current standards and ensure safe, efficient operation. The interim Manager proactively advised us that a replacement kitchen is her top priority.

Next to the kitchen is a storeroom also containing a hot tap. HWCB noted that the door to this room was wedged open presenting a potential hazard to residents who may wander into the room.

Residents bedrooms are located mainly on the ground and first floor. Access to these areas are via stairs and lift.

The lower ground floor provides a dedicated area for residents living with reduced capacity. This space includes bedrooms, a shower room, a quiet lounge overlooking the garden, and a separate dining area with a kitchenette. Having a distinct, calmer environment is important for these residents, as it helps minimise overstimulation, provides a sense of security, and supports routines and activities in a less overwhelming setting.

Elm Lodge was originally built as a large private residence on Stoke Road in Leighton Buzzard, set within grounds of approximately one acre. The original building reflects early 20th-century domestic architecture, however over time, it has been adapted for use as a care home and linked to a purpose-built building extension, constructed to provide additional nursing home capacity.

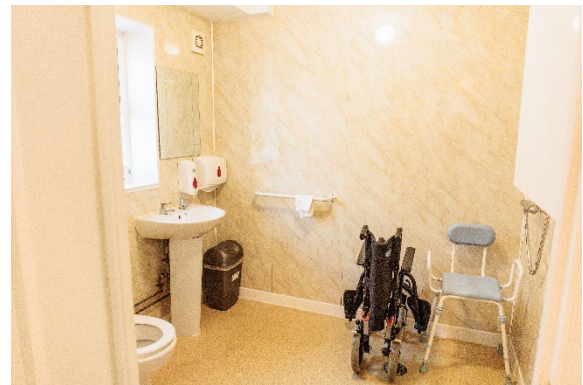
Although located in a suburban area, the home is very close to the town centre and well placed for transport links, local services and community engagement.

A general observation of the premises was carried out, covering key areas including the kitchen, dining rooms, communal lounges, family room, corridors, and a representative selection of resident bedrooms. The observation aimed to

assess the environment in terms of cleanliness, maintenance, safety, accessibility, and suitability for residents' needs.

Particular attention was given to communal and private spaces to evaluate how the layout, furnishings, and general condition support daily care, resident comfort, and infection control measures.

1 Manager	1 Deputy Manager	36 Female Care Workers	4 Male Care Workers
10 Male Residents	36 Female Residents	9 Nursing Staff	1 Male Senior 7 Female Seniors
5 Hospitality Staff	4 Activity Coordinators	Total number of staff on day shift 10	Total number of staff on night shift 7
8 Housekeeping Staff	2 Maintenance Staff	Total number of staff on day shift 11	Total number of staff on night shift 6



Specialist care provided includes:



Results of Visit

Environment

Elm Lodge Nursing & Residential Home is a large building situated on Stoke Road, close to the town centre.



The car park, which accommodates approximately 20 vehicles, is located at the front of the building with direct access from Stoke Road and clear signage. The area is in good condition, comprising a combination of block paving and tarmac, with parking bays clearly defined.

The main entrance is located centrally, where the original period property connects to the purpose-built extension. Although well maintained, the area lacks visual appeal. The introduction of container planting and welcoming signage would enhance its overall warmth and improve the first impression for visitors entering the home.

Access to the home is controlled via a buzzer system at the main entrance, leading into an entrance foyer. A reception/office is positioned directly behind this area and is visible through a glazed window.

The area was clean and well-organised, with space that, while limited, is sufficient to accommodate a wheelchair. The signing-in book was clearly visible, and the Healthwatch Enter & View poster and feedback box were also prominently displayed.

This strategic location of the offices provides clear visibility of visitors entering the building and allows staff to monitor the main entrance for safety. The management team's main offices are also situated in this area, ensuring staff are both accessible and easily identifiable to visitors.

Upon arrival, HWCBC representatives were welcomed by the interim Manager, asked to sign in, and introduced to other members of staff. We were then shown into the family room for initial introductions and to discuss the plan for the day, ensuring our visit aligned with staff routines and residents' preferences. The interim Manager subsequently provided a tour of the building, enabling representatives to make general observations about the environment. Key areas, including the kitchen, dining rooms, communal spaces, and a selection of residents' bedrooms, were viewed. This allowed an assessment of cleanliness, accessibility, and the overall suitability of the facilities in supporting residents' wellbeing and comfort.

General Observations by Representatives

The home is currently accommodating 46 residents, with the capacity to support up to 64 individuals.

A general observation of the premises was undertaken, covering key areas such as the kitchen, dining rooms, communal lounges, family room, corridors, and a representative selection of residents' bedrooms.

It was reported by a number of members of staff that all communal areas are cleaned daily.

The communal lounges, dining rooms, and family room were freshly decorated, clean, tidy, comfortable, and homely. Festive touches, including a Christmas tree and seasonal decorations, contributed to a cheerful and welcoming atmosphere for residents. An activity coordinator was also observed providing Christmas manicures, adding to the sense of enjoyment and engagement during the festive period.



The corridors had been freshly decorated; however, provision of handrails was inconsistent, with some areas equipped and others left without support. In several locations, the handrails that were in place felt noticeably sticky to the touch. This raised concerns about hygiene standards and user experience, indicating a need for more robust and regular cleaning to ensure the environment remains safe and comfortable for patients, visitors, and staff.

There was a noticeable absence of staff seen in the corridors or residents' open bedrooms during the visit, which may have been due to staff attending to morning personal care duties elsewhere. The interim Manager acknowledged this observation and stated that discussions would take place with staff regarding the use of signs on residents' doors to indicate when a staff member is present inside a room with the door closed.

The kitchen is approaching the end of its operational lifespan and would benefit from replacement. With the exception of breakfast, food is not currently prepared on site; for almost a year, the home has been supplied by the UK-based company Apetito, which specialises in providing food services and meal solutions primarily to institutions such as hospitals, care homes, and schools.

Feedback from both residents and staff regarding the quality and variety of food has been mixed. It is recommended that the current provision be reviewed at the earliest opportunity.

During our visit, HWCB representatives observed residents in the dining room at lunchtime, where a roast meal was served. Portion sizes appeared suitable, a generous variety of vegetables was offered, and the food was seen to be of good quality. However, as the food was not sampled by the representatives, we are unable to provide an assessment of its taste.

Staff were attentive and readily available, providing discreet support where required. It was noted that no 'bibs' were in use during mealtime, and residents' dignity appeared maintained throughout.

During the visit, HWCB representatives conducted interviews with a wide range of staff, including the interim Manager, Deputy Manager, Head of Housekeeping, Head of Hospitality, Activities Coordinator, and Office Manager and Carers. These discussions offered valuable insights into daily operations, staff responsibilities, and the overall workplace culture.

All staff members demonstrated a strong commitment to their roles and genuine care and respect for the home and its residents. They emphasised that, above all, **'this is the residents' home first and foremost'**, with the operational aspects of the business being secondary. Staff also expressed appreciation for the leadership of the interim Manager and recognised the positive changes implemented in recent weeks. Overall, they conveyed pride in their work, a sense of teamwork, and a shared focus on maintaining a supportive and welcoming environment for its residents and their family members.

Throughout the communal areas, the building provides ample space and accessibility for wheelchair users and individuals with mobility needs.

All residents' bedroom doors feature coverings designed to resemble the front door to their home. This thoughtful detail reinforces the idea that each room is the resident's personal space, supporting their sense of ownership, privacy, and a homely environment. Additionally, each residents name and photograph is also displayed.

We viewed a selection of residents' bedrooms, which varied significantly in size, layout, and décor. Some rooms were personalised and well-furnished, creating a homely atmosphere, while others were smaller, more basic, and less inviting.

Rooms with bay windows benefited from natural light and pleasant views, whereas those with limited light felt darker. Much of the home-provided furniture was aged and in need of replacement, which could also raise infection control concerns, this was also identified by a number of relatives who told us, *'the furniture in the bedrooms needs modernising'*. Feedback also included, *'it would be encouraging for residents to choose their room colour and for it to be freshly decorated upon arrival'*.

One resident told us, they had *'lived at Elm Lodge for three years and in that time the décor had not been updated and now the paint is peeling'*. In addition, a relative told us, *'a nightlight positioned above the bed for nighttime reading would be really appreciated'*.

Greater consistency in room size, décor, furniture, and access to natural light would improve comfort, homeliness, and the overall living experience for all residents.

We were advised that all bedding is changed daily, or more frequently if required. Bedrooms receive routine cleaning on a daily or near-daily basis. However, staff explained that only the designated *'Resident of the Day'* receives a full deep clean of their room. The rationale for this approach was not made clear, and it raises questions about why deep cleaning is not provided consistently for all residents, particularly given the importance of maintaining high hygiene standards.

All bedrooms currently have carpeted flooring, which requires urgent replacement with a hard, hygienic surface to meet infection control and care standards. A noticeable urine odour was present in several rooms and extended into adjoining corridors, indicating a significant hygiene and infection control concern -

Immediate action is recommended to resolve these issues and ensure the environment aligns with expected care standards.

Staff told us they support residents and their families in personalising bedrooms with familiar belongings, fostering a sense of comfort, identity, and belonging. However, it was evident that some rooms remained standardised and lacked personal touches, although the majority of residents reported satisfaction with their room décor.

All bedrooms are fitted with pressure-relieving mattresses. At the time of our visit, we were advised that a small number of residents were identified as being bed-bound or preferred not to leave their rooms.

Promotion of Privacy, Dignity and Respect

Interaction between Residents and Staff

HWCB representatives noted that residents appeared suitably groomed and dressed, reflecting a good level of personal care and attentive, respectful support from staff.

Staff were identifiable by name badges and wore different colours of uniform dependant on their role and responsibility. Some residents told us they *'know the carers by name'* but others were unaware.

Throughout the home, staff interactions were observed to be warm, attentive, and engaging. Residents were regularly greeted and spoken with as staff moved around the building, providing ongoing support and companionship. For residents who are unable to leave their rooms, staff told us they consistently make a point of calling in to say hello, helping to reduce social isolation and ensure their needs are met, while promoting a sense of inclusion and connection.

When asked about staff responsiveness, residents' and family members experiences were mixed.

Most people told us they would be *'responded to within 15 minutes,'* some residents told us, *'within minutes / straight away'*, others *'as quickly as they are able'*. A few residents told us, *'they take ages'* or *'a long time'*. One resident told us, *'they can sometimes take ages at night'*.

Most residents reported that they are never usually forgotten or ignored by the Manager or Carers, although a minority told us, *'this sometimes happens when they are very busy'*.

Residents shared that they are typically addressed by their first names although a minority of residents told us they are sometimes *'spoken to without being addressed'*.

Almost all residents told us that *'the staff speak loudly enough'* and that *'they are able to understand what is being said to them'*.

One relative told us, *'We are very happy with the care being received and have no complaints'*. Another relative said, *'Overall, we are satisfied with mums care'*.

When relatives were asked what the best thing you can think of as an example of good care for your relative from the staff, the following responses were given:

- *'All staff are very friendly and caring'*.
- *'All the staff are welcoming and know mums name'*.
- *'The staff are caring and explain to mum what they are doing'*.
- *'Staff are always helpful and listen'*.

However, some relatives informed us of the following less favourable responses:

- *'There is not always enough staff, recently the care doesn't seem as good'*.
- *'The food could sometimes be better, there have been cold meals, and it can get repetitive'*.
- *'Activities could be better; there should always be someone on duty as there are now three staff'*.
- *'We are not happy with the food'*.

Residents reported mixed experiences regarding privacy. Most told us that staff generally knock before entering their rooms, which they appreciated. However, several residents said this did not always happen and that their bedroom doors were sometimes left open, which left them feeling that their privacy was not consistently respected.

Feedback on hygiene practices was largely positive. Residents reported that staff consistently used gloves and aprons when required, demonstrating good infection control procedures.

The care home coordinates and provides transport for residents to attend medical, dental, and hospital appointments when family members are unable to accompany them, ensuring their ongoing access to essential healthcare. However, many residents told us they experience *'considerable waiting times to see a doctor and gaining access to dental treatment is even more difficult'*.

It was additionally noted that the local surgery typically sends a Pharmacist to attend the home initially, with further clinical support provided if required. These matters had already been identified by the Interim Manager as areas of concern, and work is underway to address them, including an imminent meeting with the GP practice.

Most residents and relatives interviewed reported that they are not actively involved in developing or reviewing personal care plans. The majority of relatives said they are unaware of how to access care plan information easily, but feel confident if they wanted to see this in detail, they could ask for it. The Manager explained that care plans are managed through **'Care Vision'**, a digital care system accessed by staff via handheld devices.

The Manager further stated that care plans are reviewed monthly by staff. Direct conversations are held with residents (depending on capacity), and their relatives, to establish the level they wish to be involved. However, most residents reported that they were unaware of having a care plan in place. Limited involvement in shared decision-making reduces residents' ability to influence their own care and may undermine the principles of person-centred practice, where individuals are supported to understand, contribute to, and take an active role in decisions affecting their wellbeing.

Personal care

During the visit, HWCB representatives observed that the level of support required by residents varied significantly. While some residents were able to manage tasks such as brushing their teeth independently, a substantial number required help with activities such as dressing and undressing.

Staff also highlighted that individual needs could fluctuate from day to day, reinforcing the importance of recognising and responding to each resident's unique and changing level of support.

Residents were asked how often they are able to take a shower or have a bath and if they are given any choice. Many residents told us they are '*showered once to twice per week*'. One resident told us, '*I have a shower every day*' and another '*I shower every other day*'. However, some residents told us '*some people are showered more than others*'. Another told us, '*I get a shower once a month*' and '*I rarely get a shower*'.

When asked, most relatives expressed they are happy with the personal care provided. However, one relative told us '*I am happy with mums personal care mostly, however she should be showered at least once a week*', We were also told by another relative, '*Dad needs his hands washing more frequently and his teeth badly need brushing*'.

Most residents were unaware of whether they had any choice between taking a bath or a shower, or if personal care support could be provided by someone of the same gender.

All residents and relatives spoken to, reported that bed linen is changed frequently and at least once per week.

Maple Linen Cupboard

All new white linen is to be
used in Maple ONLY!

Please leave this cupboard
as you find it.

Thank you



We asked relatives if they were happy at how clothes are laundered and labelled. Some relatives expressed they were happy with this service; however, some were not:

- *'I feel more care should be taken with clothing – it should be hung up or pressed'*
- *'Sometimes clothes go missing and come back damaged'*
- *'Sometimes clothes go missing and sometimes they shrink'*
- *'No, mum has lost quite a few items over the time she has been there'*

Overall, this feedback indicates that while the system works well for some, for others it falls short of expectations and may impact a relative's trust in how their loved one's personal items are looked after.

Food

Since around February 2025, Elm Lodge has been using Apetito to supply its hot meal provision.

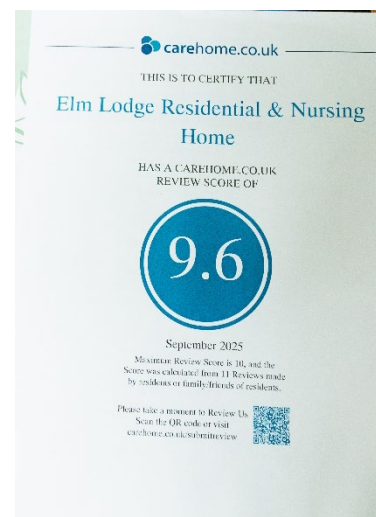
Apetito is a large UK food-service supplier for care homes, hospitals and community services that provides ready-prepared meal ranges (including texture-modified/IDDSI-aligned products), clinical dietetic support, nutritional/allergen data, menu-planning & ordering tools, tastings and training, all designed to help care homes manage specialist diets consistently and safely.

Food arrives on-site, is transferred into storage freezers and then placed directly into the oven when required.

- ❖ **Breakfast:** Breakfast is not provided by Apetito and is prepared freshly on-site.
- ❖ **Lunch:** Lunch consists of a choice usually between two hot meals, supplied by Apetito.
- ❖ **Afternoon Snack:** Offering of fruit, biscuits, cake or yogurt.
- ❖ **Tea:** Sandwich offering.

Feedback from both residents and relatives regarding the quality and variety of food has been mixed:

- ***“Some good, some bad – sometimes get a choice”***
- ***“I do not like the food, would like to change”***
- ***“Would like a larger range of drinks (alcohol!) – I like the food, but portion sizes are sometimes too small”***
- ***“I eat more here than I did at home. Some things I am not keen on, but I am impressed and are very good”***
- ***“Drinks are alright – food will be improving (I hope!) I don’t really like it – hope for improvement”***
- ***“Drinks are good enough; the food is alright”***
- ***“Of a good standard”***
- ***“I am not fond of the snacks”***
- ***“Don’t like the food – same pudding; only two choices”***
- ***“The food is OK, sometimes cold but lately it’s been better. I want biscuits with the tea trolley every time”***
- ***“Very good”***
- ***“Some of the food I really don’t like”***
- ***“Yes, I have a choice with the food, but I don’t always like it”***
- ***“My mother would benefit from another SALT assessment to swallow”***



In summary, many feel the meals are generally acceptable or improving, with some praising quality and choice, but others highlight limited options, small portions, repetitive puddings, and dishes they simply do not enjoy.

Drinks are mostly viewed as adequate, though a wider range, especially alcoholic options, would be welcomed. Overall, people would like to see greater variety and more consistent quality. It is therefore recommended that the current provision be reviewed at the earliest opportunity.

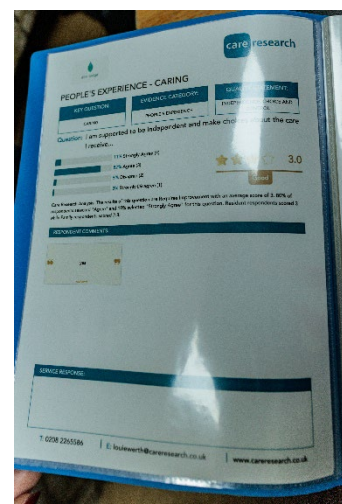
During the lunchtime visit, representatives saw residents receiving a roast meal in the dining room. The serving sizes looked appropriate, there was a wide selection of vegetables, and the quality appeared satisfactory. As no tasting took place, we are unable to evaluate how the meal tasted.

All residents reported they are offered enough drinks throughout the day and can also ask for additional snacks if needed.

Concerns / complaints procedure

All staff interviewed demonstrated a clear understanding of the complaints procedure and were able to confidently explain each stage of the process.

Staff displayed strong awareness of the emotional sensitivity involved when concerns are raised by colleagues, residents, or relatives. Staff spoke about the importance of responding with empathy, recognising how complaints may impact individuals, and ensuring that residents and their families feel listened to, respected, and reassured throughout. Their approach reflects a genuine commitment to following established protocols while using people-centred awareness to support the wellbeing and confidence of all involved.



The interim Manager reported that all complaints, concerns, compliments and feedback is recorded and monitored for potential trends.

Staff emphasised the importance of taking time to talk with residents and actively listen to their needs, recognising that this personal engagement is essential to truly understanding each individual.

Staff described how building good relationships enables them to notice subtle changes, such as signs of discomfort, illness, or unhappiness, even when these are not explicitly communicated.

For residents with communication difficulties, staff explained that they use a range of approaches, including observing body language, key words, and signing, to ensure that each person's needs and preferences are understood. All staff spoken to highlighted that their ***'priority is always to ensure residents feel supported, comfortable, and well cared for'***.

During our visit, staff explained that regular group discussions are held to share observations and agree on the most effective ways to support each resident. This collaborative approach demonstrates a strong commitment to delivering high-quality, person-centred care that prioritises residents' wellbeing and happiness.

Our own observations and feedback from many staff and residents were positive, reflecting examples of attentive, personalised care. However, HWCB was made aware prior to the visit that this level of consistency is not always experienced by all residents. Ensuring that person-centred care is applied uniformly across the home remains key to maintaining high consistent standards for every resident.

HWCB representatives agreed that Elm Lodge should continue to reinforce the consistency of person-centred care by regularly monitoring care delivery and outcomes, sharing best practice across teams, and providing refresher training where needed. This will help ensure that all residents consistently experience the same high standard of personalised, compassionate care.

The majority of relatives told us they are also aware of the homes complaints procedure, however no relative advised us of any previous or on-going complaints. A number of relatives advised they attend regular meetings with staff to discuss any concerns on-going.












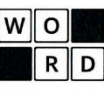




Although a complaints procedure may be available, HWCB representatives did not observe any displayed information for residents, relatives, or staff at the time of the visit. A review of how this information is displayed is recommended to enhance clarity and accessibility.

Recreational activities / Social inclusion / Pastoral needs

Elm Lodge currently employs three Activity Coordinators, providing entertainment and activities throughout the week.

During our visit, we observed residents receiving Christmas manicures from the Activities Coordinator, with friendly conversation and shared humour reflecting a warm, respectful rapport.

Elm Lodge Weekly Activities Schedule - 24th November - 30th November

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
MORNING			10am - 10.15am Armchair Exercises				
	Velcro Darts 	Baking - Christmas Cake 	Skittles 	Nail Care & Hand Massages 	Guess the object 	Adult Colouring 	Musical Instruments 
	Balloon Tennis 	Room Visits & 1:1's 	Word Searches & Puzzles 	Bingo 	Big 'Pub' Quiz 	Board Games & Music 	Movie Afternoon 
QUIZ SHOWS - 4PM							

Residents are actively encouraged to engage in communal activities and socialise outside their rooms on a daily basis. For those who are unable, or choose not to participate, Activities Coordinators and care staff conduct regular visits to promote social connection and reduce feelings of isolation. Activities such as jigsaw puzzles, arts and crafts, and seashell painting are offered to stimulate engagement and enjoyment.

For residents who prefer individual participation, staff provide one-to-one support in quieter lounge areas, tailoring activities to reflect the resident's previous hobbies, interests, and personal preferences. The Activities Coordinator noted that any sudden change in a resident's participation in group activities prompts staff to engage with the individual, to try to **'identify underlying concerns, and tailor support accordingly'**.

Spiritual and religious needs are actively facilitated, with residents able to receive visits from clergy and attend services held within the home. These opportunities support residents' sense of identity, values, and purpose.

When discussing communication and emotional wellbeing, staff reported making a consistent effort to spend quality time with residents as part of their daily routines. This engagement helps staff understand individual needs, monitor wellbeing, and maintain meaningful connections with each resident.

Relatives interviewed told us their loved ones are '**encouraged by staff to participate in activities that interest them**' and that '**interaction between staff and residents is good**'.

Feedback also received from some relatives reflected the need for:

- '**Better weekend entertainment**'
- '**More visits from singers**'
- '**More planned trips outside the home**'.

Staff

During our visit to Elm Lodge, HWCB representatives spoke with a diverse group of staff, including the interim Manager, Deputy Manager, Head of Housekeeping, Head of Hospitality, Activities Coordinator, Office Manager, and Care Staff. These conversations provided detailed insights into daily routines, individual roles and responsibilities, and the overall organisational culture within the home.

All staff members exhibited a clear dedication to their roles and a genuine sense of care and respect for both the home and its residents. They consistently highlighted that the residents' needs and wellbeing are the top priority, with the operational and administrative aspects of the home taking a secondary role.

Staff spoke about their commitment to creating a welcoming, safe, and supportive environment, where residents feel valued, comfortable, and respected. It was expressed by many that '**this is the residents' home first and foremost**'.

The dedication observed extends across all levels of the workforce, from management to care and support staff, reinforcing a shared ethos that Elm Lodge is primarily a home for its residents, rather than simply a workplace or service provider. This ethos informs not only the delivery of care but also the relationships staff build with residents, families, and colleagues.

Elm Lodge has a core of experienced, long-serving staff, contributing to continuity of care, stability, and institutional knowledge within the home. However, at the time of our visit, the Interim Manager had been in post for seven weeks. While improvements have been observed, the timely appointment of a permanent Manager is essential to provide long-term stability, consistent leadership, and continuity of care within the home. As the Interim Manager is self-employed, it is important that the provider continues and expedites consultation and recruitment processes to appoint a permanent Manager as soon as possible.

The appointment of a permanent Manager should ensure that ongoing improvements are maintained while also aligning with recent positive changes introduced by the Interim Manager. This approach will help provide stability for both staff and residents, supporting continuity in care and the overall wellbeing of everyone in the home.

Prior to the appointment of the interim Manager, staff turnover had been reported as high; however, it has more recently stabilised.

Staff recruitment is subject to references and DBS checks alongside structured interviews.

Staff consistently demonstrated a high level of commitment to their roles and reported overall satisfaction with their work. Those interviewed highlighted a strong sense of dedication not only to their day-to-day responsibilities and the care of residents, but also to supporting the interim Manager and embracing recent operational changes. Their responses reflected a positive engagement with the home's current leadership and a willingness to adapt to improvements, underscoring a cohesive and motivated workforce focused on delivering quality, person-centred care.

Staff regularly highlighted that they enjoy working at Elm Lodge and value their roles within the home.

One staff member said, *'I look forward to coming to work. I like making the residents smiley and happy'*. Another told us *'My job role has changed and I have seen progression. I am very fond of Elm Lodge'*.

Further comments received were:

- *'I've worked here for over ten years; I really like the residents and staff'*
- *'There is good communication here'*
- *'All the staff here are very good'*.
- *'I love the dining experience'*.
- *'I feel valued for my knowledge. It's amazing here now'*.
- *'Morale is better recently due to changes; I am happy to work here'*.

The clinical and care team is well-resourced, comprising eight nurses, one nurse support, eight seniors, and forty carers.

Eight staff support the Housekeeping Team, five support Hospitality and three within Activities & Entertainment.

Administrative support is led by the Office Manager and includes a Receptionist and Financial Support. Additionally, the home is assisted by a Maintenance Team of two.

Staff training is delivered through a blend of mandatory e-learning, in-person sessions, and regular supervision.

Staff confirmed that they are provided with all essential training to perform their roles competently. They also expressed that they feel comfortable approaching management to request further training whenever it is required to enhance their skills or support residents more effectively.

When asked about potential improvements to the service, the Management Team highlighted the following suggestions:

- **Environmental upgrades including replacement kitchen.**
- **Review of food and nutrition with tasting sessions.**
- **Improved use of technology.**
- **Support for residents to take trips outside from Spring 2026.**

Staff also reported that communication has improved following the introduction of the Interim Manager. However, it was acknowledged that, due to the pace of work, change and rotating shift patterns, much feedback and information is now shared digitally. A number of staff told us that increased opportunities for face-to-face communication, such as more regular team meetings, would support clearer understanding of changes, the rationale behind decisions, and greater staff involvement in decision-making processes.

Recommendations

Based on observations made during the Enter and View visit, feedback from residents, relatives and staff, and information provided by the management team, Healthwatch Central Bedfordshire makes the following recommendations for consideration by Elm Lodge Nursing & Residential Home and the service provider:

Management and Leadership – Priority: High

- **Expedite Appointment of Permanent Manager**
The provider should continue to prioritise the recruitment and appointment of a permanent Manager as soon as possible. This will provide long-term stability, consistent leadership, and continuity of care within the home.
- **Maintain and Build on Recent Improvements**
The incoming permanent Manager should ensure that positive changes introduced by the Interim Manager are maintained and further developed. Alignment with recent improvements will help embed best practice and sustain operational and care standards.

➤ **Support for Staff and Residents**

Leadership transitions should focus on maintaining stability for both staff and residents, ensuring continuity of care and reinforcing a consistent, supportive environment throughout the home.

Staff Retention and Utilisation of Experience – Priority: Medium

➤ **Leverage Experienced Staff**

Elm Lodge should continue to recognise and utilise the knowledge, skills, and institutional experience of long-serving staff. Their experience should be actively incorporated into ongoing service improvements, training, and mentoring of newer staff.

Strategic Focus – Priority: High

➤ **Sustain Planned Improvements**

Any changes initiated during the voluntary embargo on new admissions should continue to be prioritised and embedded into operational processes, ensuring that improvements to care quality and service delivery are effectively maintained over the long term.

Environment, Maintenance and Infection Control – Priority: High

➤ **Bedroom Flooring and Odour Management**

Urgently replace carpeted bedroom flooring with hard, hygienic surfaces to support effective infection control. Immediate action should also be taken to address persistent urine odours noted in several bedrooms and corridors.

➤ **Bedroom Furniture and Décor**

Review and implement a phased programme to replace aged and worn bedroom furniture. Consider opportunities for residents and families to be involved in choosing décor, colour schemes, and furnishings to enhance homeliness and personalisation.

➤ **Handrails and Safety Features**

Ensure handrails are consistently installed throughout corridors, cleaned regularly, and maintained to a hygienic standard. Review signage and safety measures to reduce risks associated with doors left open to potentially hazardous areas.

➤ **Kitchen Facilities**

Prioritise the planned replacement of the kitchen to ensure it meets modern operational, safety, and efficiency standards.

➤ **Entrance and External Presentation**

Enhance the main entrance with welcoming signage and planting to improve first impressions for visitors and relatives.

Food and Nutrition – Priority: High

➤ **Review of Food Provision**

Conduct a comprehensive review of the current meal provision, including quality, variety, portion sizes, temperature, and presentation. Engagement with residents and relatives through tastings and feedback sessions is recommended.

➤ **Specialist Dietary Needs**

Ensure timely referrals and reviews for residents requiring specialist assessments (e.g. SALT) and confirm that dietary needs are consistently met and clearly communicated to staff.

➤ **Resident Choice Around Alcohol**

Explore the feasibility of offering appropriate alcoholic beverages as part of mealtime or social options, in line with resident preferences. This should include consideration of individual care plans, health needs, and safeguarding requirements, ensuring residents can exercise choice while remaining safe and supported.



Personal Care and Daily Living – Priority: Medium

➤ **Consistency in Personal Care**

Review personal care routines to ensure equitable access to bathing and showering, based on individual needs and preferences. Clear documentation and communication of personal care choices should be strengthened.

➤ **Laundry and Clothing Management**

Review laundry processes to reduce loss or damage to clothing, improve labelling systems, and ensure garments are returned clean, intact, and appropriately stored.

Person-Centred Care and Care Planning – Priority: High

➤ **Resident and Relative Involvement in Care Planning**

Improve awareness and understanding of care plans among residents and relatives. Increase opportunities for meaningful involvement in care planning and reviews, in line with person-centred care principles.

➤ **Consistency of Care Delivery**

Continue to monitor and reinforce consistent application of person-centred care across all shifts and staff groups, sharing best practice and addressing any variations promptly.

Healthcare Access – Priority: High

➤ **Access to Medical and Dental Services**

Continue engagement with the GP practice to address delays in accessing clinical care and dental services. Outcomes from discussions should be monitored to ensure residents receive timely and appropriate healthcare support.

Communication and Staff Engagement – Priority: High

- **Visibility of Complaints Procedure**
Review and improve the visibility of complaints information to ensure it is clearly displayed and accessible to residents, relatives, staff, and visitors.
- **Face-to-Face Staff Communication**
While recognising operational pressures and shift patterns, introduce more regular face-to-face staff meetings or forums to support clearer communication, improve understanding of changes, and enhance staff involvement in decision-making.

Activities, Social Inclusion and Wellbeing – Priority: Medium

- **Activity Provision and Engagement**
Continue to build on existing activity provision, with particular attention to weekend activities, visiting entertainers, and opportunities for planned trips outside the home.
- **Individualised and Inclusive Activities**
Maintain and further develop one-to-one and small group activities tailored to residents' interests, abilities, and changing needs, ensuring no resident is socially isolated.

Healthwatch Central Bedfordshire recognises the proactive approach of the Interim Manager in identifying several of these areas and taking steps to address them. Continued focus on these recommendations will support improvements in resident experience, staff engagement, and overall quality of care at Elm Lodge Nursing & Residential Home.

Providers Response

Many thanks for taking the time to visit Elm Lodge and to speak to our lovely residents, team and visitors.

Your visit is part of our ongoing PAMMS review with Central Bedfordshire Council who we have been closely working with since September 25 to implement our ongoing Service Improvement Plan. As you have noted most of these actions and changes have been implemented and previous systems reinstated.

We have a permanent manager starting on 12 Jan 26 who will be supported by the Interim Manager until end of Jan 26. Leadership and oversight continues to be overseen by the Managing Director and Quality Assurance Lead.

We acknowledge the recommendations and feedback provided and are actively working to deliver high-quality, person-centred care for our residents while offering ongoing support and guidance to our team.

Kind Regards,
Elm Lodge Directors



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