

Enter and View 2025

Summary of main findings

healthwatch
Bracknell Forest

healthwatch
Slough

healthwatch
Windsor, Ascot and
Maidenhead



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Introduction

Enter and View is one of a range of options available to Healthwatch to enable us to gather information about health and social care services and to collect the views of service users, their carers, and their relatives. It is an activity that all local Healthwatch organisations can carry out to contribute to their statutory functions. This means Healthwatch can choose if, when, how, and where it is used, depending on our local priorities.

An Enter and View visit is where a team of appropriately trained people, known as Authorised Representatives, access a service on behalf of a local Healthwatch organisation, make observations, collect experiences and views and then produce a report.

An Enter and View visit is not an inspection – it is the Care Quality Commission (CQC), as the independent regulator of all health and social care services, that has the formal inspection responsibility. Local Healthwatch organisations aim to offer a layperson’s perspective, rather than a formal inspection.

Enter and View is not a stand-alone activity, but rather it is part of a wider piece of work to collect information for a defined purpose.

In 2025 Healthwatch completed six Enter and View visits at the following locations:

Location	Local Authority
Haldane House	Bracknell Forest
The Manor	Windsor, Ascot and Maidenhead
Oak House	Slough
Pinehurst	Bracknell Forest
Herewards House	Windsor, Ascot and Maidenhead
Oxford House	Slough

We interviewed residents, families, staff and managers asking for feedback on a range of subjects but focusing on independence and choice, particularly in relation to food and activities.

This document is a summary of the common themes we came across on our visits.

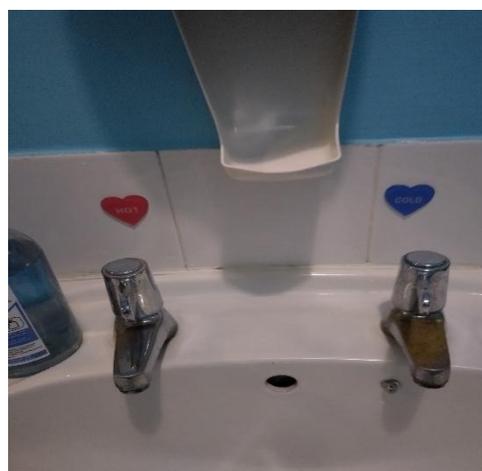
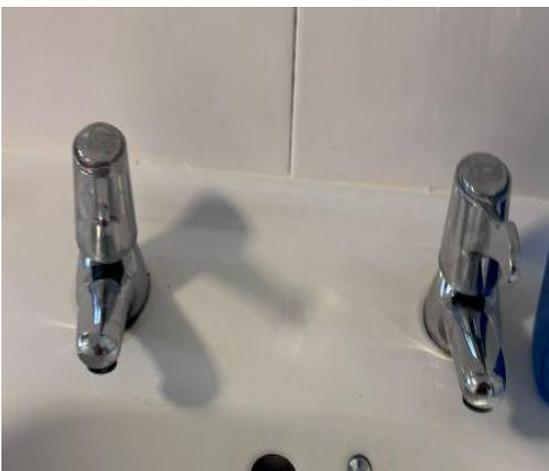
Please note that this report relates to findings observed on the specific dates of our visits. It is not a representative portrayal of the experiences of all service users and staff. It is only an account of what was observed and contributed at the time.

Bathrooms are not dementia-friendly

Using the King’s Fund Dementia Friendly Guidance we established that one of the biggest challenges for homes is that taps are not clearly marked ‘hot’ and ‘cold’. This seems to be something that the homes themselves cannot change and most of them have tried to source alternative taps, but were unable to find anything suitable, much to their frustration.

Markings tend to be discreet, but this is a particular challenge for those with dementia or sight issues. Most care homes have ordered stickers to put on the taps but it would be a positive development if tap producers could address this issue directly.

This was a key theme in 2024 as well, and we also noted the need for contrasting toilet seats and grab rails to make them more visible to residents.



We also found that some of the signage on the bathroom doors was not as dementia-friendly as it could be. Below are examples of a door not clearly marked for residents and one which is dementia-friendly:



Activities

Activities continue to play an important role in keeping residents moving and entertained. Some residents were keen to have a wide variety of options and to be able to go out and about. Garden centres continued to be a favourite location for visits and most of the homes had residents who helped to look after the garden space.

One challenge was having enough staff to support residents, who were less mobile/living with dementia, to go out into the garden.

Research has shown the importance of improving/maintaining strength and balance in a report linked [HERE](#)

Woman who took up Crossfit in her eighties [HERE](#)

Also on YouTube '[Rebuilding Mum and Dad](#)'

We appreciate that resources are limited and it can be challenging to increase exercise sessions and keep residents safe.

Food and nutrition

We saw how most of the homes were able to support the needs of people in terms of the variety of meals being provided and to also have the flexibility to provide a different option on request.

One care home had introduced decaffeinated tea and coffee and had found this had reduced the number of falls. This is because caffeine increases 'urgency' for the toilet and residents would try and get up quickly and then fall. We would recommend that other care providers consider offering a range of tea and coffee, which includes decaffeinated options.

Access to Healthcare

There were varying degrees of access to healthcare across the homes visited this year, with some having excellent support from surgeries and pharmacies and others less so.

Some care homes have been able to take advantage of home visits for sight and hearing tests.

The link [HERE](#) is for a report that looks at hearing loss support in care homes:

White Paper on Hearing Loss

The paper makes the following recommendations:

1. Carry out hearing loss environmental audits
2. Implement protocols for supporting residents with hearing aids
3. Provide experiential hearing loss training to care workers
4. Ensure amplifiers are available for interim use when hearing aids are lost or broken, or as an alternative to hearing aids for those who can't tolerate them
5. Provide residents and relatives with information on assistive equipment
6. Improve access to hearing tests, audiology services, and earwax removal (microsuction).
7. Appoint Hearing Loss Champions.
8. As single entities, care homes have only limited influence, but by uniting, the care home sector can be a force to lobby for change.

Dental Care

Some homes had dentists who came to the home and did more than just check-ups. However, this was not consistent across the care homes and some residents still paid to go privately.

The link [HERE](#) is for a report on access to dental services in care homes conducted by Healthwatch Leicester:

Smiles Fading: The Challenge of Dental Care in Care Homes

The following areas were identified for improvement

1. **Regular NHS dental visits to care homes**, similar to optometry and hearing services.
2. **Improved access to community dental services**, especially for residents with dementia and mobility issues.
3. **Training and support for care staff to better maintain oral hygiene**. More support is needed to assist residents with learning disabilities or dementia.
4. **Stronger integration between GPs, dentists and care homes** to ensure oral health is not overlooked.
5. **A dedicated dental service for care homes** to provide routine check-ups and preventive care

Hospital Discharge.

This continues to be an area that needs improvement. As in last year's summary, care homes find residents are discharged with incorrect/no medication and sometimes discharged when the care home finds they are not ready, and are subsequently readmitted.

A discussion between the care home and the hospital discharge team prior to any discharge taking place would be a positive step.

We will continue to raise this with the relevant providers.

Mental Health Support

Access to timely mental health support continues to be a challenge for care homes and managers raised concerns for the welfare of the residents, and the staff who are dealing with difficult situations.

Other recommendations

From our visits and revisits, we saw the following practices that we thought were beneficial:

'Pimp my walking frame'

It is not unusual for care homes to have multiple residents using walking frames, and it can be hard to tell them apart. One care home had decorated the walking frames to make them more easily identifiable for residents and staff. This reduced the likelihood of someone using the wrong frame and having a fall due to it not being set-up for their individual needs. Below is an example of one of the walking frames we saw on our visit:



Access Codes in Care Homes

We visited one care home which had a number of people living with dementia. This home had access codes to each unit, and they featured in a 'painting' next to the door. Due to the layout this code could be read and used by residents staff, families and those authorised to enter the care home, but kept those living with dementia safe, as they would not be able to 'read' the code in the form it was laid out. This may be an alternative to giving relatives key cards, which can be lost.

The photo below has the code in the flowers obscured:



Quiet areas/rooms

We visited care homes that had quiet/Namaste rooms and others that were planning to do so.

For those residents living with dementia, certain noises can cause distress or upset. We recommend that all homes consider having quiet areas where residents can be taken if they are finding it difficult to be in communal areas, where there is often music being played or televisions on.

Topical HRT

Recent research has shown that topical oestrogen for post menopausal women can reduce UTIs and the risk of sepsis. This may be something to be considered for any residents having repeated UTIs.

The link below is the review from the UKHSA:

[UKHSA Rapid Review](#)

Conclusion

The care homes are proactive in addressing many challenges, but a number of them were outside their control, and they have had to make their own adaptations/adjustments, following our recommendations (particularly in bathrooms to make 'hot' and 'cold' taps more easily identifiable)..

We believe that one area that would benefit from further discussion is the hospital discharge process as this has been raised already, following last year's summary report, but is still an area that could be improved.

Mental health support is another area which has caused concern for care homes who need additional expert support at short notice, and have not been able to get it.

We acknowledge that staff resource will also be a factor in considering the recommendations made in this report.

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