Larkland House Care Home

Enter and View Report 5th August 2026

healthwatch Windsor, Ascot and Maidenhead

healthwatch Bracknell Forest

Contents

What is Enter and View?

Enter and View is one of a range of options available to Healthwatch Windsor, Ascot and Maidenhead 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.

Enter and View is an activity that all local Healthwatch organisations can carry out to contribute to their statutory functions. This means Healthwatch Windsor, Ascot and Maidenhead 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.

Purpose of the visit

This visit was to look at what is working well with the service and what could be improved. We had a particular focus on independence and choice.

Background of the home

Larkland House Care Home has been run by Care UK since 2024 and is a home which offers residential, nursing, dementia and respite care. When we visited there were fifty-three residents and seventy-nine staff. It's last CQC inspection was in 2019 when it was rated 'Good'.

Preparation and Planning for the visit

Following discussion with the Local Authority a priority list was presented to the Healthwatch Windsor, Ascot and Maidenhead Advisory Group who agreed the visit to Larkland House Care Home.

Three weeks prior to the visit, the manager was telephoned and we requested a visit on 15th July 2026. This was confirmed with a letter. One week before the visit a member of the team dropped off posters to promote the visit, as well as printed surveys for staff and relatives, along with a post box to hold them securely. Details on the post box also included a link to both surveys, and a QR code. The post box was collected one week after we had visited. Due to the heatwave and the temperature being in excess of 30c on the day the visit was planned, we delayed it to the 5th August.

During our time there we spoke with five residents.

Additionally we spoke to/received surveys from eleven relatives/friends, and two members of staff. We also spoke to the manager who had recently been promoted from the deputy manager role.

Disclaimer Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff. It is only an account of what was observed and contributed at the time.

Observations

Interactions with Staff

When we arrived we were greeted by the receptionist and asked to sign in. We were greeted by the manager who showed us around the home and provided us with a list of residents who would be able to talk to us. As we were shown around we were greeted by all the staff and some of the residents. There was a homely feel and we noticed positive interactions between staff and residents

Environment

As well as general observations, we used the King's Fund Dementia-Friendly tool.

Larkland House Care Home
The Kings Fund Environmental Assessment Tool
Is Your Care Home Dementia Friendly

1. The environment promotes meaningful interaction and purposeful activity between residents, their families and staff.

All assessment criteria met, as examples:

Does the approach to the care home look welcoming?

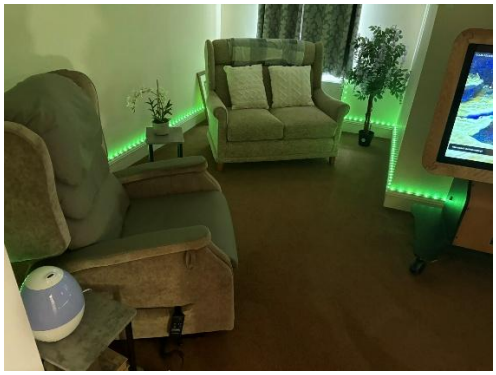
There was a clear sign outside the care home identifying it as Larkland House Care Home. The approach to the care home was a flat bricked road. There was a large garden at the front with bench seating. The approach looked welcoming and was clean and tidy. There was a variety of flowers and shrubs and there was a large canopy at the front of the home leading to reception. The reception was bright, clean and the staff were welcoming. There was seating and a hydration station.

Is the entrance obvious and the doorbell/entry phone easy to use?

There was clear signage to the front door and reception. The doorbell was easy to identify and use.

Are there social areas such as day rooms, dining rooms and dedicated quiet spaces?

We observed the three dining rooms, three lounges, and a dedicated quiet room. The room can provide sensory lighting and therapeutic music.



Is there a choice of seating e.g. settees as well as single chairs with arms, and are chairs arranged in small clusters to encourage conversation.?

We saw a variety of seating options. This included single chairs and settees with arms in small clusters. There were also single chairs with arms in quiet areas and in places with a view out of a window.

2. The environment promotes well-being.

All assessment criteria met except one relating to light switches:

Do the light switches contrast with their surrounds/the walls so that they are easy to see?

Some of the light switches we observed in the home were the same/similar colour as the walls. Particularly for people with dementia this can make it difficult for them to identify light switches.

The care home may want to explore various solutions to make light switches more visible, an inexpensive solution is the use of coloured switch surrounds like the examples below:

Examples where the assessment criteria were met:

Is their good natural light in bedrooms and social spaces? Are links to and views of nature maximised e.g. by having low windows?

In the bedrooms we observed there was good natural light through the windows which were low enough for residents to look out and provide links to nature. The home had large windows in the lounges and dining rooms with lots of natural light and views outside. The ground floor dining room/lounge had full-length glass patio doors with views of the garden.

Is the décor age appropriate, are there photographs or artworks of a size that can be easily seen?

The artworks we saw in the home were all of a size that made them easy to see. All art was age appropriate. We saw artwork in the hallways, lounges and dining rooms. Some of the artwork/pictures depicted local points of interest and landscapes e.g. Ascot racecourse, Windsor castle.

Is there independent and easy to locate access to a pleasant, sociable, safe and secure outside space e.g. garden, courtyard, or terrace with sheltered seating areas?

There is easy to locate access to the courtyard garden via patio doors in the ground floor lounge/dining room. The courtyard was paved and was flat. There was a variety of shrubs and flowers. These are clustered round tables and chairs. It was very hot on the day we visited; every table had a parasol for shade.





3. The environment encourages eating and drinking.

All assessment criteria met. As examples:

Do the people living in the care home and/or their relatives have constant independent access to hot and cold drinks and snacks, finger foods?

We observed drinks being offered by staff, and we observed hydration stations and snacks.


Are large dining areas divided so as to be domestic in scale?

The three dining rooms had several small square tables that could seat up to four people. The dining room set up was domestic in scale.

Is there a sufficient level of lighting so that the table settings and food can be seen easily?

The dining rooms had plenty of natural light via the low windows and additional lighting above so that table settings and food could be seen easily.

Are the crockery and glassware of familiar design and in a distinctive colour that contrasts with tables, tablecloths?

The tables in the dining rooms were laid in the same way. They had a white tablecloth; the cutlery and glassware were of a familiar design that contrasted with the tablecloth. The salt and pepper shakers were primarily white with a small light blue ring near the top of the shaker. The home might want to consider changing these to a high-contrast, bright colour e.g. such as bright red, strong blue, or yellow, so they contrast with the colour of the tablecloth.

Does the dining room provide opportunities for residents to eat in small groups or alone if they wish?

When we observed lunch, we saw residents who sat with other residents and we saw residents who preferred to sit alone. Residents could be joined by a family member if they wished. They were able to sit in the lounge or in their bedrooms to have their lunch if they preferred.

4. The environment promotes mobility.

All assessment criteria met. As examples:

Is the flooring in a colour that contrasts with the walls and skirting.?

All of the flooring colours we observed in corridors, dining rooms, lounges and bedrooms, contrasted with the walls and skirting colours.





Are the handrails in a colour that contrasts with the walls and is it possible to grip them properly?

All of the handrails we observed in the corridors on the three floors, contrasted in colour to the walls and were easily identifiable. We were able to grip the rails properly and we saw residents being able to hold the rails properly.

Are there small seating areas for people to rest along corridors?

We saw seating areas to rest on each of the corridors of the three floors.



Is there space to walk around the care home independently?

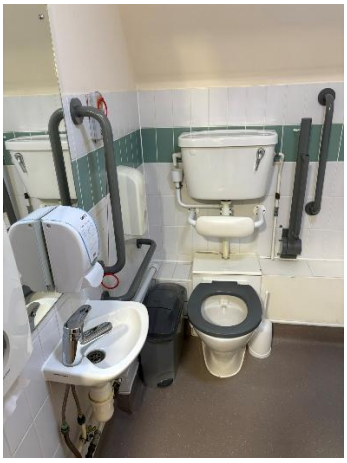
As we walked around the home we observed the corridors, lounges, and dining rooms were uncluttered and were arranged in such a way as to leave lots of space for residents to independently walk around the home. We observed residents independently navigating inside the home without any difficulty.



5. The environment promotes continence and personal hygiene.

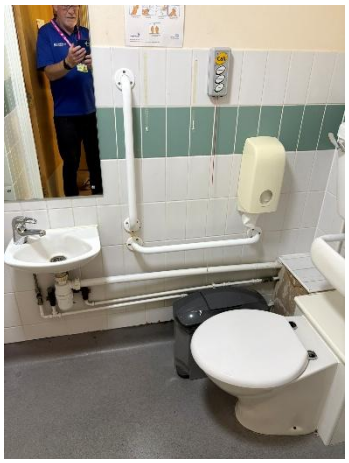
All assessment criteria met except the following which was partially met:
Are the toilet seats, and grip rails in a colour that contrasts with toilet cistern/bowl and toilet walls?

The en-suite bedroom toilets that we observed did have toilet seats and grab rails in a colour that contrasted with the walls. They were dark grey and easy to see against the wall colour. Two examples below:



However, not all the toilets in the corridors on the three floors had toilet seats and/or grab rails that clearly contrasted in colour with the toilet cistern/bowl.

Some had toilet seats that contrasted in colour but not the grab rails. In others neither the toilet seat nor grab rails contrasted in colour to the toilet bowl and walls.

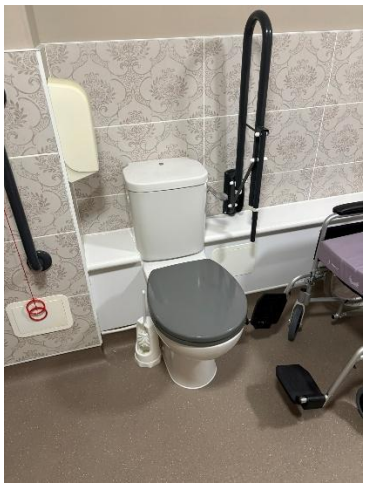


Examples where the assessment criteria were met:
Do all the toilet doors have the same distinctive colour and clear signage with text and images?

All of the toilet doors we observed had the same signage which included text and pictorial symbols for the toilets.

Is there easy access to toilets big enough to allow space for a wheelchair and for family carers/staff to assist with the door closed?

The toilets we observed, both in the bedroom ensuites and in the corridors where large enough for wheelchairs and for carers/staff to assist with the door closed.



Can toilet rolls be easily reached from the toilet?

Toilet rolls could be easily reached from all of the toilets we observed.

6. The environment promotes orientation.

All assessment criteria met except one relating to a large clock:

Is there a large, accurate and silent clock clearly visible in the social area and does it display the correct day and date and weather?

We observed a few small clocks, but these were not positioned in a way that would be easy to see by the residents. Small clocks are difficult to see for those sitting at a distance or by those people who have reduced vision.

Below are good examples from other homes we have visited of large clocks with time, date, day, weather, that were large enough and in a position that could be easily seen by residents.

Examples where the assessment criteria were met:

Are signs for residents placed on, not beside, doors and of a good size and of a contrasting colour to be seen easily? And do doors to communal areas have a clear or transparent vision panel to show where they lead to?

We observed various signs for residents to help with wayfinding. The signs were of a size and colour to be easily visible and the doors to communal area had transparent vision panels.

Are bedrooms and bedroom doors personalised e.g. through the use of numbers, artworks, or personal photographs?

We observed bedrooms that had been personalised in various ways using pictures, photographs and items in memory boxes next to bedroom drawers.

7. The environment promotes calm, safety and security.

All assessment criteria met. As examples:

Are spaces clutter free so as not to prevent easy movement in the home.
We didn't observe any cluttered areas in the corridors, communal spaces and other areas of the home that could impede residents' safe movement around the home.

Has careful consideration been given to the placement of any mirrors or shiny surfaces in corridors and social spaces?

We didn't observe any intrusive mirrors or shiny surfaces or flooring in any of the corridors, lounge, dining rooms or other communal spaces.

Are safety and security measures e.g. baffle locks, window restrictors and alarms, as discreet as possible?

We didn't observe any security measures that weren't discreet in bedrooms, corridors, communal areas, when we walked around the care home. The door from the lounge was unlocked and residents and family members went into and out of the garden as they pleased.

Are all hazardous liquids and solids e.g. cleaning materials, locked away?

We didn't observe any hazardous materials not locked away in any of the communal areas, corridors, toilets, bathrooms, or bedrooms across the three floors of the home, or the garden, during our visit.

Garden Observation

The garden was small with shade provided by a hedge and also parasols.

Both the residents and staff told us that, due to its size the front garden (which was nearer the road) would often be used if more space was needed for residents and their relatives to take part.

The garden was located next to the ground floor living room/dining room and had patio doors which could be kept open to allow a good flow of air and also make the garden feel like part of the home.

The residents we spoke to made the following comments on the garden:

"I think the garden is beautiful. Sometimes I am told to go outside which is nice."

"It's small so they often use the garden at the front."

The relatives had the following comments regarding the garden:

"Perfect, sunny and well-kept."

" It's a small space. Large, heavy chairs. It always needs attention due to falling debris from surrounding trees and roof moss. When wet, it turns to mud."

"The plants are not well-maintained, which is sad to see at times, since it is a well-designed garden."

"I think the garden is very good and the residents benefit from sitting in it if it is not too hot."

Relatives had the following suggestions for how the garden could be better used:

"Garden projects. Attract birds, grow more plants and grow food. Activities should be well thought through."

"For residents who like gardening, they could participate in simple gardening tasks. Maybe this happens but I am unaware of it. The garden does get used for a variety of activities, however."

When we asked about access to the garden the staff comment was as follows:

"They can go if there is someone to supervise them to keep them safe. It could be down to timing - we would try and find another time for them."

Quality of Care

The residents we spoke to were overall happy with the care home and felt safe:

"I am happy living here."

"I have been here for quite a long time and feel safe at Larkland House."

"I feel safe and I like it here."

Residents felt that their needs were met on the whole and some of those we spoke with were confined to their rooms:

"The home does a lot to meet my needs: I can't do a lot: I spend time sitting in my armchair in my room."

"I don't do much these days. I have an organised day at the care home. I am allowed to sit in the lounge when I want to."

"Stay in my room all the time and can have music playing if I want it."

"I am able to get up and go to bed when I want to."

"It's a top place!

Staff

Staff did not always feel there was always enough of them to provide the care the residents need:

"Not all the time, which makes working ineffective and unproductive."

Activities and Daily Life

Residents' comments

Residents were able to choose if they did the activities on offer:

"If I want to do an activity I let the staff know, and I can choose my daily activities."

"I'm able to choose which activities I would like to attend. I haven't been out on any trips."

"I can't go out on my own; have to go with a member of staff and we go to a coffee shop."

Not all of the residents we spoke to were able to go out. Those who could move around were encouraged to do so:

"I am encouraged to go out of my room and into the dining room."

"I'm encouraged to attend activities."

The activities for the week were displayed in the home:

Relatives' comments

All except two of the relatives were aware that they could join in with the activities and the two who were unaware said they would like to join in if possible.

Not all felt that the activities were suitable for their loved ones:

"Hobbies asked about but not taken into account and activities not personalised."

"I was asked about hobbies but I don't know what was done with the information."

"She is bed bound, lots of activities happen in communal areas and she misses out. The engagement on the app is always they watched her watching tv and she was happy. That's not an activity as far as I'm concerned."

Only one relative seemed to be aware of what happens if a resident is not able/willing to join in with a planned activity:

"If they are unable to go the activity they take activities to them in their room."

"He is partially sighted and has mixed dementia. It is very difficult for carers to know what he likes, although he tells them what he doesn't like! i.e. seated exercise, paining, arts and crafts has him usually falling asleep."

None of the relatives we heard from, felt that their loved ones were encouraged to move around during the day or use the outside space:.

"She cant walk, has no accessible wheelchair so can't leave her room to be able to take part in anything."

"She is unable to move herself, so just remains where she is put unless she is moved for entertainment, or a meal, or personal care."

Staff

The staff we heard from felt that the activities were good but more focus should be made to include more residents:

> "Sometimes there is no teamwork to bring residents for activities; they need to help each other."

When we asked staff what they did if a resident wanted a different activity from those on offer they said they would try and find what they wanted or offer them something different.

The staff we heard from did have time to talk to the residents:

> "I do it mostly. I find it enjoyable to have a chat with my residents."
>
> "Yes, at times."

We also spoke with the Activities Lead who told us that activities included an Elvis impersonator, virtual Zumba, trips to Wisley and the pub. They share a bus with another care home in the group.

This lead works weekdays and someone else does the weekend activities. Residents are told about what activities are taking place each day and it is recorded if they decline to take part.

The lead appreciated the need for activities which focused on movement and said she had arranged for some NHS physiotherapists to come and do a standing exercise session and would see if this was something that residents enjoyed.

Food and Drink

Lunch Observations

We conducted two dining room observations

Ground Floor Dining Room

The Manager explained that the tables in the ground floor dining room were not set out before meals, as a resident would walk off with the cutlery . Cutlery was handed out when residents received their food.

A menu was displayed at the entrance to the dining room:

Some residents were sat together at tables, one was on her own, two more were sitting with relatives and two were next to each other in the lounge area at the far end watching the television.

Some residents had bibs and some used napkins.

One resident had a support toy dog.

Staff serving food all wore aprons and all plates were covered to keep the food warm. Staff rotated around the room constantly checking that the residents were OK, helping them if they needed their food cut up some more, also encouraging them to eat and making sure their drinks were topped up.

The two residents watching the TV also had jugs of squash and water on their tables.

Some relatives were sitting having lunch in the garden with their loved one. There was some natural shade and also parasols.

The staff also checked-in with each other and relayed information about the residents in terms of how much they had eaten and if they wanted more of something (such as gravy) or were ready to have pudding.

Windows and the door to the garden were open to keep the air circulating and ensure the room did not get too hot.

A member of staff came and sat with two of the residents and encouraged them to eat and then got them dessert.

Some of the staff took covered plates of food to those who were confined to bed.

The resident in the garden was checked regularly.

There was plenty of space in the room to keep walking frames where they would not get in the way. The television was quite loud, but none of the residents seemed to be bothered by that and the two gentlemen watching it were clearly engaged with the programme. They were also regularly spoken to by staff and assisted as needed.

The Activities Lead was also there and assisted residents and chatted away to them. There was a calm atmosphere and everyone seemed to be relaxed. Staff tidied up as they walked around.

There were nice conversations going on as the staff assisted the residents, and lots of laughter. All the staff interacted with the residents over the lunch period.

First Floor Dining Room

We noted that the dining room was pleasantly presented, with tables laid out in a café style. Each table was covered with a coloured tablecloth topped with a white cloth and set with cutlery and coloured cloth napkins folded into decorative shapes. Roman blinds at the windows helped create a homely atmosphere, although we noticed that these had been raised unevenly, which gave a minor impression of a lack of care and attention. The brown carpet

was generally clean, although we saw some areas where fresh food had been trodden into it and had not yet been cleaned away. As our observation began approximately 10 minutes after the start of food service, we were unsure whether this food had come from the current lunchtime sitting or remained from breakfast.

We observed a fly-killer unit mounted on the wall behind the kitchen servery area and an air-conditioning unit on another wall, suggesting efforts to keep the room hygienic and comfortable. However, we did not determine whether the air-conditioning unit was operating during our visit. The walls were decorated with café-style pictures featuring fruit, words such as 'Framboise', and phrases including 'Eat, Drink and Be Happy'. There was also a clock on display. Overall, the décor created a food-themed, café-like atmosphere. We also noticed an emergency call cord near the servery area, which staff could access should a resident suddenly become unwell.

At the time of our observation, six tables were laid out in the dining room. One table was unoccupied, two tables were occupied by pairs of residents dining together, and two tables were occupied by individual residents.
Jugs containing water and squash were available on every table. Each table also featured a small artificial flower arrangement, making the overall presentation attractive and welcoming.

The room was brightly lit by downlights and wall lights, although the lighting was not excessively intense, and was appropriate given the aspect of windows (the room has three windows – one by the servery and two in the seating area).

Background music was playing throughout our visit. At times
it seemed a little loud and intrusive to the observer, although the volume was not as high as might be experienced in a shop or café. There was no indication that any residents were bothered by the music.

We observed residents receiving food service individually at their tables, with staff approaching them to discuss their menu choices. All chairs had arms to provide additional support where needed, and the tables could accommodate wheelchair users. Two wheelchair users were present during our observation, and there was sufficient space for wheelchairs to be moved comfortably into dining positions.

We observed a member of staff supporting a resident with eating and drinking. The staff member was gentle, patient, and did not rush the resident. Other staff members serving hot drinks explained that the drinks had been cooled
with water, or could be cooled further if required. Staff serving meals and clearing dishes spoke politely to residents, using phrases such as, 'Would you like your main course now?' and 'We have a choice today. It's fish or turkey. What would you like?' We heard residents discussing their choices with staff and enjoying light-hearted conversation and humour, which was pleasant
to observe.

Staff appeared courteous towards one another and towards residents. Although they were busy, they did not appear excessively rushed.
They were observed smiling and chatting with both colleagues and residents. Our observer was offered tea, biscuits and lunch; the offer of lunch was politely declined.

We noted that meals for residents dining in their rooms were being plated at the servery area. This did not appear to interfere with the service or support provided to residents dining in the room.

We reviewed the menu available on the tables, which included both lunch and evening meal options. The lunch menu consisted of a starter, a choice of two main courses and a dessert. Beneath this was a note stating that vegetarian and other special dishes were available. The evening menu offered soup, gammon with pineapple and potato wedges or sandwiches, followed by trifle.

One resident who had chosen the turkey option at lunch told our observer, "You are really missing out. It's good!" We also heard this resident being offered an alternative dessert to the one listed on the menu, with yoghurt or ice cream available according to their preference.

Overall, we observed that the dining arrangements were functional, welcoming and pleasant. The environment appeared to meet residents' needs, whether they wished to dine socially with others, or independently at their own table. Staff interactions were courteous, supportive and person-centred, contributing positively to the dining experience.

Resident feedback

The residents had the following comments on the food:

"There is plenty of choice. The food here is very good. I am currently having a pureed diet and the food is bland with not much taste."

"I take it or leave it depending on what's given. I haven't asked for an alternative choice if I don't like it."

"I have lovely food and today I had a lovely lunch. I had sponge and custard."

> Food is ok and we get a choice. I enjoy the puddings and cake!

Those residents who are able to go into the dining room were happy with the arrangements:

"I have a choice of where I would like to sit in the dining room."

"No choice but I'm relaxed about who I sit with, but there are a couple of residents I would rather not sit with."

"Yes, I can ask the staff to go to the dining room."

All the residents we spoke to were able to eat independently and did not require assistance with eating or drinking.

When we asked what happened if they ever had to miss a meal, we received the following responses:

"When I feel unwell or I'm not hungry I will miss a meal. If I am hungry later the staff would get a meal for me."

"Only when I went to hospital, and they kept a meal back for me."

Relatives

The relatives, with one exception, felt their loved ones had a choice about what they ate, including dietary preferences.
All said the food was good quality and gave the following feedback:

" Usually."

"The quality is declining due to costs."

"The food is good."

The majority of felt there was enough help with eating and drinking with the following comment from a relative who disagreed:

"She is unable to use her right side and only has front lower teeth yet they offer her roast beef that she cant chew. She needs softer food."

All except one said they were able to join their loved one for a meal. All felt that there was a suitable quantity of food and that cultural preferences were catered for. Other comments received were as follows:

"Needs more help with drinking to encourage them. You are invited to a meal only when everyone else has been served - you cannot eat a meal together."

"Some products aren't great quality e.g. the bread at teatime."

"Eryk, the chef, is a star but X likes softer food such as cottage/shepherds pie, sausage and mash, stews and traditional puds."

"They need to see that it's not a one size fits all approach, and look at them all as an individual."

Staff Feedback

The feedback from staff was that the quality of the food was good and that residents were involved with the menu planning.

Hydration and nutritional needs

The staff we heard from were aware of the importance of hydration and nutritional needs:

"We encourage drinks and fluids all the time and are able to offer them a choice of meals to choose from."

"We give them time, options and support."

Dignity and Respect

The residents felt they were respected when staff did their personal care and that the staff always asked before they helped residents:

"The carers are kind and caring. If I needed help the carers would help me."

"Yes. I can't shower alone, but someone sits outside my bathroom to make sure I am OK and so I don't mind if it's a male or female."

"Staff help me to wash and dress. I don't mind if it's a male or female carer and they ask me if it's ok to help me."

Residents also told us that the staff allow them to do as much as they can for themselves:

"The staff allow me to do as much as I can for myself."

"Staff help me as much as I need and always ask before helping me."

Relatives

There was a mixed response when we asked if loved ones looked presentable when they visited:

"Usually."

"Some days she does, other days there is food all down her top, in her bed on her sheets and duvet cover."

"Mostly."

Most relatives were unaware if their loved ones had a choice about what they wear. The majority of relatives felt their loved ones were encouraged to be as independent as possible and were able to get up at a time that suited them.

Staff

Resident feedback

The residents we spoke to all felt that the staff were caring and kind:

"By and large the staff are quite good. The trainee staff are quite new so not quite up to my expectations. The staff take me to the lounge when I require assistance to go there."

"Yes they are caring and kind and very good. They treat me with dignity. They ask me how I am each day. I asked them to make sure they knock on my door before they come in and they always do." (We observed some good interactions with staff as we spoke to him: he was very cheeky!)

"Very much caring and kind."

When we asked if the staff responded quickly enough to their needs residents said:

"Staff are usually prompt: sometimes it can take longer."

"Yes, staff are always looking out for me."

"Depends on if other residents have needs at the same time: can be slow."

We asked if staff had time to sit and talk with them and knew about the things they liked to do:

"In my memory box it has my past interests/life which shows staff about me. I used to work for a computer company They don't have time to sit and chat to me much."

"I haven't been here very long so staff don't know much about me yet. They do come and talk to me from time to time."

"To some extent. They don't know about my past life and I wasn't asked to fill in a form about my hobbies when I got here."

Relatives' feedback

All the relatives/friends we spoke to said they had been asked about their loved ones hobbies. They all felt that the staff were caring and kind.

Most felt that they were listened to by the manager and knew who to speak to when discussing something relevant to their loved one.

"I'm a fussy advocate for my husband."

All felt they were encouraged to visit the home. Two felt that they weren't kept updated on changes to their loved ones' health situation and updated when it deteriorated. Some did not feel involved in decisions for their loved ones.

Almost all knew how to raise a concern or make a complaint, but some did not feel that these were always acted upon.

"Her care plan was full of errors, I asked them to update it and its still not correct."

Relatives also gave the following feedback:

"With an 'open door' system at Larkland, I do not feel the need for surveys. Kate and Monika are doing a great job. I do not want a hospital or hotel for my husband I want a HOME where he is cared for and cosy. That is what we have here, even though all staff have to work in difficult situations sometimes."

"Sometimes not able to get staff to change pads because they are busy or on a break. I would like to hear staff engaging residents in a discussion about what they want for dinner. Maybe this happens and I am unaware of it. My wife could do with 1:1 physiotherapy but this is not on offer. My wife could do with more stimulation."

"Excellent care! Better activities please."

Manager feedback

We spoke with the manager who has worked for ten years in this home and was recently promoted from deputy manager.

Her aim is to make Larkland House feel as homely as possible to the residents. She would like to see more refurbishment in order to compete with other care homes in the area which have better facilities. It is becoming harder to get new residents. There are plans for a bistro to be created at the home and there is some redecoration going on.

Hospital discharge is a challenge as often no summary is given and there are issues with medication. The manager usually sends someone in to ensure the process is done well and the surgery is updated.

Any mental health issues can be referred to the CMH team with a blood and urine sample done first to establish if there are any medical issues causing changes to mental health.

The manager felt supported in her role and would like to see a focus on promoting the dementia and end of life care options at the home for new residents: Larkland has dementia champions and has been supporting its sister home (Dormy House) in this area.

Staff: training and support

The feedback from staff was that they had on the job training as well as online training and felt supported.

There are regular meetings. After a bereavement staff talk about the resident.

When we asked the staff what was the hardest part of their job we were told that time management was a challenge, especially when the home is short-staffed.

One member said that they did not feel supported at times.

When asked what improvements could be made one of the respondents mentioned refurbishing the home and another suggested a bus to transport staff would be helpful.

Connections with other services

Residents we spoke to were aware of some of the services, especially if they had used them:

"Sometimes there's a delay for the hairdresser. There's no set day of the week for me to see them. A podiatrist comes on set days and I get seen."

"I am aware there is a hairdresser who comes in on set days. A staff member does manicures."

"I get taken to the optometrist outside of the home. I haven't seen a dentist since being here: I haven't needed one."

"Yes, I have options to see healthcare providers."

"Have chiropody and the doctor will come in to see me."

Relatives

Relatives were less sure about the access to healthcare. Most seemed aware of access to the hairdresser with one believing that there was no hairdresser at present:

"They have been without a hairdresser for a long time. She's been in the home 8 months and not had a haircut."

We spoke with the manager who shared the following information:

Weekly visits from the doctor and can refer out of hours if needed.

Dentist: all residents are registered with a dentist. The first assessment is free. Some residents do go to a dental practice a short distance away.

The pharmacy is excellent and does regular reviews. The home has an optician and is looking into hearing tests. Chiropodist comes every Wednesday and the hairdresser is in the home every week.

Recommendations with response from manager

Overall we could see that there was a good atmosphere in the home and positive relationships between staff and residents. Improvements were taking place as part of a refurbishment and the manager is keen to ensure the home continues to improve and offer the best facilities for its residents. We noted from the surveys completed by relatives, that the majority of negative comments came from one person. Overall the feedback from relatives was positive.

Following the draft report being sent to the manager, she made the following comments:

"Following the Healthwatch visit on 5th August 2026, I would like to thank the visitors for their feedback and recommendations. It was positive to hear that there was a good atmosphere in the home and positive relationships between staff and residents. We are currently continuing with improvements and refurbishment work, and I am keen to make sure that Larkland House continues to develop and provides the best possible environment and experience for our residents."

We would like to make the following recommendations:

- Use contrasting colours in all bathrooms and toilets for toilet seats and grab rails.
- **Response from Manager: We have taken this recommendation on board. Contrasting toilet seats and grab rails have now been ordered in grey, and the work is in progress. This will help make key features in the bathroom easier to identify, particularly for residents who may benefit from clearer visual contrast.**
- Consider buying bright surrounds for light switches, in dementia residents' bedrooms, to make them easier to see
- **Response from Manager: We have purchased light blue surrounds for light switches. We also discussed this with our Dementia Coach, as changes within a dementia-friendly environment should be based on the needs of the individual resident and may not be helpful for everyone. The surrounds will therefore be used for residents who would benefit from them, as well as in suitable communal areas where this can be achieved in line with Care UK brand standards. We will continue to review the environment and make practical changes that support residents with orientation, independence and day-to-day living.**

- Consider creating a gardening club and growing herbs/fruit/vegetables for use in the kitchen.
- **Response from Manager: We already have an established gardening project at Larkland House, and residents are involved in growing and caring for a variety of plants in our garden. At present, we grow tomatoes, chilli plants, cucumbers, thyme, mint and lavender. Residents are encouraged to take part where they are able, from planting and watering to enjoying and making use of what we grow.**

  Gardening is also a meaningful activity and gives residents opportunities to spend time outdoors, use familiar skills, take part in something purposeful and enjoy the different smells, colours and textures in the garden. We have previously used our lavender to make lavender bags, which was a lovely sensory and creative activity. Our fresh mint is regularly used in mocktails, including during our mocktail-making class, allowing residents to enjoy something they have helped to grow. We have also used our home-grown thyme as part of our Christmas dinner.

  We will continue to develop this project and look at further ways residents can be involved in growing produce that can be enjoyed throughout the home.

- Look at how pureed food can be made more tasty for those residents who eat it.
- **Response from Manager: We recognise that mealtimes should be enjoyable and that residents who require a modified texture diet should have the same positive dining experience as everyone else. All staff members receive Dining with Dignity training, and our chefs are trained in the preparation and presentation of texture-modified meals, including piping the food so that it looks attractive and recognisable. This is part of our brand standards, and we also complete weekly dining experience checks to monitor the overall mealtime experience.**

  Our modified meals are based on the same meal options as the normal menu, so residents continue to have variety and familiar choices. Residents are supported to choose their meal options, and we always ask about preferences, including salt, pepper and other condiments where these are appropriate and safe for the individual. Where possible, the meal is presented and served in a way that shows the resident it is freshly prepared.

  We will continue to review feedback from residents and families and work with our catering team to make sure that modified texture meals are not only safe and suitable but also enjoyable, appealing and respectful of each resident's preferences.

- Consider how to increase the choice of activities for residents confined to their rooms (through the use of Tablets for example), so they can participate in Bingo or other games along with other residents.
- **Response from Manager: We want all residents to have access to meaningful activities, including residents who are bedbound or unable to regularly access the main activity areas. We have a Namaste programme in place for residents who benefit from one-to-one support and sensory experiences. These sessions focus on relaxation, comfort, connection and wellbeing, and a number of our residents particularly enjoy this type of personalised engagement.**

  We also use Tiny Tablets to give residents in their rooms greater access to activities and entertainment. These can support residents to enjoy games, quizzes, music and other digital content even when they are unable to attend a group session.

  We understand that activities are not only about group events. Meaningful activity should reflect the individual resident, their interests, abilities and wishes. Our team will continue to explore additional ways to support residents in their rooms so that they have equal opportunities for engagement, enjoyment and social connection.

- Introduce larger clocks, with date, time and weather on them to make them more visible.
- **Response from Manager: I have purchased larger clocks for the two units where suitable clocks were not already in place. On the first floor, a dementia-friendly clock showing the time, date and weather is already available.**

  We recognise that clear orientation information can support residents to understand the time of day and remain connected with their daily routine. We will continue to review the environment and ensure that clocks and other orientation aids are positioned where they are visible and useful to residents.

Healthwatch Comments:

We would like to commend the manager on her comprehensive response to our recommendations and for giving examples of what is in place, that we may not have seen on the day due to the timing of our visit.

We would recommend that the home promotes things such as the gardening club and activities even more widely, so that relatives are aware of the extensive range of activities being provided for residents. We acknowledge that residents have the choice to participate in, or decline, activities.

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