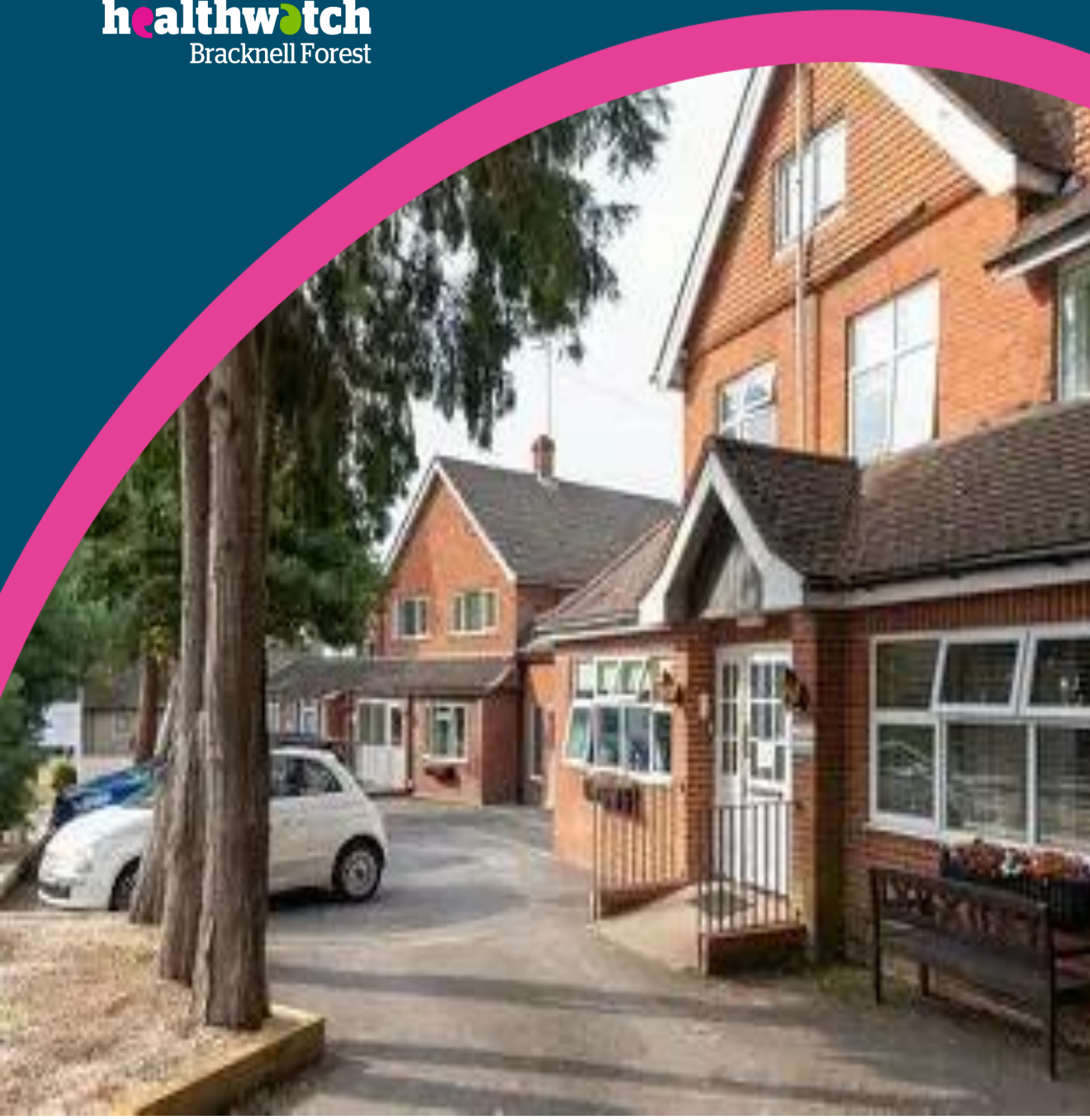


# Pinehurst Care Centre

Enter and View Report 29<sup>th</sup> & 30<sup>th</sup> July 2025  
Revisit 19<sup>th</sup> May 2026

**healthwatch**  
Bracknell Forest



# Contents

Contents.....	1
What is Enter and View? .....	2
Purpose of the visit .....	2
Background of the home .....	3
Preparation and Planning for the visit .....	3
Observations.....	4
Quality of Care .....	25
Activities and Daily Life.....	26
Food and Drink .....	28
Hydration and nutritional needs.....	31
Dignity and Respect .....	32
Staff .....	32
Staff: training and support .....	35
Connections with other services .....	36
Recommendations with response from manager.....	37
Revisit May 2026 .....	40

# What is Enter and View?

Enter and View is one of a range of options available to Healthwatch Bracknell Forest 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 Bracknell Forest 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

Pinehurst Care Centre is a care home that offers residential and dementia care. It is owned by Forest Care.

It consists of three houses: Pine, Hurst and Cedar. Hurst and Cedar are joined together and have separate lounges and dining rooms. Pine has 21 bedrooms, Hurst, 10 and Cedar 16.

At the time of our visit all except three rooms were occupied. All Pine's residents were living with dementia.

The centre's most recent CQC visit was in 2020 when it was rated as 'Good'.

The new manager had started work a few months before our Enter and View, was very keen to receive our feedback, and was very supportive before, during and after our visits.

# Preparation and Planning for the visit

Following discussion with the Local Authority a priority list was presented to the Healthwatch Bracknell Forest Advisory Group who agreed the visit to Pinehurst Care Centre.

Three weeks prior to the visit, the manager was telephoned and we requested to visit on the 29<sup>th</sup> and 30<sup>th</sup> July.. 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.

During our time there we were able to speak with three of the forty-four residents. Additionally we spoke to/received surveys from twelve relatives/friends, and three members of staff. We would like to have seen more members of staff engage in the Enter and View process. We also spoke to the manager.

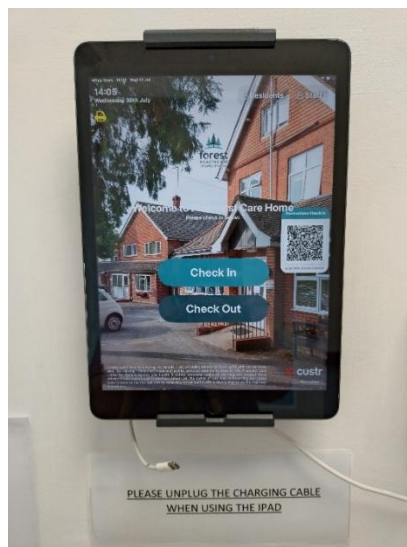
The Enter and View Team consisted of: Ann Brosnan, Nick Durman, Claire Shropshall and Mike Butcher.

**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

On both of our visits we arrived and were buzzed in and then asked to sign in on the screen, which also has a facility to take your temperature.



There is a board in reception with photos of the team on it.

We were greeted by the manager and several members of staff. One member showed us around all three of the houses and we were greeted by staff members as we passed by. It was quiet and the residents appeared relaxed throughout all the houses.

# Environment

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

## The Kings Fund Environmental Assessment Tool – Is Your Care Home Dementia Friendly – Pinehurst Care Home

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

All assessment criteria met except:

Do family carers have extended visiting opportunities?

We were told by a family member that visiting times had restrictions that they didn’t agree with. We would recommend that the care home reviews their visiting times.

Examples of where the assessment criteria were met:

Does the approach to the care home look welcoming? Is the entrance obvious and the doorbell/entry phone easy to use?

We found the approach to the care home looked welcoming; the outside area was well tended. The signage for the care home was clear from the road. There were wooden benches by the doorway, and the entrance was obvious, and the doorbell was easy to locate.



Does the care home give a good first impression?

On the day of the visit, we were greeted by staff. The reception area, although small, was clean and bright. There were some flowers on display and a chair, suitable for an older person, to sit on. There was no untoward odour.



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?

There was a wide variety of seating provided for residents. There were quiet areas to sit in, in addition to the lounges. There were some sofas in addition to single chairs.





## 2. The environment promotes well-being

All assessment criteria met, except:

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 are two separate gardens at the property that are linked via a locked gate. Access to one garden is down a narrow corridor at the rear of the property and is not signposted. The door to the garden is secured by a key code. Access to the other garden is via a covered terrace at the rear of the adjoining property and is not signposted. The access is via a gate secured by a key code. Some care homes with secure gardens will leave garden access doors unlocked for periods of time so residents to have independent access.

Below is an example of a care home we visited that had signposts to the garden:





Examples of where the assessment criteria were met:

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

We observed good natural light in bedrooms and social areas where large low windows enabled views outside.





Is the décor age appropriate and culturally sensitive? Are there photographs or artworks of a size that can be easily seen?

The artwork we observed was age appropriate. We observed different types of art and memorabilia. The art was of a size that was easy to see. There was a mix of artwork including floral art, and black and white photo art, of famous film and TV personalities. We noticed the artwork lacked diversity.



### 3. The environment encourages eating and drinking

All assessment criteria met. As Examples:

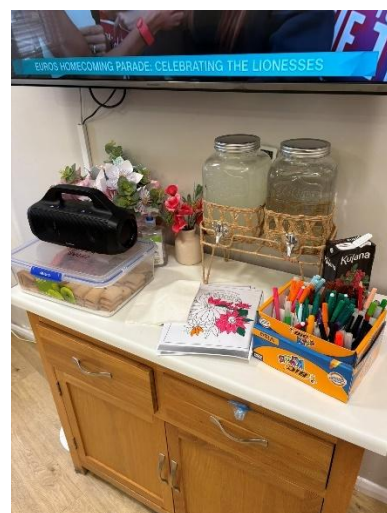
Are large dining areas divided so as to be domestic in scale and encourage people to sit in small groups or alone if they choose?

There are three dining rooms of various sizes at Pinehurst care home. All of the dining rooms were divided so as to be domestic in scale and enable people to sit in small groups or alone. There was enough space for a family member to sit with a resident if they wished to.



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

We observed access to drinks and snacks at various places in the home.



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

All of the dining areas we observed had lots of natural window light as well as overhead lighting.



#### 4. The environment promotes mobility

All assessment criteria met except:

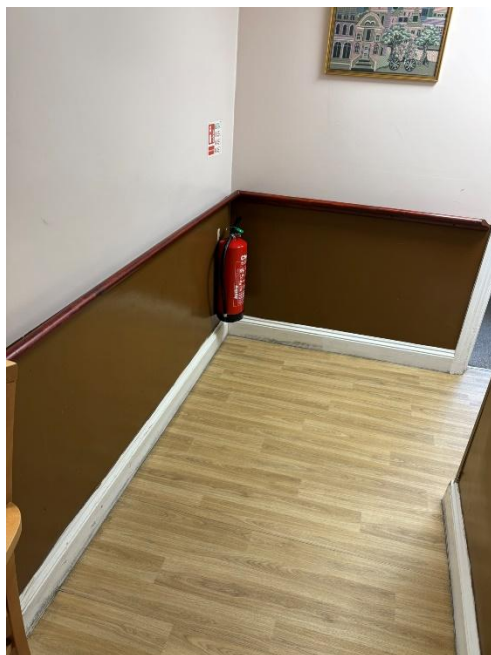
Are the handrails in a colour that contrasts with the walls and is it possible to grip them properly?

Whilst a majority of the handrails we observed were in a distinctive colour that contrasted with the walls, there was an area where the handrails didn't contrast very well with the wall colour, this could make the handrails difficult to identify and grasp easily.

Examples of handrails that did meet the criteria:



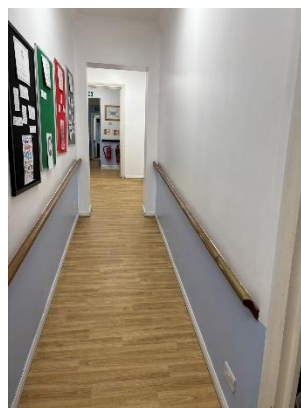
Examples of where a handrail did not meet the criteria:



Examples of where other assessment criteria were met:

Is the flooring in a colour that contrasts with the walls, and any skirting boards?

All of the flooring in all areas we observed, contrasted in colour with the walls and skirting boards.



Are there small seating areas for people to rest or sit in a quiet area?

We observed several small seating areas away from the lounges where people could sit and rest, or sit in a quieter area.



## 5. The environment promotes continence and personal hygiene

All assessment criteria met except:

Do the signs to the toilets include large, bright, clearly identifiable images and words?

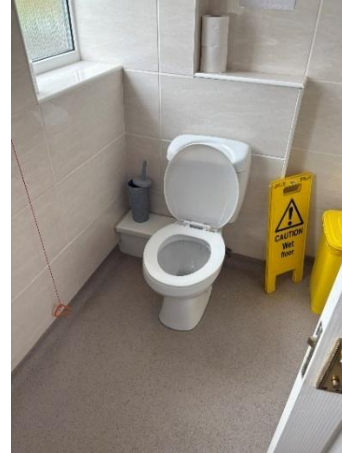
There were signs on the doors but they were quite small and didn't include words to identify what they were. All of the other care homes we have visited use an industry standard door signage for toilets. The signs are bright, large, and clear, and include words and a picture of a toilet. When we visited Pinehurst none of the toilets had that type of signage. Below are examples of the signs that are on Pinehurst's toilet doors and next to that are several examples from different care homes we have visited.



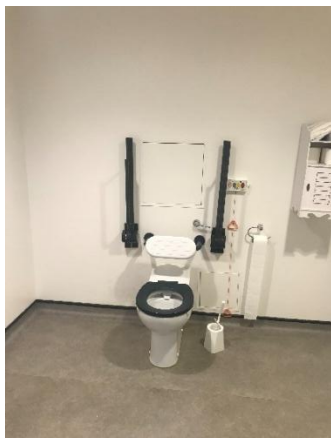


Are the toilet seats, toilet rails in a colour that contrasts with the toilet bowl/cistern? This enables some residents to easily identify the toilet seat and rails / grab handles.

All of the toilets we observed did not have toilet seats, and rails / grab handles that contrasted in colour from the toilet bowl/cistern. We saw one toilet that didn't have any rails /grab handles.



Below are various examples from the other care homes we have visited, which show contrasted coloured toilet seats and rails / grab handles.



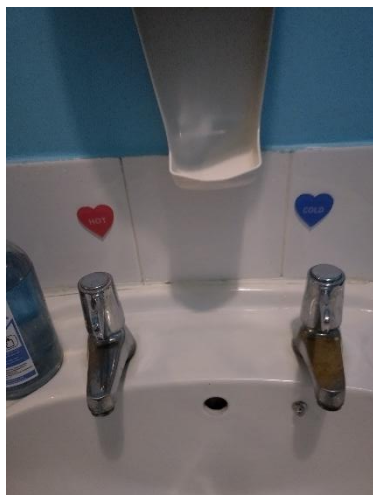
## Are the sink taps clearly marked as hot and cold?

As in all of the other care homes we have visited, the taps are hard to identify as hot or cold. Whilst there might be a small thin coloured blue and red ring on each tap, none of the taps would be easily distinguishable as hot and cold, particularly to some residents with some sight impairment.

Single handle mixer taps can be problematic in identifying which way is hot or cold. It may not be practical to change all of the taps in a care home, due to cost, particularly the single handles mixer type as this would involve changing the sink too. Some of the care homes we visited and highlighted this issue, have put up clear signs above each tap to highlight hot and cold.



Examples of how other homes have addressed this issue:



Examples of where the assessment criteria were met:

Are basins, baths, and toilet roll holders of familiar design?

All of the basins, baths, and toilet roll holders we observed were of a familiar design.

Can toilet rolls be easily reached from the toilet?

In all of the toilets we observed, the toilet rolls could be easily reached from the toilet.



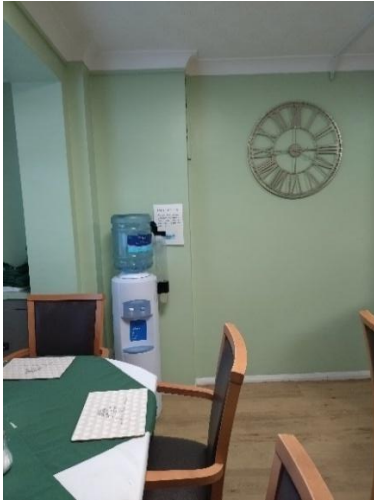
## 6. The environment promotes orientation

All assessment criteria met except:

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

We observed several types of clocks on our visit. Some were larger, some were smaller, and the style and placement of these clocks may make it difficult to see them clearly, particularly for those with dementia or if some residents had some sight impairment. We did see one large clock.





We did see one large clock which displayed the time and date. This was not in a lounge or dining room, it was in a walkthrough area between a lounge and bedroom corridor.



Below is a style of large clock we have seen in several other care homes that make it easier for residents to see and includes time, day, date and weather.



Are doors personalised e.g. through the use of numbers, accent colours, or, personal memory boxes?

We didn't observe any particular personalisation of residents' doors, apart from doors being numbered and doors being painted in different colours.



Below are examples of personalisation memory boxes we have seen at other care homes we have visited:



Examples of where the assessment criteria were met:

Are all signs e.g. sluice room, laundry room clearly marked and out of general eyesight

All of the staff signs we observed were clearly marked, out of general resident eyesight and the doors were locked.

Have artworks and/or accent colours been used to enhance residents orientation and wayfinding?

We observed various artworks of different types along corridors that would assist residents with orientation and wayfinding.



## 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 observed no cluttered areas that could affect residents safe movement in the home





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

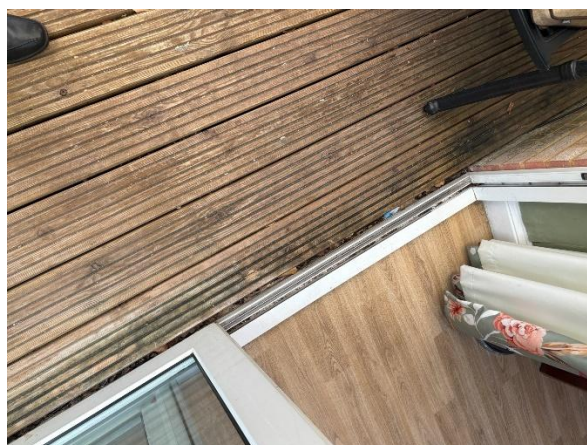
We didn't observe any intrusive mirrors or shiny surfaces or flooring in any of the corridors, lounge, dining rooms or other communal spaces.

## 8. Garden Observation

As part of our dementia friendly assessment, we walk around the care home garden area and make observations.

There are two separate gardens at the property that are linked via a locked gate. Access to one garden is down a narrow corridor at the rear of the property. Access to the other garden is via a lounge that leads onto a covered terrace and then on to the garden.

One of the homes has a covered terrace at the rear of the house that leads to the garden. At the door frame threshold leading from the lounge to the garden, one of our visitors caught their shoe on the pronounced lip of the door frame. Where possible thresholds should be completely flat to avoid trips and falls.

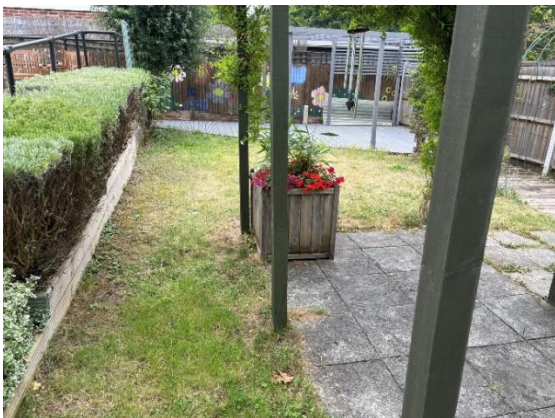
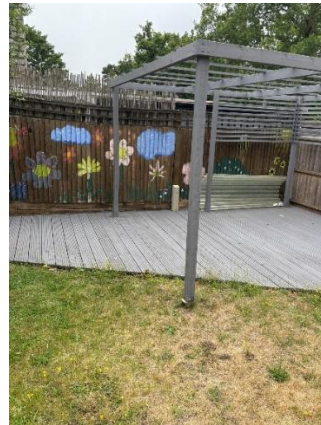


There was level access from the home into the gardens and there were also sturdy flat ramps and handrails where needed to get down to lower parts of the garden. We observed a variety of seating.

We didn't observe many areas that had cover for when people wanted to sit outside. We only saw two parasols at seating areas, however there was a storage area where more parasols may have been stored.



Our visit took place in summer. There were some flowers on the walls of the terraced area and a handful of pots with flowers in the garden. There was also a large bright mural on a fence and a few small ornaments. However, we didn't observe a lot of colourful flower planting. There were tall planters that are ideal for people to either stand or sit and do gardening, unfortunately these don't appear to have been used this year. There does appear to be an opportunity to make more use of flower planting to make the garden more appealing to sit in and to enjoy looking at colourful seasonal plants.



## Garden – Further comments

In addition to the dementia garden walk around we would like to add the following comments which were received from the residents:

“Nice and tidy.”

“Need someone with me. When it's sunny we go out if the staff are available.”

“Needs more flowers.”

Of the twelve relatives/friends who commented, some felt there was a lack of access to the garden:

“Neglected (Hurst end). It rarely gets any attention. There is no shade, apart from the parasols. It is not easy to access if you have limited mobility.”

“Never been in it: it's never open.”

Some relatives felt there was room for improvement and produced a number of suggestions::

“Build a shelter for sun/rain and put call buttons out there so lack of staff stops being an excuse not to go out. Plant some colourful/scented plants to improve the outlook from the lounge. Make access easier for those with limited mobility.”

“More user-friendly. More accessible. Water feature, bird table, sensory garden. Get rid of lean-to at Pine as can't see the garden because of it.”

“More accessible and used more. I always see the same individuals on Facebook using the garden and this upsets my relative as they would also enjoy the garden. More garden activities in the summer would be lovely, like potting plants.”

“Often there aren't enough carers available to be outside with the residents. I understand that they need some supervision, but it is restricting.”

“Let residents go out in them and at least have a view of the garden with a fountain or bird table. A very unused space.”

“Residents would benefit from a sensory, wildlife and quiet areas. Being outside has a massive impact on wellbeing.”

## Additional Observations

The 'bar/conservatory area at Pine means that two of the bedrooms have windows onto this area and not onto the back garden. We felt that this not only reduced the natural light going into the rooms, but compromised privacy when events were held, and would add additional noise.



We noticed walking frames lined up outside one of the dining rooms. It was hard to distinguish between them. A care home we visited recently had an initiative to 'Pimp my walking frame' to help recognise the frames and this may be something that Pinehurst would like to consider.



# Quality of Care

The residents we spoke to were happy with the home:

"It suits me. It's different."

"It took a while for the staff to understand me, but now I love it here, they are so helpful."

"Like it. Staff are helpful. I feel safe."

Relatives overall were happy with the quality of the care, with one saying there is room for improvement::

"The home may not be 'glossy' but mum doesn't need that. I don't worry about her at all as she is cared for, well fed and they love her. I don't feel we have to check on her like we did when she was living at home."

"The staff seem really caring."

“Could be a good care home but too institutionalised. Feels anything but homely.”

# Activities and Daily Life

## Residents' comments

There were no activities taking place on the days we visited. One resident was doing a Jigsaw, which was her favourite activity.

“Can do what I like; can take part in the activities. My two daughters visit and phone every day.”

“I have my own iPad and I do jigsaws. I am free to get up any time of the night and staff keep an eye on me.”

## Relatives' comments

Most of the twelve relatives/friends who responded, had been asked about their relatives hobbies when they first arrived. Just half said they are able to join their relatives for activities. Three-quarters of those not joining their relatives for activities said they would like to.

Only half of the relatives who responded felt that their relative had access to doing activities they enjoyed and there was a mixed reception to the activities on offer:

“My relative only has a choice of what the home does. They also complain the activities and music are too loud, which causes them distress.”

“She is helped to do the activity everyone is doing.”

“Not very engaged as has been ill but has not been interested in stuff for some time. We filled in a questionnaire when mum arrived in Oct 2024 which asked about interests/hobbies. They get taken to the garden centre in a bus.”

“There’s no other option. It’s always the same activities and always the same residents. Feel sorry for the residents as they’re a captive audience.”

“Joins in with all the activities: singing, loves to paint and makes paper flowers and we made a basket together. At home she used to sit in her room all the time and now we make things together.”

## Staff

The staff we heard from (which included an activities coordinator) made the following comments:

“I think the activities are great. Person-centred. We always ask about hobbies and interests and tailor activities to residents and, if difficult to do in a group we do 1:1 activities.”

“Not enough.”

“We provide a large scale of activities as well as focusing on person-centred activities. I feel it is managed very well.”

When we asked staff what they did if a resident wanted a different activity from those on offer they responded as follows:

“Will check to see if we have that. If yes, great, if not see if we can source from the library and offer alternatives in the interim.”

“I offer an alternative while I search for a solution to their wish.”

“Offer them a different choice/option and inform my senior manager of the resident's wish.”

The staff did mention that they do not get as much time to spend with the residents, as they would like:

“I used to but not so much now, but I try to at least have a quick chat.”

“No we are very busy: 20 residents to three staff and most of them need 1:1 attention.”

# Food and Drink

## Lunch Observation

We undertook an observation in Pine:

There were three sets of tables accommodating five people on each. Two of the residents were wearing clothes protectors and the others were using the serviettes that were in a holder on each table.

Most of the residents were able to feed themselves.

Staff were walking around and interacting with the residents; one member of staff stood back in the lounge area to observe and help as needed.

Plenty of staff were assisting and were topping up drinks on a regular basis. They were all patient when waiting for residents to choose their drinks or puddings (apple pie and custard was very popular!)

Some of the residents were chatting to each other, but most waited to talk until they had finished their meal.

Jazz music was playing in the background and was at a volume that did not stop people from talking..

One person was eating in the living room and the staff took a covered tray to her and checked on her regularly.

One resident was agitated about the location of her handbag and was reassured several times by members of staff that she didn't need to pay for the lunch and that her handbag was safe. Staff made sure to distract her after reassuring her.

All the residents seemed to enjoy the food and one asked for seconds of the main course.

A member of staff assisted one resident to eat her pudding and also helped another resident to drink. The staff member checked each time before holding the glass up for her to drink and stopped when the resident said she had had enough.

All the staff supported the residents at the pace that they were comfortable with; no one was rushed to finish their meal. Staff helped each other (two of the residents needed help to go to the toilet during the meal).

One member of staff was laughing and joking with a resident, who, when asked what she would like said 'A handsome man!'.

There was a relaxed, calm atmosphere throughout the lunch. The hot food was kept covered until it was served to the residents and clean cutlery was given to the resident who asked for seconds of the main course.

Staff allowed one resident to take her empty plate back to the kitchen and thanked her for helping them.

Staff supported the residents as they made their way back to the lounge and did well in maneuvering walking frames around the tables and chairs.

## Resident feedback

The three residents we spoke to were positive about the food that was offered:

“Brilliant.”

“Very good – better than where I was before.”

“Varies; it is good some days and it is hot enough. I’m on a diet and I miss puddings: I’m only allowed yoghurt for dessert!”

We spoke to the manager about the resident who was only offered yoghurt for dessert. He has spoken to the staff and asked them to offer dessert, but give a smaller portion.

## Relatives

The twelve relatives were far more mixed in their feedback on the food. Previously the home had a chef, but, were unable to find a replacement when the chef left and so opted to buy in meals from Appetito.

Four of relatives felt that the food was of good quality.

“ The food when they first joined was lovely as they had a chef, but now the quality has gone down massively. I have also been told off for bringing food in to my relative when they were complaining of being hungry.”

“It’s better now sandwiches are offered at tea time. Pasta not a favourite or soup every day.”

“The food was better and more varied when they had a chef/cook. Now it is processed food supplied by Appetito. You don't seem to be able to make an ad-hoc request for something different.”

“My mum eats better here as it is sociable. Quality of the food is fantastic: we tasted it at a taster session.”

Three relatives stated that they were not allowed to join their loved ones at meal times:

“Mealtimes are at set times and there is no room to come and share a meal with them.”

“I have been refused to see my relative when I came at meal times.”

## **Staff Feedback**

The feedback from staff was as follows:

“Food is fantastic, delicious, hot and fattening.”

“The menu is regularly decided with the residents. I think the quality of the food is great.”

“Sometimes alright but sometimes they don't like it.”

A member of our team also tasted the food that was on offer that day at lunchtime and found it acceptable.

# Hydration and nutritional needs

All the staff we heard from were aware of the hydration and nutritional needs. There were hydration stations in the buildings such as the one below and staff regularly offered drinks.



“Water stations are in each house.”

“Offer lots of drinks and snacks during the day.”

“We give extra drinks and there are stations so they can serve themselves. Extra fruit and snacks are provided daily.”

# Dignity and Respect

The residents felt they were treated well by the staff:

“Yes. Polite and kind.”

“I’m treated respectfully.”

Four of the twelve relatives felt that their loved ones did not look presentable when they visited.

“Miss-match of clothes. Jumper on but nothing underneath.”

“My relative has given up caring what they look like now. Staff just put on what comes to hand. It’s really sad as they always use to look well kept and smart.”

One resident said they did not like having to get up at 5am. Comments were also raised by some of the relatives. We spoke to the manager about this who took action. It was raised with the staff and the manager reminded them that it was not appropriate for any resident to be got up at this time. The manager was also taking steps to look into this in more detail to establish what was happening, and why.

## Staff

### Resident feedback

The residents were positive about the staff:

“Good as gold. They are respectful. They tend to be busy..”

“Usually quite helpful.”

“I am treated with kindness and respect.”

Residents felt that staff do not always have time to spend talking to them:

“Not very often – too busy..”

“They sometimes sit in the living room to talk.”

## Relatives' feedback

Seven of the twelve relatives we heard from said that the staff were caring and kind. Comments suggested that particular staff were lacking in kindness:

“Incredibly kind.”

“Staff are b\*\*\*\*y marvellous!”

“Most are nice but there are some that are really awful. There's a few staff that are really nasty and have a habit of ignoring my relative and other residents. They're anything but caring and have zero tolerance. It's a shame their behaviour isn't addressed. The atmosphere isn't great either when they're working. Feel really sorry for the residents.”

“Depends what staff are on.”

Eight of the twelve relatives said they felt listened to and eleven knew who to talk to when discussing something related to their relative.

Only 58% said they were encouraged to visit the home and this mainly seemed to be related to the visiting hours:

“They have visiting hours: I don't believe there should be any restrictions on when you can or can't visit.”

“Not very welcoming, it puts me off visiting. Would like to visit more but some staff have been really offensive and condescending.”

Seven relatives felt that they were kept up to date with their loved one's health situation and informed when there is any deterioration in their health.

“Could be updated a bit more regularly.”

“This could improve as the information is sometimes inconsistent.”

Half felt that they were involved in decisions related to their loved ones care.

Nine relatives knew how to raise a concern or complaint, with two out of the five who answered this question, saying they were listened to and acted upon:

“Did try to and discuss a few things with the previous manager, but didn’t get anywhere. Spoke to me like a five year old.”

Positive feedback was received about the new manager from both staff and relatives:

“I am happy to work with the new manager; he seems very caring.”



Since the new manager has started there has been a vast improvement



Access to the building was an area where relatives felt improvement could be made:

“Sometimes it is difficult to gain access to the building as the front desk isn’t always manned, especially at weekends. A keypad access system would be much better allowing you to enter at any time without having to disturb staff, on other duties, to let you in.”

“I mostly visit at weekends when the front desk is unmanned. I have to ring the bell and wait for someone to answer the door and sometimes wait

quite a while, usually taking someone away from their caring duties. A keycode or secure entry card would be better.”

## Manager feedback

We spoke to the manager who told us that his main challenge was the staff getting used to him after seventeen years with his predecessor. He is keen to empower the staff and make positive changes based on feedback from staff, residents and relatives, as well as this report.

The manager has a new line manager who is very supportive and the manager was able to have an induction in the sister home, before taking over at Pinehurst.

One of the biggest challenges is the size of the bedrooms and facilities. Some rooms require the resident to be ambulant, due to the lack of space.

The lift cannot fit a stretcher in so this is not good for those who have bedrooms upstairs.

The manager would like to see activities taking place seven days a week and for them to take place both in the morning and the afternoon. At the moment the weekend carers do the activities on Saturdays and Sundays.

Currently the parent company (Forest Health) partner with Mylie for access to a bus and get an allocation of days for the year.

There is a possibility of some refurbishment taking place to make two rooms larger and add ensembles.

# Staff: training and support

The feedback from staff was mixed with two of the three being more positive:

“Well. Training is arranged and monitored.”

“Varied.”

“Very well.”

“My manager offered me an online training session on mental health.”

“Lots of training is given.”

Regular staff meetings were acknowledged by some of the staff::

“There are regular (monthly) staff meetings. Anytime there is a concern, we like to discuss it with the relevant person straight away.”

“Every day we have meetings to discuss any issues.”

“Not often as we are always very busy with residents on the floor as most need constant care and support.”

We asked the staff to tell us what improvements they thought could be made:

“More budget for activities; make the home wheelchair friendly; change the little round tables in the lounge as they are very old and well used.”

All the staff felt supported and listened to when they raised concerns.

Other feedback from staff was around the hardest part of their job:

“Always running around the floor and supporting all the residents' needs and wishes with just three carers for 20 residents.”

“Pushing wheelchairs around through doors especially when there is a heavier person in them as the doors are not wheelchair friendly.”

## Connections with other services

The manager told us that the home has weekly visits from a Paramedic/GP/Pharmacist, who work on a rotational basis.

There are monthly reviews for medication.

A private dentist in Crowthorne has taken residents on and is accessible, but a community dentist would be helpful as would visits to the home, especially for those needing extractions.

Have visits from an optician every six months, but as most residents are from the local area, the home advocates for their current provider..

The chiropodist comes every 4-6 weeks and can be booked via reception.

Residents can have their nails done by some of the activities/care team.

Hospital discharge is a challenge: unable to rely on the information given and sometimes summaries are missing or inaccurate. Medication can be missing or belonging to someone else. DNARs don't come back with the resident and Zimmer frames have been lost.

The home has a good relationship with the mental health team and the care home support team is also very good.

Residents felt they had access to healthcare and services such as hairdressers. One said that their relative helped them with appointments.

Relatives commented that they were the ones that facilitated access to healthcare.

# Recommendations with response from manager

Our observations suggest that residents' care needs are being appropriately addressed at present. The newly appointed manager has shown a willingness to engage with feedback and to explore opportunities for further development. We have outlined the following recommendations to support continued improvement.

- Allow visitors at any time to include mealtimes.

**Response from Manager: This has been changed and visitors are allowed access at all times.**

- Consider giving relatives pass cards so that they can access the building without having to wait for a member of staff to come to the door.

**Response from Manager: There will be an E-reception in all three units to help with the flow of visitors.**

- Look at activities and get more feedback on the variety on offer.

**Response from Manager: The activities manager has left since the Enter and View and two members of staff are covering activities. We will be doing a survey to see what other activities residents would like. We now have more access to a bus and the number of trips out will increase.**

- Consider having a quiet area away from activities for those that find them too loud.

**Response from Manager: Looking at how we can do this in Pine.**

- Discuss food with residents and their families to get more feedback following the very different views expressed by the respondents to our visit.

**Response from Manager: A meeting was held on 25<sup>th</sup> September and relatives were able to taste the food. All the food from Appetito is nutritionally balanced.**

- Look at offering an alternative option for those that might not want either of the choices on the menu.

**Response from Manager: Soup and sandwiches are always offered as an alternative to the main menu options.**

- Look at the impact on residents of the two bedrooms on Pine which have windows opening onto the bar area.

**Response from Manager: This area is being looked at to see if it is the most appropriate use of the space.**

- Ensure the handrail that is a similar colour to the wall is painted a different colour

**Response from Manager: This is being addressed.**

- Update signage on toilets

**Response from Manager: This is currently not an issue for any of the residents.**

- Ensure all toilet seats hand rails/grab rails are in a contrasting colour to the toilet cistern.

**Response from Manager: This is being addressed.**

- Put grab rails in the toilet which is missing them.

**Response from Manager: A grab rail will be fitted.**

- Ensure taps are clearly marked 'Hot' and 'Cold'.

**Response from Manager: This will be addressed**

- Introduce memory boxes.

**Response from Manager: Residents will be spoken to and this will be discussed with them to ensure we take an appropriate approach for each resident.**

- Change out the clocks to ones that are more easily seen.

**Response from Manager: We will look at clocks.**

- Make more use of the raised planters.

**Response from Manager: We plan to have residents more involved with the garden.**

- Have conversations with residents and relatives about improving the garden and making it more accessible.

**Response from Manager: Meetings will be held to gain feedback.**

- Ensure access to the garden at Pine is flat to avoid trips/falls.

**Response from Manager: This is being looked at.**

- Change out/update the small tables in the living rooms.

**Response from Manager: We have started to look at introducing foldaway tables and disposing of the old ones.**

- Make the walking frames more easily recognisable for staff and residents.

**Response from Manager: This will be discussed with residents to see how they would like to make their walking frame more identifiable.**

- Look at how to keep relatives more regularly updated about their loved ones.

**Response from Manager: There is a quarterly newsletter and more relatives' meetings have been scheduled. A 'Resident of the day' initiative has been introduced and we have been contacting relatives who have not been visiting recently to keep them updated. Forest Care is also developing their dementia strategy across all their homes.**

# Revisit 19<sup>th</sup> May 2026

Ann Brosnan and Nick Durman revisited Pinehurst Care Centre in May to see the progress being made following our visit in 2025.

The manager confirmed that visiting hours had been extended and the E-receptions are still being progressed.

Rather than have memory boxes the manager has suggested that boxes are made up by families which can be opened so that the resident can take objects out to look at them, and thus make it more stimulating and tactile for them.

A clock had been moved to a position in the dining room at Pine, so it was more easily seen.

## Activities

There is a new activities person and the home has the bus from Myley for one full day and one half day each month. Trips so far have included Guildford Cathedral, a country park, Blackbushe airport, Camberley and garden centres. A crash-tested wheelchair has also been bought to accommodate more residents on trips.

There has been a residents' survey and meetings to discuss future activities and, when potential residents are being assessed they are asked about their interests. More sensory/tactile objects are being purchased and those who stay in/are confined to their rooms are offered 1:1 sessions.

Activities will also be more focused on language and communication, as needed.

There are plans to take some of the male residents down to the pub for lunch and to connect them to the Crowthorne 'Men's Shed' due to their interests. The Men's Shed will also be making plaques for all the houses.

For the garden there is a resident who ran her own gardening business and she has picked plants for the window boxes and plant pots. We mentioned that one of the residents at the nearby Fourways care home was also developing their garden and suggested that they perhaps introduced the two of them.



The manager is also looking at how access to the gardens can be improved for the residents to encourage more use of them and will consider how this has been done in other homes.

The recommendation to make walking frames more easily identifiable has yet to be implemented and the manager said they would like this to be done as an activity to ensure that the residents are involved.

## Planned refurbishments

During our revisit the manager showed us the changes that have been made to the houses to improve them.

The living room in Hurst and Cedar has been updated and has a new television unit and features a 'fire'. Blinds will be fitted to the ceiling windows to keep the sun out on hot days (there was a temporary fix on the day we visited), The room is brighter overall and has a more 'homely' feel. Several residents were sitting in the room as we were looking around.



There is also extensive work going on at Pine: The outside area (which had a 'bar' on our previous visit) is being refurbished. The roof has been removed, which is making the area much brighter and also increasing the brightness in the lounge:



The bedrooms with windows overlooking this area will have the windows changed so that no one can look in, thus protecting the privacy of the residents.

The front of the main lounge area in Pine will be closed off to provide the quiet space that we recommended. Activities will also be moved to a more appropriate area.



There are new bedrooms in Pine with ensuites and views out into the garden:



Contrasting toilet seats and grab rails are being introduced, beginning with those who will benefit most from these changes. They are also still looking at making the 'hot' and 'cold' taps more easily identifiable.

The handrail has been painted a different colour to contrast with the wall and the stairs have also had the carpets removed and new flooring has been put in at Hurst/Cedar:



## Other changes

The manager told us that care plans are being reviewed and audited with training for the care and support team around documentation and challenging behaviour.

Dementia awareness training has also taken place and Dementia Friends have been trained. The manager has attended the Dementia Forum.

There is a three year dementia strategy in place via the QA Leadership team.

More signage will be introduced as part of the refurbishment and the manager has introduced the philosophy of encouraging residents to maintain their independence as much as possible; an example of this is that two of the residents have been able to bring their own adapted kettles so that they can make themselves hot drinks.

## Healthwatch Comments

It was clear to us that there has been a lot of positive change since our first visit and we could see the enthusiasm from the manager who is keen to improve the facilities for both the residents and the staff. The manager is also aiming to change the culture to focus on residents being as independent as they can be, which we felt was a positive change.

The planned refurbishment will be of benefit to residents, relatives and staff and the changes that have already taken place have made the home brighter and more appealing. The atmosphere was positive as were the interactions we had with the residents as we were shown around.

We would like to commend the manager on all the work that has taken place.



**Unit 49, Aerodrome Studios, Airfield Way, Christchurch, Dorset, BH23 3TS**

[www.healthwatchbracknellforest.co.uk](http://www.healthwatchbracknellforest.co.uk)

t: 03000 012 0184

e: [enquiries@healthwatchbracknellforest.co.uk](mailto:enquiries@healthwatchbracknellforest.co.uk)

 [@https://twitter.com/HealthwatchBF](https://twitter.com/HealthwatchBF)

 [Facebook.com/Hwbracknellforest](https://www.facebook.com/Hwbracknellforest)