

# Enter and View

Field House Care Home

**healthwatch**

21<sup>st</sup> May 2026

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# 2. Introduction

## 2.1 Details of visit

Name of home	<b>Field House Care Home</b> Eyebury Rd, Peterborough PE6 7TD
Service provider	RBL Field House Care Ltd
Date and time	3 <sup>rd</sup> March 2026 10.30am -1.30pm
Publication date	20 <sup>th</sup> May 2026
Authorised representative(s)	<b>Janine Newby-Robson</b> (Project Manager)  <b>Caroline Tyrrell-Jones</b> (Head of Operations)  <b>Rachael Peryer</b> (Authorised Representative)  <b>Emily Curston-Day</b> (Authorised Representative)

## 2.2 Acknowledgements

Healthwatch Cambridgeshire and Peterborough would like to thank the service provider, staff, service users, and their families for contributing to this Enter and View visit, notably for their helpfulness, hospitality, and courtesy.

## 2.3 How we gathered the data

This report is based on our observations and the experiences of the residents, relatives, and staff we spoke to on the day of the visit.

### Disclaimer

This report is not a representative portrayal of the experiences of all residents, friends and family, and care home staff, but an account of what was observed on the day of the visit and shared with us.

Note: Some of the residents Healthwatch spoke with have cognitive impairment which can impact their ability to have a conversation or answer questions.

# 3. What is Enter and View?

Part of the Cambridgeshire and Peterborough Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are run and make recommendations where there are areas for improvement.

Healthwatch Cambridgeshire and Peterborough provide appropriate training as recommended by Healthwatch England for Authorised Representatives and ensure that they attend safeguarding training.

One of the Authorised Representatives in this visit has experience of working in a care home.

The Health and Social Care Act allow local Healthwatch authorised representatives to observe service delivery and talk to service users, their families, and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service, but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first-hand.

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

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

## 4. About this Visit

### 4.1 Purpose of Visit

Healthwatch Cambridgeshire and Peterborough previously visited Field House Care Home 2019.

The purpose of this recent visit was to check the improvement plan was still in place. In addition to this it was used to:

Gather views from the residents, their relatives and friends and staff about the services and care provided.

Observe the care provided for the residents and their interaction with staff and their surroundings.

## 4.2 Why we visited

The Care Quality Commission (CQC) published a report about Field House Residential Care Home for the Elderly 22<sup>nd</sup> April 2026. The home was given the overall rating of 'Good' - view the report [HERE](#).

Our visit was an announced Enter and View visit arranged in advance with the Manager. The purpose of this visit was to capture the experience of life and care within a care home environment and to observe the standards of working practice.

The Authorised Representatives (ARs) arrived at 10:30 AM and actively engaged with residents between 10:30 AM and 1.30 PM, they then left at 2:00 PM.

On arrival, the AR's introduced themselves to the Manager, and the visit details were discussed and agreed. We were given a tour of the Home and the ARs were subsequently afforded access to the communal areas of the Home for the duration of the visit.

Although posters were provided to the care home to place onto notice boards informing of our visit, they were not seen. This resulted in visitors and carers not being aware of our visit.

On the day, we monitored the interactions between staff and residents and spoke to residents to understand their experiences. We asked relatives, friends, and staff members to provide their experience and views of the care home through conversations on the day. We also used the "*Is your care home dementia friendly?*" assessment tool developed by the Kings Fund and University of Worcester.

We spoke to four residents, who shared their thoughts and experiences as well as life and care in the home to guide the conversations. Some of the residents have dementia or other cognitive issues, which meant some were unable to answer all our questions. Where this was the case, we had more general conversations to understand their experiences of living at Field House. Not all respondents provided answers to every question and some respondents preferred not to answer all questions.

In addition, we spoke to five staff, a family member and two health professionals during our visit.

# 5. Our Findings

## 5.1 Overview

### General Information.

Field House Residential Care Home for the Elderly (Field House) is a residential care home. The service provides personal care and accommodation in one adapted building to up to 55 older people, some of whom live with dementia. At the time of our visit 53 people were receiving the service.

The home is set at the end of the village of Eye; the back of the building looks over fields and countryside.

There is a parking area in front of the building which has bollards in the middle, restricting a one way in and one way out, on observation this could be awkward for visitors. Further parking along the street is available.

After our visit we were informed there are two designated car parks on the premises. The visitor car park is clearly signposted and located to the left of the building when facing the main entrance. The second car park, situated on the right side, is reserved for management and contractors. The central area with bollards is specifically used by doctors and nurses attending the home and is not intended for visitor parking.

The Manager has been employed in the home for around five years, starting as a Senior Carer, she has worked her way up to the role of Manager.

## 5.2 Premises

The building was originally a General Practice Surgery but has been extended over the years with two floors. On our observation some of the narrower corridors could be awkward for residents to navigate.

We were informed that:



All corridors meet accessibility standards and comfortably accommodate wheelchair users, including those using larger powered chairs. Residents, visitors, and staff can move through these areas without restriction, and mobility equipment can be safely supported. In daily practice, we have not experienced any issues relating to congestion, restricted movement, or unsafe access.



There is a garden to one side and the rear of the home. Although at the time the weather was not suitable for using the outside space.

We were informed that during the warmer months residents make regular use of the garden for both leisure and structured activities and it is actively used by residents and their families.

On initial observation of the care home, our authorised representatives found the building to mostly good state of repair, however some areas need a little attention.

The Manager told us:



The building is routinely inspected, and any required repairs are addressed promptly through our established maintenance schedule. At the time of the visit, no outstanding issues had been identified that would compromise safety, accessibility, or the lived experience of residents. Where minor wear and tear occurs, it is managed proactively, and records of completed maintenance tasks demonstrate our commitment to keeping the environment in good order.



An architect has been consulted to consider the possibility of extending the care home space for additional rooms as well as areas for communal facilities. As part of this discussion with the architect, we were also looking at how to further enhance our outdoor space. There is no refurbishment planned as the home has recently undergone an extensive refurbishment.

The reception area had comfortable seats, and information about how to provide feedback and how to make a complaint.

A member of the team was sat in the area working and assisting visitors. The Manager's office was in this area with an open door.

On observation we found the lighting in the reception area was not bright, and the area had shadows which could cause problems for those with sensory impairments.

After our visit we were told by the Manager:



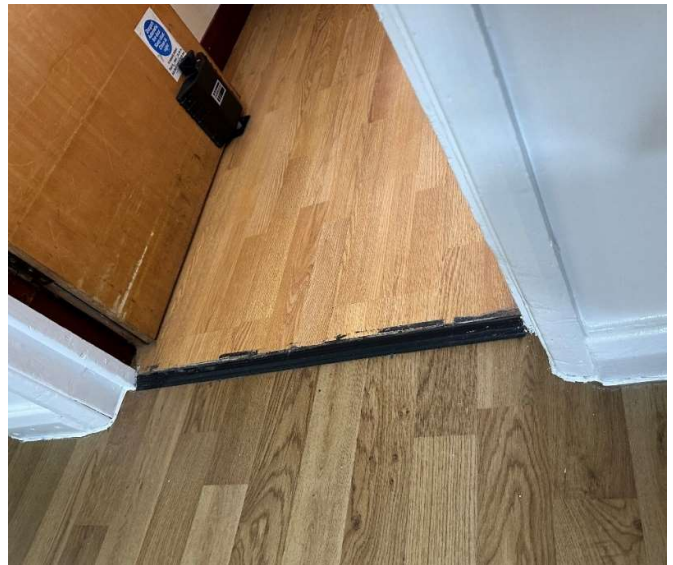
There have been no falls, incidents, or near misses in this area, and we have received no concerns or complaints from residents, visitors, or staff regarding lighting or visibility.



There is a small lift between the floors which residents can use with assistance from staff.

Because the building has been extended at various times, our team found getting around the building confusing. Paper signs are blue tacked to the walls with arrows directing to different areas.

In some places we observed the flooring has a slight slope which could lead to trips. A coloured strip on the floor would help highlight the height difference.



After our visit, we were informed by the Manager:



The area of flooring with a slight gradient is already known to the service, fully risk assessed, and safely managed. Appropriate measures are in place to ensure this does not pose a risk to residents, staff, or visitors. We appreciate your observations and will continue to monitor the environment as part of our ongoing safety checks



Most corridors did not have handrails of contrasting colours. A small recently converted upstairs space had grey handrails, making them easy to see against white walls. Some edges to flooring between rooms require repair as they could be a trip hazard. For example, room 5 and the bathroom opposite.

The corridors have automatic motion activated lighting. During our visit (while taking notes within a corridor) we found that this area switched off automatically in a noticeably short space of time.

This could cause residents to fall if they stop walking for a while and become disorientated.

We were informed by Management:



Only a few specific areas of the building use motion activated lighting. These areas are known, risk assessed and routinely monitored to ensure they remain safe for residents.



We observed a lot of corridor wall space had posters (in small font size) containing information about how to wash hands, safeguarding procedures, and what to do in the case of a fire. There were several posters relating to staff

training displayed, along with a high number of “how to make a complaint” posters visible within the setting. Recommendations regarding these are available in the enclosed appendix.

After our visit, we were informed by the care home the placement of posters is guided by “recommendations received from the CQC, the local safeguarding team, and the Fire Service. Limiting essential safety and infection prevention posters to staff-only areas would be inappropriate and would place staff, residents, and visitors at risk.”

Some furniture is showing its age, with a table in the bar area showing damage on corners and a few chairs having fraying on the arms upholstery.

The residents’ bedroom doors display their names, often alongside pictures that are meaningful to them. We observed a few of these were old and required refreshing. There was no other visible personalisation, such as memory boxes. However, when observing through open bedroom doors, we could see some personal items and small keepsakes within the rooms.

After our visit the Manager told us:



We conducted a full audit of all bedroom doors, and no signage was found to be damaged.

All name plates and personalised images are intact, legible, and appropriately maintained. Where residents choose to display personal photographs or meaningful items, these are routinely checked as part of our environmental walk arounds to ensure they remain in good condition.



Pictures and artwork are displayed throughout the building and along the corridors. However, they are not currently used in combination with wall colours or other visual cues to support residents’ orientation and wayfinding.

Coordinating artwork with colour schemes could help create clearer visual landmarks and make it easier for residents to navigate the building.



Some bathroom fittings were not in contrasting colours. Providing good colour contrast for sanitary fittings would make toilets and basins easier to see and use.

There is a lounge area on each floor. When no activities are taking place, chairs are arranged around the edges of the room. Arranging chairs in small clusters instead would help encourage social interaction and conversation.

The care home told us:

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We have previously tested different seating arrangements, including small conversational clusters. Residents did not like this layout, and several expressed a clear preference for the current arrangement, where chairs are placed around the edges of the room. On the first floor, clustered seating also created falls risks, as it reduced clear walking space and made navigation more difficult for residents with mobility aids.

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Following resident feedback and risk assessments, the chairs were returned to the layout that residents preferred and felt safest using. This arrangement supports freedom of movement, maintains visibility for staff, and reduces trip hazards.

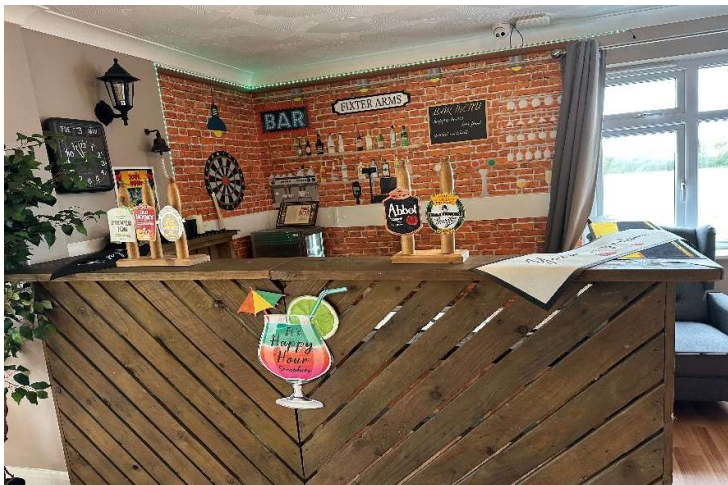
For part of our visit, a television was on in the downstairs lounge with nobody viewing. Subtitles were not switched on. We could not see any games consoles or interactive games.

We were told by Management:

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Residents access the lounge at different times, and the television is used flexibly depending on their preferences and planned activities. Subtitles are enabled when required or requested by residents, and we have received no concerns or complaints regarding accessibility or viewing options.

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Music was playing throughout the communal areas. During our visit we did not find a quiet space available for residents to sit.

In response to this we were told by Management:



Quiet areas are available including our lounges, our sensory/cinema room and the pub area, which many people choose to use when they want privacy, calm, or time away from communal activity. In addition, music can be switched on or off depending on what the residents prefer. Staff routinely support residents to move to an alternative area if they request a quieter setting.



There is a sun terrace leading from the upstairs lounge area which would be a great resource in warm weather.



There is a corner on the second floor set up to resemble a bar area. This is used about once a month for a 'pub' style event, and for birthdays and other celebrations.

There are clocks around the home, but no calendar or "weather station" to inform residents of the month/time of year.

On the ground floor there is a cinema room.

We were told this is used regularly for a wide range of activities, including planned film afternoons, reminiscence sessions, themed events, and small-group or one-to-one viewings.



Usage is clearly documented in our activity logs, and residents choose films according to their preferences. Staff also support individuals who enjoy quieter, personalised viewing sessions



A resident told us they like:



Looking out of the bedroom window and watching the birds.



## Cleanliness and Hygiene

The home had a clean smell. During our visit we did not observe a cleaning team, but we observed a carer responding to an immediate need cleaning the floor of a resident's room.

We were told on the day of the visit, three domestic staff were on duty, completing scheduled cleaning tasks throughout the home.

When checking communal bathrooms, one toilet was dirty. We checked the toilet on several occasions during our visit, and the toilet was not cleaned during our time at the home.

The dining room area requires a deep clean. The windows were smeared and had cobwebs. Plastic tablecloths are torn and need replacing.



The serving hatch in the upstairs lounge is dirty.

We could not see into the food preparation area.

## 5.3 Staff Interaction and Quality of Care

Throughout our visit, all the residents we saw and met looked well cared for.

Most staff have worked at the care home for several years. The Manager noted that recruitment has been successful internationally and that the home does not rely on agency staff.

During our visit we asked about staff training and was told annual refresher training happens online; some training is on a three-year cycle. There are four members of the team who have undertaken the *"Train the Trainer"* course.

After our visit, the care home clarified while some refresher modules are completed online, mandatory training is delivered through a blended approach, including face-to-face sessions and e-learning, in full alignment with Skills for Care standards and sector best practice

We observed most staff do not wear name badges. We found it was difficult to identify visitors from some care staff. During our visit one person told us they were shadowing care staff, but they were not wearing a uniform or name badge.

We were told by Management:



In a care environment, it is not unusual for badges to be accidentally lost, damaged, or pulled off by residents. When this occurs, replacements are arranged promptly. This is a normal operational reality and does not reflect a lack of provision or oversight.



In addition to name badges, each staff role is clearly identifiable by the colour of their uniform, as outlined in the residents' welcome guide. This colour coding system ensures that residents, families, and visitors can easily distinguish between different roles.

During our visit we observed care staff assisting residents from bedroom to the lounge area and to the dining room. People were treated with dignity and respect.

At lunch time staff assisted residents with feeding or cutting food.

Although aprons are available throughout the home, many staff do not wear them. In addition to this, we did not see staff wash their hands before or after lunch.

We observed one wheelchair user was placed up to a table in such a way that they had their back to everyone else and could not interact with others.

After our visit, we were told by the Manager that:



Residents' seating positions are based on individual needs, comfort, and personal preference, and these are often documented in their care plans. Some residents prefer quieter seating, reduced stimulation, or a position that supports their sensory or emotional needs.



During our three-hour visit, we observed that call bells, particularly on the first floor and in the area close to the first-floor lounge, did not appear to be answered promptly.

After our visit the Manager commented that:



The home completes daily audits that monitor call bell response times, and these audits have not identified any concerns or patterns of delayed responses.



The residents have the choice of when they wish to get up, wash and get dressed. They also have the choice of time to go to bed.

Each resident has a key worker who maintains regular contact with their family.

Translation Services: We were informed by a member of staff that some members of the team speak different languages. To date, this has been sufficient to support communication needs, with family members also assisting with translation when necessary.

We observed the laundry service delivering clean clothes back to resident's rooms. We were told 90% clothes were labelled and the laundry assistant is aware of which clothes belong to residents.

The staff member dispensing medication in the downstairs lounge area wore a red tabard highlighting they were not to be disturbed at this time.

Residents told us:



"I'm happy with my clothes being nice and clean."

"I would like a shave, but the carers don't do it properly."

"I do not get offered to go downstairs and participate in activities."



## Routine Healthcare

Routine health care is paid separately by residents. Toothpaste and brushes etc. are usually provided by family. A starter pack is provided containing basic items when a new resident arrives.

**Ophthalmic** - Opticians regularly visit the residents and any health issues are signposted.

**Dental** - Dental appointments are catered for if the resident has a registered local dentist. The home is unable to find a visiting dentist.

**Auditory** - Staff assist with fitting hearing aids if required. Cleaning and replacement batteries is on site. The City Care Centre is used if required.

**Podiatry** - Nails are cut on a six-week basis. For diabetic residents this is on a four-week basis.

We spoke to two district nurses during our visit. They told us they attend every Tuesday and can book a timely GP appointment for residents if necessary.

After our visit we were told by Management that:



A GP attends the home every Tuesday as part of a regular planned round. District nurses attend as required, based on clinical need and referrals, rather than on a fixed weekly schedule.



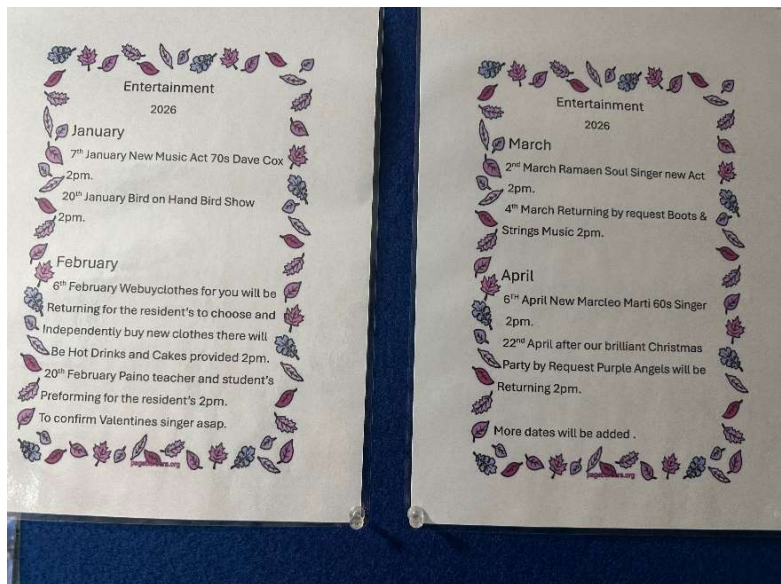
## 5.4 Social Engagement and Activities

There is one Activity Coordinator, working 8am-4pm Monday to Friday. They have been in post for six years after initially being employed as a carer. We did not observe any other staff taking part in activities.

The Activity Coordinator shared that they take a resident to church occasionally on a Sunday. The care home Manager told us: *"All additional hours are authorised, recorded, and paid."*

A representative from a Roman Catholic church also visits to meet with one resident. There are no additional designated spaces for quiet religious reflection.

There is a board in a corridor showing planned activities (mostly singers) starting at 2pm with two events in March and two in April. At the time of our visit, a singer arrived around 10.30am and sang various songs to a group of residents in the downstairs lounge. The Activity Coordinator was encouraging people to dance and was dancing with a resident.



It would be good practice for activity information to be in the reception area for all family and visitors to see.

We were told by the Activity Coordinator they spend Monday mornings with the residents who are confined to their beds, and "the ones they haven't got the time for are extras throughout the week."

After our visit the home clarified:



All residents receive appropriate engagement throughout the week ensuring they receive meaningful engagement tailored to their needs.



New residents complete a 'Getting to Know You' sheet which informs the sort of activities they like. The 'Make a Wish' system means that residents can request additional activities. The notice board showed photos of individual residents having their wish granted. This included a football match, and a shopping centre. One resident wished for a strip tease artist, which was granted.

The home organises an annual trip to the seaside, along with other outings such as visits to a garden centre. These are offered to residents; however, the number who can take part is limited by staff-to-resident ratios and the lack of a minibus.

There is resident's fund which is contributed to from fund raising activities, and this is used for outings and community-based activities. Also, the care home has an allowance per-person for extra activities.

During our observations, we did not see any posters or evidence encouraging a variety of activities for individuals to keep their minds and bodies active. We did not see any tables set up for craft work, colouring books, or jigsaw puzzling which could encourage social activity without the need to ask. A games console could provide an enjoyable way for residents to stay active and engaged.

After our visit we were told by Management that:



"Tables for crafts, colouring, and other activities are set up as and when residents choose to participate."

Also, that: "The Cinema Room is used regularly"



(photographic evidence of its use has been included in the action plan – see appendix)



We also provide planned mobility focused activities, including chair-based exercises delivered by the Activity Coordinator, as well as sessions facilitated by external professionals who have visited the home recently. These activities form part of our ongoing programme.



It would be good practice to highlight the activities available to family and visitors to ensure they are informed their loved ones have different options to remain active.

The home has a long-standing volunteer contributing to resident engagement.

Residents commented that:



"I want to get out more."

"I do not like going to the downstairs dining room and I did not fancy the entertainer this morning... it is too noisy."



Following each of our 'Enter and View' visits, we hold a post-visit debrief with the team involved to reflect on their findings and experiences. During our debrief, an observation was discussed regarding the behaviour of a staff member in a communal area of the home. No concerns or complaints were raised by any residents in relation to this matter, and it was not considered to be a safeguarding issue. However, the behaviour observed could be perceived as falling outside expected professional boundaries.

Following a review of the incident, the Care Home Manager informed us that the staff member had been spoken to and reminded of the importance of maintaining appropriate professional boundaries at all times to ensure professional standards are consistently upheld.

## 5.5 Dining Experience

Taste and smell can be diminished by aging and dementia. Eating with others can encourage socialisation. Mealtime is an especially important part in the resident's day.

The home has a chef on site making fresh meals, different nutritional and cultural requirements are catered for.

Residents can choose to eat in the dining room or in their rooms.

One person in their room was observed eating from a plate on their lap rather than a table. There was no member of staff assisting.



After our visit, we were told by Management that:

In this specific case, the resident chose to eat in this way, and a risk assessment was in place to support this choice. Food temperatures were checked to ensure safety, and the resident was supported to eat independently in line with their wishes. No concerns were raised with staff at the time, and no questions were asked about the resident's preferences or support needs.

The dining room on the ground floor had plastic tablecloths and plastic flower table settings. The tablecloths were very old, damaged and should be thrown away and replaced.

The upstairs room did not have tables set out as dining tables. Tables in the room did not have tablecloths or condiments. Most of the chairs were placed

against the walls. The walls were scratched and damaged because of the chairbacks being against them.

A menu on the ground floor tables offered two choices, one being a vegetarian option. There were also two desserts to choose from. Unfortunately, this was the incorrect menu for that day and was changed just before serving.

We were told if the resident disliked the options, the cook could provide a different dish.

On our arrival residents were served a blackcurrant squash drink. There appeared to be one option.

People who stayed in their rooms are served at 12pm and the dining rooms at 12:30pm.

During our visit we could see residents sat ready for their meal downstairs before 12:30pm but were still waiting for lunch 25 minutes later. The upstairs room was served first being delivered via a trolley.

Although aprons and gloves were available from dispensers around the corridors, we did not see many staff wearing them at mealtimes. Napkins provided had a Christmas theme.

During the inspection, we observed that drinks were available at mealtimes, with squash being served by staff and jugs present at lunchtime. However, we did not see any hydration stations on any floor, nor any clear means for residents or



visitors to access drinks independently outside normal mealtimes. We also noted that cups were not available for independent residents until noon, when lunch was being prepared.

Everyone who needed help in the dining room received it. Some had adapted cutlery, but we did not see coloured plates which could assist people with dementia who may not be able to distinguish white foods on a white plate.

The food was presented nicely, and residents appeared to be enjoying their meal.

We did observe some people in the dining area eating after others had finished and left the room.

The skirting board under the serving hatch is dirty.

Residents do not have independent access to snacks and finger food. There is no fruit available, which would be a reliable source of fibre and liquid.

We did not see that residents and/or their relatives were able to assist lay the tables, make food, or wash up.

It would be good practice to have a weekly menu in the reception area and dining rooms for residents and family/visitors know the options available. Using a menu with pictures of the dishes will help encourage appetite and understand the choices.

*"The food here is nice."*

When asked if they are offered snacks:

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*"If they like you, not really."*

*'I do not know if I can have snacks... I have not been asked.'*

*"It's ok here, birthdays are best as people get cake."*

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## 6. Our Recommendations

The CQC had recently carried out an unannounced visit just before our visit, they later rated the care home as 'Good' overall.

The current Manager has been in post since 2023. Since our last Enter and View visit in 2019, of the 15 recommendations, 12 were fully actioned.

The home Manager explained:

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*Three remained outstanding; however, one of these related specifically to handrail contrast. While the handrails themselves remained the same colour, the wall colour was changed to create the required contrast, meaning the intention of the recommendation was met.*

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At the time of our visit, we noted the home could build on making improvements to give residents a better service and living conditions.

### 6.1 Positive Feedback

- Hairdresser visits Field House every Monday.
- There is a cinema room and a 'bar' area for residents to enjoy.

- Food was presented nicely and residents enjoyed meals.
- Staff dispensing medications wear a 'Drug Round' apron.
- 'Make a Wish' activities for residents are personalised to individuals (most costs are funded by charitable events).

#### Positive Feedback

"The team have made great improvements to the care and safety of the residents." (*family visiting*)

*Staff say they feel the home "Is friendly and homely."*



*Residents say, "There are many familiar faces."*

*"My clothes come back and clean."*



## 6.2 Areas Recommended for Improvement

- Check dining areas are cleaned regularly (including windows).
- Residents should have easily available cold drinks with cups, and independent access to snacks.
- Make sure staff wear name badges.
- Ensure all bathrooms have contrasting coloured sanitary fittings.
- Install handrails throughout the home in a contrasting colour to improve visibility and safety.
- Set out seating in some communal areas to encourage socialisation.
- Advertise on notice boards and to residents the daily activities that keep residents engaged.
- Clearly mark areas of flooring where there are slight slopes to improve visibility and reduce the risk of trips or falls.

# 7. Summary

In summary, while Field House Care Home provides a generally caring environment with experienced staff, freshly prepared meals, and some personalised activities, there are several key areas that require improvement to enhance residents', comfort, and overall quality of life.

These include ensuring communal areas and dining spaces are consistently clean, improving accessibility with clearly marked flooring, contrasting handrails, and bathroom fittings, and creating quiet spaces for reflection. Advertise and promote day-to-day activities and engagement opportunities. Mealtime support, access to drinks and snacks, and staff visibility and training, particularly around hygiene practices, also need attention. Addressing these areas will help provide a, more stimulating, and homely environment that better meets the needs of all residents.

Healthwatch would like to thank the residents, visitors, Manager, and staff for sharing their feedback, which has been invaluable in identifying these areas for improvement.

## 8. Service Provider Response

Shamim Bashir – Registered Manager

“We would like to extend our sincere thanks to Healthwatch for visiting Field House as part of the Enter and View programme and for taking the time to share your observations and feedback. We truly value the opportunity to reflect on your findings and appreciate the perspectives you have provided.



Field House is a care home that supports people living with dementia, and above all, it is the home of our residents. We pride ourselves on delivering person-centred care, where individuals are supported to live as independently as possible and to make choices about their daily lives. As our residents’ needs are continually changing, we adapt our care accordingly, ensuring that each person’s preferences, routines, and wellbeing remain at the heart of what we do.

We recognise that some practices observed may appear unusual; however, these often reflect our commitment to individual choice and personalised care. Each resident has tailored care plans and risk assessments in place, and we actively encourage positive risk-taking in a safe and supportive way to promote independence and quality of life.

We also acknowledge that the visit took place over a period of three hours, which may not have fully captured the breadth and depth of what Field House offers on a day-to-day basis. Life at Field House is dynamic, and each day can look different depending on the needs and wishes of our residents. We hope this provides helpful context to the experiences observed during your visit.

During our discussions, we felt it was helpful to clarify that the observations recorded reflect what was seen on the day, and may not always take into account the wider

evidence available which demonstrates how care is planned around residents' individual preferences and choices. We share this to provide further context and understanding of our approach.

We found your feedback valuable and appreciated the opportunity to discuss your findings. We are pleased to understand that the Healthwatch team will be undertaking additional training following this visit, which will further support shared understanding of care approaches within dementia settings.



Thank you once again for your visit and for the important work you do in supporting service improvement."

## 8.1 Healthwatch Response



"We appreciate the openness and engagement shown by Field House throughout the Enter and View process. Our role is to observe, listen, and reflect the experiences and environment seen during the visit, while recognising that care settings are complex

and dynamic, particularly within dementia care. We acknowledge the home's commitment to personalised care and supporting resident choice and independence. The feedback and discussions following the visit have been constructive and valuable in strengthening mutual understanding and supporting continued learning and improvement across services."

**Caroline Tyrrell-Jones, Head of Operations.**



# 9. Appendix

## Healthwatch Action Plan May 2026

Issues Identified	Actions Required	Desired Outcome	By Who and Timeframe	Validation action met and sustained	Date	Status
In some places, the flooring has a slight slope which could lead to trips	A coloured strip is needed to highlight the difference between the new section and the existing section.	A coloured strip on the floor would help highlight the height difference.	The maintenance team By 30.03.2026			
Handrails are not in contrasting colours, which can make them difficult for residents to see	Assess all handrails throughout the home to identify areas where colour contrast is insufficient. Select and approve an appropriate contrasting colour that meets dementia-friendly and accessibility standards. Arrange for handrails to be repainted or replaced with high-contrast alternatives. Ensure work is completed in a way that minimises disruption to residents. Update the	Handrails throughout the home are clearly visible and easy for residents to identify, reducing the risk of slips, trips, and falls. Residents—particularly those living with dementia or visual impairment—are better able to navigate the environment safely and independently due to improved colour	The maintenance team by 30.04.26	Monitor resident feedback and observe whether visibility and navigation improve following the changes.		

	<p>environmental risk assessment once the changes have been made. Communicate the improvements to staff so they are aware of the enhanced safety measures.</p>	<p>contrast and enhanced environmental accessibility.</p>				
<p>Some floor edges in residents' rooms are damaged and require repair or replacement, as they present a potential trip hazard.</p>	<p>Carry out a full inspection of all floor edges in residents' rooms to identify areas that are damaged or lifting. Arrange for repairs or replacement of any flooring that poses a trip hazard. Prioritise rooms where the risk is highest, particularly for residents with mobility issues or visual impairment. Ensure contractors or maintenance staff complete the work safely and with minimal disruption to residents. Update the environmental risk assessment once repairs are completed.</p>	<p>Flooring throughout residents' rooms is safe, secure, and free from damaged or raised edges. All potential trip hazards are eliminated, reducing the risk of falls and promoting a safer, more accessible environment for residents—particularly those with mobility or visual impairments.</p>	<p>Maintenance by 30.03.26</p>	<p>Monitor the area regularly to ensure flooring remains safe and in good condition. Checked during morning walk arounds.</p>	<p>20.03.26</p>	<p>Complete</p>

<p>Motion-activated lights were found switched off in some corridors, reducing visibility and increasing the risk of falls or accidents.</p>	<p>Check all corridor areas to identify where motion-activated lights have been switched off or disabled. Ensure all motion-activated lights are switched on and functioning correctly. Test sensors to confirm they activate promptly and provide adequate illumination. Remind staff of the importance of keeping these lights operational to maintain resident safety. Add regular checks of corridor lighting to the environmental walk-around or maintenance schedule. Report any faulty sensors or lights to maintenance for repair or replacement. Arrange for an electrician to adjust the motion-sensor timing so the light remains on for a longer period.</p>	<p>To ensure that residents are safe in the corridors.</p>	<p>Maintenance, by 06.04.26</p>			
<p>Some furniture is showing signs of</p>	<p>Complete an audit of all communal and resident-use</p>	<p>All furniture within the home is safe,</p>	<p>Maintenance to check and audit</p>	<p>Audit Findings: During the audit, several</p>		<p>Planned Action</p>


<p>wear and tear, including tables with damaged corners and chairs with tears in the upholstery.</p>	<p>furniture to identify items with damaged corners, worn surfaces, or torn upholstery. Prioritise replacement or repair of any furniture that poses a safety risk, such as sharp edges or exposed padding. Arrange for maintenance or an external contractor to repair items that can be safely restored. Source and purchase replacement furniture where repair is not appropriate or cost-effective. Ensure all new or repaired furniture meets safety, infection-control, and dementia-friendly design standards. Remove any unsafe items from use immediately until repairs or replacements are completed.</p>	<p>well-maintained, and free from damage. Tables, chairs, and other items are in good condition, with no sharp edges, exposed materials, or torn upholstery. The environment looks clean, welcoming, and well-presented, supporting resident safety, comfort, and dignity.</p>	<p>with Shamim. Where required, maintenance to repair and Shamim to order new furniture. By 30.04.26</p>	<p>chairs were noted to have fraying on the armrests. No tears or breaches in the material were identified. Planned Action: We will review these findings with our external IPC nurse to determine whether the level of wear meets the threshold for repair or replacement and agree the appropriate next steps.</p>		
<p>One toilet was found to be dirty throughout the visit</p>	<p>Identify which toilet was affected and check whether it is included in the current cleaning rota. Ensure the toilet is cleaned immediately and</p>	<p>All toilets are kept clean, hygienic, and presentable at all times. Regular checks and effective cleaning</p>	<p>Housekeeping team and Shamim Bashir ASAP</p>	<p>Completed. All toilets were cleaned by the team and are part of the cleaning schedules. Staff are</p>		<p>Ongoing</p>

	<p>brought up to the expected hygiene standard. Review cleaning schedules to confirm that checks are being completed at the required frequency. Remind housekeeping staff of their responsibility to maintain cleanliness throughout the day, not only during scheduled cleans. Introduce or reinforce a documented routine toilet check system to ensure ongoing cleanliness. Monitor compliance over the next several days to ensure standards are consistently maintained.</p>	<p>routines ensure that facilities remain safe, pleasant, and consistently meet expected infection-control and environmental standards for residents, visitors, and staff</p>		<p>reminded of the importance of checking throughout the day.</p>		
<p>The dining room requires a deep clean. The windows were smeared and had cobwebs, and the plastic tablecloths are</p>	<p>Deep clean dining room. Windows are free from smears, dust, and cobwebs, improving natural light and overall appearance. Worn plastic tablecloths are replaced with clean, good-quality alternatives that</p>	<p>The dining room is clean, hygienic, and well-presented at all times, creating a pleasant and dignified environment for residents. The dining environment meets expected cleanliness</p>	<p>Housekeeping</p>		<p>20.03.2 6</p>	<p>ongoing</p>

worn and need replacing.	enhance infection control and visual presentation.	standards and supports a positive mealtime experience for residents and visitors.				
Incorrect menus were placed on the dining tables, which may cause confusion for residents and does not reflect the meals being served	Remove all incorrect menus from the dining tables immediately. Ensure the correct daily menu is printed and displayed on all tables before each mealtime. Review the current menu-update process to ensure staff know where to find the correct version. Brief staff on the importance of accurate menu information, particularly for residents with cognitive impairment or dietary needs. Introduce a simple daily check to confirm menus match the meals being served. Monitor compliance over the next week to ensure the new process is being followed consistently.	Residents are provided with accurate, up-to-date menus that clearly reflect the meals being served each day. Dining tables consistently display the correct information, reducing confusion and supporting resident choice, dignity, and a positive mealtime experience.	Kitchen and Admin			Completed

It was observed that some staff were not wearing their ID badges while on duty.	All staff must ensure their ID badges are worn and visible at all times to support safety, accountability, and compliance. A reminder will be issued to the team, and compliance will be monitored.	Staff are consistently and easily identifiable at all times, supporting safety, security, and professional accountability.	Shamim will issue a reminder to all staff to ensure ID badges are worn and visible at all times. Staff will also be asked to report any lost or damaged badges immediately so replacements can be arranged.	Badges have been ordered.		
Ensure all bathrooms have contrasting coloured sanitary fittings.	Complete a full audit of all bathrooms to identify what adjustments or resources are needed to ensure the environment is dementia-friendly.	To ensure the bathrooms are dementia friendly	Maintenance by 30.04.26.			
In some places, the flooring has a slight slope which could lead to trips	A coloured strip is needed to highlight the difference between the new section and the existing section.	A coloured strip on the floor would help highlight the height difference.	The maintenance team By 30.03.2026	Add signage/floor markings to highlight areas where there is a pronounced slope. Monitor area regularly.	30.04.2026	Ongoing

<p>Corridor wall space contains a high number of posters with small font size, including information on handwashing, safeguarding procedures, fire safety, staff training, and complaints procedures. Information may be difficult to read and may contribute to visual clutter.</p>	<p>Review all corridor posters for relevance, readability, and placement. Reduce duplication, improve font size where appropriate, and consolidate key messages into fewer, clearer displays. Ensure essential information is accessible and prominently positioned.</p>	<p>Clear, accessible, and easy-to-read information displays that improve visibility of key safety and procedural guidance without overwhelming corridor spaces.</p>	<p>Home Manager and Communications teams. Review by 23.04.2026 changes implemented by 30.04.2026</p>	<p>To be confirmed through follow-up and staff/resident feedback.</p>	<p>30.04.2026</p>	<p>Ongoing</p>
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