healthwatch Gloucestershire

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Enter and View

Kingsley House

20th May 2026

Neighbourhood health and wellbeing insights – July 2026

Contents

About Healthwatch Gloucestershire

Healthwatch Gloucestershire is the county's health and social care champion. As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

Healthwatch Gloucestershire is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Gloucestershire County Council, which includes the districts and boroughs of Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud, and Tewkesbury.

What is Enter and View?

One of the ways we can meet our statutory responsibilities is by using our legal powers to Enter and View health and social care services to see them in action. During these visits we collect evidence of what works well and what could be improved to make people's experiences better. We do this by observing the quality of service, and by talking to people using the service, including patients, residents, carers and relatives.

Enter and View visits are carried out by our authorised representatives who have received training and been DBS (Disclosure and Barring Service) checked. These visits are not part of a formal inspection process or audit.

This report is an example of how we share people's views, and how we evaluate the evidence we gather and make recommendations to inform positive change, for individual services as well as across the health and care system. We share our reports with those providing the service, regulators, the local authority, NHS

commissioners, the public, Healthwatch England and any other relevant partners based on what we find during the visit.

Details of the visit

Service visited: Kingsley House

Visit date: 20th May 2026

About the service

Kingsley House is now operated by The Cotswold Nursing Home Company Limited, part of the A&S Care Group. The majority of residents are publicly funded and often being discharged from hospital. They also have good connections with the local community and several residents are from within Tetbury. The home supports a diverse range of residents including facilities for the elderly and residents with dementia.

Currently, the nursing home is registered for 37 residents, although there are 33 living there now. Renovation work is being done to increase capacity. The home is an old building and used to be a Maternity Hospital. Residents have their own room with ensuite bathroom. Accommodation is provided across four floors. The basement floor provides for the most complex care needs and palliative care. The ground floor provides for general care and offers a dining room, kitchen, two lounges and access to outdoor spaces. The second and top floors accommodate resident's rooms. Laundry facilities are also provided.

Purpose of the visit

This visit was part of our ongoing partnership working with Gloucestershire County Council and the CQC to support quality monitoring of residential care homes in the county.

How the visit was conducted

The manager was advised that the visit would take place during May 2026. Ahead of the visit the Manager was provided with Healthwatch Gloucestershire posters which were displayed in communal areas to notify staff, residents and visitors of the visit and ways to get in touch if they wanted to share feedback.

Authorised representatives

Lucy White (Lead representative), Sarah Brooks, Debs Andrew, Kim Tuck, Martin Leach.

Disclaimer

This report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed. This report is written by the Lead Enter and View 'Lead Representative' who carried out the visit on behalf of Healthwatch Gloucestershire.

Visit overview

Length of visit: 10:00am – 2:00pm.

10:00: Team introduction with Manager.

10:00 – 10:30: Discussion with relative about to leave, after visiting husband, all the team engaged with questions.

10:30 – 13:30: Team engaged in visit, working in pairs.

13:30 - 14:00 Feedback provided to Manager

During this time, we collected observations of residents and staff in communal areas, two pairs of visitors were invited into a number of residents private rooms. Observations were made within the context of a typical day, including lunch and regular activities. Interviews with staff, the manager and residents utilised a series of agreed questions.

The Team met twice during the visit and had a final meeting at the end of the visit to review and consolidate findings and prepare recommendations. Lucy White, Sarah Brooks and Martin Leech then delivered preliminary recommendations to the Manager.

The Team interacted with, and interviewed, 9 members of staff, 15 residents and 1 relative. We also spoke to one NVQ assessor who was visiting at the time.

Key findings

The following are our key findings from the visit and should be considered alongside the further information provided later in the report.

- The visiting team was warmly welcomed by all into the home. Staff and residents were friendly and approachable throughout the visit.
- Staff were generally described as “warm” and “friendly”. We only heard from 1 resident who was unhappy with staff and the care being provided. We were informed that the manager was working with him to address these issues.
- The home provides activities and special events both inside the home and local community.
- The home works in a multi-disciplinary way to meet the needs of the residents, e.g. with visits from a nurse practitioner and local GP, access to E-Zec the non-emergency transport, mobile hairdresser, and others.
- The food looked appetising and seemed to be enjoyed by residents, who all were given a choice of what to eat.
- The home was taking proactive steps to gather feedback from residents and families through involvement in care planning and meal planning, as well as through a “polling station” and a comments box.
- The basement floor consisting of a staff room, toilet and 3 resident bedrooms is in need of some renovation/redecoration.
- Personalisation on basement bedroom doors (such as name, photo, likes/dislikes) appeared to be lacking compared to bedrooms on the first and second floor.
- There are a number of visual cues that could be improved upon, particularly for those residents with dementia: Contrasting colours of handrails, floors, walls, doors, toilets etc.
- Some bedrooms contained clocks that displayed the time, day and date but there were none in communal areas or at the entrance.
- We could not observe any marked out Blue Badge parking spaces in the car park which was full.
- Non-Emergency Patient Transport (E-Zec) is used for some residents to get to outpatient appointments at Gloucestershire Royal Hospital, however they have experienced a number of last-minute cancellations in recent months impacting on residents financially or causing them to miss appointments due to relying on availability of private wheelchair accessible taxis in a rural area.

Recommendations

We would like the management to consider the following recommendations for improvement. These are based on our findings from the visit.

Consider addressing the findings above in relation to visual cues across the home, particularly in relation to:

- Introducing more consistent contrast across the home to meet the needs of residents with dementia or cognitive impairment e.g. handrails in landings, toilet seats, taps, wall and floor colours.
- Reviewing signage on communal bathroom doors.
- Removing/ covering the large mirror in the lift.
- Introducing more clocks and/or calendars showing the day, date, time and month would be beneficial to enable residents to orientate.
- Introducing a photo board of staff members.
- As Apetito meals are phased out, consider presenting daily/weekly meal options on menus in pictorial form.
- Review personalisation of residents' rooms in the basement and identification on bedroom doors, e.g. photo, name, likes and dislikes.
- Renovation of the basement should also include a 'freshen up' of the staff room and toilet e.g. replacing toilet carpet. The resident bedrooms and ensuites would also benefit from a makeover and decorating in dementia friendly contrasting colours.
- Ensure Blue Badge spaces are clearly marked out in the car park and accessible while building work is taking place.
- Continue to explore reliable, accessible and low-cost transport options in the event of short notice cancellations of Non-Emergency Patient Transport. Healthwatch Gloucestershire to share feedback on rural accessibility of transport with NHS Gloucestershire and Gloucestershire County Council.

Observations and findings

Arrival and reception

Our Enter and View team received a warm welcome from staff, who were aware of our visit and its purpose. There was parking onsite however it was full on our arrival with two builder's vans and half a dozen cars, with three additional cars parked out the front, by the main entrance. We note that there is building work happening at the moment which means there will be a higher number of visitors during this time. There are pay and display car parks very close by, however our volunteers noted that this could cause issues for visitors with mobility difficulties. As the car park was full, we could not observe any designated disabled parking bays.

There is a clear sign on main front door and the main entrance was fully accessible. Entry to the home requires staff to open the door to allow visitors in and out and a signing in and out Visitors book was in the reception.

People are able to go out, supported by staff. They have access to a minibus, and other transport like E-Zec for medical appointments. There is evidence of day trips with residents, celebrations, and much more, which have photos displayed in the main corridors in the care home.

Staff try to bring people down to communal areas where activities are put on and actively encourage social interaction. We observed this during our visit. The majority of residents were downstairs, and the residents who did not wish to engage socially were in their rooms, with regular check-ins from staff. Some of the residents received nursing care in bed.

Information

We did not see any staff pictures on the wall telling people who were on shift that day or who the senior team were, which might be helpful for new residents and visitors.

A separate display in the reception area listed the colour codings and requirements for fire and evacuation. There was also evidence of events on a photo gallery in the corridor, and when a mobile hairdresser would visit the home. Helpful information on things such as Age UK, transport and how to complain were also visible on a noticeboard in the reception area.

The ground floor staff office's contain paper copies of staff and resident files as well as having this stored electronically.

There is signage around the home directing people to the communal areas, kitchen and the different floors. However, there is no signage on the visitors toilet.

Physical environment

The home was bright and clean throughout; no unpleasant aromas. The communal gardens are accessible via ramped access, it is level paving, with seating. There was good storage and no visible trip hazards. There is room for hoists to be packed away between use.

It was noted that one resident's room opened directly onto the reception, and toilet used by staff and visitors, the room door remained open.

We observed a broken window in an upstairs bedroom. A small Post-it note had been put on it, and we were informed that a replacement had been ordered, however our volunteers felt that more clear signage of the hazard could have been applied.

The medication room was clean and tidy but needed more storage. The staff highlighted that this has been raised with the new provider and there are plans to convert space upstairs to provide extra storage for medication equipment. There are lockable boxes available to residents who have capacity and capability to administer their medication if they want to, however currently, all medication is administered by trained staff.

There is a sensory room on the second floor which is currently not being used. The manager explained that she is exploring how this room can be better utilised, for example, at the moment it is a "hair salon".

We heard that paramedics have reported a lack of space in the basement for manoeuvring equipment, which was acknowledged by the manager, but she assured us there was space to move a single wheelchair or hoist.

Dementia friendly

Whilst care had been taken to ensure the home was dementia friendly and accessible, and the home was good in many areas, we did identify some areas for improvement.

Movement between floors

The lift has a reflective mirror inside it, immediately facing the entrance. This could cause confusion or distress where residents are suffering from dementia, if they may not recognise themselves.

Floors appear to be a consistent colour and appearance within the corridor areas (not too shiny or heavily patterned). However, on the stairs between the top floor and second floor, the carpet is heavily patterned. The staircase from the second floor to the ground floor has heavily patterned carpets and matching

curtains. Evacuation chairs were at the top of both sets of staircases. The handrails in the corridors were generally quite narrow and were not in contrasting colours to make them stand out.

Bathrooms and toilets

The facilities were fully accessible for residents requiring wheelchair access, plenty of light, ventilation and clean. We witnessed cleaning of the bathroom and toilet on the second floor. Our volunteers observed that some were 'dementia friendly', with adequate signage, including images. The toilets seats, flush handles and rails contrast with toilet and bathroom walls and floors, but this was not the case in all the toilets. Some toilet doors were not in a distinctive colour, and the visitor's toilet in reception was not obvious at all, unless you were directed by staff. Shower rooms visited generally did not show adequate contrast between sanitary ware and surroundings. A stronger contrast in colour schemes to mark the difference between wall and floor would be beneficial.

Calendar and clock

We did not observe any "dementia friendly" clocks or calendars in communal areas showing the day, date, time etc.

New provider changes

We heard about changes that had been implemented since the new provider took over. Home cooked food is starting to be brought in to replace Apetito meals, renovation of some bedrooms is being carried out to modernise and increase capacity, and there are plans to expand the medication room to provide more storage upstairs. The staff training offer now includes more face-to-face training and they have been provided with different uniforms.

Another change is that they are moving to a new pharmacy. Some of this is to standardise things with other homes that the provider owns, but also in response to staff and resident feedback to improve working conditions and quality of care. Some challenges were acknowledged with the change of ownership as it has required some adjustment to get used to new ways of working, but largely the sentiment was positive.

Residents

During the visit residents were observed to be:

- Appropriately dressed.
- Moving around the home independently where able, with the support of staff if necessary.
- Engaging in activities

- Interacting with staff on an ad-hoc basis and for planned activities such as eating lunch.

Personalised care

While we were not in a position to review quality of care plans, we talked about person-centred care and used observations during the visit.

The Clinical Lead showed us where the resident files are kept which include Respect forms and End of Life plans (if appropriate). Staff have regular meetings with residents and family members to review care plans and to provide updates. Individual needs are clearly communicated, assigned to staff and evidenced through care records.

Residents have key workers who oversee keeping their care plans up to date with support from the Clinical Lead. On a daily shift basis, residents are allocated care workers to support them with aspects of their care plan, which is formally recorded; carers are required to sign off on care records for residents to confirm that care has been provided.

The home is visited by a nurse practitioner twice a month and by a GP every six months. Other regular visitors include chiropodists and a hairdresser.

Residents are encouraged to get up and spend the day in communal areas. Staff shift times are based around times that residents like to be up rather than getting everyone up at the same time/according to staff availability.

Bedrooms visited by our Enter and View team were generally well maintained, clean and where necessary adapted to resident's needs, e.g. for frames, wheelchairs, etc., and all rooms visited were equipped with emergency call facilities.

There was evidence of good personalisation in bedrooms for residents who were able to communicate their wishes. This is recorded in more detail in the “What people told us section”. Some doors had resident’s names and photo (one resident hand-drew a photo of themselves). There were residents daily care plans available in their rooms, including, dietary requirements, medication and accessibility needs.

However, the rooms on the basement floor did not have the same level of personalisation e.g. no photo, name, likes/dislikes on the bedroom doors. There are three resident's rooms there and staff facilities - staff room and toilet. We understand that the residents who are accommodated there have severe dementia and only spend time there to sleep and use the bathrooms, but our volunteers felt it would benefit from a makeover for the residents and decorating in dementia friendly contrasting colours.

We were told that the new provider contacted all residents and families to discuss the change of ownership.

Feedback

We observed proactive opportunities for residents, family and visitors to feedback to the nursing home, for example a 'polling station' where people could anonymously vote 'yes' or 'no' in response to a question posed. When we visited the question was "Did you feel happy after the new provider took over?" They also had a comments box clearly visible.

Transport issues

An issue was raised by staff about transport for residents, particularly to hospital appointments at Gloucestershire Royal and Cheltenham General. The home relies on E-Zec (Non-emergency Patient Transport), however they have experienced 5 last minute cancellations in the last 2 months due to short staffing, which means that residents have not been able to attend scheduled appointments. The home has sourced a local private taxi company who have wheelchair taxis available, but this cost has to be passed onto the resident or the family.

The new provider has access to a minibus which Kingsley House can make use of, but this is located at another site and needs to be arranged in advance. The home has a programme of summer activities to take residents on day trips, which they have hired a local bus for, but could also access the bus owned by the provider.

Meals

Drinks and refreshments are available when requested or required.

Care home staff and Healthwatch volunteers were present and engaged with the residents during lunchtime, where we observed mealtimes. Tables appeared well laid out, allowing space for people with mobility issues. The staff were observed supporting residents who could not feed themselves and actively chatting to people. Some residents engaged in conversation during lunchtime. Staff were observed prompting residents to keep up levels of hydration and nutrition.

The kitchen is being refurbished and the plan under the new provider is to move toward all meals being prepared and cooked on the premises. Currently Apetito is being used and home cooked meals are starting to be incorporated. We heard that there are some residents who are used to, and enjoy, Apetito meals so this is being considered as part of the transition.

We did not observe a pictorial menu showing residents or visitors the menu choices for that day. There is a menu plan provided by Apetito on the wall next to the kitchen, however this is very small print. We were advised that earlier in the day, written menus with the food choice options for the day were present on tables but had been removed to give space for people to eat. We were also

informed that the chef visits each resident in the morning to ask what choice of meal they would like to have. The manager explained that they have meetings with residents and family members where the weekly menus are discussed and agreed. This was confirmed by some residents we spoke to. During these meetings, pictures of the meals are provided to aid informed choice. Currently these are provided by Apetito.

One resident requiring feeding through a PEG. Our volunteers feedback that the staff member supporting them came across as knowing the resident very well and explained how nutrition and fluid charts were being used

Carers observations of residents are valued and incorporated in care planning e.g. noticing swallowing difficulties and following up with SALT for an assessment.

Activities

We observed posters up in the communal areas detailing some summer day trips that had been organised for residents.

Residents that were able were encouraged to engage in their personal interests and hobbies as evidenced by personalisation in bedrooms.

We were informed that there is an Activities Coordinator. We did not meet them during our visit, but we were shown the activities cupboard which was full of arts and crafts bits. We were told that all the holidays such as Christmas and Easter are marked with activities.

Staff (including recruitment and training)

The manager and Clinical lead described a robust recruitment and induction process for new staff, including shadowing, training and "signing off" of competencies. This was reinforced by staff, one of whom was visited by his NVQ assessor while we were present in the home. The staff member was pleased to have had his assessment signed off that day.

Staff receive regular training that includes Dementia awareness training, Mental Health Awareness, Mental Capacity Act, Manual Handling, and much more. Most are refreshed on an annual basis using a mixture of in person and online sessions.

The Clinical lead informed us that she is new in post and will be responsible for providing regular staff supervision. The manager is a Dementia nurse.

Staff have regular team meetings which include both day and night staff.

Shift patterns are allocated based on staff availability and preferences where possible and most staff are on full time contracts of 39 hours. Many staff are local to Tetbury. Shift allocations are planned 3 weeks in advance. No agency staff are currently being used.

There are 10 staff on shift during the day - 7 carers, one team leader, one nurse and one clinical lead. The home is also supported by a kitchen cook, cleaner and someone to do the laundry. Overnight there are 3 carers, one senior carer and one nurse.

There is a staff room downstairs where breaks can be taken throughout a shift, however the carpet in the staff toilet appears to need replacing and a general freshen up.

What people told us

Care home residents

Many of the residents were willing to engage and chat with us, some had more capacity than others. People seemed happy and some spoke about other things on their mind at the time, appearing relaxed and comfortable. Staff appeared to engage with residents in a natural way.

Resident discussions, observations and interactions provided useful feedback, summarised below:

- One interviewee had been a resident for 12 months, he was happy, has regular visits, but said that the food was '**not nice**'.
- One resident was bedbound and rarely left his room. He said he has been a resident for over 1 month and has no visitors as his family passed away. He likes the food and can feed himself but needs support with personal care. He does not access activities (his own choice).
- One resident has been there for over 4 years. He is an ex-army chef and said his favourite meal is '**Salmon**'. Staff have access to his care plan and information in his room. His room is very homely, welcoming, he's raising caterpillars, has a mini garden, loves puzzles, the space is very personalised. There were 2 large windows, open slightly for ventilation.
- One resident was in the lounge on the ground floor where she comes occasionally. She seemed a little confused when asked questions but was very chatty and comfortable with us.
- One interviewee in the lounge wanted assistance with her personal care as she felt uncomfortable. A carer was in the lounge so we suggested she speak to her – the carer/staff member also opened a window for better ventilation as it felt stuffy in the lounge (observed by Healthwatch volunteer).
- Another resident said that "carers are kind and considerate" and that the care is "great". They spoke about having menu choices and had access to a call button for emergencies. The room was comfortably and individually furnished

to resident's requirements and included personal effects such as pictures. A timepiece giving day, date and time was also noted.

- One individual had their photo on the entrance door identifying her room individually. The room appeared comfortable, and furnished to the occupant's requirements. "Memory notes" had been place strategically to aid the resident. She said there were “great staff". The shower room was spacious and equipped with handrails, but inadequate contrast between walls and floor, and sanitary ware.
- Another resident was interviewed in a communal room; he required special monitoring for health reasons. He said he was very happy with his residence and had "no complaints". He was being supported with a special prescribed menu and there was evidence of fluid monitoring. Staff were supportive.
- We observed a resident engaging positively and affectionately with a baby doll while in the company of visitors.

While sat with some residents for lunch, we heard the following statements:

“I’m very grateful to be here.”

“I don’t like fish, so I am able to have something else.”

“I like to sit and talk to (another resident), he is my friend.”

One interviewee during lunchtime, had a long chat with our team He said he had been a resident for over 1 year and 3 months and he pays £2000 per week. He said he was not too happy. He has got various health conditions and is receiving palliative care. He said he felt there were limited food choices, and it was ‘**hit and miss’**, food not freshly cooked bought in and warmed up. He has no family and his friend lives too far away so is not visited often. He does not go on any outings but engages with singing activities. He said he does not like staff and can wait from 5 minutes to 1 hour for personal care e.g. toilet. The resident quoted he ‘**hates the place’**. He also said that he had not been able to see the GP about some painful sores he had developed, although one of the nurses had taken photos of them to send to the GP. This feedback was shared with the manager on the day of the visit who said they were aware of the issues highlighted. She explained that they are following relevant procedures to actively support the individual alongside external agencies to ensure his needs are met through appropriate assessment and support planning.

Family and relatives

Only one visiting relative was interviewed. Her husband has dementia and limited ability to communicate. He has been a resident at the home for 9 months.

- She feels it's a safe place, she believes her husband is happy at the home. The relative helped to personalise his room and was involved in his care plan, which is reviewed.
- She's very happy with how the home is managed, and the staff/team. The relative is always kept up to date by the home about any decisions made or issues arising, either by phone or regular visits – where she can receive updates on her husband. The relative is aware who to contact if she needs to know any information.
- The relative believes her husband is engaged and stimulated as much as possible, given his severity of dementia, and lack of communication. She cannot take her husband out of the home – she is supported with staying in touch with her husband. The relative finds the visiting hours are very flexible, you can come and go, with no fixed visiting hours.
- She believes her husband enjoys the food, as he seems to eat it, and she feels it's very good with a range of options offered.
- Her husband gets the support he needs, including full personal care, support with feeding, moving around the home. Her husband's needs are being met, and to a high standard by all the team as well as having input from external services e.g. hairdresser, accessing a GP, etc. Her husband is always presentable, and seems happy when she visits, he will try to engage and interact where he can.
- The relative is extremely happy with the quality of care provided, and hugely grateful to all the staff at the home, who respect and treat her husband like an individual.
- The relationship the relative has with the manager at the home, is very friendly, and the manager is always engaging and attentive.
- The relative quoted – '**excellent staff**', and she cannot fault the care provided at all, which the manager acknowledged and '**thanked**' her for.

Other visitors

An NVQ assessor arrived during our visit as they were due to meet with one of the Care home staff. The NVQ assessor talked positively about working the staff member as well as her experience of visiting the home. She said that she has never had any cause for concern and would be duty bound to report it if she did.

Care home staff

We spoke to a range of staff from Healthcare Assistants to Registered Nurses, as well as kitchen and laundry staff. Some had been employed for only a couple of days whereas others had been employed for many years. Staff generally spoke about enjoying their jobs, a positive culture and knowing who to raise concerns with.

- One nurse stated she loves her job, having retired then come back into nursing at 78 years old. She stated how it's a lovely friendly atmosphere, and the staff and team all support each other.
- One carer originally from the Philippines, works full-time, 7am – 7pm shifts. She's been employed at the care home for 3 years, her husband works at the home, and her 19-year-old daughter was employed for 4 months at the home, before moving to London to work. The carer finds most residents engage. She quoted her job is her '**passion**', and working at the home is like '**team is a family**'.
- One staff member had just had his NVQ signed off and was very pleased with his achievement.
- The laundry worker was proud to tell us about the laundry set up and that she had worked at Kingsley House for 11 years.

Acknowledgements

The Healthwatch Gloucestershire Enter and View team would like to thank the Directors, management and all staff and residents for a friendly welcome and unlimited access to the premises and activities.

Provider response

Revathy Vidyadharan, Registered Manager, Kingsley House

Thank you for the opportunity to review the Healthwatch Gloucestershire Enter and View Report following the visit on 20th May 2026.

We welcome the feedback provided and are pleased that many positive aspects of the service were recognised, including the friendliness of staff, resident engagement, community involvement, person-centred care, and the positive relationships between residents, relatives, and staff.

We would like to provide the following updates and clarifications in response to the observations and recommendations made within the report:

Change of Ownership

Kingsley House is now operated by **The Cotswold Nursing Home Company Limited**, part of the A&S Care Group. Following the change of ownership, a programme of improvements has been implemented across the home, including refurbishment works, enhanced staff training, changes to pharmacy arrangements, and the gradual introduction of freshly prepared meals.

Personalisation of Bedrooms

Personalised information, including residents' names and photographs, has now been placed on bedroom doors throughout the home, including the basement floor. Personalisation within residents' bedrooms is always based on the wishes and preferences of residents and their families. We actively encourage personalisation and are happy to make further adjustments whenever requested.

Dementia-Friendly Environment

A number of improvements have already been implemented or are underway:

- Handrails within newly renovated areas have been painted in contrasting colours in line with dementia-friendly guidance.
- Additional contrasting colours have been introduced throughout the home where appropriate.
- Signage has been reviewed and improved, including clearer identification of the reception visitor toilet.
- We are exploring the use of different door colours to further support orientation and wayfinding for residents living with dementia.
- Additional clocks displaying the day, date, and time will be introduced to communal areas. While clocks are currently available on the ground and first floors, we acknowledge that enhanced orientation aids would be beneficial.

Staff Information Board

A staff photo board has been purchased and is currently awaiting printing and display of staff photographs.

Meals and Nutrition

We are continuing our transition away from Appetito meals. A new chef has recently joined the team and a revised menu has been developed. Home-cooked meals are currently being prepared three days per week, with plans to

increase this further. From 29th June 2026, we intend to significantly expand freshly prepared meals within the home.

To support residents living with dementia and cognitive impairment, pictorial menus are also being introduced to help residents make informed meal choices.

Medication Room

Following discussions with the nursing team, equipment and supplies have been reorganised and relocated to improve storage capacity. As a result, the medication room is no longer congested and provides a safer and more efficient working environment for staff.

Parking and Accessibility

The front entrance area has always been intended for Blue Badge users. We acknowledge that this was not clearly signposted and have taken steps to improve signage and accessibility arrangements.

Resident Feedback

The report references one resident who expressed dissatisfaction with the home and staff. We would like to provide some additional context.

The resident has complex needs which the management team has been actively supporting him with through relevant processes, and assessments have been completed. Staff continue to work closely with him, healthcare professionals, and external agencies to ensure his needs are met and appropriate support plans remain in place.

Ongoing Improvements

We remain committed to continuous improvement and welcome the recommendations provided. Many of the suggested actions have already been implemented or are currently in progress as part of our wider refurbishment and service development programme.

We thank Healthwatch Gloucestershire for their visit and constructive feedback and look forward to continuing to provide high-quality, person-centred care to all residents at Kingsley House.

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