

# Templemore Care Home Enter and View

February 2026



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# Introduction

Healthwatch aims to conduct regular visits to health and social care services within the community. Conducting these reviews allows us to directly support and provide valuable feedback to services that have been identified as needing focus. Our visits result in our service making recommendations for ways that service providers can continue to provide effective and satisfactory care.

The 2025–2026 Healthwatch West Northamptonshire Work Plan, created by both volunteers and staff, aimed to have a focus on social care and dementia. This was facilitated by training staff and volunteers on Dementia Awareness, the 2005 Mental Health Capacity Act and 2009 Deprivation of Liberty Safeguards (DoLS) and through selecting care homes for Enter and View visits, which supported residents with Dementia within West Northamptonshire<sup>1</sup>.

On the 17<sup>th</sup> of February, 2026, the Healthwatch team carried out an announced visit to the Templemore Care Home between the hours of 9:30 am and 3:30 pm. The team was comprised of one Healthwatch West Northamptonshire Staff member and six Authorised Representatives Volunteers from Healthwatch West Northamptonshire.

The Templemore Care Home is a larger-sized care facility for residents both without and with Dementia, with a total of 64 beds, with 56 residents at the time of our visit. There are three separate residential areas, one for residents without dementia, one area for those residents with mild to moderate stages of dementia and one area dedicated to the more advanced levels of dementia care. At the time of our visit, there were 54 residents living there. Healthwatch West Northamptonshire's aim with this visit to the care home in Northampton was to view the facilities and to speak to the staff, residents and residents' families visiting the home to gain a better understanding of the quality of care and the experience of residents.

At the time of our visit, Templemore Care Home had recently been revisited by the CQC – Care Quality Commission in January 2026; this report was not published until after our visit and was unavailable to us at the time. The previous visit was in March 2025, and the service was rated as requiring improvement by the CQC. This report was reviewed by our HWW team and was kept in mind during our visit<sup>2</sup>.

<sup>1</sup> <https://www.cqc.org.uk/guidance-providers/all-services/mental-capacity-act-deprivation-liberty-safeguards>

<sup>2</sup> <https://www.cqc.org.uk/location/1-120671475/reports/AP20721/overall>

The CQC visit in March 2025 was conducted in response to concerns about the quality of care provided to residents, as well as issues relating to management, governance and oversight. Findings from the visit highlighted that staff treated residents with kindness and compassion. Residents reported feeling safe and able to access health services, along with a range of activities. Overall, residents appeared content, with people's choices respected and relationships with family and friends were maintained.

Feedback indicated that residents liked the food, although some felt that the variety could be improved. One family member mentioned staffing pressures but acknowledged that the facility was doing its best. An identified area for improvement was staffing levels, alongside ensuring staff were appropriately trained and up to date with best practice. Another family member shared that the home was accommodating of requests and consistently clean.

Following the publication of the March 2026 CQC review, our team examined the report to assess any changes within the service. The findings indicated positive progress since the 2025 visit, including a change in management, resulting in a more committed and motivated leadership team. This new team has focused on improving both the quality and safety of the care delivered. Staff reported feeling supported and valued, and governance systems were described as strengthened.

Improvements to the premises were also highlighted, with the environment described as clean, well-maintained, and odour-free. Residents were living in safe surroundings and expressed satisfaction with the home, emphasising that staff were caring, kind, and attentive to their needs.

Previously, in August 2015, Healthwatch Northamptonshire visited Templemore to conduct an Enter and View. This visit noted overall satisfaction with the care provided to residents and with the premises and services offered to residents. Some positives were elements such as memory boxes within residents' rooms and ample activities to keep residents engaged. Two recommendations were made to the home based on the visit; one was to introduce hourly drinks to further encourage residents to drink, and the other was to encourage staff to pursue further dementia training. Findings from this visit were kept in mind during the visit to the care facility.

Our review works to help highlight areas of best practice and also ways the service can improve from the patients' perspective; this is reflected in our findings and recommendations within this report.

## Key Findings

### Positives

#### Warm, caring and respectful culture within the home

- Interactions between staff and residents were consistently observed to be kind, patient and respectful.
- Residents and their families repeatedly described staff as kind, caring and attentive.
- Staff demonstrated strong relationships with residents, addressing them by name and understanding individual needs and preferences.
- Residents' privacy and dignity were respected, with staff knocking before entering rooms.
- The environment felt relaxed and stress-free.

#### High-quality, clean and well-maintained environment

- The home was consistently clean, odour-free and well presented across all areas.
- Bedrooms were personalised with decor, comfortable and had a homely feel.
- Communal areas were bright, spacious and well utilised.
- Bathrooms and facilities were maintained to a high standard of hygiene.
- Music played throughout the environment, adding to the positive ambience and environment for residents and staff.

#### Strong dementia-friendly design and best practice

- Dementia best practice was seen throughout the residence.
- Clear signage with images and contrasting colours was seen to identify each shared space in the home, as well as residents' rooms.
- The use of the personalised "Story of Me" documents was consistent for each resident and easily accessible; memory boxes were in place for some residents.
- Dementia-friendly colour schemes and tableware were seen in shared spaces and within all the dining rooms.

- Staff showed good understanding of dementia care approaches, including reassurance, orientation and meaningful engagement.

### **Wide range of meaningful activities and engagement opportunities**

- There is a varied and structured activities programme in place, with multiple daily sessions.
- The activities coordinator plays an effective role in ensuring there is a planned schedule and that engagement with residents occurs throughout the day.
- Innovative local partnerships (such as with Northgate School, the use of therapy animals, dementia cafés, etc.).
- Residents were observed actively engaging and enjoying activities.
- Opportunities are enabled for residents to contribute, such as helping to set up the dining spaces, which supports a sense of purpose.

### **Positive family involvement and an open visiting culture**

- No strict visiting hours, promoting flexibility and family involvement.
- Families reported feeling welcomed and listened to.
- Communication between staff and families was described as good.

### **Thoughtful facilities enhancing quality of life**

- Additional amenities for residents to access, such as a resident shop, hair salon, library and sensory room, support independence and wellbeing.
- Outdoor spaces and gardens provide valuable access to nature.
- Snack stations and drink availability support nutrition and choice.

### **Positive feedback around new leadership and staff morale**

- Staff spoke positively about the impact of new management, describing leadership as “hands-on”, supportive, and driving improvements.
- Staff reported feeling valued and supported, with access to supervision and training.
- Governance and oversight appear to have strengthened since previous inspections.

## Challenges

### Environmental factors that could be improved

While the home's overall environment was positive, we did note a few things which could benefit from improvement.

- One fire extinguisher in Cedar 2 was observed to be missing a safety cover.
- Some of the first-floor corridors were noted as narrow by our team, which may present challenges for residents using mobility aids.
- While generally strong, more signage in the main residential building for bedroom navigation at the end of the first floor could be helpful to residents.

### Situational staffing pressures and reliance on bank staff

- When speaking with staff, it was reported that they sometimes had rota pressures during leave periods.
- Through conversations, it was shared that the use of temporary/ bank staff can lead to inconsistency and increased workload for permanent employees.
- Desire for "more time" suggests potential capacity challenges.

### Increased involvement of residents in menu planning

- While many residents were satisfied with the food, one resident stated that they preferred some days compared to others.
- One resident noted a desire for greater involvement in menu planning.

### Limited tailored engagement for some dementia residents

- While the overall dementia practice at the home was found to be delivered effectively, one family member shared views that residents with dementia who are more independent may experience periods of low stimulation.

### Opportunities for further staff development and recognition

- Staff expressed interest in additional training (e.g. medical skills, in-person learning).
- Some staff highlighted a lack of formal recognition or incentive schemes.

## Recommendations

Based on the experience of our staff and volunteers who visited the home, we have made the following recommendations for Templemore Care Home.

### 1. Continue to maintain the high quality and standards within the home.

Our Healthwatch team was extremely satisfied with the overall standards of care and quality of the environment within the residence. The home was well-maintained, clean and tastefully decorated. Templemore is clearly held to high standards by the staff. The residents within the facility seemed happy and well cared for and had access to a range of activities.

We recommend that Templemore continue to:

- Maintain the high standards they are currently delivering at the home, by continuing to utilise the methods that they currently have in place with staff.
- Ensure residents are treated with kindness and respect.

### 2. Continue to follow best practices within dementia support and care.

Templemore evidenced good dementia practices within the home, which were seen in both the signage and décor, as well as through the personalised resources and facilities available to residents.

We recommend that Templemore continue to:

- Ensure that the environment within the home is dementia friendly by continuing to utilise dementia friendly colours in rooms and additional supports such as coloured plates and tablecloths in the dining spaces, signage and attractive and varied décor.
- Utilise spaces like the open cloister garden area, themed rooms and sensory spaces to support residents with dementia
- Ensure that a range of activities are available for residents to engage in.
- Encourage resident choice where possible, with supports like the example plates, where residents view the options before eating.
- Considers the addition of boards that identify staff by name and photograph may be positive for residents within Cedar 1 and Cedar 2
- Share best practices across the wider organisation of local care homes.

### 3. Strengthen personalised activity provision

Based on feedback from family members, we noted that additional work could be done to encourage more residents with dementia who are perceived as more independent to engage in sensory or stimulating activities throughout the day.

We recommend that Templemore:

- Encourage more tailored sensory or therapeutic activities for more active residents with dementia- looking to encourage the use of supports such as fidget or sensory toys, or more one-on-one sessions with residents with early to moderate dementia.

### 4. Enhance food experience and resident involvement

Some individuals expressed a desire for greater involvement in planning the food menus and available options.

Based on this, we recommend that Templemore considers:

- Highlighting food choice and adding the topic of menu choices as a part of their regular resident feedback sessions to encourage residents to share their input around food choices, and to increase opportunities for residents to contribute to menu planning.
- Continuing to monitor and review food consistency across meals to ensure there is adequate variety for residents.

### 5. Expand staff development and recognition opportunities

We identified that staff expressed desires to further their training and opportunities, with staff eager to continue to learn and develop their skills.

We recommend that Templemore considers:

- Providing additional opportunities for in-person and specialist training, for courses such as clinical skills, dementia care progression and training focused on senior-level skill development.
- Introducing staff recognition opportunities through creating schemes such as employee of the month, highlighting staff for best practices, or nominating staff as champions based on their roles/ resident feedback.
- Ensuring support is in place to encourage career paths and progression for care staff.

## 6. Address minor environmental elements noted

We noted a few elements within the home that could be easily corrected.

We recommend that Templemore:

- Ensure all safety equipment (e.g. fire extinguishers) is fully compliant and maintained, and that any potentially hazardous items are effectively covered or out of access for residents.
- Review the accessibility of narrower corridors and assess potential mitigations, ensuring residents with mobility concerns are not placed in the rooms where the narrower corridors are present.

# Methods

Healthwatch West Northamptonshire has a statutory right to enter Health and Social Care Services to view the premises and to speak with both patients, residents, families of residents/patients and staff members. We used our ability to enter services and review through a format called an Enter and View. This methodology is a tool created by Healthwatch England, and our visit was conducted alongside their guidelines and our Enter and View Policy<sup>3</sup>. This ability to Enter and View services offers a way for Healthwatch to meet some of their statutory functions and allows for the ability to identify what is working well with services and where they could be improved<sup>4</sup>.

We preplanned and arranged this visit with the managerial staff at Templemore Care Home, allowing time for staff and patients to have notice. Prior to our visit, Healthwatch West Northamptonshire (HWW) posters were shared with the location with the request that they be distributed and displayed within the communal areas within the home, and leaflets were provided to inform residents, residents' families and the staff at the care facility about what HWW does as an organisation.

Upon arriving at the home, the visit aimed to ensure that the perspective of the resident was captured; therefore, Healthwatch Representatives (staff and volunteers) focused on seeing things through the "eyes of the resident, as if this was their home". Healthwatch Representatives used an Enter and View template to guide them through the visit and walked around and observed the home's facilities. By walking around, observing the surroundings, speaking and asking questions to both staff, residents' families and residents, Healthwatch was able to gather a thorough understanding of how the service was functioning.

Our team of Healthwatch Representatives used elements of the Patient-led Assessments of the Care Environment (PLACE) framework as a part of the Enter and View, so that we could assess whether the environment would be considered accessible, friendly to those with learning disabilities and dementia<sup>4</sup>. This allowed our organisation to highlight the positives and the elements of the service that are effective, as well as looking to reflect on what can be improved.

<sup>3</sup><https://www.healthwatchnorthamptonshire.co.uk/report/2023-01-17/our-enter-and-view-policy>

<sup>4</sup>[https://network.healthwatch.co.uk/guidance/2019-04-23/guide-to-enter-and-view?gad\\_source=1&gclid=Cj0KCQjwncWvBhD\\_ARIsAEb2HW9oQ\\_19jklyXM7W8hblfMPSyK7rDPCjGChI25TLBnBvIFr7ar9XH8aAgIHEALw\\_wcB](https://network.healthwatch.co.uk/guidance/2019-04-23/guide-to-enter-and-view?gad_source=1&gclid=Cj0KCQjwncWvBhD_ARIsAEb2HW9oQ_19jklyXM7W8hblfMPSyK7rDPCjGChI25TLBnBvIFr7ar9XH8aAgIHEALw_wcB)

<sup>5</sup><https://digital.nhs.uk/data-and-information/areas-of-interest/estates-and-facilities/patient-led-assessments-of-the-care-environment-place/dementia-friendly-environments-guidance-for-assessors>

Our Representatives spoke to patients, their families and/or carers and the staff on the day of the visit to explore their views and experiences in relation to the service.

These findings were documented and summarised by our Healthwatch Representatives, who then expanded and reported on them within this report. After the report was finalised, a copy of the report was sent to the Managers of the care home, who were given the opportunity to respond and were asked to formulate an action plan for our recommendations.

## Findings from Templemore

Templemore is a care facility that is located in Northampton. When our team visited, the 64-bed home had 56 residents living there. Templemore is a care facility that belongs to a larger care group called B&M Care Homes. The home is made up of three sections, which separate residents based on their levels of independence and cognition. There is the main part of the residence, which houses mostly independent residents; there is the Cedar 1 Community, which houses residents with early to moderate levels of dementia, and there is the Cedar 2 Community, which houses residents with more advanced cases of dementia.

## Planning the Visit

When planning our visit to Templemore, we found it easy to contact the managerial staff to plan the visit. Staff were extremely friendly when communicating, and the manager was very happy to engage with our service and to discuss a date and plan for the visit. Our service was able to speak with the registered manager to provide a background about our Healthwatch service and our core function, prior to the visit being conducted. When our staff dropped by the home ahead of the visit to leave flyers, it was noted that the receptionist at the front desk was friendly, and the entrance smelled good.

## First Impressions of the Home

As we arrived and first entered the reception and entrance hall, the Enter and View team found the home to have a warm and welcoming atmosphere. The building's historic design allows for natural light to flow between spaces, creating a bright and airy feel as you step through the front doors. As noted during the previous week's visit, there was a pleasant scent within the residence, with subtle notes of cinnamon. Gentle background music was playing in the dining and communal areas at an appropriate volume, which could be heard in other parts of the home without being disruptive.

From the start and throughout the visit, we observed a calm and relaxed environment, with staff and residents moving comfortably between rooms. The overall atmosphere felt unhurried and peaceful, and our presence did not seem to disturb the regular flow of residents and staff as they navigated the home.

Staff were friendly and approachable on arrival, greeting and making introductions to the Enter and View team. Our team was offered the use of a drawing room as a base for the duration of the visit, as well as refreshments while waiting to begin the visit's walk-through. A tour of the home was provided by the receptionist, who was knowledgeable and able to answer questions about both residents and staff.

## Facilities and Environment

The home's main building is made up of two floors. As you enter through the front door and pass through the reception area, you are met with the entrance hall, which has a large set of stairs leading up to the residents' rooms and an elevator which can be accessed freely to bring residents up to and down from the first floor. There are doorways which lead to the drawing room and the dining room, as well as a corridor that runs past the reception desk that leads to some of the residents' rooms that are located on the ground floor. There are two communal areas for residents to utilise, both of which can be found through either the drawing room or the dining room.

Past the dining room, more resident rooms can be found, as well as management and staff offices, the activities room, the home's resident shop and a communal library space. Past the library wall, a corridor leads past resident rooms to a secure hallway which separates the two residential communities that specialise in dementia care, Cedar 1 and Cedar 2.

The first floor of the residence is designated for more rooms for residents. Each resident's room in the home has an ensuite bathroom.

## Main Building

### Ground Floor Communal Spaces

The entrance hall is a large space that allows for multiple directions of travel within the home. By the elevator within the entrance hall, we made note of a coffee machine that was available for residents and visitors to use as they pleased. The drawing room, which is just off the entrance hall, is a communal space that residents and their families can utilise as they wish. This space had comfortable sofas, chairs, and a table, as well as a large TV on the wall.

This space was clean, well-decorated and comfortable. Staff explained that when not in use by residents or their visitors, this room was used for special events and often a place where movie nights are held for residents. The doorway towards the back of the room was open and led to the two communal lounge areas. We found that during our visit, the communal spaces all had their doorways open, which allowed residents to navigate between rooms easily and gave an open feel to the spaces.

The two communal lounge spaces were separated by a walkway, which led to the dining room. Each communal lounge was full of natural light from the many windows bordering the spaces, which allowed residents to see into the garden space, and the open windows allowed fresh air to flow through the home. We noted that these windows had safety locks to ensure safety when opened. The two lounges both had ample amounts of available seating for residents, with comfortable chairs and a thoughtful décor, creating a cosy environment. The lounges were clean and looked after.

The two lounges each offer a different environment for residents, one is a dedicated quiet lounge, and the other is a TV lounge, offering a choice based on resident preference. During our visit, we observed different residents enjoying the spaces, with a few residents watching TV, and another resident in the quiet lounge with a book. Between the lounges was a well-positioned snack station, which had a variety of snacks like crisps, fruit and freshly baked goods, all for residents to access as they pleased during the day.

Between the main dining room and the rest of the ground floor areas was a hallway which housed the GP assessment and medication room, a staff station/ office space and a set of informational boards. The staff station was designed with windows that allowed staff to see out to the corridors. In this hallway, there were a few informational boards where key policies were displayed, such as safeguarding, whistleblowing, infection control and a Residents' Charter. There



was also a notice board which identified staff members by photograph and name. We noted this was not complete and there were only a few images and names added; the staff explained that this was a new board that had just arrived and was being filled in that day.

## Main Dining Room

The main dining room had music playing during our visit, which was playing through an Alexa device. This music speaker was available for residents to freely use to request music of their choosing. We felt this was an effective use of this technology within the home.

We found the dining room to be spacious, with many available tables and chairs. Tables were set in a way that encouraged social interaction without feeling crowded. We observed that between meals, some residents chose to use this space as a place to sit with friends and chat.

The space was clean and tidy. Menus displayed offered choices and were placed within clear boards around the dining space; these were available both in written and image forms. Staff shared that a visual display of the food options was shown to residents ahead of the meal, and that although the residents in the main building made their meal choices for the day at breakfast, it was not uncommon for residents to change their minds and could be accommodated.

We saw contrasting colours used within the dining area, through the plates and cups used, as well as the colours within the room. We felt this supported accessibility for residents with visual or cognitive impairments.

During lunch time, staff interacted in a friendly manner with the residents who were dining. We saw staff walking around to support residents as needed and observing residents as they ate their meals.

This space is often multi-use, and towards the end of the visit, we saw evidence of this as the room had been changed to accommodate for the evening activity, which was a singer for residents to enjoy.

Templemore Menu - Week 4							
Week 4	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
<b>Breakfast</b>	Porridge, cereals, Fruit, bacon, egg, tomatoes and toast	Porridge, cereals, fruit, egg, croissant, toast	Porridge, cereals, egg, bacon, tomatoes, toast	Porridge, cereals, Fruit, poached/scrambled	Porridge, Cereals, fruit, Fried Egg, Bacon, Toast or bean	Porridge, Cereals, Fruit, beans, sausage	Porridge, cereals, fruit, egg, bacon, tomatoes, toast
<b>Mid Morning</b>	Tea/Coffee/Biscuits/Fruit	Tea/Coffee/Biscuits/Fruit	Tea/Coffee/Biscuits/Fruit	Tea/Coffee/Biscuits/Fruit	Tea/Coffee/Biscuits/Fruit	Tea/Coffee/Biscuits/Fruit	Tea/Coffee/Biscuits/Fruit
<b>Lunch</b>	Bacon Jolion Roll, mashed potatoes, seasonal vegetables and gravy	Mince beef pie served with new potatoes and seasonal vegetables	Sausage, gravy, Ry-rkshire pudding, mash served with seasonal vegetables	Lasagne, garlic bread, new potatoes, peas/carrots	Poached fish with parsley sauce & homemade chips served with peas	Chicken Casserole served with creamed potatoes and seasonal veg	Gameon served with parsley sauce, mashed potatoes & seasonal veg
	Choice of salad or vegetable flan	cheese jacket potato	vegetable casserole	Vegetarian lasagne	Battered Fish & chips	Choice of salad or jacket potato	Choice of omelette or jacket potato
<b>Dessert</b>	Eton mess & fruit or yoghurt & fruit	Bake-well tart and custard or yoghurt & fruit	Jam roly poly served with custard or yoghurt & fruit	bread pudding & custard or yoghurt & fruit	Apple pie with custard or yoghurt & fruit	Banana sponge & custard or yoghurt & fruit	Fruit Cheese Cake or yoghurt & fruit
<b>Afternoon</b>	Tea/Cakes/Biscuits	Tea/Cakes/Biscuits	Tea/Cakes/Biscuits	Tea/Cakes/Biscuits	Tea/Cakes/Biscuits	Tea/Cakes/Biscuits	Tea/Cakes/Biscuits
<b>Evening</b>	Vegetable soup, assorted sandwiches, toast, mince/steak and salad	egg/ham chips, Chicken soup, Assorted sandwiches	Tomato soup, Assorted sandwiches, quiche and salad or omelette	Leek & potato soup, Assorted sandwiches, salad or jacket wedges, cheese, bacon	celery soup, Assorted sandwiches	Vegetable soup, Assorted sandwiches, jacket potato with fillings and coleslaw	Pea and Ham soup, Assorted sandwiches, buffet
	Orange, Citrus Cake or Ice cream	Tiny bake or cheese/biscuits/ yoghurt	coffee cake or fruit	Souces, Jam & cream or Ice cream	Fairy cakes or cheese/biscuits/ Ice cream	Banana Mousse, Home-made Biscuits	Fruit cake or ice cream

ALL MENUS ARE AVAILABLE IN VARIOUS LANGUAGES, PLEASE ASK IN MAIN OFFICE.

We briefly viewed the kitchen facilities, which are not accessible to residents and are used by kitchen staff and care home staff only- the kitchen facilities were quite large and appeared to be clean and adhered to standards.

### Amenities

#### Craft and Activities Room

The home offers a wide range of speciality spaces for residents to access. One of these is the dedicated activity room, where the home's activity coordinator is based. This space fosters creativity and provides residents with a variety of opportunities for engagement, as well as a setting for scheduled sessions and group events. The room features a long table surrounded by chairs, offering ample space for residents to sit and take part in creative pastimes such as colouring, knitting, painting, games, puzzles, and more.



The room was colourful and engaging, with resident artwork on display and eye-catching décor. A weekly planner was clearly visible, outlining the different sessions available each day.

In the hallway just outside the activity room, there was a side table displaying a collection of scrapbooks created by the coordinator. These contained a wealth of photographs and records of resident engagement, including group sessions, day trips, and outings organised by the home.

This was a thoughtful way to capture and celebrate resident experiences, while also providing families with insight into what their loved ones are involved in. It was shared that these images were also accessible to families via a private social media group.



### Resident's Shop and Community Library

The home has repurposed a room adjacent to the activity space into a shop for residents. The shop offers a range of everyday items, including personal care and beauty products, fizzy drinks, snacks, and sweets. Set up in a similar way to a small corner shop, it offers a variety of goods at low cost, making them affordable for residents.

This space intends to support residents by encouraging an opportunity to exercise independence and choice, enabling them to purchase items for themselves or for their loved ones. The shop had a welcoming and familiar feel, creating an environment that encouraged residents to engage in a normal, everyday experience. It also provided an opportunity for residents to handle money and make personal decisions about their purchases.



The community library, which is near the shop, offers a wide variety of reading materials, with many different genres of books, as well as a few audiobooks. The library allows residents to take books to read, and residents can leave books for others to enjoy. Staff shared that the residents were supported to register with local libraries and that the home often works with these libraries to bring additional books in. The care staff can assist residents with requests for specific books by working with the local libraries.

### Hairdresser

The home has a room designated for the visiting hairdresser who provides haircuts and styling services for residents at a low cost. On the day of our visit, the hairdresser was on site delivering appointments, and the service appeared to be very popular among residents. We observed several residents waiting for their turn, appearing eager to receive a haircut or styling treatment.

During our visit to the salon area, we found the space to be well equipped, featuring styling chairs, a professional wash basin, and specialist dryers for hair treatments. The room was clean, well-maintained, and thoughtfully arranged to reflect the look and feel of a traditional hairdressing salon, creating a familiar and comfortable environment for residents.

### Main Building's Garden and Outdoor Space

The care facility sits within a large estate; the converted historical home's various rooms are bordered by ample windows, which allow views into the gardens and outdoor spaces that surround the estate. The two communal lounges within the main building look onto an outdoor garden and patio space, which can be accessed through the activities room and through a small sunroom. During our visit, the home had its outdoor seating and tables stored away due to the cold weather, but staff stated they would be bringing these out for residents to access as the weather improved. Residents were free to access the outdoor spaces as they wished and could request support as needed.



### Main Building Communal Bathrooms

Residents and visitors had multiple bathrooms to access on the ground floor, which were within the communal hallways. These bathrooms were very clean and maintained to a high standard, with the residents' hygiene clearly a priority. Toilet supports were moved to check cleanliness, and the toilets were found to be hygienic and well cared for.

The communal bathrooms also had small décor elements added to them, such as artwork, which was a nice touch. We noted that hygiene guidance was posted within the bathrooms for proper handwashing procedure.



## Main Building Residential Rooms

The main residential section had resident rooms both on the ground and first floors. Our team observed the rooms and hallways on both floors. Stairwells could be found at each end of the residential areas, which led residents who lived on the first floor down to the main communal areas. There were stair lifts available on the stairways for residents to use, and the elevator at the front of the home was also available to residents. The ground floor rooms were easy to find and navigate, with spacious corridors. The first-floor rooms could be accessed from two stairwells. We found that the stairwells were easy to navigate and had the necessary safety measures in place, with safety gates at the top of each set of stairs.

On the first floor, we did find that some of the hallways connecting residents' rooms were slightly narrower than the wider hallways found throughout the rest of the home. Although no issues were observed during our visit, this may be worth noting, as individuals using mobility aides may find the space challenging.

As our team navigated the main residential areas, the environment felt clean, fresh, and organised. There were no unpleasant odours, and surfaces, floors, and doorways were tidy and free from clutter. The bedrooms we observed were neat and personalised, with residents' belongings arranged in ways that reflected their personalities and life experiences. The personalised décor and the addition of plants in many of the rooms helped to create warm and homely spaces. We noted that clean towels and toiletries were readily available. Floors and surfaces throughout these areas were well-maintained and presented to a good standard. In most rooms, beds were positioned to allow residents to look out of the windows, supporting comfort and connection to the outside environment.



Each of the resident's rooms had their name and photograph on the door, which made it easy to identify each individual room. These photographs were

displayed in front of a sheet of coloured paper, which indicated those who may require assistance during an evacuation, but also served to bring helpful visual contrast to the residents' doors. Some of the doors had memory boxes which were outside the doors, with a few items that related to the individual. Staff told us that these had all been taken down due to the recent redecoration of the home and are all in the process of being placed back onto the walls outside residents' doors. Inside the rooms, each resident had a personal booklet, which was called a "Story of Me".

## Cedar 1 Community

Cedar 1 is a community wing for residents which specialises in supporting residents with early to moderate stages of dementia. This area can be accessed through two sets of doors, which are opened via a code that is typed into a keypad on the door. This is a practice used by the home to maintain the safety of residents, and it was shared by staff that the code is regularly changed to maximise safety.

Cedar 1 hosts a variety of spaces for residents to enjoy, including two resident lounges, a secure garden space, a sensory room, a dining room and kitchenette, and a retro room. This community is also where the laundry is done for all the residents.

## Cedar 1 Communal Spaces

The Cedar 1 community is a uniquely designed residential space, which was created with dementia support and resident freedom in mind. The space is designed in a square shape, with the centre of the community as a small secure garden cloister space which is accessible through multiple points along the corridors. The benefit of this design is that it provides a safe



outdoor space that residents can access. Because of this central garden, the whole space feels extremely bright and airy, and the number of windows which border the garden space allows for fresh air to fill the residential spaces.

Two communal lounges sit within the community, which look onto the inner garden space. One communal lounge is a dedicated quiet lounge, and the other is a TV room. During our visit, the TV was on, and residents were seen to be engaging with the space. The décor in these areas is thoughtfully presented, contributing to a warm and inviting environment. We noted that the quiet lounge had a few pieces of antique décor and a large slot game, which had pieces that were blue and red- these elements were dementia friendly.

The hallways all had handrails for support and were very spacious, which made it safe for residents to navigate on their own. We observed many residents walking around independently, making use of the hallways and different spaces within the community. Along the hallways, carts were filled with freshly baked goods, fruit and snacks for residents to access as they wished.

Along the hallway, a board displayed the day's activities using large printed icons, along with the date.



### Retro Room

The Retro Room is a space which is often used by residents and visitors, as it is a private space and has tea and coffee facilities available. During our visit, we observed the retro room being used by a resident and their family.

This space was thoughtfully designed, with contrasting colours and a large black and white retro mural of a mid-1900s scene. One corner of the room has a small nail parlour, which has been designed to imitate a nail salon, and can be used when residents have their nails painted or cared for by staff.



### Sensory Room

Next to the dining room, a sensory room can be found which overlooks a courtyard and garden. The room has calming light features and an audio/sound system installed in the room; the space was often used to bring a calm environment to residents in need of a quiet space. The room is also used for therapeutic sessions with residents, where they can play relaxing music or nature sounds for residents to enjoy. Residents who live in other parts of the home can utilise the rooms with staff support if needed.

### Dining Room

The dining room is spacious and full of natural light. The room extends as part of a conservatory, which allows residents to have a view of the outside patio and garden area at the end of the building.



Water and juice were available for residents to help themselves to during the day. Menu options were clearly displayed for residents around the dining room, with pictures of the dishes set against contrasting blue backgrounds to make them easier to see, particularly for those living with dementia.



In Cedar 1, display plates are used as visual aids and are the main method of choice for residents with dementia; this allows residents to see and select their preferred option at each mealtime. We also observed that the tables were set with dementia-friendly red tablecloths, which allowed items on the tables to stand out. The crockery used had contrasting colours, further supporting residents in recognising and enjoying their meals.

Within the dining room, there is a kitchenette available for residents to use. This space enables individuals to prepare tea, coffee, and other light refreshments as they wish, supporting independence and choice in their daily routines.

### Laundry Room

The laundry room, where the residents' laundry is done, is housed within Cedar 1. All of the laundry is cleaned in-house, and each resident has a clearly identified basket. The resident's clothes are marked with snap tags with their names on them to help ensure clothes are easy to identify. The home often received donations and spare clothing, which they can use for residents who may require additional items, different sizes or desire additional choices. We noted that this space was organised and tidy.

### Communal Bathrooms

Within the community, there are two bathrooms that can be accessed by residents and visitors. When we viewed the bathrooms, we noted that these spaces were very clean and well-maintained, with no concerns raised. During our visit, a member of staff was seen cleaning the bathrooms.

### Cedar 1 Resident Rooms

The residents' rooms in the Cedar 1 community were very well maintained, warm, and inviting, with thoughtful touches throughout. We saw that many residents' rooms were full of personal items such as pictures, cosy blankets, soft pillows and figurines. En-suites were clean, and each room had a pleasant view of the outside. As in other areas, the doors of the residents' rooms were personalised with their name and a photo, making it easy to identify each resident's personal spaces.

We found that each room had the "Story of Me" booklet visible in the entrance way of their room, which documented their preferences, life history, and family background.

### Cedar 2 Community

Cedar 2 is a community for residents which specialises in supporting residents with more advanced stages of dementia. This area can be accessed through a secure set of doors, similar to Cedar 1, which require a code for entry and exit. Cedar 2 is a community which has a large communal space, a dining area, a garden space and a hair dressing room.

### Cedar 2 Communal Spaces

Like Cedar 1, the Cedar 2 community is a uniquely designed residential space, which was created with dementia support and resident freedom in mind. Like much of the home, this space is full of natural light from the many windows bordering the space. The communal area is a large space, which is designed in an open layout. The communal lounge has a TV and a variety of comfortable seats for residents to utilise. The open floor plan of the space allows residents to navigate freely, and this space flows into the side of the room, which has large windows that overlook the Cedar 2 garden.

There is ample seating for residents to sit and look at the gardens. A bird-watching station is situated along the windows with binoculars and books about birds, which staff said is often used by residents. There were activities, like large print books and dementia friendly sensory toys, available for the residents to interact with around the communal space. During our visit to the community, we observed the residents, we noted that some were napping, some were socialising with one another, and a few individuals were watching TV.

Many residents were seen confidently navigating the community spaces, enjoying the freedom of the hallways and the open-plan lounge. The walls had bannisters, which we saw residents using for support, which helped with independent movement and maintained safety for residents.

Similar to the other areas in the home, snack carts were visible and were filled with freshly baked goods, fruit, and other treats. Having food and snacks accessible at all times is especially beneficial for residents living with more advanced dementia, as it allows them to eat when they feel hungry and supports their independence and comfort.

The manager and staff had windows which allowed them to view residents in the community. In the residential halls, we did note that one of the fire extinguishers was missing a safety cover; however, all the other fire extinguishers and other items in the environment were noted to be covered safely for residents.

### Cedar 2 Garden

The Cedar 2 Community has a large garden space that surrounds the building; this space is dedicated to the residents within Cedar 2 and can be accessed with support from staff members. The gardens are both a visual highlight and a functional benefit for residents, as it provides easy access to the outdoors. The garden décor that can be seen in the garden has been well-thought-out and has been painted in dementia-friendly colours. Staff shared that the cedar trees in the garden contributed to the name of the two communities.



### Dining Room

The dining room in Cedars 2 was bright, welcoming, and decorated in calming colours, with plenty of seating available for residents. The day's menu options were clearly displayed, and the table's settings and dining wear were dementia-friendly and mirrored what our team observed in the Cedar 1 community. At mealtimes, like in Cedar 1, display plates were also used as the primary method of choice to determine residents' meal choices.

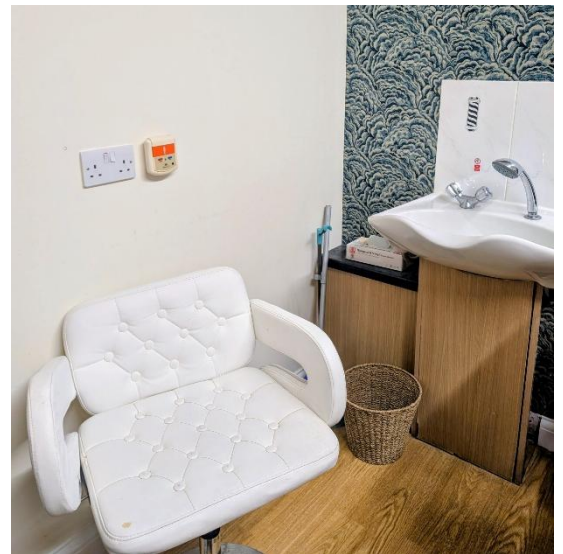
During our visit, we observed one of the residents receiving feeding support from a member of staff. We found that this interaction between the staff and the resident was pleasant, and the carer was speaking kindly to the resident.

### Communal Bathrooms

In addition to the residents' en-suites, there are two communal bathrooms that can be accessed within Cedar 2. The bathrooms appeared to be very hygienic and kept to a high standard.

### Hairdressers

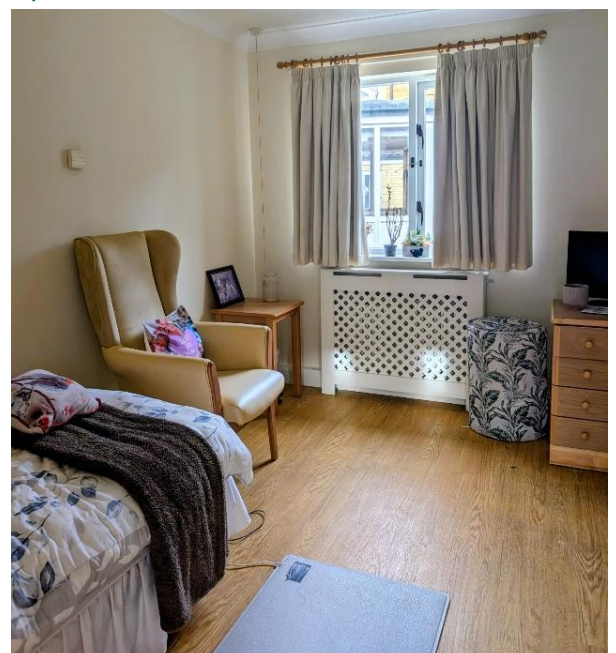
In addition to the hairdressing room in the main section of the building, there is also a dedicated hairdressing room within the Cedar 2 Community. This room allows the hairdresser to provide services to residents without the need for residents to travel to the other hairdressing room. This room had hair dryers and a washing station, but was smaller compared to the other room in the main building.



### Cedar 2 Resident Rooms

Similar to the other rooms observed within the home, the residential rooms in Cedars 2 were very well maintained. The rooms we visited were thoughtfully decorated with personal items, creating a homely and familiar environment for residents. Each room offered views of the outside grounds and gardens, and the en-suites were clean and kept tidy. We noted that safety measures like fall pads were visible in some residents' rooms who were at risk for falls.

Resident's rooms were identifiable by photographs and names posted on the outside of the doors. Inside the rooms, each resident had the "Story of Me" booklet, evidencing that this was a practice used throughout the home.



## Communication and Signage

As we walked through the home, we observed the various rooms and spaces, considering what it would be like to navigate the home as a resident living there with dementia. Overall, we found that the communal areas, bathroom facilities, and specialised rooms were clearly labelled. The signage made effective use of large fonts, dementia-friendly colours, images, and outlines, making it easy to read and helping to clearly identify different spaces throughout the home.



There was ample signage in the main building to support wayfinding, including directional signs with arrows indicating room numbers and key areas. These were displayed on large black and silver metal plates. However, one gap was identified at the rear of the first residential floor, where there appeared to be a lack of directional signage guiding residents towards the ground floor or the main residential areas where the lifts are located.

Staff were easy to identify through both their uniforms and name badges, enabling residents to seek assistance when needed. A staff identification board had been delivered the day before our visit, and work was underway to populate it with photographs and names. At the time of our visit, only a small number of staff had been added. Once completed, this is likely to serve as a valuable visual aid, supporting residents to recognise staff members and build familiarity. Extending this feature to the Cedar 1 and Cedar 2 communities may further enhance recognition and consistency across the home.



## Daily Activities and Entertainment

Ensuring that residents have access to activities and entertainment is key to ensuring that their mental wellbeing and physical health are supported to help reduce cognitive decline, to provide a sense of purpose and to encourage a positive experience<sup>6</sup>.

<sup>6</sup> <https://nds.healthwatch.co.uk/reports-library/living-not-existing-importance-meaningful-activities-care-homes>

During our visit, it was clear that ensuring residents had ample access to activities was a core part of the care provision at the home. The care facility employs an activities coordinator who works to ensure residents have a well-planned schedule of activities to engage in each week. There are three planned sessions available each day for residents to take part in; this varies each day. The activities coordinator also worked throughout the home to connect with residents one-on-one, to ensure everyone had the opportunity to engage with different activities. Activities are made accessible to all residents within each community. With staff support, residents can join in a variety of sessions, and those from the Cedar communities often participate alongside residents from the main building in events such as live music and crafts. Alternatively, activities may be held separately within individual communities based on the needs of the residents.

Activities available ranged from arts and crafts to things like manicures and hand massages, reading, painting, puzzles, group board games, personalised memory sessions, card-making and much more. There are many entertainment activities for residents to take part in, such as live music, performers, and sing-alongs.

The activities coordinator showed a passion for their work and was clearly favoured and appreciated by residents, as we observed through interactions in the room. The activities coordinator has worked to establish relationships with external services in order to allow residents to have a variety of experiences available to them to take part in. One of the ways this was evidenced was through the home's work with the Northgate School, a special needs school. The school visits the home once every two weeks, and in between, residents take trips to visit the school's grounds to interact with the young people and the school's grounds, which include chickens for the students to care for. Together, they take part in activities, such as engaging with therapy animals. There are other activities, such as a once-a-month visit to a dementia café, regular visits to the dementia sing-out in Wellingborough and more. The home also engages with organisations like Age-UK and Northampton Saints.

The care staff support residents to have outings away, with past trips overnight and day trips to English beaches. The residents also have opportunities to go out for the day to do things like shopping in local shopping centres and meals out. Residents often will go out for trips with family members, and more independent residents may leave the home to go for walks if it is safe to do so, but this

requires a risk assessment to be done by staff. Staff will often encourage residents to join them at the local park, which is across the street, or within the grounds when the weather permits.

Residents' religious and cultural preferences and needs are also considered; the home has pastors who come to visit and spend time with residents, and services are typically led on Sundays. From the activity log we saw on our visit, that week, a TV church service and an in-person church service were scheduled.

On the day of our visit, we observed the residents using the space for independent activities. Later in the day, we saw residents taking part in pancake making as part of the themed festivities for Shrove Tuesday. This was facilitated by the activities coordinator, who set up an activity for residents to make their own pancake batter from scratch, which would then be cooked for them to enjoy. While we observed this activity, we found that residents seemed to enjoy being able to take part in this activity together, with residents chatting, laughing and supporting one another.



Towards the end of our visit, we observed the activity scheduled for the afternoon, which was a live singer. As we observed this activity, our team noted that a few of the residents from Cedar 1 were brought into the main dining room with the support of staff to enjoy the live music. Staff were seen engaging with residents during this activity, dancing and singing along with residents. Residents both with and without dementia were seen engaging in the activity as well, with residents making song requests to the singer, as well as smiling and singing along.

### Dining and routines

During our visit, we asked the staff about the daily meal schedule for residents. Breakfast is generally served between 8:30 am and 10:30 am, followed by a mid-morning snack trolley available in between meals. Lunch, along with a choice of dessert, is usually served between 12:30 pm and 1:30 pm, with an afternoon snack trolley offered afterwards. Dinner/Tea is served at 5:00 pm, and an evening supper trolley is provided at approximately 7:30 pm, offering additional sandwiches and snacks for residents.

Staff explained that residents who wake earlier in the morning may be offered cereals, toast, and juices ahead of the scheduled cooked breakfast if requested.

During our visit, we were able to observe parts of the mealtimes. Residents were interacting with staff, and staff were seen assisting residents who needed additional feeding and support. Staff were attentive and showed residents options at the beginning of mealtime, and staff were seen observing the mealtime and noting down food/fluid intake. Staff serving food were observed to follow hygienic protocols by wearing aprons and gloves when serving residents.

The use of dementia friendly plates, dementia-friendly tablecloths, and calming colours was used throughout the dining rooms and helped to evidence consistent practice for residents. The spaces were clean and well-maintained. It was noticed in both the main dining room and in Cedar 1 that residents were involved in setting up the rooms for mealtimes as well as cleaning the rooms up. Through speaking with staff and residents, we learned that some of the residents enjoy having small responsibilities within the home, which gives individuals a sense of involvement, purpose and pride.

The home hosts special days such as Fish and Chip Fridays for residents. The wide availability of snack stations and beverages around the home supported the nutrition of the residents, ensuring that there was always a choice of items available to interact with between mealtimes.

### Interactions with staff and residents

During our visit, we observed the interactions between the care team and the residents. The interactions between staff and residents were friendly, gentle and kind. During the visit, it became clear that the staff on shift were very familiar with

the residents and their needs. As staff passed by residents, they greeted individuals by name and ensured they were keeping well.

During our walk-through with staff, we observed staff guiding residents to their destinations and speaking kindly to residents when they asked staff questions. When staff approached any resident's rooms, we noted that staff knocked before entering, a sign of respecting the privacy of the residents. During the tour, residents joined us as we navigated through the different areas of the home and chatted with our team and the staff members. In both Cedar 1 and Cedar 2, some of the residents with dementia were seen walking around the communities, and many initiated conversations with our team as we viewed the spaces around the home.

When we engaged with these individuals, they were quite keen to know more about what our team was doing. Instead of insisting that residents return to their rooms or leave our team to conduct the visit, the staff member guiding us took the time to check in and greet individuals, and made efforts to make them feel valued and included, often offering a hand to hold or chatting to support the resident. Residents within the Cedar communities would go on to join us as we walked through their homes' spaces until we had to leave the area, where then the staff member ensured the resident was either content going off on their own, or was able to be supported by another resident or staff member. We felt this showed great insight into the nature of how staff ensure residents are treated with care and respect.

Through some of our independent walks through the home, our team observed staff working to support residents in a kind manner. When some of the residents were noticeably confused or felt lost, staff helped to orient individuals and worked to ground them in reality, working to reassure residents but never misleading them.

We noted that during our visit, a new resident had arrived that day, and staff were supporting both the individual and their family to help get them settled. The new resident felt a bit unsure and was struggling to adjust to their new home and surroundings once their family members left. We observed multiple occasions where staff were seen assuring and supporting this individual, working to try to make them feel comfortable during this big change.

## Medical Support and Care Plans

During our visit, we asked questions to better understand how residents accessed regular medical support, such as GP services, Dentistry, Podiatry, Optometry and any other necessary support like physical therapy. We also wanted to know how the care staff tracked residents' food and drink intake and how their care plans supported their experience at the home.

We were informed that all residents are registered with the local GP practice in Duston, St Luke's Surgery. While there are no registered nurses on staff at the home, the district nurses from St. Luke's practice attend regularly through the week to change catheters, to administer certain medications, to attend to dressings and wound care and support any necessary physical health monitoring. It was noted that those residents with diabetes see the nurses twice per day, and that there is an available phone line to use if there is a request for a nurse to attend to a resident at the home during the day. The GP surgery works closely with the care facility and has regular calls with the GP practice each morning to allow the staff to check in and seek support from the GPs. Depending on the need, the practice will send a GP to attend to a resident, or the practice can prescribe necessary medications over the phone.

There is a dedicated nursing room that allows visiting doctors to see residents privately, administer vaccines, and store medications safely, including in a locked fridge. The GP visits regularly to provide support and clinical care to residents.

The Harlestone Dental Practice is a few doors down from the home, which supports residents and enables easy access to a dentist. The home can support those living at the home to schedule dental care and will help transport them to the practice when needed, if family members are unable to help transport residents to their appointments. The dentist can arrange visits to the home to see residents who may be bed-bound or unable to travel to the clinic. The care home has a podiatrist who visits the location to provide care, which is at a fee to residents.

Any other health services, such as optometry, can be arranged for residents with the support of the home. Often, family members will be involved in the planning of these services for residents. Staff mentioned they keep a clear record of all health and personal care appointments. Staff stated that in some cases,

residents are taken for appointments and in other cases, district nurses will come to the home to deliver care.

The care home staff log residents' fluid and food intake. This is done through monitoring their meals and what is consumed at meal times for each resident, and through interactions throughout the day with residents. Some care plans for residents may require that staff encourage residents to take fluids throughout the day, which will be included in the logs that staff must complete. Residents who require additional support will receive this during mealtime. Staff have access to a digital care record platform and carry around smartphones, which enable carers to log residents' fluid and food intake and any additional details or necessary actions that need to be tracked as a part of a resident's care plan and record.

Care plans are developed with the involvement of both the residents and their families. These are plans which document a person's individual health and social care needs and outline the support an individual needs to receive. An initial care plan is developed before admission, and then this is added to and built with the resident as they begin living at the home. These plans are regularly monitored and are consulted by care staff when providing care to residents. Residents' preferences, health needs, religious preferences, and other well-being needs are part of this plan. These care plans are reviewed every six months, and each resident is assigned a key worker to help support and advocate for them.

## Dementia Friendly Care

Templemore is chosen by many residents and their families due to the special attention the home can give to those with dementia. The facility is well designed to allow for those with varying stages of dementia to receive the support they need. Our team felt that this care home evidence best practices when it comes to supporting those with dementia, and it was clear that the staff are well-trained when it comes to dementia awareness and support. The interactions observed between staff and those with dementia showed patience and understanding.

The environment around the residence is designed to support all levels of cognition. The rooms within the home are filled with windows, allowing residents to see into the different outdoor areas and gardens around the building. While all residents have access to outdoor spaces, the construction behind the central

cloister garden space in Cedar 1 was a thoughtful and accessible way to allow residents to go outside, with minimal risk. As many of the residents with mild to moderate dementia enjoy walking around the communities, the ability to go outside and feel the sunshine and the breeze is a wonderful addition for residents.

The design of the home allows residents to access and enjoy a variety of spaces, and the dementia communities allow for variety and enrichment for residents. The addition of rooms like the retro-room and the quiet room, which have art and nostalgic images, is a great support for those with dementia. The method used to offer residents food options by showing pre-made menu options on plates at each mealtime is a great way to ensure that residents can make active choices.

All the identifying signage for the various communal rooms has been created in a dementia friendly manner, with large fonts and contrasting colours like blues and reds. Rooms are all painted in calming tones, like soft blues and neutrals. Handrails and supports on the walls allow residents to find balance support when walking around. Resident's rooms are identified by their photograph and name, with some rooms also featuring a memory box outside the door.

The home has worked to ensure that the resident's background, preferences, and stories are considered through the "The Story of Me" books. Each resident has one in their rooms, and this is an incredibly useful resource for both staff and visitors. This book captures the preferences and dislikes, the background of their lives, including past careers, family details and much more. The books are created and filled with information with the support of family members, and information is added through direct conversations with the residents. With this resource, visitors and staff can reference the book to engage in meaningful conversations, find helpful support if a resident is unhappy or distressed and information from this can be used to plan enjoyable activities with the resident.

Music could be heard in the different areas throughout the home; this helps to ensure there is stimulation for residents during the day. A staff member highlighted the importance of music to those with dementia.

## Hearing the voices of residents

When speaking with residents, we asked individuals how they make their preferences known and how they are able to provide feedback to the care

home's staff and managerial team. Residents stated that they felt that they could advocate for their needs with the care staff and that they would be listened to, with many stating that they could make their requests known and that staff would listen and take action.

The staff at the home shared that residents' meetings are held every six weeks, with a separate meeting for each residential community. This allows residents to share their views and help give input to the environment, activities and upcoming events.

### Family involvement and visitation of residents

When we asked if there were set times for visitors, the staff stated that there are no set hours for families or visitors. Families and visitors of the residents are encouraged to visit anytime. The home asks that visitors try to avoid arranging visits between the hours of 12:30 and 1:00 pm, as this is the scheduled time for lunch and may be disruptive for residents while they are eating.

Family members stated that they felt it was easy to visit the home and felt welcomed to come anytime.

When we asked family members about how they were able to support their loved ones in the home, it was stated that many felt they could raise any requests or concerns with the facility, and that the staff would take their requests seriously and support the resident where needed.

Families are invited to take part in meetings at the home, which are also held every six weeks and allow family members to come together to voice opinions, requests and share feedback regarding their family member's care. The online private Facebook group is another way family members stay involved and can receive updates about upcoming events and see images from resident activities.

## What People Told Us

On the day of our visit our Healthwatch team spoke to 6 residents, 7 members of staff and 2 family members and/or visitors of the residents. Before speaking with anyone on the day, we ensured to first ask permission to see if they would like to speak with our team, and we ensured to introduce ourselves and explain the purpose of our service and our visit to the home that day.

We made efforts to ensure we did not disturb staff members if they were providing care to residents. The residents we spoke to were happy to engage and share their experiences with us. As residents had varying levels of dementia, we ensured to check in with staff to see if it was a good time to speak with the residents prior to asking questions. Our staff and volunteers were all equipped to handle conversations from our recent Dementia Awareness and MHCA/DoLS training. While some conversations were varying in cognitive levels, every voice matters and is important to capture the experience of each resident.

The number of families visiting the home was dependent on the day; the home informed families that we would be visiting and shared that we were interested in interviewing them if they were willing to participate. We were able to speak with two families visiting residents, all of whom were happy to share their feedback on the care of their loved ones.

## Resident Feedback

### Experience at Templemore

We asked residents how they liked to spend their time during the day at the home and what they liked to do. When asked this question, some residents gave feedback to say:

*"I enjoy colouring and walking outside when the weather allows."*

*"I like to have a cappuccino at 3 pm."*

*"I love to do jigsaw puzzles and word searches."*

*"In the summer, I love to be in the garden, it is beautiful."*

We asked residents if they enjoyed the activities and socials that the home offered. When asked this question, some residents gave feedback to say:

*"I like the dementia café and sing-outs. I really like it when singers come to our home. I like it when we see the animals. We just saw baby bunnies"*

*"I like to join everything, I like to help."*

*"I like the activities."*

*"I go to the day centre."*

We asked residents if they felt they could voice their opinions and make decisions about activities, meals and their care. Residents gave their feedback to say:

*"Yes, anything. If I am not happy, we can speak to someone. Natalie is very good. She can organise anything."*

*"I feel involved in decisions about our activities."*

We asked the residents if they liked the food at the home; the residents gave their feedback to say:

*"Yes, I do."*

*"It is good, lots of choices, there is always a menu on the wall. I like the cooked breakfast."*

*"I sometimes like the food."*

*"The food can be inconsistent; some days it is good, other days less so. It would be great if I could be more involved in menu decisions."*

We asked the residents if they find it easy to make their way around the home. Residents' feedback to say:

*"Yes. This is my home."*

*"I can get to my room upstairs without any problems."*

### Quality of Care and Communication

We asked residents if it is easy for them to get the support and attention of staff when they need it. Residents gave their feedback to say:

*"They are very good if I need anything."*

*"Yes, if I ask them, they can arrange what I need for me."*

*"They love me."*

We asked the residents if they felt cared for, and all of the residents who answered the question said they did feel cared for.

We asked the residents whether it is easy to access dental and healthcare. Residents' feedback to say:

*"Yes, it is all very easy to organise. The chiroprapist is fab. Whatever I need, they will arrange and fix."*

*"I broke my hip and had pain in my back and my leg. I was given painkillers, and the staff knew what to do."*

We asked residents about their experiences with the staff at the home and how their interactions with them had been. Residents gave their feedback to say:

*"Everyone is very nice."*

*"They are kind."*

*"The staff treat me with kindness."*

We asked the residents if they wished to share anything additional about their experience at the home. Residents shared the following:

*"It is my home, I feel safe, I could not ask for anything more."*

*"I feel safe and well-supported."*

*"I am very happy here. Any issues I have, I speak with management, and they will sort it out. I have no complaints."*

*"It is a beautiful and lovely space."*

*"It feels like home here, this is my home."*

## Resident's Families Feedback

On the day of our visit, our team were able to speak to a few families visiting residents. We asked them about their experience visiting the home and how they felt the quality of care was for their family member.

### Environment and Experience

We asked the family members if they were able to choose the home and why they chose it. Families' feedback the following:

*"We viewed quite a few, and we liked this one the best."*

*"This home was close to us, and the staff here are much more engaged than at other homes. It is clean and tidy, good value for money."*

We asked the family members if they found it easy to arrange visits at the home. Family members' feedback to say:

*"It is really easy to visit, we come as much as we want."*

*"It is easy to visit, you are welcomed by first name, which is nice."*

We asked the residents' family members if their family member has access to a range of activities. Family members said:

*"Due to the severity of their dementia, the activities are not suited for his needs; there is not much he can engage with."*

*"They do have access to activities, yes; however, one thing that would make it better is if they had more one-on-one attention. Because my family member has dementia, but is fairly independent, they are often left to wander as they do not require constant support. However, I wish there were more additional support to facilitate activities to keep them engaged more during the day, to do more stimulate their mind to stay busy."*

We asked the families if there was anything that they felt could be improved at the home. Families shared the following feedback:

*"No, they have been quick to take care of what they need."*

*"Similar to what I shared about support for those with dementia who are more independent, more stimulating activities."*

## Quality of Care and Communication

We asked how their interactions with the staff at the home had been. Family members' feedback says that:

*"Fantastic, the staff are very friendly."*

*"They care."*

We asked the residents' family members about their family members and whether they found it easy to access personal, health and dental care. One family said:

*"There is an assigned GP, who has been out to see them. Since they have not been here long, there has not been a dentist arranged yet."*

We asked the residents' family members if they felt it was easy to communicate the needs of their family member with the staff at the home, as well as if they were included in the care plan reviews, medications and health appointments. Families gave feedback stating:

*"There has been good communication thus far."*

*" Staff listen to us."*

We asked families if they felt that the staff knew their relative as a person, including their likes, dislikes and preferences. Families said:

*"Yes, they are always asking about their history, their likes and dislikes."*

We asked families if they felt that their family member was well cared for. One family member shared the following:

*"Overall, I do feel that they are cared for. I have raised things like if I think their hair needs washing; however, the minute I request something, it is handled quickly. "*

## Staff Comments

During our visit, we spoke to six staff members; we were mindful of ensuring we did not interfere with any care they needed to provide before asking to speak with individuals. Staff were happy to speak with our team and provided the following feedback:

### Training and Support

We asked staff if they felt adequately trained to handle and understand the residents and their needs. Staff said that they felt adequately trained. One staff member shared more about their training:

*“ We are adequately trained through “Access” an online training platform. We get in-person training every 6–12 months, in-house training and receive support through 1-to-1 supervision sessions.”*

We asked staff if there had been any training that has benefited them since working at the clinic, and if there was any training that they wished to have. Staff said the following:

*“Dementia 2 Training has been really helpful.”*

*“Manual Handling, that was really important, especially for which supports and slings to use when helping residents.”*

*“The training I have received has been really good, but I think that I would like some more medical training, and maybe some more in-person training. This would help me as I work towards taking on a senior role.”*

*“I would like some more opportunities for further training, to help me pursue the next step in my career.”*

*“Training on medication and care planning has been really valuable.”*

We asked staff if they felt supported by other staff and management at the home. Staff said:

*“Yes, I have great management support.”*

*“I feel really optimistic about the improvements we have had since the new management took over. They are much more hands-on than the previous leadership we had.”*

*“New management has made great improvements since they arrived.”*

We asked staff what kind of support is available at the home to make dementia residents feel at home and supported. Staff shared:

*"Story-telling is a great way to support people with dementia."*

*"We try our best to talk to them and treat them as normally as anyone else, with kindness. I find music really helps and can bring things back to those with dementia."*

*"The activities are really great for those with dementia. The sports lady who comes does workout classes. The activities with the animals are really great. Singing is also one that they really enjoy."*

*"For dementia, especially more advanced dementia, having noise in the background is a great help. I found that those with dementia love having something in the background, whether it is music or the TV playing; sometimes, they really struggle with silence. We try to make sure there is something to listen to, especially during the day."*

We asked staff what they would do if a resident raised a concern or complaint. Staff said they would raise this with the staff and management team if it was not something they could easily resolve with the resident.

We asked staff what the best part was about working at Templemore. Staff said:

*"I love the residents; every day is different."*

*"I love that I get to look after people, I think it takes a special kind of person."*

*"Seeing someone smile makes you feel great."*

*"I love encouraging residents, singing and getting active and moving with them."*

We asked staff if there was anything they thought could be improved. Staff shared the following:

*"Just more of everything and more time."*

*"I would like it if there were incentives introduced for us, like creating categories such as employee of the month, nutrition and medication champions, and acknowledgement through certificates of recognition. I think this could improve our teamwork and togetherness."*

*“Sometimes there are rota pressures during periods of staff leave, and we sometimes rely on bank staff to support, which can be inconsistent. When this happens, it increases the workload for permanent staff who know the home and the residents.”*

## Commissioner and Provider Responses

### Provider Response – Templemore Care Home

Templemore Care Home welcomes the Healthwatch West Northamptonshire Enter and View report and appreciates the time taken by staff, volunteers, residents and families to contribute to the review. We are pleased that the report reflects the kind, respectful culture within the home, the quality of the environment, and the progress made through recent leadership changes. We have carefully considered the recommendations and set out our response below.

- 1. Maintain high standards across the home.** We will continue to reinforce our person-centred approach and the standards of cleanliness, dignity, hospitality and care noted in the report. Ongoing supervision, spot checks and leadership visibility will be used to sustain these standards and ensure residents continue to feel safe, respected and well supported.
- 2. Continue best practice in dementia care.** We are encouraged that our dementia-friendly environment and care approaches were recognised positively. We will continue to develop signage, memory prompts and visual supports, complete staff identification boards, and share effective dementia practice across our wider organisation where appropriate.
- 3. Strengthen personalised activity provision.** We will review how we provide more tailored engagement for residents with dementia who are more independent, including additional one-to-one opportunities, sensory resources and individual activity planning. This will be discussed with the activities team and incorporated into resident reviews where appropriate.
- 4. Enhance food experience and resident involvement.** We will strengthen opportunities for residents to comment on meals and menu choices through resident meetings and ongoing feedback. We will continue to monitor meal quality and variety, and work with residents and kitchen staff to ensure food choices remain appealing, varied and responsive to preferences.
- 5. Expand staff development and recognition.** We recognise the importance of supporting staff progression and morale. We will continue to review training opportunities, including specialist and in-person learning where feasible, and explore additional ways to recognise staff contributions,

celebrate good practice and support career development within the service.

- 6. Address minor environmental issues.** The points raised regarding safety equipment, wayfinding and corridor accessibility have been noted. We will ensure these areas are reviewed through our ongoing environmental and health and safety checks, with any required actions completed promptly to maintain a safe and supportive environment for residents.

## Acknowledgements

Healthwatch West Northamptonshire is grateful for the time, efforts, and cooperation of the staff and management at the Templemore Residential Care Home Facility. We appreciate the ability to be allowed into the home's facilities to evaluate and assess the premises, as well as being able to speak with staff, residents and their families to better understand their experiences.

Thank you to our volunteers for their hard work and time dedicated to gathering the data and valuable information needed for this Enter and View. Special thanks to our Healthwatch West Northamptonshire's volunteers, Susan Hills, Morcea Walker, Ornela Bogdani, Mark Vincent, Princess Abu Bonsra and Joan Nduati.

## About West Northamptonshire Healthwatch

Healthwatch West Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to monitor (known as "Enter and View") health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision-makers and make the case for improved services where we find there is a need for improvement.
- We strive to be a strong and powerful voice for local people, and to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using many different ways to discover views and experiences. We do this to give local people a voice.

We provide information and advice about health and social care services.

Where we feel that the views and voices of Healthwatch West Northamptonshire and the people whom we strive to speak on behalf of are not being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.

Find out more at <https://www.healthwatchwestnorthants.com/>

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West Northamptonshire



## About Connected Together

Connected Together Community Interest Company (CIC) is the legal entity and governing body for Healthwatch West Northamptonshire.

The remit of the Connected Together CIC includes:

- Contract compliance
- Legal requirements
- Financial and risk management
- Sustainability and growth
- Agreeing strategy and operations
- Agreeing policies and procedures



Connected Together CIC is a social enterprise. It aims to be first for community engagement across the county of Northamptonshire and beyond.

By using our expertise and experience, we can help you in delivering community engagement programmes including workshops, research, surveys, training and more. Contact us to find out how we can help your community.

We welcome ideas and suggestions for projects that benefit Northamptonshire and its community.

Find out more at [www.connectedtogether.co.uk](http://www.connectedtogether.co.uk)

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