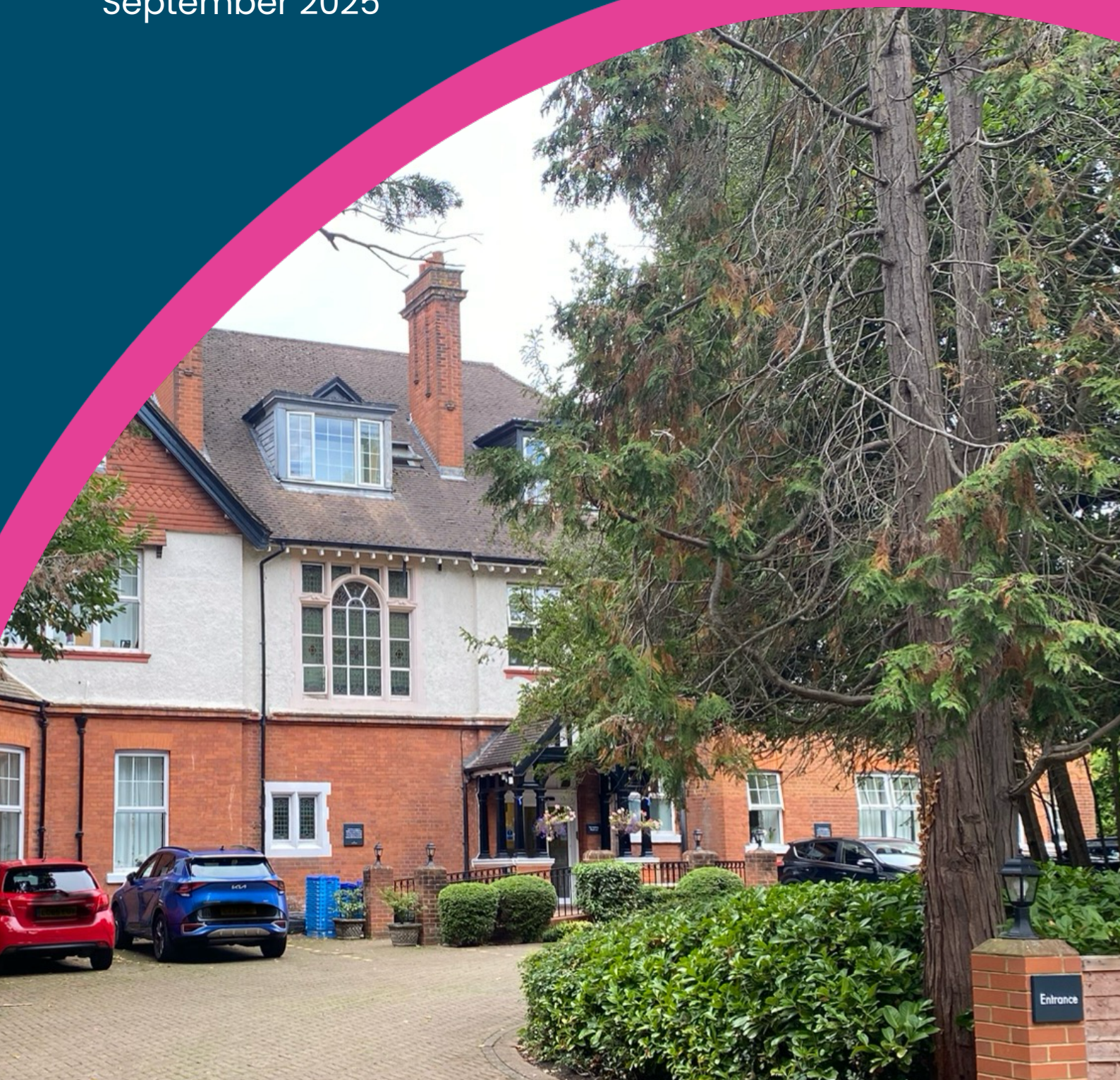


Enter & View Report

Bourne House Nursing Home

September 2025



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1. Introduction

1.1 Details of visit

Service Provider	Bourne House Nursing Home
Service Address	45 Langley Avenue, Surbiton, KT6 6QR
Registered Manager	Ms Christine Trott
Date/Time of Enter and View Visits	2 September 2025, 10.30pm – 3pm 9 September 2025, 2.30pm – 7pm
Status of Enter and View Visit	Announced
HWK Authorised Representatives	Jill Praver (HWK staff team) Julie Pilot (HWK volunteer) Ashley Pearce (HWK volunteer) Tony Williams (HWK volunteer) Chelliah Lohendran (HWK volunteer)
HWK Visit Lead	Jill Praver, Projects Officer, Enter & View
HWK Visit Support Lead	Julie Pilot (HWK volunteer)
HWK Contact Details	Address – Suite 3, 2nd Floor, Siddeley House, 50, Canbury Park Road, Kingston upon Thames KT2 6LX Phone – 0203 326 1255 Email – info@healthwatchkingston.org.uk
Service Owner	Aria Care

1.2 Acknowledgements

This visit was undertaken by Authorised Representatives at Healthwatch Kingston upon Thames. We would like to thank Bourne House Nursing Home residents and staff members for their contribution toward the Enter and View programme.

1.3 Disclaimer

Please note that this report relates to findings on the specific date and time set out above. The Enter and View report is not a representative portrayal of the experiences of all service users and staff. It is only an account of what was observed and contributed through interviews during the time of Healthwatch Kingston representatives' visit.

2. Executive Summary

Healthwatch Kingston (HWK) champions better standards of care in socially funded health and social care services. As part of our remit, we recruit authorised representatives (ARs), volunteers from the local community who are trained to undertake Enter and View visits. Their aim is to identifying good practice and areas that could be improved in socially funded health and social care services.

This report presents the findings of the HWK ARs' visit to Bourne House Nursing Home (Bourne House). Bourne House is situated in the Royal Borough of Kingston upon Thames (RBK) and is one of a number of homes across the country run by Aria Healthcare. Bourne House was previously run by the Future Care Group and was taken over by Aria Care in July 2024. Bourne House has been a nursing home since approximately 1980. HWK has not previously visited Bourne House as part of the Aria Care Group. The last [Care Quality Commission \(CQC\) inspection](#) was undertaken in October 2022, and Aria Care has inherited the ratings of 'Good' across all areas from the previous provider.

The Enter and View visit to Bourne House was conducted as part of HWK's series of announced Enter and View visits to local care and nursing homes which took place between April 24 – April 25. Funding was continued for a further year to March 2026, with visits in the current year to include supported living provisions.

These visits are focused on three specific areas: living environment; residents' mealtime experiences; and activities provided. More information about Enter and View and the HWK Enter and View programme [can be found here](#).

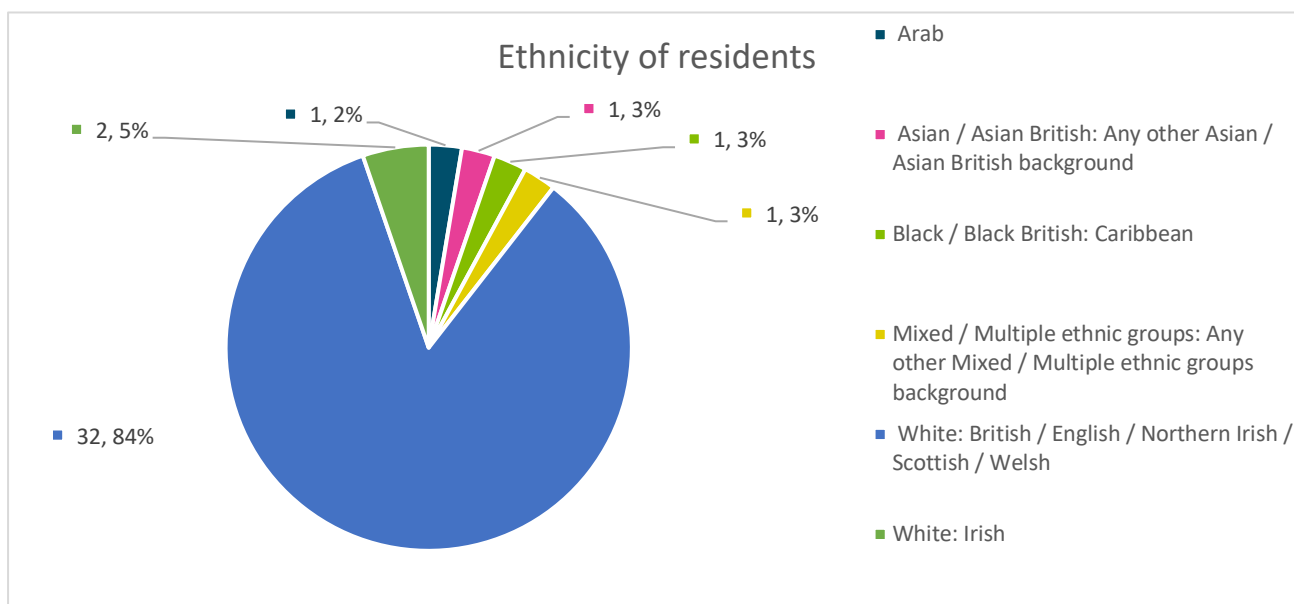
We visited Bourne House on two consecutive weeks at different times of the day, to enable us to observe both the lunchtime and evening meals, and any activities that took place during the day.

Overall, HWK ARs concluded that Bourne House seemed to be a well-run facility which was working hard to provide the best care to the residents.

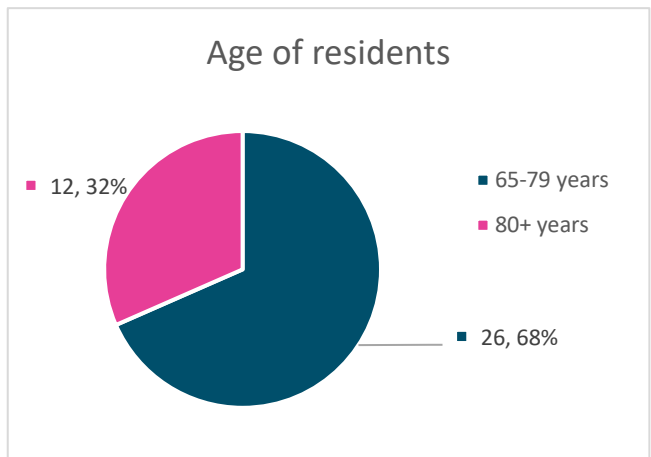
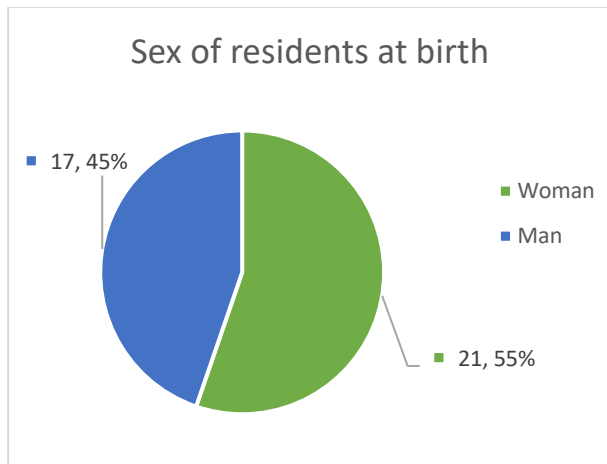
3. Demographics

At the time of our visit the home had 37, and then 38 residents, 7 were funded by RBK. The graphs below are from the number of residents on our first visit.

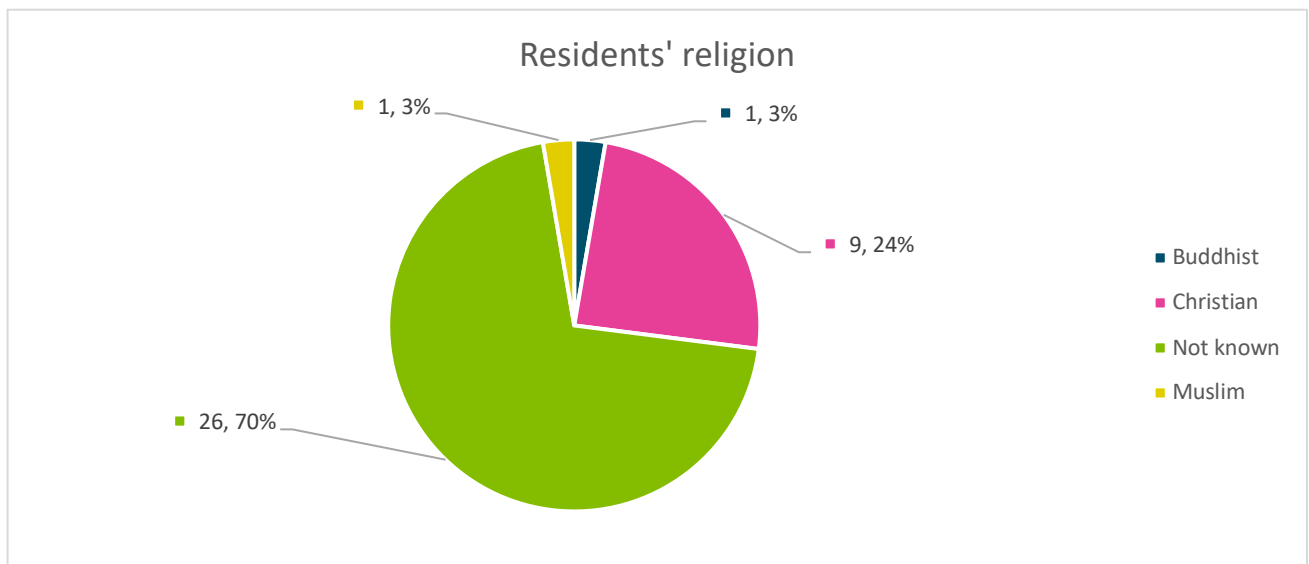
1 (2 %) resident was Arab, 1 (3 %) resident was Asian/Asian British: Any other Asian background, 1 (3%) resident was Black British: Caribbean, 1 (3%) resident Mixed/Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background, 2 (5%) residents were White British/English/Northern Irish/Scottish/Welsh and 2 (5%) were White: Irish. (NB: percentages are rounded to make 100%).



21 (55%) of the residents were female and 17 (45%) of the residents were male. 12 (32%) of the residents were aged between of 65-79, and 26 residents were 80+.



1 (3%) of the residents was Muslim, 1 (3%) of the residents was Buddhist, 9 (24%) residents were Christian, and for 26 (70%) the religion was unknown.



All residents had a long-term health condition, and some had other physical health concerns. 32 residents had dementia, and two residents followed a medical diet. The home has 47 staff members and used on average two agency workers per week.

4. Living Environment

Bourne House is in an adapted residential house for 40 residents over three floors. 32 of the residents had diagnosed dementia, four had cognition difficulties and four were on palliative care (not at final stages). On our visits there were 37 and 38 residents, respectively.

There were 19 bedrooms on the ground floor, 14 bedrooms on the first floor and five bedrooms on the second floor. One resident has a one-to-one carer due to the risk of falls.

There are two lifts within the home, one which goes from the ground floor to the first floor, the other from first to second floor. Residents' rooms can be personalised and all but one have both sink and toilet, 37 are ensuite.

There are two Team Leaders/Senior Carers (the titles have changed with change of ownership of the home) and eight carers and two nurses per day shift and one nurse and four carers at night between both floors. Nurses administer medication. A GP from Surbiton Health Centre Central Surgery does a weekly round and will come in as required.

There was a dining room on the ground floor and a lounge on both the ground and first floor. All residents were encouraged to go to the dining room to eat meals but usually 15 stayed in their rooms to eat and 11 ate in either of the two lounges. We were told that the week prior to our first visit, the lounge and dining room on the ground floor had been swapped round to facilitate ease of use for the residents during mealtimes.

Staff described training as extensive, and expressed that they felt supported, however we heard that staff felt that they were expected to complete training in their own time under the new management.

4.1 What worked well

- The house was nicely decorated. One of the downstairs corridors had murals painted on the walls of football shirts and of London Underground

rail lines with notable places of interest. We were told that these murals had been painted by a staff member before the manager had joined the home. Other areas of the home had pictures of various events in history, like the sinking of the titanic. We were told that all the decoration had been in place before the manager had arrived.

- Each door along the corridors was painted a different colour. We were told the colours did not signify anything. Most rooms had a photo of the resident outside their door.
- The home was clean. All the communal toilets and bathrooms we visited were well stocked and clean.
- Signage was good and helped residents and visitors identify the purpose of rooms, and fire evacuation routes. There were signs which indicated where the local first aid box was located.
- Residents looked clean and well dressed.
- We observed many warm interactions between carers and residents, with staff using touch, tone of voice and facial expressions to reassure residents whose dementia was very progressed.
- The care assistants were very patient and smiled frequently with the residents. The atmosphere was warm and friendly in both lounges. Staff routinely said hello to us when they saw us.
- We observed a 1:1 support worker with one of the residents and they appeared to have a good working relationship.
- The garden was well maintained, kept clean and tidy and parts of the garden were allocated for private family & group gatherings. There were flowerbed displays, a place for bird / nature watching and outdoor entertaining areas.
- We observed a nurse doing the drug round wearing an identifying tabard.

4.2 What could be improved

- One of the arms of the chairs in the dining room was loose. On reporting this to the manager it was removed immediately.
- Furniture, especially in the downstairs lounge, was shabby with worn armrests.

- Both lounges looked untidy, especially around the fireplaces/under the TV. This was the case for both of our visits, a week apart.
- The chairs in both lounges were all pushed against the wall which limited easy interaction between residents.
- There were areas in the garden no longer used for the residents, such as a Namaste room in the garden, and a chicken coop.
- The sheds and the namaste room in the garden were used as storage facilities. None of them was shut properly against the elements, or against the intrusion of garden animals.
- The reception area had a board with photos of staff and a board inviting residents and relatives to write suggestions, with room for the home to provide a response, a 'You said, we did' board. These were positive things, but the manager told us that they were out of date, and they hadn't changed by the time of our second visit a week after the first. There was also an information board which showed what rooms were on which floor that identified a library. However, we were told this no longer existed.
- On one occasion we requested a staff member take time to speak to us. The staff member led us into one of the bedrooms belonging to a resident who was sitting in the lounge. This felt very inappropriate and disrespectful of the resident's personal space, and we asked to leave and go to a different space. Under Enter and View Guidance we are not allowed to enter a resident's room without permission from the resident.
- Many of the residents on the first floor appeared not to move around very much. The lounge area was multi-purpose, used for lunch and supper, activities, visitors, and as a tv room. Residents were therefore reliant on stimulation being brought to them. This could potentially impact their mobility, independence, and community skills, and increase the risk of trips, falls, and developing pressure sores.
- One resident's hearing aid fell out of their ear on a number of occasions while we were in the room.
- Toilet bowls, seats, and the decorations were all white and not dementia friendly.

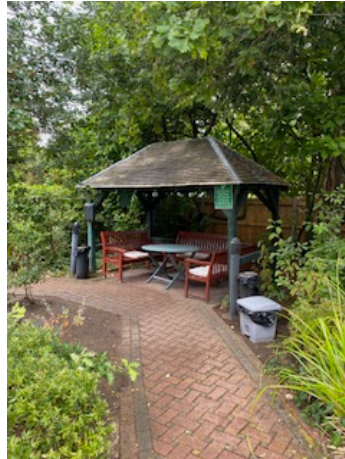
4.3 Living environment recommendations

HWK living environment recommendations	Bourne House response
1. Assess the furniture to ensure that seating arms are not loose, and it is all in good condition.	Furniture is removed and repaired/replaced if any breakages are discovered. All checked and repaired as required. Completed 11/09/2025
2. Ensure living environments such as the lounge areas are regularly reviewed for tidiness.	Comments shared with staff team and checked daily. Storage basket placed to reduce appearance of clutter. Completed 08/10/2025
3. Consider the seating arrangements in lounges to create more social environments	Comments discussed at team and residents' meetings. Residents offered choices of where they would like to sit when entering the lounge areas. 11/09/2025
4. Review the facilities in the garden to optimise their use, consider the health benefit of the namaste room for residents throughout the year and also consider bringing back chickens into the chicken coop (with enhanced security). This may be an opportunity to involve residents and their family members.	Added as agenda item for next team meeting on 16/20/2025.
5. Ensure that the doors to sheds in the garden are kept shut/locked.	Colleagues reminded to close /lock shed doors 08/10/2025
6. Update all notice boards to contain only relevant and up-to-date information.	Boards updated and old information removed and replaced appropriately 11/09/2025
7. Remind staff that resident's rooms are to be treated with	Discussed with staff – team from HW asked to meet with staff team individually

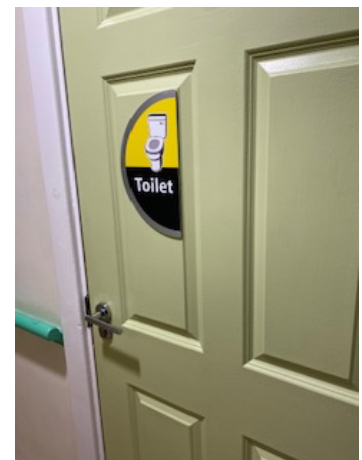
<p>respect and not used by staff and visitors without the permission of the resident.</p>	<p>– staff team attempted to facilitate this with no spare rooms. Team reminded not to use residents’ rooms without their permission. 16/20/2025.</p>
<p>8. Ensure regular appropriate resident activities including physical exercise suitable to resident abilities.</p>	<p>Activity staff in post – and daily programme offered, varied programme available including some physical exercise.</p>
<p>9. Check that the hearing aids etc are suitably fitted to ensure that they do not fall out.</p>	<p>Once placed by the staff member the hearing aid did not fall out as confirmed by the staff.</p>
<p>10. Provide different colour toilet seats suitable for residents with dementia. How to make your home dementia friendly - NHS</p>	<p>Requested through our purchasing process. Liaising with SMO and purchasing dpt. 16/10/2025</p>

4.4 What we saw and heard

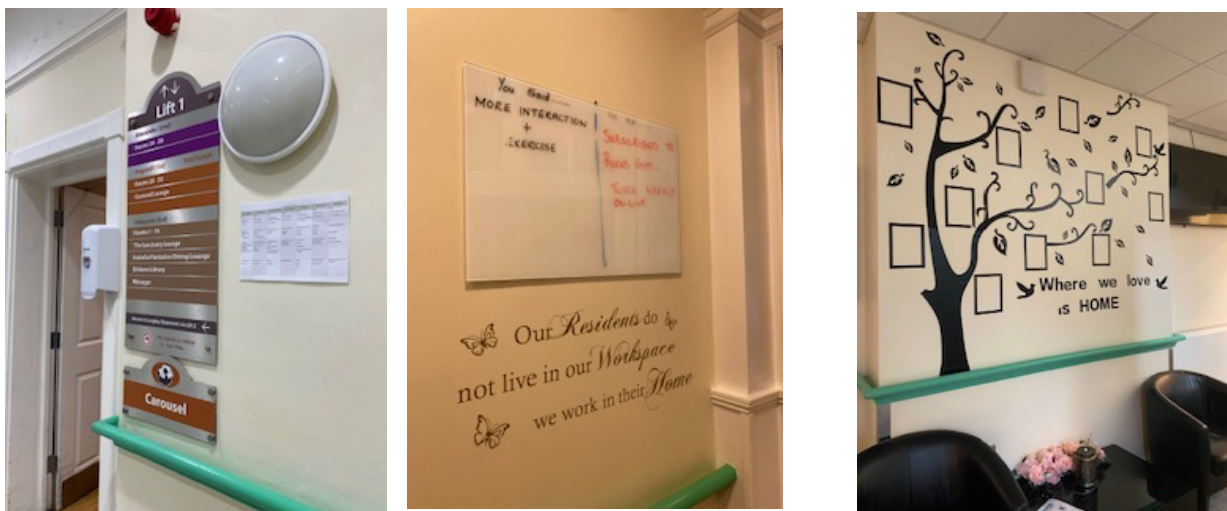
During our visit we took some photographs and spoke to six residents, four relatives, and eight staff members. We have captured some comments about the environment below.



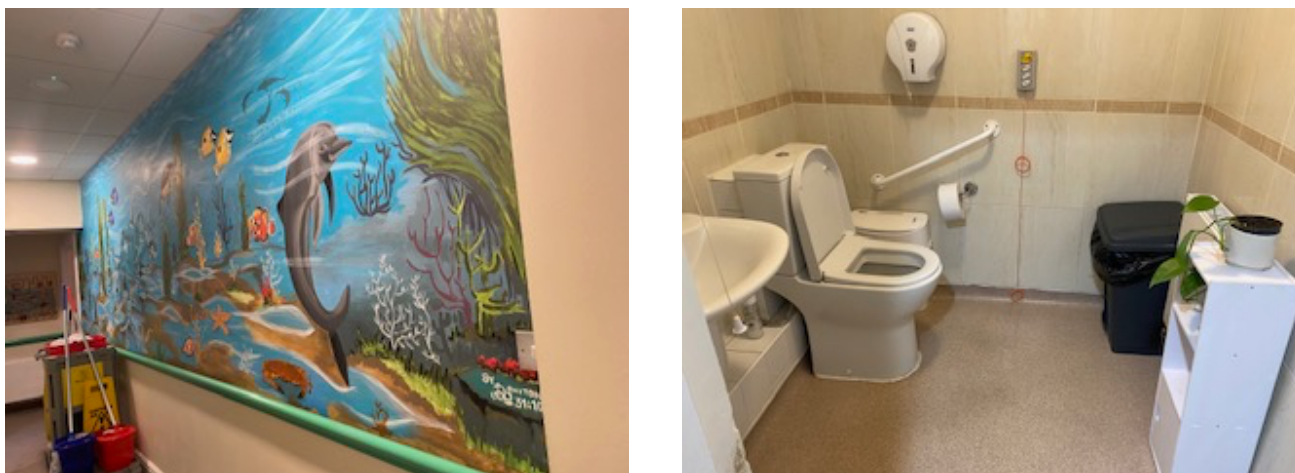
Images above (left to right) show the garden, the staff area of the garden and an open store cupboard in the garden.



Images above (left to right) Another shed used as a store cupboard, a sign indicating where the nearest first aid kit can be found, and a sign for a toilet.



Images above (left to right) Sign showing the presence of a library that no longer exists, the out-of-date 'You said, we did' board, and the board waiting for photos to be added.



Images above (left to right) One of the murals in the home, and a white toilet, bowl, and environment in one of the communal toilets.



“Staff are fantastic, courteous, receptive, always smiley, interact with residents, very sweet. We know she’s well looked after. They tell me if I need to bring anything in. We had no choice coming here, but I would still have picked here if I did.” (Relative)

“Every member of staff through to the maintenance staff, they all treat people as human beings.” (Relative)

“When (the resident) moved in there was never a problem. The burden has been taken off me.” (Relative)

“The rooms are marvellous, very large.” (Relative)

"Clothes were labelled for me when they (resident) moved in." (Relative)

"As soon as we knew (the resident) was coming here, the communication has been good." (Relative)

"I like caring. 75% of residents need total support. There's a good atmosphere here, colleagues are good. We encourage residents to come into the lounge." (Staff member)

"Lounge gets a bit congested; it's a bit small. Would be good to have a function hall for activities." (Staff member)

"We do a comfort round at 4pm." (Staff member)

"Management are very supportive. If resident gets upset, some like particular staff members who can calm them down." (Staff member)

"(Management) sent someone to help from day one – if I need anything management always teach me. Today I was sent a note to complete some training I haven't finished. There's lots of training." (Staff member)

"It's calm for the most part, friendly, jolly. It has its moments. We get a resident really happy." (Staff member)

"Management are very good – and colleagues – we work hard. The team has always been like that." (Staff member)

"The changeover of the dining room and the lounge is working very well." (Staff member)

"It's like my home – like my family supporting me. I really like caring for the residents, they're all family to me." (Staff member)

"We work as a team. I'm so happy here." (Staff member)

"We have more training. It's good to learn and they (management) are always supporting us." (Staff member)

"Facilities are good. Lounge is busy because of moving around (staff access to other rooms)" (Staff member)

“The training is quite good. They’re doing specific training for deputy managers to step to the next level. There is a lot of training compared to the previous care provider.” (Staff member)

5. Mealtime experience

The home had not had a permanent chef since the change of provider in August 2024. Instead, they used agency staff who followed menu plans from Aria Care’s catering company. This meant that the chef’s did not know the residents very well, and that the level of choice for the residents was reduced, as menu plans were predetermined. We were told that menus rotate on a three-week rolling basis and specialist diets are catered for. A new permanent chef is currently being onboarded and will start their new role on 22nd September 2025. At this point they will review the menu with the residents. We were told that the plan is to create taster meals for the residents to sample, so that the new menu is based on the residents’ preferences.

Residents are offered two menu options. On our first visit the lunchtime options were beef goulash, or fish pie with a puff pastry top, served with mashed potatoes and mixed vegetables. Desert was gooseberry fool with shortbread biscuit or apple and raspberry pie served with custard. Alternatives are offered if these options are not wanted.

Plated meals were presented to the residents as they are seated to eat, and they are asked to choose which meal they would like. One staff member told us that the morning personal care round was an opportunity to have a conversation with residents who “have mental capacity” about their food preferences. We were told that there are pictures of the alternatives to the set meals, and these were deemed more effective than using a written menu. However, we did not see any photos of the food.

The chef who was cooking during our first visit had worked as a kitchen assistant, previously in Bourne House, and doubled up in the maintenance role. They told us they made around 30 servings of each meal, so that residents would always

have the choice they required. We were told that if asked in the morning, the chef could usually provide a meal to the residents liking, if it was from ingredients held in the kitchen.

The kitchen was on the ground floor along a corridor used by residents. There were internal windows to the kitchen which allowed those passing by to look in.

Mealtimes are breakfast when residents wake, morning tea at 10:30am, lunch at 12:30pm until it finishes, afternoon tea is at 3:30pm and the evening meal is around 5pm. If residents require sandwiches later on night staff (who start their shift at 8pm) will provide them as the kitchen make some up to be available in the evenings.

5.1 What worked well

- We observed residents being made ready to transfer to the dining room from the lounge with staff bringing in Zimmer frames and wheelchairs while telling the residents that it was 'time to go to the dining room'. Staff were very respectful.
- There appeared to be a good team spirit within the home, with all staff engaging with the residents during the mealtime.
- For those eating in the dining room, the mealtimes were sociable occasions with groups of residents sitting at the tables which were nicely laid out with decorative napkins (on both visits). Staff were helping those who needed it.
- We saw ten residents eat lunch in the downstairs dining room with four others eating in the downstairs lounge. There were ten eating in the upstairs lounge, and we saw one more person on the top floor. The 12 others we did not see were eating in their rooms. We were told that 8 of them were by choice and did not require assistance eating, while 5 did require assistance.
- We saw adapted cups being used to help people drink independently.
- We saw staff members assisting with feeding residents appropriately, telling the resident what was on the spoon and asking them if they were ready for the next mouthful. We observed this behaviour in a number of the

carers and witnessed one carer holding the resident's hand during the process to reassure them while eating.

- Residents seemed to enjoy the food provided to them. The visiting team sampled the meals on both visits and reported that they were both tasty and of the correct temperature.
- Food arrived from the kitchen into the dining room and the upstairs lounge and was served from a Bain Marie in both rooms.
- One resident told us they couldn't believe how good the food was on the day we visited.

5.2 What could be improved

- On the ground floor, residents ate either in the dining room, the lounge area or in their rooms. While the meals were very convivial in the dining room, those in the lounge were left isolated with no member of staff permanently in the room. Although some could eat unaided, they needed to be regularly reminded to continue to eat.
- One resident in the lounge eating unaided and left alone, kept falling asleep. They were woken up a couple of times by a member of staff who came in to check what was happening in the lounge. Their food got progressively colder.
- We observed one resident eating unaided with regular cutlery in the dining room who was frequently dropping food into their lap.
- Staff were present in the upstairs lounge but we observed a resident who was slipping progressively down their chair. The care assistant, who was busy with another resident, attempted to encourage them to sit back on the chair, but eventually had to call another staff member to help them ease the resident up.
- Residents eating in the lounge downstairs waited a long time for food to be served. They seemed to be given food after those in their rooms and dining room had been served.
- We understood that while alternatives to the main meals were shown in picture form in advance of the meal (we did not see any ourselves), it seemed that residents had to decide what they wanted to eat when it was shown to them, which reduced their ability to make an informed choice.

- We observed only the staff member who served the meals from the Bain Marie wore an apron. Other staff members busy with residents during the mealtimes did not wear aprons, meaning that if food splashed onto their uniforms, it created a potential hygiene risk.
- We witnessed an example of a staff member helping a resident eat, but without telling them what was on the spoon, or asking if the resident was ready for the next mouthful.
- We were told by a relative that a few weeks ago they had asked that their resident be provided with culturally appropriate food. So far this had not happened.
- There was a neon sign in the dining room that lit up and read 'breakfast'. This was on during the lunch time and the evening meal.
- Prior to change in the provider, we were told that tea was served in plastic cups which residents were able to hold. The new provider required that tea is served in a porcelain cup, but were told that some residents found them heavy and needed help from the staff to drink from them.
- During our visit residents were not offered a choice of drink during the meals. All residents were provided blackcurrant squash. There were two drink dispensers in the room but only one was being used. There was no communication from the staff member asking if the resident(s) would like the drink or not, or if they wanted something other than blackcurrant.
- Although residents seemed to enjoy their meals, quite a bit of the food was left on the plate.
- Twenty minutes after the food was served, we observed the leftover sandwiches, and rice pudding and berry compote left uncovered.

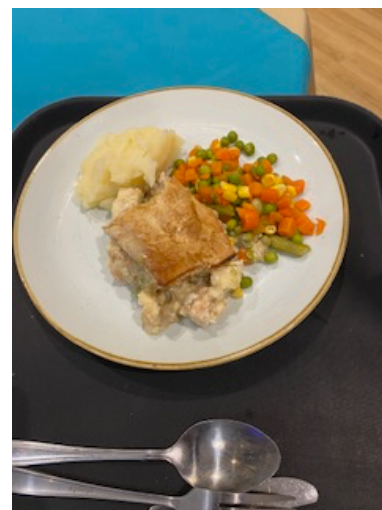
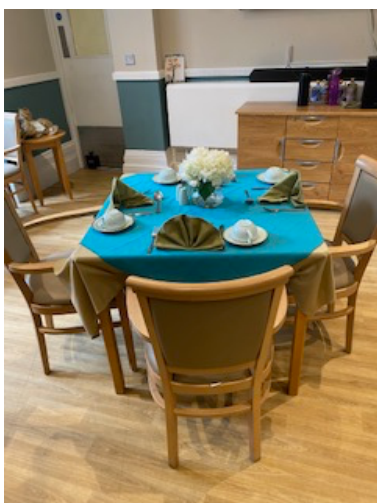
HWK mealtime experience recommendations	Bourne House response
1. Consider increasing the number of care staff available during mealtimes to ensure all residents are supported to eat their food	Colleagues reminded to ensure allocation is completed appropriately. 16/10/2025.

<p>whilst warm, and to address any health and safety incidents should they occur.</p>	
<p>2. Provide picture menus for all meals and show to residents prior to mealtimes.</p>	<p>Due to dementia this is known to be less effective. We notice our residents respond better when shown a choice of meals. We offer a choice of meals and encourage residents to choose.</p>
<p>3. Staff members in the dining room should wear aprons to support hygiene during mealtimes.</p>	<p>Black aprons worn by colleagues supporting residents with mealtimes. 11/09/2025.</p>
<p>4. Refresh training for staff to ensure residents are assisted appropriately while eating.</p>	<p>Colleagues are reminded to complete all training.</p>
<p>5. Ensure residents/family members are aware of how to order culturally appropriate meals and that they are provided when requested.</p>	<p>Requested meals offered where possible – depending on availability and dietary limitations. Chef now in post – able to offer choice of food if requested and discussed in a timely manner. 30/09/2025.</p>
<p>6. Consider offering smaller portions of food at mealtimes (tailored to resident’s needs) and that seconds, if required, are provided. (NB Large portions of food can be off-putting to some who prefer to eat smaller amounts of food.)</p>	<p>Shared with all colleagues – smaller portions offered with seconds also offered if required. Discussed with all colleagues to implement. 30/09/2025.</p>
<p>7. Provide a choice of soft drinks during mealtimes.</p>	<p>Choice of drinks available and offered during mealtimes</p>
<p>8. Ensure adapted cutlery and other utensils are provided to residents who need them to assist independent eating and drinking.</p>	<p>Adapted cutlery and utensils requested if needed – cups and plates already available . We will order cutlery/utensils if requested</p>

9. Consider slip mats for the armchairs to reduce sliding.	We will review this on an individual basis and discuss with Moving and Handling in-house trainers 16/10/2025.
10. Consider switching off the 'breakfast' sign after breakfast has finished.	Light switched off after breakfast time. Staff reminded to switch light off if notice it is left on. 30/09/2025.

5.3 What we saw and heard

During our visit we took some photographs and spoke to six residents within their capacity, four relatives, and eight staff members. We have captured some comments about mealtime experiences below



Images above (left to right): dining room tables on first and second visits. Lunchtime fish pie with puff pastry topping, mashed potatoes and vegetable.



Images above (left to right): the Bain Marie in the dining room, uncovered leftover sandwiches, and uncovered leftover rice pudding with berry compote topping.



"(the food) is alright, but I'm not really up to eating it." (Resident)

"They check their blood sugar to monitor their blood" (Relative)

"Excellent food." (Resident) and "Food looks really nice." (Relative)

"Lunch is a really busy time." (Staff member)

"There maybe could be more choice at supper, especially for those on a soft diet." (Staff member)

"Here you go, love" (Staff member encouraging resident to eat)

"When night shift come in, sandwiches are available if requested." (Staff member)

"I eat the food (at the nursing home) several times a week." (Staff member)

"Snacks offered are yogurt (soft diet). For others its crisps, biscuits, cakes cookies, marshmallows. The cakes are fresh every day." (Staff member)

"Mealtimes were challenging before the dining room was moved, but now it's better." (Staff member)

"On the ground floor there are four residents in the dining room needing assistance with eating.... some may eat in their room. Upstairs six residents need assistance." (Staff member)

"We record each resident's fluid and food intake daily." (Staff member)

"If resident's family members want to join mealtimes they can eat with the family member." (Staff member)

"The food variety is good. One resident wants beer and are offered zero (percent alcohol) beer. We have diabetics and one vegetarian. On resident doesn't eat fish" (Staff member)

"If residents come downstairs (to eat) a staff member comes down from upstairs to help. There are seven pureed diets in total. Most are good to eat but some need prompting." (Staff member)

"We take residents by hoist into the lounge and dining room. They're encouraged. For those eating in their rooms, some eat by themselves and some need assistance." (Staff member)

"One resident choses to eat in their room. We discussed it with the GP and family and agreed they were more comfortable in their room." (Staff member)

"All staff are on the floor to assist at mealtimes." (Staff member)

"We're working on choices for restricted diets. In September we have our own head chef starting. Menu planning, etc, is a work in progress as we're revamping our menu when the new head chef starts. We may create small food samples for residents and give them a taste so they can choose what they'd like." (Staff member)



6. Meaningful activities

We were concerned about the staffing levels for activities, which we understood to have been disrupted since September 2024. We were told that no resident at the home used a day centre and none of the residents left the home unsupervised. Although the home had a small minivan, it was hardly used. It was driven by the activity coordinator. Before covid, the home had worked with a local school, but this relationship has not been reinstated.

Dog therapy had recently been introduced and a dog had visited three times already, proving very popular with the residents. Singers were invited to the

home, which the residents also enjoyed. We observed an activity schedule on the lounge wall.

6.1 What worked well

- We observed residents doing jigsaw puzzles and staff engaging with various languages. In the upstairs lounge we were told that there had been a game using a parachute and a ball. We saw evidence that this had taken place as the parachute was left on a table when we went to that lounge.
- Music was playing in both lounges most of the time, at a volume that made it possible to hear people speaking and which the residents seemed to be enjoying.
- In the upstairs lounge on the second visit, we observed a resident independently doing a jigsaw puzzle while a care worker encouraged. We also observed residents colouring in, and playing Jenga, while staff were presents. One resident was enjoying the music on the TV (with video).
- The garden was well kept and had many raised beds. We were told that one resident enjoyed growing tomatoes and he had successfully done so in a raised bed outside his room. We were told by a relative (of a different resident) that when it was time for the first tomatoes to be picked, this was done with some ceremony, for all residents to enjoy the occasion.
- Relatives told us about the Instagram account of Bourne House which contained lots of photographs of activities taking place within the home.
- We were told that the garden was used for events and barbeques, and that the local Mayor had attended a recent event.

6.2 What could be improved

- On both visits we were unable to speak to the activity coordinator.
- The parachute and ball used during an activity was still left out by the end of our visit, some hours after the activity had finished.
- The outbuildings in the garden, were not being used to their full potential and for the benefit of the residents (e.g. they were being used for storage).

- There was an area to present photographs of the residents' doing activities in the reception area. On both visits these had not been filled in. We were told there were photos from recent events, due to be printed.
- We observed that there were bird feeders in the garden but that these had not been used for a long period of time as they were filled with debris.
- We were told that there were very few opportunities for residents to go out of the home on trips.

6.3 Meaningful activities recommendations

HWK activities recommendations	Bourne House response
1. Consider engaging temporary activity coordinator support to ensure activities for residents continue during planned / unplanned staff absence.	Activity lead and assistant in post, none required.
2. Ensure the lounges are regularly tidied and there are places to store equipment used during activities.	Basket in place for storage of equipment. 30/09/2025.
3. Discuss with residents and family members how best to use the namaste room in the garden, and if the re-introduction of chickens would be welcomed.	To be discussed in staff and relative meetings planned. 16/10/2025.
4. Print out photographs of activities to populate the board in the reception area.	Photos were awaiting delivery and are now in place 30/09/2025
5. Clean out the bird feeders to encourage birds to visit the garden.	Feeders cleaned. 30/09/2025.
6. Consider working with other homes in the vicinity to share a minibus to enable more residents to be taken on trips.	Minibus available shared with local homes. Residents to be offered the opportunity to go out. 16/10/2025.

<p>7. Consider working with local organisations to bring in volunteers to help with activities, like gardening, and also consider reinstating relationships with the local school.</p>	<p>Discussed with activities coordinator, volunteer. Volunteer applicants are accepted. 16/10/2025.</p>
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6.4 What we saw and heard

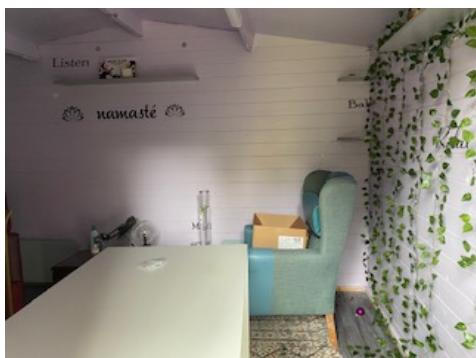
During our visit we took some photographs and spoke to six residents, four relatives, and eight staff members. We have captured some comments about the activities provided below.



Images show (above from left to right) the tomato bed with tomatoes grown by a resident, a raised flower bed, the empty chicken coop. Below: the untidy area below the television in one of the lounges, a magazine left by a resident gone to the dining room and activity dartboard.



Images below show the unused namaste room and the parachute and ball used during an activity and not tidied away.



“On birthdays they have cake and a singalong. When the tomatoes (grown by a resident) were ready to pick, they made a fuss.” (Relative)

“On 20th August they held an Abba party (in the garden). The mayor of Kingston was invited.” (Relative)

“They have singers in a lot, use an upturned umbrella with balls, paint nails, dancing – you can see what they’re doing on their Instagram account.” (Relative)

“I’m not interested in doing anything.” (Resident)

“Decidedly my taste in music (about what was playing).” (Resident)

“If weather is good, we encourage people to go into the garden.” (Staff member)

“We have digital activities, fishing, parachute and ball – we hold the corners lifting it up and moving the ball around.” (Staff member)

“Activity coordinator has a range of activities.” (Staff member)

“Home is decorated for different events – Halloween, Christmas. Would be great to have an entertainment and activities space or a cinema room (if money were no object!)” (Staff member)

“Activities are very good. Very few participate.” (Staff member)

"Activities are really good (activity coordinator) is really amazing, there's shows, music..." (Staff member)

"We record comments on resident's daily notes about the activities." (Staff member)

The podiatrist comes in, and a hairdresser every Thursday. The floor activities are good but more outings are needed. The activity coordinator drives the minibus. We do four outings a month." (Staff member)

"For those residents who are bedbound we ask them what they'd like to play and then staff interact with them." (Staff member)

"Good range of activities, throwing balls, we interact with them." (Staff member)

"Birthday celebrations, family come and we have a cake and celebrations. Residents are involved in planning. Residents need encouragement so we give it." (Staff member)

"Some church services come to the home. We ask residents if they want to attend a service." (Staff member)

"Daily morning we have two or three small activities and in the afternoon it's the same. Interaction works well. Not all residents can take part (because of dementia) so they can watch. We have brolyball – throwing balls into an umbrella. Beach day – digging for seashells. We have a box filled with beach goodies, seagull, fake ice cream – to help stimulate childhood memories." (Staff member)

"More outings are needed. We have a small van but it's logistical to get residents out. But we'd like more outings." (Staff member)

7. Next steps

This report has been shared with Bourne House who have had the opportunity to check it for factual accuracy and respond to our recommendations. It has subsequently been shared with, KBC, CQC, the KCGB and other stakeholders. We have also shared this report with Healthwatch England and have published it on the HWK website. We have agreed with the management of Bourne House the next steps to be taken in response to outstanding recommendations.



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