

healthwatch
Kingston upon Thames

Enter & View Report

HF Trust Thetford Road

July 2025



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1 Introduction

1.1 Details of visit

Service Provider	HF Trust, Thetford Road
Service Address	Thetford Road, New Malden, KT3 5DN
Registered Manager	Gillian Malcolm
Date/Time of Enter and View Visits	29 July 2025, 2.30pm – 7pm
Status of Enter and View Visit	Announced
HWK Authorised Representatives	Jill Praver (HWK staff team) Kezia Coleman (HWK staff team)
HWK Visit Lead	Jill Praver, Projects Officer, Enter & View
HWK Visit Support Lead	Kezia Coleman (HWK staff team)
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	HF Trust

1.2 Acknowledgements

This visit was undertaken by Authorised Representatives at Healthwatch Kingston. We would like to thank HF Trust Thetford Road 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 HF Trust Thetford Road (Thetford Road). Thetford Road is situated in the Royal Borough of Kingston upon Thames (RBK) and is one of a range of homes across the country run by HF Trust that support people with learning disabilities.

HF Trust Thetford Road service opened in 1999 to provide residential care for up to 8 people.

HWK has not previously visited Thetford Road. The last full Care Quality Commission (CQC) inspection was undertaken in 2019 which rated the home 'Good' overall. ([CQC report](#)) CQC had visited Thetford Road in June 2023 to assess the areas of 'Safe' and 'Well Led' which had both been deemed 'Good'.

The Enter and View visit to Thetford Road 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 2024 – April 2025. 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](#).

Overall, HWK Authorised Representatives concluded that Thetford Road seemed to be a well-run home with caring staff in which residents appeared confident, healthy, happy. Residents were willing to talk to us, and were encouraged to be as independent as possible, and engaged in looking after themselves.

Our visit was arranged from 2.30pm – 7.00pm to allow us to meet residents after they returned from their daily activities and to observe the evening meal.

3 Demographics

At the time of our visit the home had six of eight possible residents, four of whom were funded by RBK. The house was for both males and females over 18. One resident was Asian British: Chinese and five residents were White: British. All were between the ages of 18-65, all were heterosexual, three were Christian, and three had no religion. There were two women and four men resident.

All the residents spoke English.

One resident followed a low carbohydrate and low sugar diet, while the others had no dietary concerns.

Ethnicity	
Asian British: Chinese	1
White: British / English / Northern Irish / Scottish / Welsh	5

Age	
18-65	6

Religion	
Christian	3
No religion	3

Gender	
Male	4
Female	2

Residents at Thetford Road had learning disabilities. The home has three staff members and regularly used three agency workers per week, who were specifically chosen from the agency on a regular basis to maintain continuity for the residents.

4 Living Environment

Thetford Road is in an adapted residential house for eight residents over three floors. The top floor has a flat with a bedroom, sitting room and bathroom. On the first floor there are four bedrooms, and three bathrooms, and on the ground floor there are three bedrooms two of which are en-suite. Residents who have mobility difficulties have these rooms as the home has no lift. The First floor also has a room for staff 'sleeping nights'. This room doubles up as office space for the manager and deputy manager during the daytime.

On the ground floor was a large kitchen with a dining area that looked onto the garden and had access to the lounge which housed sofas and chairs and a large television. Both the lounge and the dining area had access to the garden which was a good size and well kept.

Thetford Road had three staff members: the manager, who had worked at the home for five years, the deputy manager, and one support worker. We were told that the staff number was low as the home had experienced the expected deaths of two residents, and an unexpected death of a third resident, all in the previous year. When the house has eight residents there are usually six staff. We were told that one person was currently in pre-employment (having references checked, etc) and another staff member would be starting later in August. In the meantime, specifically identified staff were used from the agency for familiarity and consistency for the residents. These staff members were treated as part of the team and given an HFT email address. They were also required to complete training such as medication administration through HFT.

All staff were expected to be omnicompetent. Food preparation, cooking, and cleaning was allocated on a daily basis by shift leaders who were rotated to ensure that tasks were allocated fairly.

Three staff members worked each shift. The shifts ran from 7am – 2.30pm, 2:30pm – 10pm and 10pm – 7am which was a sleep-in shift.

We were told that apart from a new resident, everyone had lived together for between eight to 20 years and as a result were very comfortable with each other, something which we also witnessed during the visit. We observed two residents doing karaoke together while a third was in the room showing a member of staff

their photo album. We observed the new resident being included in plans by long-standing residents as a member of the household.

4.1 What worked well

- We observed the residents addressing staff and each other confidently, and they all appeared to be very relaxed within the home environment.
- Staff reported feeling well supported by their colleagues and managers when challenges arose, including helping new residents to settle in.
- When residents experienced difficulties adjusting to the home, staff used person-centred approaches to help them feel comfortable and integrate into daily life.
- The managers told us that a new resident had joined the house two months ago and they had taken time to adjust to their new environment, exhibiting disruptive behaviour towards staff and residents in the process. Managers told us that with patience, the use of social stories, and the setting of boundaries, this resident was now fitting in well and we observed other residents making plans to go to Disneyland mentioning their wish to have the new resident join them.
- A staff member told us how they had felt very supported by the staff team when this new resident had been aggressive towards them. They told us they were not encouraged to work one-to-one with this resident until they felt they were ready to. During our visit we observed this staff member and resident relating well with each other.
- Managers and staff regularly engaged residents in sensitive or complex conversations (for example, around wellbeing or significant life events including death) and ensured appropriate emotional support systems were in place for anyone affected.
- Staff engaged well with the residents. We observed the deputy manager chatting with the residents in the lounge and looking through a photo album with a resident.
- Regarding room allocation management displayed a good sense of forward thinking about disability access needs, both for current and for potential incoming residents. One resident had been moved into a

vacant room on the ground floor as although they could manage the stairs currently, their mobility was decreasing.

- The communal areas of the house appeared clean (although shabby). We were told that residents are encouraged to keep their own rooms clean and were supported to do a deeper clean once a week.
- We were invited into the room of one resident and their room was very clean, tidy, and decorated with pictures which reflected their interests.
- Fire extinguishers were well placed around the home. One emergency alarm button had recently been given a cover due to it being repeatedly activated without reason.
- The garden was well kept and tidy. We observed a barbeque and a clothesline, along with a chair and tables. Within the garden was the laundry room and a garden shed used as a storeroom. We were told that residents were supported to do their laundry.
- The manager had an open-door policy and told us that residents often come into the office to express their needs and make requests about how the home should be run. We also observed during our visit.
- Thetford Road hosted a 'Voices to be Heard' event every three months, bringing together people with learning disabilities from Kingston to share their views and discuss issues affecting their lives, such as transport barrier.
- Residents were encouraged to administer their own medication, which was recorded and monitored by staff. Staff also supported any residents who were prone to forgetting and continued to support them until they were able to manage their medication independently.

4.2 What could be improved

- The communal areas within the house needed painting and some of the furnishings, for example the sofa in the lounge, were overly worn and needed replacing.
- Some residents seemed very affected by recent deaths of people close to them and may need further support.

- The garden shed was very dilapidated and was unlocked.

4.3 What we saw and heard

During our visit we took photographs and spoke to all five residents who were present in the house (the sixth resident was out in the community), and four staff members. We have captured their comments about the environment below.



Images above (from left to right) show the lounge area of Thetford Road looking out to the garden, the television, and the sofa in need of replacing.



Images above (from left to right) show the back of the house from the garden, the laundry room, and the garden shed in need of replacing.



"If I need any support they will come and help me with medication or anything I need" (Resident)

"I like helping people out." (Resident)

"They (staff) are very helpful, polite and kind" (Resident)

"This is a happy home. I like it a lot" (Resident)

"I've got good members of staff and I've got good housemates. I like it a lot and I get lot of support, like at night and in the morning" (Resident)

"The staff do a good job." (Resident)

"I feel fine about being here. Fine." (Resident)

"They are doing all right. They are nice(staff)." (Resident)

"We always help each other as a team." (Resident)

"I like living here, it's my home, my family home. I have a family who knows me very well." (Resident)

"I go to counsellor (X) – it's important to me." (Resident)

"The working environment is conducive." (Staff member)

"The residents are able to communicate well what they need." (Staff member)

"Management is supportive." (Staff member)

"We do the best we can" (Staff member)

"The residents are very nice." (Staff member)

"Everything is perfect (about the home)." (Staff member)

"I have done loads and loads of training since I joined – most online but in-person medication administration, health and safety and first aid." (Staff member)

"I wake up and want to go to work. It's a good place to be. We communicate well with families and the residents." (Staff member)



4.4 Living environment recommendations

HWK living environment recommendations	HF Trust Thetford Road response
<p>1. Update the decoration of the home and replace furniture that is overly worn.</p>	<p>Thetford is in the process of planned maintenance works and decoration. The external brick work had been repaired in July 2025. External Windows had been painted in July 2025. Office and Communal Lounge have now been painted in August 2025. Carpet Cleaning and Replacement Sofa's for newly painted communal lounge is scheduled for September 2025. Refurbishment of external laundry Room is scheduled for September 2025. New External Shed for Garden is Scheduled for October 2025.</p>
<p>2. Consider adopting a more universal approach to resident bereavement/loss so that all residents (their family and friends) have opportunity to support emotional wellbeing.</p>	<p>Thetford Road has used support from Your Health Care SaLT Teams. To provide support for residents' bereavement/loss. But this has been specifically for residents who were affected directly by the loss of a family. Thetford Road will discuss with residents a feature in the home or on the grounds to remember those who have passed away.</p>
<p>3. Replace the garden shed.</p>	<p>A New Shed is scheduled to be purchased and put up in the Garden in October 2025.</p>

5 Mealtime experience

We visited the house during the afternoon and early evening.

We were told that residents were able to prepare their own breakfast, usually of cereal and toast, before they went to their usual activities outside the home.

Lunch was flexible, depending on what the resident was doing during the day. Some took a packed lunch with them to their activities, some asked staff to prepare food for them at home. Packed Lunches, e.g. tuna, sardine or ham sandwich with brown bread, apple, Pepsi max, and water. Also prepared can be egg salad, kiwi, and orange squash. Lunch served at home is usually a cooked lunch, with eggs, bacon sausages, hash browns, baked beans and chicken Kiev's. Some residents go out to local cafes to eat. The main meal that the residents shared was in the evening and was served at about 5.30pm.

Residents were free to join this meal but were not required to. Residents in the community communicated with staff if they were not eating in the home. Residents were free to eat in their room. During our visit one of the residents made this choice and was joined by a member of staff.

The dining room led through to the lounge and had access to the garden. The table in the room seated six comfortably.

5.1 What worked well

- We were told that residents took it in turns to choose the evening meal, that a meeting was held on a weekly basis, and the menu was planned accordingly.
- During our visit, the meal was sausage casserole with boiled potatoes, broccoli, and cauliflower. We observed the residents being given good sized portions and they all enjoyed their food.
- All residents had allocated tasks around mealtimes, from helping to prepare food, setting the table, and preparing juices, filling the

dishwasher, cleaning surfaces, and doing recycling. Residents were proud of their roles.

- Residents were able to make choices as to where they ate.
- Meals were kept for any resident who returned later unless they had planned to eat elsewhere.
- Residents were able to keep snacks in their rooms.
- Special dietary needs (e.g., for diabetes) were considered. One resident was very aware of the fact they needed to be careful and often checked if the food provided them was suitable. Alternatives were provided for them if the meal was high in carbohydrate and sugars.
- Residents were encouraged to organise their own breakfasts and to help with preparing their packed lunches when they were provided.
- The fridge and freezers in the kitchen and dining room were clean and free of ice and contained fresh foods such as salad and vegetables in the fridge, and frozen meat and vegetables in the freezer.
- Fresh fruit was available in a fruit bowl in the kitchen and included apples, bananas, and oranges. One resident told us they loved apples.

5.2 What could be improved

We did not see anything that we felt we could comment on which might be improved upon.

5.3 What we saw and heard

During our visit we took some photographs and spoke to all of the residents who were present in the house, and four staff members. We have captured some comments about the mealtime experience below.



Images above show (from left to right) the kitchen area where food is prepared – the dining area is behind the photographer. The cereal cupboard for the residents to help themselves at breakfast, the fridge containing salad ingredients and other fresh foodstuffs, and the freezer containing frozen meat and vegetables. The fruit bowl in the kitchen.



Images show (from left to right): the evening meal of sausage casserole, potatoes, broccoli, and cauliflower, and the contents of the fridge in the dining area of the room which housed additional milk bottles to restock the main fridge when needed, and staff food.



"They make nice food. Staff ask what I like." (Resident)

"I like mild curry." (Resident)

"I help make the food." (Resident)

"You can get what you want." (snacks) (Resident)

"I get the staff to make a special lunch for me." (packed lunch for day centre) (Resident)

"They get a good diet – we have to put that into our consideration." (Staff member)

"We know that (resident) doesn't like mashed potato, so we make sure we have boiled potatoes too." (Staff member)

"We always have a plan B for (resident with diabetes) with less sugars and carbohydrates." (Staff member)



Staff also noted that when difficulties arise around behaviour or conflict at mealtimes, they implement measures such as staggered mealtimes to support the wellbeing of all residents. These approaches usually help residents settle.

5.4 Mealtime experience recommendations

We had no recommendations to make about mealtimes.

6 Meaningful activities

When arranging the visit, the manager had suggested we visit in the afternoon as residents were mostly out doing activities during the day. The manager ran through the daily activities of all of the residents. Five of the residents currently living in the house had regular activities they attended daily (midweek). If a resident attends college then activities are devised for them when term ends. Planning was in place to support current term dates.

6.1 What worked well

- The residents' activities seemed very designed to suit the needs and desires of the particular resident. Their activities were varied during the week, which enhanced their enjoyment and engagement.
- Some residents were very independent and volunteered in either community roles or with local businesses. One resident told us how much they enjoyed their role.
- Some residents attended the HFT daycare centre using a planned schedule.
- Residents enjoyed eating out in restaurants and cafes and were supported to do so if they wished.
- Residents with 1:1 support can use this for daytrips and weekend activities.
- Some residents went home at the weekend and stayed with family members.
- We were told that staff had good relationship with family members.
- Staff supported residents with shopping.
- The residents were supported to deep clean their rooms weekly, and to keep their rooms generally clean and tidy.
- We were told that the residents participated in decorating the home when there was a celebration.
- Some of the residents needed more encouragement to do activities during the week like swimming and attending a day centre. We heard that the staff were working to find options that would suit these residents.
- If a resident kept irregular hours staff members would try and accommodate this.

- Where residents had a particular interest, this was encouraged. We saw that there were many books and magazines about local history with historical photographs of the local area to support these interests.
- We observed one resident colouring in a picture at the dining room table and were told that this was an activity they always undertook to help they 'de-stress'.
- We observed residents singing karaoke together in the lounge area. They seemed to be enjoying themselves very much.
- The garden was used for barbeques, and some plants had been introduced for the residents to care for.
- Staff appeared to be motivated to continue encouraging all residents to do activities and to be creative about finding options which would engage them.

6.2 What be improved

- The manager told us that some residents were experiencing problems when accessing small businesses in the area who wanted payment using a card only. Residents have contactless cards provided by their appointees (arranged by HFT head office) HFT's current policy did not permit staff to support that individual to use their card to make purchases if they did not have capacity and needed support from staff. The manager told us she was trying to negotiate with HFT head office that this policy should be changed so that residents would be able to be supported to use their contactless cards to make payments in the community.
- We were told that sometimes when the karaoke machine was used in the lounge area, residents who wanted to relax quietly had to separate themselves from the communal areas and go to their rooms. This could be a potential problem for any new residents.

6.3 What we saw and heard

During our visit we took some photographs and spoke to the residents who were present in the house and four staff members.



Images show (from left to right): the garden with flowerpots recently purchased for residents to nurture. The patio area with barbeque, the television used to watch films and do karaoke, and a cupboard in the kitchen with activities and games for the residents to use.



“I go to X in the week to work in a shop. I make cards for a shop”
(Resident)

“At Christmas we go to see a play at the Richmond Theatre” (Resident)

“At HTF I sometimes go to local cafe (when attending the Day Centre)”
(Resident)

“We kick a football in the garden or go for a walk” (Staff Member)

“I like playing games like darts and karaoke. Grease is my favourite; I like to sing” (Resident)



6.4 Meaningful activities recommendations

HWK activities recommendations	HFT Thetford Road response
<p>1. HFT to review their policy regarding residents’ debit cards.</p>	<p>X supported to make a complaint, and our investigation of the complaint, requested that the policy be reviewed.</p> <p>The outcome the resident received explained that the organisation would review their policy.</p>
<p>2. HFT to consider the additional room (e.g. a conservatory or garden room was suggested during our visit) attached to the lounge/kitchen to allow residents who wish to be in communal areas but not affected by other residents using the karaoke machine or watching tv.</p>	<p>This Suggestion will be explored with our internal Housing and Estates Team. Although the current plan of works, maintenance, and decoration. Have already been planned with budgets made available for them for the year 2025–2026. We will ask our Internal Housing and Estates team to consider this in their next budget setting for Thetford Road.</p>

7. Next steps

This report has been shared with Thetford Road 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 Thetford Road the next steps to be taken in response to outstanding recommendations.

healthwatch

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