

Enter & View Report

Surbitonian Gardens Care Home

February 2026



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1. Introduction

1.1 Details of visit

Service Provider	Anovo Care Ltd
Service Address	Poppy Court, Warwick Grove, Surbiton, KT5 8FF
Registered Manager	Nicola Hazel
Date/Time of Enter and View Visits	4 February 2026, 3:00 pm – 7:00 pm 11 February 2026, 10:30 am – 1:30 pm 24 February 2026 10:30 am – 3:00 pm
Status of Enter and View Visit	Announced
HWK Authorised Representatives	Jill Praver (HWK staff team) Helena Wright (HWK staff team) Julie Pilot (HWK volunteer) Chelliah Lohendran (HWK volunteer) Ashley Pearce (HWK volunteer)
HWK Visit Lead	Jill Praver, Projects Officer, Enter & View
HWK Visit Support Lead	Helena Wright (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	Anovo Care Ltd

1.2 Acknowledgements

This visit was undertaken by Authorised Representatives at Healthwatch Kingston (HWK). We would like to thank Surbitonian Gardens Care 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 dates and times 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' visits.

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 identify 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 Surbitonian Gardens. Surbitonian Gardens is situated in the Royal Borough of Kingston upon Thames (RBK) and is one of the 13 homes across the country run by Anovo Care Ltd. Prior to these visits we had previously arranged two visits that were cancelled due to an outbreak of an infectious disease within the home. All protocols had been followed, and the disease is now isolated to one individual who was currently cared for under strict guidance.

Surbitonian Gardens is a nursing home which has 80 beds across three floors divided into five units of 16 residents. The manager told us they had previously worked at the home in bed allocation and had overseen an increase in resident numbers from 46 in 2024 to 75 at the time of our visit.

The building is three years old and is on the site of a 'residential home' which was knocked down. It was originally designed as student accommodation, but due to concern about the noise, the design and purpose were changed to a care home but the building has retained some of the original design.

The last [Care Quality Commission \(CQC\) inspection report](#) was published in June 2024 and was given a rating of 'Good' overall.

The Enter and View visit to Surbitonian Gardens 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 continued for a further year to March 26, 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's and the HWK programme [can be found here](#).

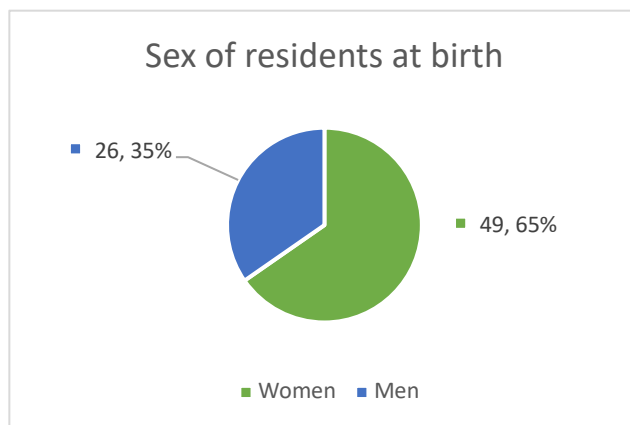
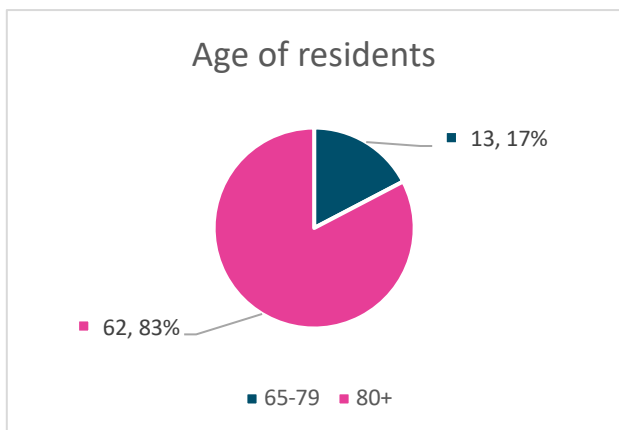
Overall, HWK AR's concluded that Surbitonian Gardens was a friendly and welcoming home which was clean and seemed well-organised.

We visited the home three times throughout February. During our visits we saw a number of minor issues relating to, usually, agency staff working in some of the units at the home and observed, as well as were told by residents, relatives and staff members that there were sometimes problems caused by a lack of knowledge, or a lack of communication about the specific needs of individual residents.

We observed many visitors coming in to see their loved ones. A number of staff members we spoke to were particularly keen to praise the manager who they said had greatly improved the workings of the home after a period of many different managers.

Our visits were from 3:00 pm–7:00 pm, 10:30 am–1:30 pm and 10:30 am–3:30 pm. We observed the lunch and evening meals, preparation for a visit from the mobile library and an organised morning activity. During our visit we took

photographs and spoke to seven residents, three relatives and nine staff members.



3. Demographics

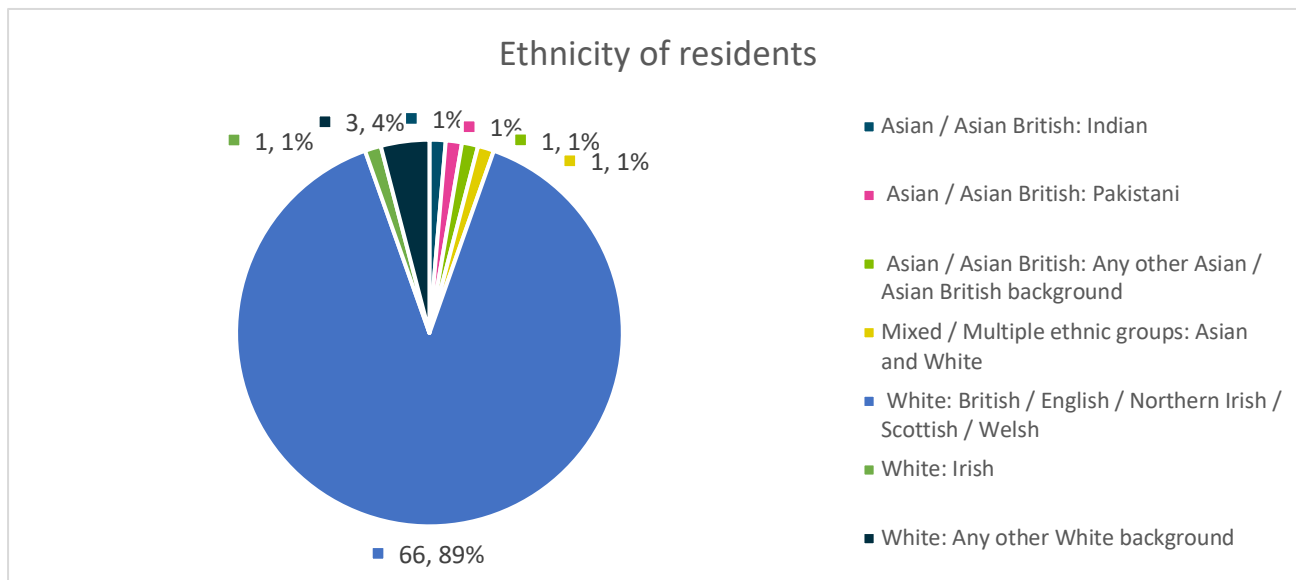
RBK funded spaces: At the time of our visit the home had 75 residents, 18 of whom were funded by RBK.

Age: There were 13 (17%) residents between the ages of 65–79, and 62 (83%) residents who were 80 years or over.

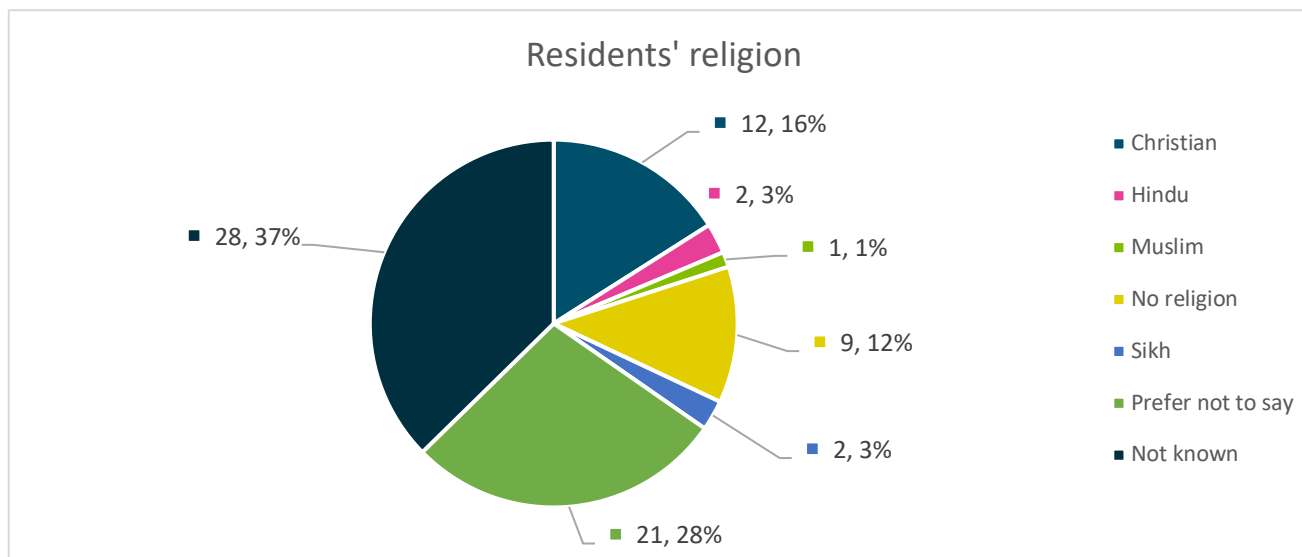
Sex: There were 49 (65%) women, and 26 (35%) men.

Identity: All the residents identified as heterosexual/straight.

Religion: 1 resident was Muslim, 2 were Hindu, 2 were Sikh, 12 were Christian, 9 had no religion 21 preferred not to say, and 28 were unknown.



Ethnicity: 66 (89%) of the residents were White British/English/Northern Irish/Scottish/Welsh. 3 (4%) were of the residents were Asian British/Indian, 1 resident was Asian British/Pakistani, 1 resident was Any other Asian/Asian British



background, 1 resident was Mixed/multiple ethnic groups: Asian and White, and 1 resident was White: Irish. (The percentage value has been rounded)

Health: Residents at Surbitonian Gardens were living with a number of different health issues including 38 residents with a dementia diagnosis, and 11 with diabetes. The home caters for 14 medical diets, 4 religious diets and 4 vegan/vegetarian diets.

Staffing: The home has 93 members of staff and at the time of our visit used an average number of 10 agency staff a week. The manager told us that where possible, the same agency staff are used, and we noted that some agency staff seemed to know the residents' and their particular needs well.

4. Living Environment

Surbitonian House is a purpose-built care home, built three years ago, with capacity for 80 residents. The home is arranged over three floors and divided into five residential units with 16 bedrooms in each. On the ground floor there are residential units either side of the central area which houses the reception, coffee bar, and lifts to the first and second floors.

The two units on the ground floor are called Oak House and Maple House and are for those with residential and nursing needs.

The units on the first floor are Willow House and Beechwood House and are for people with dementia. Beechwood House is a secure unit for the safety of the residents.

On the second floor is Meadow House for those with nursing needs. The other side of the second floor houses the kitchen and storerooms. All the rooms are ensuite and there are communal toilets and a bathroom on each floor.

The manager's office is situated on the ground floor, with nurse's stations on the first and second floor. Nurses cover each floor and can be called elsewhere if needed. Each unit has its own dining area with a kitchenette from which breakfast is served. Food for other meals is brought from the kitchen. Armchairs

are situated near the kitchenettes in a lounge area which has a television for residents to watch. Staff ratio on each unit was three carers and one nurse.

4.1 What worked well

- For a large care home, Surbitonian Gardens has an intimate feel, due to the building design, which creates five groupings of maximum 16 residents and provides a second lounge area for residents at the end of each unit.
- We observed Surbitonian Gardens to be clean and well-kept overall. We saw housekeeping staff cleaning resident's rooms when they were taking meals, and the communal areas were kept tidy and had clean floors.
- The walls along the corridors had framed prints with different themes including household gadgets from the 1950s and onwards, office equipment from the 1980s, etc and historical photos of the local area.
- The garden was at the back of the home and was laid out with raised beds at heights to allow residents to garden standing up and sitting down. The garden was landscaped to allow residents with different mobility abilities to access it.
- Residents on Beechwood House and Willow House have access to a sheltered balcony but may also use the garden with appropriate support.
- In the stairwells at each end of the building, we observed appropriate aids for evacuation in case of fire.
- The communal toilets and wet room/bathrooms on each floor were kept very clean and tidy. The bathrooms had a hoist to enable residents to be lifted into the bath.
- The communal toilet on the ground floor by reception was very clean, had a baby change unit and a white bowl and blue toilet seat, in line with dementia friendly advice.
- There were grab rails on both sides of the corridors on all floors.

- In the reception area, we observed a 'You said, we did' board and a 'How did we bring the Spark?' comments board, where residents and relatives could post words of appreciation about staff.
- Staff and relatives told us there had been frequent staff changes, including five or six managers in three years, each introducing new ideas, policies and procedures. Those who raised this said the situation had now stabilised and improved under the current manager's leadership.
- We were told by a relative that staff work in the same units which is good for continuity and for building relationships with residents. The manager told us that the layout of the building also meant that staff could move across areas on a floor if there was a staff shortage or help was needed in a different unit.

4.2 What could be improved

- There were small green signs above the fire exit doors however, we did not see any directional signage identifying routes to the fire exit.
- On our first visit, we observed the secure door to Beechwood House did not always close properly. A staff member explained this was because both doors needed to be open for it to shut fully.
- We were told that staff have mandatory training but were told that they were not allotted paid time to complete it.
- On our third visit we observed a fire door in Beechwood House leading to the cinema room, with a sign that said, 'Fire door, keep shut', however the door did not shut properly and was left ajar.
- A family members told us that their relative, a resident who uses a wheelchair, had sustained a bruise on their arm. It was investigated by the home and was assumed to have happened as the resident was being wheeled through a door at the home.
- On our third visit to Beechwood House, we observed a carer moving a resident between tables while they remained seated in a dining chair. While we

recognise the carer was trying to meet the resident's wishes, this was not a safe moving method and also put the carer at risk of back injury

- On our first visit to Beechwood House, we observed a carer speaking to a resident leave before the resident had finished responding. The resident was then heard saying, 'never mind, never mind'.
- On our second visit to Oak House, we heard a call bell ringing and saw the light outside a resident's room flashing. When we alerted carers, we were told it was a system error and that the unit alert screen had not activated. The deputy manager explained that the Wi-Fi-based system could be affected by low signal in parts of the building. Separately, a relative told us there had been ongoing problems with the call bells since the home opened, including occasions when their resident had not received a response after calling.
- On our second visit one of the visiting team sat in a plush armchair in Beechwood House. On standing up they realised the seat of their trousers was wet through, and the visit therefore had to be terminated. On our third visit there was a very strong smell of urine in the Beechwood House lounge area.
- On our second visit, we spoke to a resident in Beechwood House who had bruising they said happened when they fell out of bed. They told us their bed had since been lowered. Separately, we saw another resident asleep on their bed who appeared close to falling off. After we alerted a nurse, the resident was checked and assisted to lunch. When we raised our concern about the risk of falling, we were told the resident was able to make their own decisions. The staff member commented and, 'please God that doesn't happen.'
- On our third visit, at Beechwood House, we observed a resident get up from the table and begin walking away. When a carer noticed, they hurried to take a walker to the resident, however the frame was not stored close to the resident despite their being enough space.
- On the third floor there were residents who spoke a second language. One of our team spoke to a carer who spoke the same language. ARs questioned why this carer was not working on the floor to support those residents.

- A member of staff told us that some sections had enough staff and that others needed more but didn't elaborate any further.
- A relative told us they were advised complaints could take up to 28 working days to resolve, which they felt was too long. They also said there had been little communication beyond a standard response.

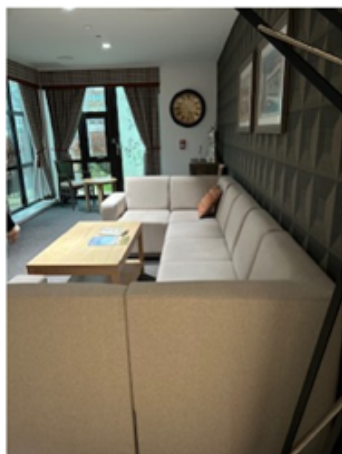
4.3 What we saw and heard

During our visit we took some photographs and spoke to seven residents, three relatives and nine members of staff. We have captured some comments about the environment.

Images below (left to right) show the 'How did we bring the spark?' board in the reception area / One of the identical communal bathrooms found on each floor.



Images below (left to right) show: the coffee area on the ground floor with lifts to the right / A view of the garden / Fire equipment in the stairwells / One of the lounge areas found on all floors / A picture of office equipment from the 1980's (a fax machine) / The covered balcony of Beechwood House and Willow House.



"I love the staff." (Resident) / "The staff are pushed for time." (Resident)

"Cleanliness is good. It's neat and tidy." (Resident)

"Permanent staff are good – it's the agency staff." (Relative)

"There's nobody to talk to – they need to be more compassionate."
(Resident)

"My independence has been taken away – I don't like living under view.

It's a good home – they do try. Everybody's very good to me." (Resident)

"It's a clean and beautiful environment, but we need more hard chairs." (Resident)

"Can't fault the place. Any question you ask it's a 100% yes. Staff, facilities are out of this world. I just don't want to be here." (Resident)

"You are safe. This morning, I had an accident getting out of bed and fell on the floor, I pressed the bell and a lot of people came to help pick me up. It's reassuring. They checked my medicals, pulse, blood pressure, checked my head. They were very good." (Resident)

"I slid off the bed. The duvet has a satin finish. I went to turn the fan off and slid off the bed. I cut my head open. They take good care when things happen." (Resident)

"We would move (our relative) if we could be sure they wouldn't be treated the same." (Relative)

"Standard has gone down since 2023. Hygiene standard has gone down quite a bit." (Resident)

"When I first came here (around a year) it was not a happy atmosphere, there were too many agency staff. It's better now as the agency staff are more regular. Sickness is managed now with regular agency staff." (Staff member)

"It is hard to turn off the alarm in the rooms (call system)." (staff member)

"This [manager] is best for me – she's on top of everything. I'm really happy. She's more approachable and prioritises residents." (Staff member)

"If you make a complaint, you get a good response from management." (Staff member)

"Good support. If you have an issue they listen. Our new manager is very attentive." (Staff member)

"On other floors they could do with more staff. The ground floor is ok." (Staff member)

"It depends on what staff you have on the floor – what is the skill mix in the staff." (Staff member)

"Some of the staff show no interest in the job and are not compassionate enough. This is permanent staff. Some staff are a bit careless – it makes me feel bad. They need to balance the staff, so all members participate fairly and don't rely on the one staff member." (Staff member)

"Management is better. I have had three manager changes and now I have no issue. There is good support." (Staff member)

“I like working here. It’s the best place for me – it’s a place you want to go to work.” (Staff member)

“It can be very busy, but it’s organised very well.” (Staff member)

“We had issues with some agency staff, so we tell management and it’s dealt with and another agency is chosen. The manager listens and comes round. She takes action!” (Staff member)



4.4 Living environment recommendations

HWK mealtime recommendations	Surbitonian Gardens response
1. Add more signs to indicate the whereabouts of the fire exits along all corridors.	Signage is currently being reviewed throughout the home. 31 May 2026.
2. Ensure all ‘keep shut’ doors can close properly and are kept shut.	All ‘keep shut’ doors have been checked and are confirmed to close properly. Appropriate signage is in place on the doors to guide staff on the correct sequence of opening (i.e. which door to open first) to ensure they remain effective. Maintenance to regularly check that signage is in place and that doors are closing properly
3. Ensure agency and staff are aware of suitable ways of moving seated residents and keep mobility aids accessible.	All staff, including agency staff, have been reminded of the correct techniques for supporting and moving seated residents in line with their care plans and moving and handling training. Mobility aids are kept accessible at all times, and this is reinforced during daily handovers and shift checks. Ensure that all staff are up to date with their moving and handling training and that any concerns over a staff

	<p>members techniques are addressed at the time and refresher training given.</p>
<p>4. Take steps to ensure the call bell system works at all times.</p>	<p>All call bells have been checked to ensure they are fully operational. Staff have been reminded that call bells must never be disconnected and must always remain accessible to residents.</p> <p>Maintenance to continue to check the call bells throughout the month and record any issues. HM to perform random checks to ensure all call bells working and being responded to appropriately.</p> <p>Weekly checks by Maintenance</p>
<p>5. Take steps to reduce risk of residents falling out of their beds.</p>	<p>All residents have been reviewed and where appropriate floor beds have been put in place in agreement with the residents or LPA. Residents are continuously reviewed for safety; some residents refuse to have mats/floor beds.</p> <p>Ongoing</p>
<p>6. Review procedures to ensure incontinent residents are changed and cleaned regularly so they are kept comfortable and prevent unplanned damage to seating. Should an accident happen ensure the affected chair is cleaned and dried completely</p>	<p>Staff have been reminded of the timely intervention to prevent damage to furnishings and prevent others sitting in wet/damp chairs.</p> <p>It's often difficult to observe at the time as usually these residents are independently mobile requiring little support and are not the residents who need continence support. Staff to monitor as much as possible to avoid wet/damaged furniture which other residents or</p>

<p>to support a fresh environment.</p>	<p>family members may then sit in. NIC/TL to discuss during handover meeting daily.</p>
<p>7. Consider using the Independent Advocate Service to support residents expressing unhappiness about being in a care home.</p>	<p>The use of the Independent Advocate Service is really important, finding a local advocacy service has not been straightforward. Continue researching independent advocates who will visit residents in the home. 30 April 2026</p>
<p>8. Ensure there is a good balance of skills available on each unit, including the languages spoken by staff to facilitate improved communication with residents.</p>	<p>Where possible staff are allocated to a unit where they can effectively communicate with the residents depending on the rota and skill mix. Review allocations for skill mix and gender, include language where possible. Daily review.</p>
<p>9. Review the number staff, and the use of agency workers in Beechwood House to ensure residents with additional needs are appropriately cared for.</p>	<p>Staffing levels and skill mix are reviewed on a daily basis based on the number of residents in each unit and care/behaviour needs.</p>
<p>10. Explore if staff can do mandatory training during their work hours.</p>	<p>Mandatory training can be done during working hours. Staff are paid to attend mandatory training.</p>
<p>11. Review/amend the complaints policy to reduce the 28-day waiting period for a response.</p>	<p>The complaints policy has been reviewed and the 28-day time limit for a full response remains, ensuring sufficient time for a comprehensive investigation. The process includes prompt acknowledgement, clear communication, and regular updates to complainants</p>

5. Mealtime experience

During our visits, we observed both lunchtime and evening meals across the five units. Main meals were prepared in the second-floor kitchen, and each unit had its own dining room and kitchenette, with a counter from which staff served the meals. The meals were in trays on a heated plate which kept the food warm. We saw cereal and bread in the cupboards behind the counter and were told by staff that hot food was also available for breakfast, including scrambled egg, sausage, and bacon if required. Breakfast was served at 8.30am.

Lunch was served from 12:30 pm and was delivered promptly, with service to residents beginning shortly after, across all units. The evening meal, served at 5:30 pm, was also delivered and served promptly. Tea and snacks were offered twice a day, and residents could request food and drink at any time.

We were told that sometimes residents do not want to eat at the designated mealtimes, especially in the evening. If this is the case, residents can have cheese and biscuits, sandwiches, pureed fruit, toast etc.

The home had 12 residents who needed different levels of support with eating. Residents could eat in the dining area or in their rooms depending on their preference. We observed one resident in their room with a member of the kitchen staff who was cutting up the residents' food for them.

The manager told us that there was a weekly residents meeting about the menu, but this was changing to a monthly meeting to include relatives and encompassing a wider agenda.

5.1 What worked well

- Food was served promptly to residents on each visit, on each of the units.
- The food seemed to be enjoyed by the residents who reported it to be a good temperature.

- The manager told us that staff were given food if they had worked a 12-hour shift.
- We observed that music was played on all the units, but the type of music was different on each, indicating thought as to the likes and dislikes of the residents on the unit.
- On our first visit we observed one resident on Willow House requesting something off the menu. This was ordered but while the resident was waiting a staff manager successfully encouraged them to try the food on the menu. When the alternative arrived and the resident declined it, this did not cause any problem.
- On our first visit to Oak House, we saw a ratio of two staff to seven residents with one relative eating in the dining room. None of the residents needed assistance to eat. One staff member was delivering food to the rooms of the residents who wished to stay in their rooms. We observed a carer taking an iced drink into a resident's room and asking residents what juice they would like to have ready on the table when they came out to eat. A carer in the dining area was encouraging a resident to eat more. Members of our visiting team described the atmosphere as relaxed.
- On all our visits, menus were displayed on each of the tables and around the care home. We saw copies of both the menu and alternative menus.
- On the ground floor is a private dining room which can be used by residents to host their families for meals and parties. The room had an ornate dining service.
- On our visits, we observed fresh fruit, cakes, and biscuits freely available in each kitchenette and in the reception coffee area. The cakes were decorated to look very pretty and were kept under a see-through cover.
- We were told by a relative that the snacks were very good and helped to encourage visitors to the home.

- When observing the evening meal on Willow House, our team saw four agency staff (we were told that one of these was employed by a resident on a one-to-one basis). One of the agency staff was obviously familiar with the residents and we saw that they had a good rapport with them.
- During the mealtimes at each of our visits, we saw relatives of Willow House residents encouraging them to eat, and in some cases assisting them.
- On our first visit to Redwood House (second floor), we observed the lunchtime with three staff present and soft music playing in the background. Staff were encouraging residents to eat, and one carer assisting a resident described the food by saying, 'this is mashed potato darling.' We observed a good relationship between residents and staff.
- Redwood House was home to four residents who followed diets for religious reasons. A staff member told us that these residents were given alternatives options. When beef was on the menu, those residents who did not eat it due to their religious requirements, waited until the meal had been cleared away before entering the dining room.

5.2 What could be improved

- A resident told us they felt that standards of hygiene had gone down among the care staff and that they did not wash their hands before serving meals. Throughout our visits we did not see staff wash their hands, nor did we hear suggestions from them that residents should wash theirs, as advised in the Homes 'How to, nutrition and hydration procedure.'
- On our third visit a cleaner was cleaning the dining area in Redwood House just before lunch service. The strong smell of detergent was unpleasant when mixed with food smells.
- On Willow House during our first visit, we observed an agency worker supporting two residents on either side of them to eat simultaneously. This involved twisting their body to be able to deal with the second resident.

They also leaned across the table and moved a third resident's hand away from something unidentified that they were touching.

- On our third visit we observed a pair of scissors left in a paper cup on the medicines tray, by the ground floor kitchenettes with no staff nearby.
- We did not see any picture menus anywhere in the home, although menus were available on the tables and at the entrance of the dining areas in each unit. We were told by a staff member on Meadow House that plated alternatives were shown to residents, but we only saw this happen once while we were on Beechwood House.
- On our first visit, we observed one resident on Beechwood House spooning orange juice into their soup and repeatedly stirring it with their fork. This went on for minutes until a carer took away the fork, gave the resident a spoon and then left. The resident continued to stir their soup with the spoon in the same concentrated manner. We did not observe any of the carers encourage or help the resident to eat.
- On our third visit to Beechwood House at lunchtime, we heard a carer remind a resident they were being taken out for lunch at 1:30 pm and ask if they wanted to wait. The resident said yes. Shortly after, another carer asked if they wanted soup and the resident said no, but five minutes later soup was brought out anyway. The resident ate all the soup main meal.
- On Beechwood House drinks were not given to the residents until after their meals arrived. Juice was then provided but residents were not offered a choice of flavour.
- On Beechwood House we observed an altercation between two residents as one was accompanied to a table by carers and passed another resident sitting at a table. There was an angry exchange between the residents that appeared to take staff by surprise, and staff seemed uncertain as to how to handle the situation. Eventually they lead one resident away. The other resident left the dining room before they finished their meal. We did not see any carer check to see if they were ok after the

altercation. The manager explained that one of the residents could be problematic in the morning. We felt the situation may have been avoidable, given prior knowledge of this resident's behaviour, and that the wellbeing of the other resident was not followed up appropriately.

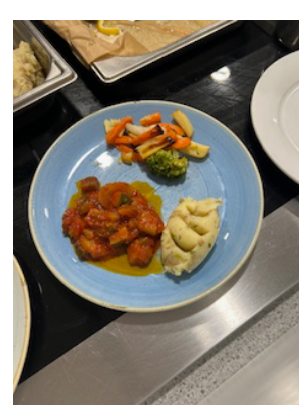
- On Beechwood House at the same meal sitting, we observed another resident who appeared agitated and was disturbing other residents at the table, singing to themselves. Later we witnessed the agitated resident behave in an unusual manner related to their own belongings. The manager explained this was recurring behaviour and solutions were being discussed with the resident's family.
- During mealtime on our third visit, we observed that staff were initially unable to locate a resident when a visitor arrived. The resident was later found in the cinema room in a state of confusion and was assisted by staff. We raised our concerns about the lack of oversight and the resident's dignity with the manager.
- A resident was also seen asleep at the piano in the cinema room. Staff told us this resident regularly spent time there and would often fall asleep while seated. The resident was alone, and a carer initially appeared surprised to find them there.
- The cinema room door was marked 'Fire door, keep closed', but when a carer left the room, it did not shut properly and remained ajar.
- On our third visit we observed that the lemon meringue pie was brought up from the kitchen and left without a covering. We had also seen other cakes moved around the home without a cover. The use of covers did not seem to be consistent.
- We spoke to a relative who describes the pureed food given to residents as strips of paste and said that no one seems to know what the pureed food contained. They told us that no menu was provided to residents on a pureed diet, so no choice was given to them about what they might eat at mealtimes.

- A relative told us that their 'resident' had been served pureed food that was not appropriate for their religious beliefs. They said they had been there at the time and had been 'suspicious of the ingredients' and had questioned them. The food had not been appropriately labelled.
- One relative told us that they had felt compelled to bring their own liquidiser to puree food for their resident, to give them some variety.
- We spoke to a member of the kitchen staff who told us it would be good if they had the time for kitchen staff to serve the residents.
- A member of staff told us there had been a request to change the cutlery as residents found those currently used too heavy. However, Head Office had not approved the purchase.
- We felt from talking to kitchen staff that there was an urgent need to recruit more staff for the kitchen.

5.3 What we saw and heard

During our visit we took some photographs and spoke to seven residents, three relatives and nine members of staff. We have captured some comments about the mealtime experience below.

Images below (from left to right) show: Menus examples on displayed / Resident lunches: soup and fishcake / another meal / Beechwood House meal



Images below (from left to right) show: The coffee area on the ground floor with cakes, biscuits, juices and coffee machine / Uncovered cakes being transported / Biscuits, crisps and bananas available in all units / a kitchenette in one of the units (standardised throughout the units) / dinner menu / alternative menu



“Standard of food is good. Temperature is good and there is a lot of selection. We have a daily menu which we receive in the morning. Food and nutrition is good.” (Staff member)

“If families are here, we can ask for their resident’s menu preferences. If no family are there, we show the resident (their choices).” (Staff member)

“Kitchen has all the residents’ medical needs, so the chef prepares them from the kitchen.” (Staff member)

"If kitchen changes menu, they need to notify everyone (e.g. no sausages) But this doesn't happen very often." (Staff member)

"Food and nutrition is usually five star. They are mindful." (Staff member)

"I have my specific ways I like my drinks, etc. They accommodate it." (Resident)

"Food is not quite so good. Yesterday it was roast beef, etc. I have many false teeth and I couldn't chew it. I tell them if I couldn't chew it. Food temperature is ok, but the food is unexciting to me. I'd love a nice stew." (Resident)

"More relaxed mealtimes would be good. I want to cook myself." (Resident)

"I need to gain weight. I have a special drink and when (X) is here I get my drinks. Yesterday was their day off and I didn't get my special drinks." (Resident)

"I'd like to cook for myself." (Resident)

"The food is fine. It's not the Ritz, it's canteen food really, but they do their best." (Resident)

"Usually, I have a glass of wine with my meal. Today it was wine from Spain which was nice. Now I'm drinking a mug." (Resident)



5.4 Mealtime experience recommendations

HWK mealtime experience recommendations	Surbitonian Gardens response
<p>1. Ensure staff adhere to the 'How to nutrition and hydration procedure' and offer residents the opportunity to wash their hands before and after mealtimes.</p>	<p>Staff have been reminded to adhere to the 'How to Nutrition and Hydration Procedure'. Residents are supported and encouraged to wash their hands before and after mealtimes to promote good hygiene and wellbeing. Ongoing monitoring will continue to ensure compliance. Continue to remind staff of the nutrition and hydration procedure. Encourage residents to wash their</p>

	hands or for the team to distribute wipes. To be discussed in the team meeting. 30 April 2026.
2. Housekeeping staff to clean communal areas near the dining rooms when food is not being served.	Housekeeping staff clean communal areas near the dining rooms outside of mealtimes. Monitor to ensure cleaning of communal areas is not happening during mealtimes. Immediately.
3. Ensure agency workers and other staff have full training in assisting residents when eating.	All care and activity staff are trained to assist residents at mealtimes. NIC or TL to observe and of any concerns to remove them until further training takes place. Ongoing.
4. Nursing staff to be reminded not to leave scissors accessible to residents when doing a medicines round.	Nursing staff have been reminded not to leave any scissors or sharps accessible to residents. Ongoing.
5. Provide visual menus for residents to help them chose their food or remind staff to use show plates more rigorously.	Head chef reviewing menus to incorporate photos/pictures. 30 April 2026.
6. Review staff numbers and the use of agency workers on Beechwood House, an area which is higher need than the rest of the home. Enable staff to sit with the residents and encourage them to eat.	Activities team support over mealtimes to enable more residents to be supported if necessary. Regular permanent staff being allocated to Beechwood House as more familiar with residents and their likes or dislikes. Continue.

<p>7. Remind staff of the need for good communication between each other to ensure that everyone is aware of residents' specific needs, on a particular day.</p>	<p>Each unit holds a short meeting at the start of each shift and anything that needs to be shared should be shared at this time. Each NIC/TL to review the effectiveness of the meeting and if communication is improved by way of this meeting. Continue.</p>
<p>8. Ensure a choice of drinks is offered and made available to all residents at the beginning of every meal.</p>	<p>Drinks should always be offered at the beginning of each meal. Various options should be offered. 30 April 2026.</p>
<p>9. Cover desserts and cakes when transporting them from the kitchen to the dining areas.</p>	<p>Advise teams to use covers for all cakes and desserts when they arrive. Already actioned.</p>
<p>10. Improve presentation and choice for those eating pureed food.</p>	<p>Continue to monitor staffing levels and discuss with head chef on a regular basis. 31 May 2026.</p>
<p>11. Review/increase staffing levels in the kitchen.</p>	<p>Staffing levels fluctuate depending on occupancy levels – bank staff are utilised when appropriate. Continue to monitor staffing levels and discuss with head chef on a regular basis. Ongoing.</p>
<p>12. Review the cutlery and assess if new cutlery is needed that will be easier for residents to use.</p>	<p>Crockery and cutlery both reviewed and new crockery and cutlery ordered. Waiting for new items to arrive. 30 April 2026.</p>

6. Meaningful activities

Surbitonian Gardens is a large home with up to 80 beds, 76 of which were filled on our visits. Currently the home has one full-time activities coordinator with a part-time assistant. The home has lots of lounge areas where activities can take place and a designated activities room on the first floor, where lots of activity equipment is stored. In the activities room we saw evidence showing research about the best activities for residents, and many flyers of local events. There is very little space for any group activities in the room.

The activities coordinator told us there had been difficulties recruiting and retaining a committed part-time activity worker. We were told the plan was to have three full-time equivalent activity workers, and that two new staff had recently been offered roles and were going through the recruitment process.

6.1 What worked well

- On our second visit, we observed activity staff decorating the home in advance of Valentine's Day, with inflatable words like 'love', and balloons. One resident told us they appreciated the effort that was put into decorating the home on special occasions.
- On our first visit, we observed a birthday being celebrated that involved a birthday cake and balloons. There was also an atmosphere of celebration on the unit, generated by the staff. We noted another birthday celebration was to take place on the afternoon of our second visit.
- The ground floor housed a 'library' which was well-stocked with a wide range of books. On our first visit, we observed a resident, with a carer who had had just chosen a book, who told us how much they enjoyed reading. The manager told us that the mobile library visits every couple of weeks and exchange the library books.
- On each visit we saw that the activity rota was displayed throughout the home. Flyers for regular events like dominos clubs were also displayed.

- The manager told us that the garden was well-used by the residents when the weather was good (it was raining on each of our visits).
- On most units and during each visit, we saw staff sitting with residents to do word-finding games, colouring and chatting to residents. We also saw several jigsaw puzzles in progress around the home, and one resident told us they thoroughly enjoyed doing them, with their relative bringing in new puzzles when needed.
- There were two communal areas in each unit where residents could watch the television. Throughout our visits we saw residents being entertained by music with video playing, and occasionally the Winter Olympics was on.
- The activities coordinator told us that they try to identify each resident's interests and encourage their continuation. For example, one resident enjoys playing the guitar, and we observed this resident sitting with an encouraging carer. A resident who enjoyed playing the piano was given full access to a piano in the 'cinema' room. Another resident enjoyed painting and was able to use the activities room to do so.
- On our third visit we observed the activities coordinator with a trolley with nail varnish etc. The activities coordinator appeared to know the residents well and the style of nail they preferred.
- On our first visit to Redwood House and mid-morning we observed an impromptu sing-along with a staff member singing into a microphone.
- Activities take place from 11:00 am and at 2:00 pm on different floors and we were told by staff that residents are taken to where the activity is.
- The activity coordinator told us of many plans they had to integrate residents and the home within the community. Their ideas included litter picking at the local park, and creating a neighbourhood watch group etc.
- The activities coordinator expressed the hope that she would be able to encourage those residents with skills that could be shared, to co-lead

activities with her, such as encouraging the resident who played the piano well to play to other residents.

- The activities coordinator told us that trips are organised once a month for up to five residents and two staff members. Recently residents had been taken on a scenic drive in the winter.
- The activities coordinator told us that young people who were unable to access mainstream school visited weekly to play games and take part in arts and crafts with residents. The coordinator shared that this was an activity enjoyed by all participants.

6.2 What could be improved

- We saw no images of residents enjoying activities on display.
- Unlike other units in the home, in Beechwood House we did not see carers have the time to sit with residents during any of our three visits and saw no evidence of word searches, colouring or jigsaw puzzles.
- On our second visit we observed an activity taking place in the downstairs café area. The activity involved throwing a large blow-up die. The activity was difficult to do within the confined area and although the activity leader appeared to be attempting to encourage participation, the activity did not seem engaging for the residents.
- The activities coordinator told us that visits to local venues, such as Dene's Farm and Mercedes World, were more difficult to arrange than short minibus drives and required detailed risk assessments. They described previous issues with wheelchairs during outings. A resident also told us they had been on a drive but had not been able to get out of the minibus or stop for a drink.
- We were told by a relative that their resident's toenails were badly in need of cutting. The relative showed us a photograph they had taken of nails

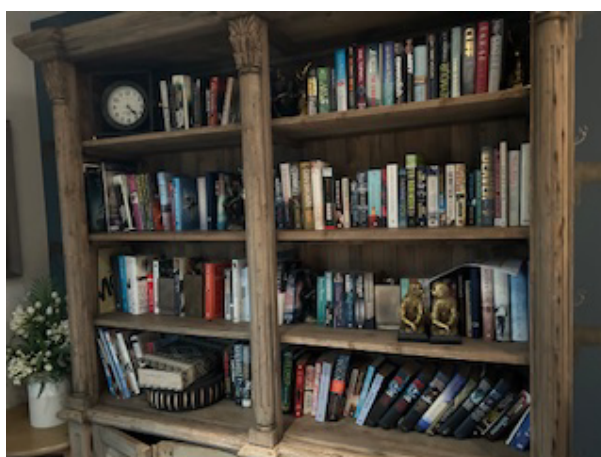
curling over toes. The relative told us that their resident's fingernails were always dirty.

- We overheard a relative at the reception asking for a manicure, commenting that every week their relative seemed to miss out.

6.3 What we saw and heard

During our visit we took some photographs and spoke to seven residents, three relatives and nine members of staff. We have captured some comments about the activities below but were unable to take many photographs.

Images below (from left to right) show: the changing activities rota room week to week / the activities room / the activities room and blow up die / a cake from a birthday celebration / the 'library'





Images above (from left to right) show: a table with jigsaw puzzles / the garden with raised flowerbeds / the activities rota and poster



“I’m planning to incorporate the residents’ skills into activities, so the pianist could play for people in the home.” (Activity coordinator)

“Activities staff need to plan better with the resident and to put on activities daily and do what the residents enjoy.” (Staff member)

“If the activity is in another area we take residents to that area, and the activity coordinator. We do exercise, music, bowling, pedicure, hairdressing – there is a list weekly and residents add their names.” (Staff member)

"In Oak we do bowling, films, exercises, dancing. In summer we take residents to have tea in the garden and enjoy the weather. Some residents like to sit in the garden in the warmer weather." (Staff member)

"On their birthdays, residents have a cake in the café area or in the private dining room. One resident just turned 100." (Staff member)

"I'd like to do photography." (Resident)

"I feel like I have nothing to do. I've not been out; they don't let me. I don't know about daytrips." (Resident)

"We went out in the minibus. We went to Box Hill but we didn't get out of the minibus. We need more." (Resident)

"Activity coordinators bring the activity rota round everyday, so we know what's going on. My favourite is bingo. I love gardening." (Resident)

"There used to be two brilliant activity coordinators. I used to do activities. I don't bother now – I participate when I want to." (Resident)

"Every day a sheet of paper goes around that gives you choices of what you want to do that day. Activity coordinators put decorations up everywhere for events e.g. Valentine's Day, which we appreciate." (Resident)

"I'd like someone to take me to the high street. I miss my freedom and feel trapped." (Resident)

"Minibus activities are organised for Summertime. We're only allowed two hours with the minibus and wheelchairs need a carer, so space is limited. We went to the Bentall Centre, but time was limited as they have to find somewhere to park." (Resident)

"I'd like someone to give a talk on Shakespeare, that's my thing." (Resident)

"I went to the garden centre with my family, and we brought some tubs with plants which are outside my room." (Resident)

“They have trips out but because I’m on oxygen it’s cancelled because there is no suitable person.” (Resident)

“A man comes in to do crosswords with residents.” (Resident)

“We don’t go out enough as groups.” (Resident)

“I don’t know about daytrips.” (Resident)



6.4 Meaningful activities recommendations

HWK meaningful activities recommendations	Surbitonian Gardens response
1. Ensure activities coordinator incorporates residents’ likes and dislikes into activities to encourage participation from as many residents as possible.	Information is recorded for new residents moving in and the activities planned include various types of hobbies and likes. Review all resident’s history relating to hobbies and pastimes and update on system to be able to encourage the right residents to various activities. 31 May 2026.
2. Showcase residents enjoying activities to help decorate the home and use as a way to encourage further participation.	Some residents/LPA’s have not given their permission to appear in photos. Review consent forms to see whose photos we could use to promote the home activities to encourage participation. 31 May 2026.
3. Explore working with volunteers to visit the home and talk to residents about subjects they are interested in.	Volunteer opportunities are available, but we cannot support anyone under 16, most of our applicants are for under 16’s. We have had some medical students who applied but were not able to commit to any hours on a weekly/monthly basis. Activity co-ordinator

	<p>to plan recruitment campaign for volunteers. 31 May 2026.</p>
<p>4. Review/increase the staffing levels on Beechwood House to provide capacity staff to sit and engage with residents during the 'quiet' periods around mealtimes.</p>	<p>Some residents/LPA's have not given their permission to appear in photos. Review consent forms to see whose photos we could use to promote the home activities to encourage participation. Continue to flex staffing levels where necessary. Ongoing.</p>
<p>5. Consider appropriateness of activities both for the residents, and within the areas that activities take place.</p>	<p>Activities should be tailored to the resident's capability and conducted in an appropriate area of the home. Most residents can move around the home freely so can attend activities which may not be appropriate for them. Activities team to review what activities are carried out and where and if not appropriate for all then to have a suitable activity planned for those who would benefit more with a variation of the activity. Ongoing.</p>
<p>6. Review all mobility aids to ensure they are fit for purpose both for the residents inside and outside the home.</p>	<p>All mobility aids have been reviewed for suitability for both indoor and outdoor use. Unless equipment is supplied professionally, we are not able to take responsibility and would advise the family. Any issues identified will be addressed through maintenance, or referral to the appropriate specialist team. Staff are reminded to report any concerns promptly. Ongoing.</p>

<p>7. Ensure residents' toenails and fingernails are kept clean and cut appropriately, and that all residents are included in the manicure session.</p>	<p>Chiropodist visits every 4-6 weeks and visits all residents. Fingernails are checked daily for some residents and weekly for others. Continue to monitor all equipment and remove from use if any concerns identified. Ongoing.</p>
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7 Next steps

This report has been shared with Surbitonian Gardens Care Home who have had the opportunity to check it for factual accuracy and respond to our recommendations. It will subsequently be shared with, Kingston Borough Council, Care Quality Commission, Kingston Care Governance Board, and other stakeholders. We will also share this report with Healthwatch England and have published it on the HWK website. We have agreed with the management of Surbitonian Gardens Care Home the next steps to be taken in response to outstanding recommendations.



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