



## Enter & View Report

*Minchenden Lodge Care Home, 27<sup>th</sup> May 2026*

**healthwatch**  
Enfield

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# Visit Background

About Enter and View

# 1. Visit Background

## 1.1 What is Enter and View?

Part of the local Healthwatch programme is to undertake 'Enter and View' visits.

Mandated by the Health and Social Care Act 2012, the visits enable trained Healthwatch staff and volunteers (Authorised Representatives) to visit health and care services – such as hospitals, care homes, GP practices, dental surgeries and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service, but equally they can occur when services have a good reputation.

During the visits we observe service delivery and talk with service users, their families and carers. We also engage with management and staff. The aim is to get an impartial view of how the service is operated and being experienced.

Following the visits, our official 'Enter and View Report', shared with the service provider, local commissioners and regulators outlines what has worked well, and gives recommendations on what could have worked better. All reports are available to view on our website.

### 1.1.1 Safeguarding

Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

## 1.2 Disclaimer

Please note that this report relates to findings observed on the specific date(s) set out. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

## 1.3 Acknowledgements

Healthwatch Enfield would like to thank the service provider, service users, families and staff for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Representatives, who assisted us in conducting the visit and putting together this report.

On this occasion, four Enter and View Authorised Representatives attended the visit. For continuity 3 of the 5 same representatives visited the home previously, all have years of experience in social care, safeguarding and dementia care.

The Authorised Representatives spoke to residents, staff and management. Suggestions have been made on how to improve the service and good practice has been highlighted.

# **About this Visit**

**Minchenden Lodge Care Home**

# 2. About this Visit

## 2.1 Visit Details

The visit was conducted as below.

Service Visited	Minchenden Lodge Care Home
Manager	Kemisha Morris
Date & Time of Visit	10.00am, 27 May 2026
Status of Visit	unannounced
Authorised Representatives	Margaret Brand, Elizabeth Crosthwait, Janina Knowles, Michelle Malwah
Lead Representative	Michelle Malwah

## 2.2 Minchenden Lodge Care Home

On 27<sup>th</sup> May we visited Minchenden Lodge Care Home, a residential care home in Enfield.

Now operated by Birchstone Care Ltd, the home provides residential care for older adults. It specialises in support for dementia and sensory impairments, and also provides respite care.

The home may accommodate up to 22 residents and was at full occupancy at the time of the visit.

## 2.3 CQC Rating

The CQC is the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

Minchenden Lodge was last assessed by the CQC in February 2026, under their new framework. This change aims to make inspections more relevant, specific,

and meaningful for each sector while retaining the five key questions: Safe, Effective, Caring, Responsive, and Well-Led. The inspection assessment gave a rating of 'Good' overall, with individual ratings of 'Good' for being safe, effective, caring well-led and responsive.

## 2.4 Online Feedback

Feedback posted on [carehome.co.uk](https://carehome.co.uk) gives an average rating of 9.7 out of 10.

## 2.5 Purpose of the Visit

We originally visited Minchenden Lodge care Home on the 12 November 2025. Our Enter and View made a few recommendations, especially around activities, personal care, complaints policies and environment.

As part of our Enter & View strategy, we planned to revisit at a later date in an **unannounced capacity** (without notifying management and staff) to assess the progress made on our recommendations, and to make general observations.

During the visit, our authorised representatives worked together to view the premises and observe residents and staff, they also got the chance to speak to the manager.

# General Observations

# 3. General Observations

During the visit we engaged with four residents, two staff members, and the manager.

- We had no difficulty gaining entry, it was a warm day.
- The reception area was cool, clean and ambient.
- Once in, we were notified that the manager was travelling in and due to arrive shortly.
- We were asked to sign-in to a confidential sign-in book which was a little difficult as you couldn't see your signature.
- All staff were pleasant and accommodating, at all times.
- On leaving, we were asked to sign out.

# **Progress on our Recommendations**



# 4. Recommendations

At the visit we assessed progress made on our recommendations of November 2025, looking at what has been achieved and potentially what more could be done.

## Activities

### November 2025 – Our findings:

There had been no Activities co-ordinator in post since April 2025. In the absence of a professional staff member, support staff are tasked with delivering the activities.

Overall, the residents we spoke with expressed a level of boredom. A lack of physical exercise was cited, along with limited opportunities to go outside.

When we spoke to the manager, they cited that recruitment had been difficult with candidates so far “not meeting the criteria” for the role.

### Our recommendations said:

That support staff were neither qualified or experienced in this type of role and that the provision we observed at the time was not of good quality. We believed this was the most pressing issues for the home and recommended that recruitment was prioritised and secured.

### May 2025 – What has changed?

Though management has made a concerted effort to recruit an activities co-ordinator and were able to recruit for a short period of time, they are no longer in place, and the home has reverted to support staff providing cover for activities for the residents.

Staff members have made efforts to arrange day trips, singing, quizzes and movement, though residents don't seem to be engaged. Many of the residents we spoke to would like to go on a day trip, when asked if they had already been on a day trip, a few were slightly confused. Also, the activities board for all the trips residents had been on hadn't been updated with any new ventures. Though according to staff, residents had been taken on a pub lunch. Though them seem to want more outings. Management are making plans to arrange a visit to the Trent Park Second World War museum in the future.

### **What can be done, going forward?**

We feel it is very important that an activities co-ordinator is employed by the home as a matter of urgency to make sure the residents are kept active.

## **Personal Care**

### **General Comments:**

#### **November 2025 – Our findings:**

In one case, a resident at a routine hospital was found to have a pressure sore and some bruising. Apparently, the home was not aware of this at the time. While we did not intervene in this case or comment further, it needed to be highlighted.

#### **Our recommendations said:**

We trusted that the home would fully investigate the issue.

#### **May 2025 – What has changed?**

After speaking with the manager, we were satisfied that the incident was fully investigated by the home.

#### **What can be done, going forward?**

No further action is needed.

## **Complaints Policy**

### **November 2025 – Our findings:**

Relating to the above case, a complaint was lodged by a family member, who says it was “not received well” by management.

Though we did not intervene or comment we hoped the complaint was handled appropriately.

#### **Our recommendations said:**

We hoped that complaints and indeed serious complaints were handled in a consistent and professional manner, and fully documented.

### **May 2025 – What has changed?**

The home now has a new host organisation which now has a new complaints policy.

### **What can be done, going forward?**

After speaking with the manager, we were advised that they would be updating the new complaints policy in line with the new company which will be displayed in the hallway along with a easy read version as the home had before.

## **General Environment**

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### **General Comments: Lift**

#### **November 2025 – Our findings**

The lift did not have access control (such as a Keycode) we noticed one resident using the lift unattended. We observed that it was entirely possible for residents and visitors to move around floors unattended, and possibly unnoticed.

#### **Our recommendations said:**

If not already put in place the lift needs to be risk assessed for both safety and security. It's the homes responsibility to provide a safety and security.

#### **May 2025 – What has changed?**

There was still no access control, the lift was open but can be locked. They is a keycode to go down the stairs. We were told that staff supervise access to the lift.

#### **What can be done, going forward?**

As previously stated, we believe a risk assessment should carried out for wellbeing of all the residents.

## **General Comments: Signage**

### **November 2025 – Our findings**

Generally, the home did not have dementia friendly signage (words & images), and the existing signage was not consistent around the home.

### **Our recommendations said:**

Ideally, any internal signage should be suitable, and also consistent. We recommend that the home reviews this and invests in new signs.

### **May 2025 – What has changed?**

The residents are used to the home and know how their way around. The Manager is looking into upgrading the signage and images, so they are more dementia friendly. Currently there are no signs in the hallway. Signage continues to be inconsistent.

### **What can be done, going forward?**

Ideally, we recommend that management implement new dementia friendly signage.

## **General Comments: General Décor**

### **November 2025 – Our findings**

The environment appeared well – appointed, but visibly tired in places. For Example, the walls and windowsills in the dining room are dented, scratched and had become noticeably discoloured over time.

### **Our recommendations said:**

We felt that with the time and investment needed, to refresh the dining room (for example) would be minimal, and less than £100 in materials (paint and filler). It would transform an already good space to a great space.

### **May 2025 – What has changed?**

According to the manager the dining room has had a fresh coat of paint. The room is relatively clean and in good condition, but there is a lack of handrails

upstairs. The bathrooms were clean and general standards of cleanliness was good.

**What can be done, going forward?**

No further action is needed.

**General Comments: Environment- Temperature & Noise Levels**

**November 2025 – Our findings**

According to relatives the home was both “too hot” and “too noisy”. There were issues the radiators, which “cannot be turned off in summer” and it is difficult, to find space for personal conversations.

**Our recommendations said:**

That we hoped that the home would evaluate the use of background music, year-round temperature and provision of quieter spaces. This would need to be achieved through consultation with residents, families and staff.

**May 2025 – What has changed?**

It was very hot weather on the day of our visit, but the temperature in the home was ambient. There were fans in the dining room, reception area and lounge. Resident’s rooms all had wall mounted fans and additional fans could be requested. All the residents also had thermometers in their bedrooms.

**What can be done, going forward?**

No further action is needed.

# Additional Observations

# 5. Additional Observations

On our visit on the 27<sup>th</sup> May our enter & view team made the following notes and observations:

- We were informed that at least 50% of residents have dementia.
- Whilst speaking to the manager in the dining area we noticed a resident that was having breakfast, they had been there for some time and their breakfast was cold. The manager called staff, though one of our team helped because the resident was tearful and had been sitting for around 15 minutes looking at their breakfast. Staff came and took the cold breakfast away and replaced it.
- We were informed by the manager that relatives meeting have now changed from taking place from every six months to once every two months. This is a great improvement in communicating with relatives and friends.

# **Distribution & Comments**

## 7. Distribution and Comment

This report is available to the general public and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us:



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