healthwatch
Leicester and
Leicestershire

Enter & View Report

Sutton in the Elms

June 2026

Contents

Report Details

Details of Visit	
Service Address	34 Sutton Lane Sutton In the Elms Leicester LE9 6QF
Service Provider	Sutton in the Elms Limited
Date and Time	Tuesday 16th June 2026, 10am
Authorised Representatives undertaking the visit	Kim Marshal-Nichols and Dulna Shahid (Staff)

Acknowledgements

Healthwatch Leicester and Leicestershire would like to thank the service provider, residents and staff for their contribution to the Enter & View Programme.

Disclaimer

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

This report is written by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch Leicester and Leicestershire.

Purpose of the visit

The purpose of the Enter & View visit was to speak with residents, relatives and staff, and to observe the care being provided within the care home. The visit aimed to understand people's experiences and look at key areas such as dignity, respect, safety, the environment and overall wellbeing. It also identified examples of good practice as well as areas where improvements could be made, to help support ongoing quality assurance and improve the experience of people living in the home.

Methodology

This was an announced Enter and View visit.

We contacted the care home management team in advance and had access to communal areas during our visit.

Our Authorised Representatives (volunteers who have undergone specialist training and are DBS checked) attend and make observations.

Where possible, talk to residents about aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.

Where possible, talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns or complaints.

Speak to staff about training, turnover, support and staff levels.

Observing interactions between residents, staff, manager and visitors.

At the end of the visit, we gave our initial findings to the management team.

Results of the Visit

External

The home is a large, purpose-built building with a gated entrance and a spacious car park overlooking the countryside. The entrance is clearly signposted, easily accessible and accessed through wide double doors.

Once inside the foyer, visitors are required to be let into the main building. The external environment is well maintained, including the garden area and courtyard, which are easily accessible for residents. There was no CCTV in operation.

Internal

Upon entering the foyer, there was a seating area for visitors, a visitor signing-in book which looked well used and several information boards displaying key information, including the Care Quality Commission (CQC) report and staff board.

The reception/office is located just along the corridor from the entrance. The home is arranged over two floors, with bedrooms on the first floor and communal lounges, dining areas and kitchenette spaces on the ground floor. The lounges are spacious, equipped with a TV screen, soft furnishings and one lounge has fish tank.

We were told that residents often use the kitchenette areas as quieter spaces. The home is divided into two areas, one supporting residents with Dementia who are more independent and the other accommodating residents with more complex needs, including those requiring nursing care or support with mental health.

Shower and toilet facilities were available throughout, along with hand sanitiser stations. The home was clean, free from odours and clutter, with well-maintained décor, furniture and soft furnishings.

Various information boards displayed safeguarding information, activities for the week, morning, afternoon and evening, nutrition, complaints poster, dignity and staff champion roles boards were displayed within the corridor of the home. Photos of residents were around the home showcasing the activities residents have done.

Residents

The home has a capacity of 42 residents and, at the time of the visit, was supporting 42 residents. The home consists mainly of single bedrooms, the majority of which have en-suite facilities, with one shared room available.

Resident doors displayed “Getting to Know You” information posters, which included details about residents’ hobbies, treasured memories, wellbeing activities, goals and achievements. Bedrooms also had information identifying each residents’ key worker.

The home supports a range of residents with varying care needs. This includes residents with Dementia and residents with mental health.

Staffing

We were told the homes has 12 carers throughout the day providing day-to-day support for residents, alongside 1 activity coordinator and 1 wellbeing coordinator. There are 2 nurses, 3 domestic staff and a maintenance team. In addition, the management team consists of a CQC Registered Manager, a Deputy Clinical Manager, a Clinical Lead and an Office Manager. There is a compliance team who oversee management of the home. The catering team includes 2 staff members.

We were told that agency staff have not been used for over four years, with no agency care staff currently being employed.

Staff interaction and quality of care

Staff interactions with residents were observed to be positive and warm. During the visit, residents were seen engaging with staff, sharing conversations and having a laugh together. Relatives and friends were also observed visiting the home, with visitors welcomed. We were told management team have shifts on the floor, conduct walk arounds and ask questions. Compliance team will also do walk arounds. We were told residents feel confident to talk to all staff.

During the visit staff were welcoming. We were told staff are provided with training through a mixture of in-house and external providers, with a training matrix in place and opportunities to gain further skills and qualifications. We were told staffing levels were felt to be adequate, with positive interactions observed between staff, management and residents. The home has a strong support network, with managers meeting weekly to share experiences and good practice. A staff "Hall of fame" is also displayed, recognising employee achievements through an employee of the month approach.

We were told residents can access help through call bells located throughout the home. For residents who may be unable to reach their call bell, sensor mats are used in their rooms. Residents who are more independent and have capacity are provided with a necklace call button, while residents living with Dementia do not use these due to their individual needs.

The home has a "Resident of the day" approach, where a particular resident is highlighted each day, celebrating each resident's life history, experiences and personal story. Families are also updated on the resident's activities, any incidents, visits from professionals and other relevant information.

Residents have access to a range of health professionals and services. The GP service was described as excellent, with weekly visits to the home, usually on Tuesdays. We were told that urgent reviews can be arranged when required and there is good communication between the home and the GP practice. Appointments are accessible and referrals are made through SystemOne. Practice nurses were also described as very supportive.

Access to dental care was identified as an ongoing challenge, which the provider has experienced across its homes. The home has found it difficult to arrange for a dentist to visit the home and residents have attempted to register with dental practices, with some residents registered via private options.

The home has good links with community services, including District Nurses, physiotherapy, the palliative care team and the community mental health team. These services were described as helpful and responsive with

the same person visiting the home.

Residents access other healthcare services, including an in-house chiropodist. For residents with diabetes, podiatry support is available, although families are required to fund this service. The home provides transport where required and staff can accompany residents to appointments depending on availability of family support.

The home shared that communication with hospitals has improved, although some discharge letters from University Hospitals of Leicester NHS Trust (UHL) may still lack full information. When emergency ambulances are required, staff reported that waiting times can sometimes be lengthy. For hospital appointments, East Midlands Ambulance Service (EMAS) transport is used and the home follows up with residents and families while they are attending appointments. Families were described as being very supportive and maintaining good communication with the home. However, staff noted that contacting hospital departments for updates can sometimes involve long waiting times.

When asked about challenges, concerns were raised regarding access to domiciliary dental care with one the management team saying, "it needs sorting out". The home reported difficulties with arranging assessments and securing funding for residents, with delays from social workers contributing to challenges. It was shared that it can be difficult to reach the designated social worker, and by the time contact is made, circumstances may have changed. Assessments and support can take several months to progress, which impacts timely access to the service.

Social engagement and activities

The home provides a wide range of activities that are tailored to residents' individual interests, needs and abilities. The activity coordinator explained that each resident's life story is used to help plan meaningful activities that reflect their personal experiences and preferences. For residents who may not wish to take part in group activities, the coordinator spends individual time with them to provide companionship and support.

Activities include weekly bingo sessions, sing-alongs, social gatherings, sensory activities, and use of the Magic Table, which supports both group activities and residents who are unable to leave their rooms. During the visit, a resident was observed using the Magic Table in their room, and a group activity was also observed taking place in the lounge. The home also arranges outings such as visits to churches, cafés, community walks, day trips, and local events, including a Christmas fair and summer fete.

The activity coordinator shared that staff are very supportive and work closely with them to ensure residents are encouraged and included. Residents' life stories are shared with staff during meetings and handovers to support personalised activities and care.

Special occasions, including birthdays, are celebrated, and the home produces a quarterly newsletter to keep residents and families updated. A relative shared, "Love everyone here, all are fantastic, everyone in the room gets involved, staff are amazing."

We were told resident meetings are held every 3 months. We were told family meetings are also held.

Dining experience

The home provides a varied menu with residents able to choose their preferred meals. Weekly menus were displayed in the dining area along with a poster on 14 food allergens. We were told dietary requirements, including cultural and personal preferences, are catered for, and residents receive appropriate support with eating and drinking when needed.

We were told nutrition and hydration are monitored through Person Centred Software (PCS), with care tailored to individual residents' needs. Meal surveys are completed with residents and families, and feedback is also gathered through resident meetings. During the visit, the trolley service was observed providing meals and refreshments to residents.

Choice

We were told residents have choice over aspects of their daily lives, including food, clothing, drinks, bedtime routines and personal care.

Relatives are made to feel welcome in the home and can visit at any time. Families are kept informed about residents and are encouraged to be involved in their care. For residents receiving end-of-life care, families are encouraged to stay overnight if they wish.

We were told residents are supported to feel safe, with staff maintaining their privacy, dignity and wellbeing. Residents appeared happy and well cared for. We were told the hairdresser comes in weekly. The home supports residents' religious and personal preferences where required. One resident spoken to said "I love it here, staff are wonderful. Food is great, no smell. My bedroom is comfortable. I have been here 3 years, I know all staff, can have a joke. Activity lady does lots of things like bingo, dominos." Resident also said they go home Sunday and Monday for the day where family member picks up, also said "they let you do whatever you want."

Summary

The home supports 42 residents with a range of needs, including Dementia, mental health needs and nursing care. The home was clean, well maintained, accessible, and welcoming, with spacious communal areas, personalised bedrooms, and information displayed to support residents, families and staff. Residents were observed to have positive relationships with staff, with warm and friendly interactions throughout the visit. Staff were welcoming.

Residents were supported to make choices about their care, routines, and activities, with person-centred care plans in place. A wide range of activities are provided based on residents' interests and life histories, alongside opportunities for families to be involved and provide feedback. Residents have access to a range of health professionals, with strong links reported with GP and community services, although challenges remain around access to domiciliary dental care, wait times for ambulances and communication from some hospital departments. Overall, residents appeared happy and well cared for.

Service provider response

The report was agreed with the Service Provider as factually accurate. They have provided the following responses to the report.

On behalf of everyone at Sutton in the Elms, we would like to thank Healthwatch Leicester and Leicestershire, and in particular the Authorised Representatives Kim Marshal-Nichols and Dulna Shahid, for taking the time to visit our home. We welcome the Enter & View programme as a valuable opportunity for independent reflection, and we were delighted that the visit captured so much of what we strive for every day.

We are extremely proud of the findings. It means a great deal to our team to see recognition of the warm, personalised care that sits at the heart of our home, from our "Getting to Know You" profiles and "Resident of the Day" approach to the life-story-led activities our coordinators work so hard to provide. We were particularly pleased that the report reflected the strength of our staff team, the genuine and positive relationships between residents and staff, our clean and welcoming environment, and our commitment to stable staffing, having not relied on agency care staff for almost two years. Above all, we were moved by the kind words shared by residents and their families, whose trust and happiness are the truest measure of our success.

A few of the areas highlighted in the report reflect wider pressures across the health and social care system, challenges felt by care homes everywhere, rather than issues unique to Sutton in the Elms. We see these as part of our role to navigate on behalf of our residents, and we work actively to overcome them wherever we can. Where a solution sits within our hands, we take it; where it sits with external services, we chase, escalate and advocate until our residents get what they need.

Access to NHS dental care is perhaps the clearest example, a problem recognised by both the British Dental Association and the Care Quality Commission's own "Smiling Matters" review of oral health in care homes. Everything within our control, we do: every resident has an oral health care plan and daily oral care from our team, and we make referrals whenever they are needed, including to the Leicester, Leicestershire and Rutland Special Care Dentistry Service and its domiciliary provision wherever a resident is eligible; what is not available is an NHS service that comes into homes to carry out routine checks. The same pattern runs through the other challenges noted. Delays in assessments, funding decisions and reaching allocated social workers stem from capacity pressures within the local authority, but we never simply wait, we proactively chase, escalate and advocate at every turn while continuing to provide full and attentive care throughout. Ambulance waiting times and the occasional gaps in hospital discharge information reflect the significant demand facing NHS emergency and acute services across the region, and here too our staff do everything possible to bridge the gap, providing careful interim care, escalating when necessary, following up on incomplete information, and keeping families informed at every stage. Where specialist support such as podiatry is needed, we do all we can to help residents and families access the NHS provision for which they are eligible. In every case the availability and funding of these services is set at a system level, but no resident of ours is left to navigate that system alone.

We are grateful to Healthwatch for such a positive and encouraging report, and for recognising the dedication and compassion our team brings to Sutton in the Elms every single day. The warmth, the personalised care and the genuine relationships captured in these findings are exactly what we set out to provide, and we are proud that the visit reflected the home at its best. We look forward to welcoming Healthwatch back to Sutton in the Elms in the future.

With thanks and kind regards,

Sibtain Nandjy
CQC Registered Manager, Sutton in the Elms Care Home
Director of Pharmaceutical Compliance and Clinical Risk Management, Langdale Care Homes

Distribution

The report is for distribution to the following:

- Sutton in the Elms Care Home
- LLR Integrated Care Board (ICB)
- Care Quality Commission (CQC)
- Leicestershire County Council (LCC)
- NHS England (Leicestershire and Lincolnshire) Local Area Team
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