



# Enter & View Report

Discharge Wards

Beechwood and Clarendon Wards (Evington Centre)

Thringston Ward (Coalville Community Hospital)

Charnwood Ward (Loughborough Hospital)

October & December 2025

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# Report details

Details of visits	
Service addresses	Evington Centre, Leicester General Hospital, Gwendolen Road, Leicester, LE5 4QG  Coalville Community Hospital, Broom Leys Road, Coalville, Leicestershire, LE67 4DE  Loughborough Hospital, Hospital Way, off Epinal Way, Loughborough, Leicestershire, LE11 5JY
Service provider	Leicestershire Partnership NHS Trust (LPT)
Date and time	Evington Centre – Wednesday 8th October 2025, 10.30am Coalville – Tuesday 14th October 2025, 10.30am Charnwood – Wednesday 3rd December 2025, 10.30am
Authorised Representatives undertaking the visit	Moraig Yates, Debra Watson, Kim Marshall–Nichols, Chris Bosley, Riyaadh Mussa (staff) and Dulna Shahid (staff)

## Acknowledgements

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

## Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. 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.

All comments included in this report are written verbatim to capture the tone and authenticity of the experience, therefore no editing of comments has taken place. This report is not representative of the experience of all service users.

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

- To gather patient views of the service provided at Beechwood ward (Evington Centre), Clarendon ward (Evington Centre), Thringston Ward (Coalville Community Hospital) and Charnwood Ward (Loughborough Hospital).
- To observe the facilities and operation of the service.
- To gain an understanding of the discharge process at the wards.

## Methodology

This was an announced Enter and View visit.

We had presented ourselves as Authorised Representatives from Healthwatch Leicester and Leicestershire to senior staff and we had access to communal areas during our visit.

The visit was observational, involving the Authorised Representatives observing the surroundings to gain an understanding of how patients engaged with staff and the facilities.

To reach patients, we produced a survey to enable them to share their experiences of being on the ward and of the discharge process. We received 10 responses in total.

At the end of the visits, we gave our initial findings to the senior team.

# Summary of the findings

## Summary

### **Beechwood and Clarendon Ward (Evington Centre)**

Beechwood ward:

- Female-only ward with a capacity of 24 patients, located fully on the ground floor.
- Mixture of bays and en-suite side rooms, with therapy space, dining/lounge area, and a well-used patient courtyard.
- Clean, spacious, calm and well-maintained environment.
- Fully accessible with clear signage, wheelchair access, accessible toilets and disabled parking.
- Patients provided with clear information, multilingual and communication support and regular refreshments.
- Strong partnership working, with patients kept informed and involved in discharge planning.

Clarendon ward:

- All-male ward with a capacity of 21 patients; ground-floor location and fully occupied at time of visit.
- Mainly single en-suite rooms, with one three-bed bay, creating a calm and well-lit environment.
- Good accessibility, including wide pathways, accessible bathrooms, pendant alarms and shared gym access.
- Some en-suite bathrooms identified as small, with staff actively seeking funding for improvements.

- Effective communication between ward staff, therapy lead and discharge team.
- Patients are informed and involved in discharge plans, with a clear focus on safety and appropriate placement.

## **Thringston Ward (Coalville Community Hospital)**

- Mixed-gender ward with four bays, accommodating 15 patients at the time of visit.
- Spacious, well-maintained environment with a large day/dining room, gym, treatment rooms and assisted bathrooms.
- Excellent accessibility, including wide pathways, clear signage, accessible toilets and available wheelchairs.
- Outdoor garden space and a varied activities programme to support patient wellbeing.
- Clear and accessible patient information, with feedback options and interpretation services available.
- Discharge planning begins on admission, supported by a dedicated discharge team and strong partnership working.

## **Charnwood Ward (Loughborough Hospital)**

- 18-bed ground-floor ward with one male bay and rest are female bays and side rooms, providing a calm and comfortable environment.
- Good access to dining/day room, therapy spaces, equipment room and shared garden area.
- Fully accessible with wide corridors, clear signage, accessible toilets and showers and available wheelchairs.
- Welcoming and supportive staff communication, with privacy available for confidential discussions.
- Clear patient information displayed, including complaints, carers' support and feedback options.
- Well-coordinated discharge process involving ward staff, therapists and discharge coordinators, promoting safe and timely discharges.

## **Results of Visit**

### **Beechwood and Clarendon Ward (Evington Centre)**

#### **Building and environment**

Beechwood Ward is a female-only ward with a capacity of 24 patients. The ward includes three bays, several side rooms with en-suite facilities, a therapy room, kitchen area, advanced nurse practitioner office and a combined patient dining and lounge area. A patient courtyard is available and we observed patients using this space. All clinical areas are located on the ground floor. The ward appeared clean, spacious and well maintained.

The ward is fully accessible, with clearly marked routes suitable for wheelchair users. Parking is available outside the centre, including designated disabled parking spaces. Signage to locate the ward was clear. The toilet facilities were clean and spacious. The overall environment was calm, well-lit and comfortable for patients.



Clarendon Ward is an all-male ward based on the ground floor, so it is easy to access. Most of the rooms are single rooms, with one bay that has three beds. There is a shared gym used by both wards and a kitchen, although this is staff access only. The ward felt calm, clean and well lit. Toilets and bathrooms were spacious, clean and accessible, with call bell alarms in place. The ward has a capacity of 21 patients and was full at the time of our visit.

We met the therapy lead, who works across all wards. They explained that they work closely with matrons and ward staff to make sure patients are discharged to the right and safest place, whether that is back to their home or a care home, depending on individual needs. Patients are kept informed about their discharge plans, and if there are any delays or blocks to discharge, these are reviewed to see how they can be resolved.

## Accessibility

Signage was clear and positioned at appropriate heights. The pathways throughout the ward were wide and unobstructed. Wheelchairs were available for patient use, and accessible toilet facilities were provided, including necessary aids.

A hearing loop system was available, and alternative communication aids such as picture boards were in use. Braille signage was not displayed but we were told information could be requested through translation services. Oral health information boards were displayed across both wards.

The Clarendon ward has clear and wide pathways, making it accessible for patients with mobility needs. Toilets are accessible and clean. Patients are given pendant alarms when they are using communal areas such as the gym, so they can call for help if needed. Patient rooms are spacious and have ensuite bathrooms. Staff explained that some ensuites are on the smaller side and are currently being reviewed to see how they can be made more accessible. Funding can be difficult, but staff are putting a case forward, as they have done successfully in the past. For example, new doors were fitted with visibility panels, which improved both safety and privacy.

## Reception and first contact

During the visit staff communication was observed to be welcoming, clear and supportive. One patient commented that they were given a choice when being offered personal care. *“They ask me whether I want a big wash or a little wash.”*

While there were no reception desk setup, patients and families were supported through designated areas. Confidential conversations could take place in the day room or kitchen area, and for families to meet with patients and staff at both wards.

## Waiting room and lounge areas

The ward has a large waiting and communal lounge area with adequate seating. Patients were offered regular refreshments, including tea and snacks, through routine tea rounds. The environment was calm, and we were told that patients are seen daily by Advanced Clinical Practitioners, with consultants attending on scheduled days.

Hand sanitisers are available throughout both wards. The décor in the waiting room and lounge area was pleasant and calming. Patients have the option to eat in the dining room, but many choose to eat in their own rooms. There is also a courtyard area, which is used more during the summer months. Food is provided on a four-week rotating menu.

## Information available to patients

A wide range of patient information was displayed throughout both wards, including boards on hydration, end-of-life care and other health-related topics. A multi-faith calendar is displayed, and the word “welcome”

is shown in multiple languages at the ward entrance. Other boards include staff photos and names, equality and diversity information and a compliments board.

Information about complaints procedures, carers' support and the Hospital Discharge Grant was available and accessible. Patients received a welcome booklet containing further details, including PALS and feedback information.

Multilingual support was available through a translation line, in-person translation services when required, and the use of translation apps and picture boards. Information in alternative languages could be requested.

## Patient flow and discharge process

Communication between wards and the discharge and flow team was described by staff as effective. Discharge arrangements vary depending on patient needs. Some patients are discharged to home, while others may go to a care home. Staff liaise with district nurses, social services, families and other organisations as needed. The discharge and flow team reviews referrals, contact Leicester Hospital teams and looks at the most appropriate placement for each patient. If there is not enough information available, meetings are held to gather further details before decisions are made.

We were told that some patients may be discharged to care homes. In these cases, staff may visit the care home to check whether it can meet the patient's needs. In some situations, care home staff can also complete assessments over the phone.

Discharge planning was discussed with patients throughout their stay, including goals, community support, and ongoing care needs. We were told that discharge letters were completed in a timely manner, sent to the patient's GP and provided to patients upon discharge, with minimal delays reported.

Medication is managed by staff completing a home first form. While pre-packed medication was not provided directly on the ward, prescriptions were sent to the pharmacy for preparation, and staff would follow up if there is a delay. We were told information about medication was clearly outlined in discharge letters.

## Thringston Ward (Coalville Community Hospital)

### Building and environment

Thringston Ward is a spacious and well-maintained environment. The ward has a large gym, treatment rooms and two assisted showers for both male and female patients, along with accessible male and female toilets. There are four bays accommodating mixed male and female patients. During our visit we were told there were 15 patients on the ward. The day room, which also functions as a dining area, is spacious and well used. An equipment room was observed with ample equipment available to support patient needs.

Access to the hospital is via wide automatic doors, making it wheelchair accessible. Parking is available, including clearly marked disabled spaces.

There is a large garden area with tables and chairs that patients can use. The day room is spacious, with tables laid out with activities such as games, word searches and puzzles. An activities schedule was clearly displayed, along with the lunch menu. Seating in the lounge area was comfortable and we were told that a volunteer dog also visits the ward.



## Accessibility

Signage around the ward is clear, easy to read and placed at appropriate heights. Wheelchairs are available, with two observed during our visit and staff acknowledged that they recognise the need for more. The ward layout is very accessible, with clear and wide pathways suitable for patients with mobility needs.

Toilets are accessible and clean, with one toilet for each bay, as well as separate male and female facilities, all equipped with alarm cords. There are assisted bathrooms for both male and female patients, which are spacious and fitted with alarm cords. Braille signage can be provided if needed.

## Reception and first contact

Space and privacy are considered within the ward. Staff communication was observed to be welcoming, clear and supportive, with friendly interactions between staff and patients. A designated confidential area is available, including a family room and the ward sister's room for sensitive discussions.

The bays are spacious. We observed a nurse going around asking patients about food choices and what they would like for lunch. The reception and staff station are located centrally within the ward, allowing staff to be easily accessible. Corridors were clear of clutter.

## Waiting room and lounge

Seating within the lounge areas is comfortable and includes chairs with armrests. Hand sanitisers were observed throughout the ward and were easy to access. The environment felt calm, with appropriate lighting, temperature and low noise levels.

We were told patients are informed about when they will be seen, with Advanced Nurse Practitioners attending Monday to Friday and consultants attending twice a week. Décor throughout the ward is pleasant and calming. Menus and snack options are displayed for patients.

## Information available to patients

Notices displayed around the ward are clear, visible and easy to read. A wide range of health information is available, including information on services, aftercare and support. A staff board with pictures, names and roles was also displayed. Information about complaints procedures is accessible, including PALS information, Friends and Family Test details via QR code and a 'You said, we did' poster.

There is access to interpretation services for patients who need multilingual support. Feedback options such as QR codes and contact information are clearly available.



## Patient flow and discharge process

We were told that the discharge process begins on the day of admission, with opportunities for assessing daily living activities and promoting independence. Goals are discussed with patients, including what support is available. Discharge letters are prepared in a timely manner; patients receive a copy, and one is sent to their GP.

Medication is prepacked to avoid delays, although patients may still need to wait. Patients are provided with medication to take home in case pharmacy supplies are delayed. Waiting times vary depending on transport availability, with ambulance delays sometimes taking one to two hours. Non-emergency transport services can be contacted directly and relatives may also collect patients. If patients are travelling with family, then car

assessments are carried out to ensure it is safe for patients to travel, and staff have, on occasion, followed patients home to ensure they arrive safely.

For complex discharges, a clear process is in place involving the therapy lead, nurses, flow matron and social workers. Families are involved throughout the process so they understand what will happen and what support is in place.

Staff spoke positively about working closely with ward staff and the flow team. We were told that many patients enjoy being on the ward. Initial assessments and goal setting involve patients, families and relatives, with progress discussed regularly with the flow team. Discharge criteria and smart goals are used, focusing on patient happiness, safety and independence. Staff have access to social workers across Leicester City and Leicestershire. A meaningful activity coordinator supports patients who are bed bound.

Following a previous HWLL visit recommendation to explore having a dedicated discharge nurse, we were told that a discharge and flow team is now in place and that it has made a positive difference. A discharge coordinator is present on the ward and the flow team also works on site to support the discharge process.

## Staff feedback

One staff member said, "It's very nice, it works, worked for a long time, I take care of the patients, I see to them, whatever they need. We prepare them when they are discharged, pack their things." A staff member also shared, "Very happy here, everybody very friendly, we work as a team. Everyone respects each other."

Patients expressed that the ward is a great place and that the food is good. Staff and patient interactions were positive, with staff readily available when patients needed support. We observed one patient wishing to walk independently without using a wheelchair. Staff fully supported and encouraged the patient to walk at his own comfort level, while ensuring a wheelchair was available if needed, with a staff member following closely behind.

## Charnwood Ward (Loughborough Hospital)

*The initial visit to Charnwood Ward was planned in October but we had to postpone the visit until December due to a COVID-19 outbreak on the ward.*

### Building and environment

Charnwood Ward, located on the ground floor of Loughborough Hospital, has adequate rooms and lounge area. The ward has 18 beds with two side rooms and two central bays—one of which is male only, while the rest are for female patients.

There is a dining room/ day room where activities are held, including a breakfast club for patients. The ward also has an equipment room, treatment room, gym therapy room and a garden area that patients can access, especially when family visits.

The garden is shared with Swithland Ward. Access around the ward is good, with clearly marked corridors that are wide and wheelchair accessible. Parking is available at the hospital, including clearly marked accessible spaces for Blue Badge holders. The discharge lounge is easy to locate with consistent signage from the main entrances. Toilets are clean and accessible, with two female toilets and one male toilet. Both the male and female shower rooms are spacious, clean and fitted with handrails. Overall, the environment is calm, quiet, well-lit and comfortable.

### Accessibility

Signage throughout the ward is clear, easy to read, and placed at appropriate heights, making it straightforward to find your way around. Wheelchairs are readily available when needed. Navigation is very accessible, with wide pathways from the main hospital reception to the ward and clear signs to guide patients.

Once on the ward, the space is roomy and patients can move around freely. Patients receive a welcome pack and staff introduce themselves to help make people feel comfortable. Toilet facilities are accessible, clean and equipped with alarm cords and handrails. Braille signage is available if requested, and for patients with hearing impairments, picture boards can be used if needed, though most patients tend to have their hearing aids on.

Family members can stay in Bay 4, where a pull-out bed can be laid out for them.

## Reception and first contact

Staff communication at the reception and first contact area is very welcoming, with staff being clear and supportive when speaking with patients. There is also a designated confidential area available for sensitive discussions. If needed, staff will sometimes use the manager's office or an empty bay to ensure privacy.

## Waiting room and lounge

The day room/dining room has comfortable seating with armchairs that have armrests, plus two dining tables with chairs. Refreshments such as water, tea, coffee and biscuits are offered regularly to patients, and patients can also go to the dining area during mealtimes if they wish. One patient said, "I was asked this morning if I would like to have food in dining room. I prefer staying by my bed." In the day room there is a tea and coffee corner.

The environment is calm with suitable lighting, temperature and noise levels. The décor is pleasant, calming and inclusive. Hand sanitiser is available.

Patients are informed about when they will be seen, with the medical consultant/ team visiting twice a week, and Advanced Nurse Practitioners and Advanced Clinical Practitioners visiting Monday to Friday.



## Information available to patients

Notices and leaflets are clear, visible, and easy to read, with a CQC report displayed and a family information leaflet rack containing various information leaflets. There is also a "Meet the Team" board and thank you cards from patients on display. During our visit, there was a Christmas table set up for donations, and other displays such as seasonal decorations, a 1940s display, a dementia support board, and a "Knowing How We Are Doing" board.

Health information on services, aftercare and support is clearly displayed with leaflets available. The complaints procedure is clear and accessible. There is a complaints poster displayed in easy-read format and the Friends and Family test available. Carers' support information and Hospital Discharge Grant information are provided through the patient and family information display. Multilingual materials and accessible formats like large print are available on request. PALS and feedback options are available, with a poster featuring a QR code and easy-read information.



Information poster for families 'getting loved one home ready' has pictures and information on how families can support patients ready for home.

## Patient flow and discharge process

Communication between the ward and discharge and flow team is effective, with the discharge coordinator helping to organise discharge plans. They handle package of care plans, arranging ambulances, referrals and other necessary arrangements. Once a discharge plan is in place, the discharge letter is prepared in a timely manner. We were told, “We make sure all is done, a day before the patient is going to get discharged, we get everything ready.”

Medication is also managed efficiently, with the pharmacist being prompted when needed. If the pharmacist is not available, staff can contact the pharmacy team, who come to the ward to check and provide the medication to patients. Medication is usually given in a timely manner, although on rare occasions there can be delays due to medication availability. For complex discharges, the discharge flow team advises ward staff and the case is escalated to the ward matron through a proper escalation process.

During our visit, we spoke to a physiotherapist who told us they promote independence. When patients first arrive, they are reviewed and a plan is put in place with goals set. Patients are involved in these conversations, and families are informed as much as possible. We were told that the ward is a complex ward and has faced challenges in the past due to a lack of a manager, which led to staff being unsure and a lack of consistency. When a manager was appointed, they led the staff positively and consistently.

When the ward manager first took over, there were many improvements needed to ensure the ward provided person-centred care and safe discharges. There are system calls every day between the ward and UHL, with the flow and discharge matron involved daily.

We observed an information poster on supporting early discharge.



## Patient feedback

A survey was completed during each visit. We received **10** responses in total. See **Appendix 1** for the survey responses.

# Recommendations

We recommend that Leicestershire Partnership NHS Trust:

<b>1</b>	<b>Review the report and findings</b> Review the report in full and use the findings to inform ongoing service improvement.
<b>2</b>	<b>Improve en-suite bathrooms on Clarendon Ward</b> Continue progressing plans to improve the smaller en-suite bathrooms on Clarendon Ward to enhance accessibility and comfort.
<b>3</b>	<b>Increase meal choice and cultural options</b> Introduce more meal choices at each mealtime, including options that meet different cultural, religious and dietary needs.
<b>4</b>	<b>Ensure enough wheelchairs are available at Thringston Ward</b> Review wheelchair provision to make sure there are enough wheelchairs available to meet patient needs
<b>5</b>	<b>Strengthen patient involvement and choice</b> Ensure patients are consistently involved in decisions about their care and discharge to ensure that they clearly understand their options.
<b>6</b>	<b>Increase visibility of accessible information</b> Make alternative formats such as large print, easy-read materials and braille signage more visible and clearly available to patients.
<b>7</b>	<b>Improve communication about hospital transport</b> Ensure patients and families are kept informed about likely transport waiting times and what support is available while they wait.
<b>8</b>	<b>Share good practice across wards</b> Build on the strong examples of promoting independence, meaningful activity and coordinated discharge planning by sharing and embedding good practice across all discharge wards.

## Service provider response

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

“We are delighted Healthwatch have recognised our staff’s hard work and high standards at all these community hospital wards. We are particularly pleased that 100 per cent of patients they spoke to were either ‘happy’ or ‘very happy’ with the care they received.

We will be working through the report’s recommendations, and would like to thank Healthwatch for their diligence in compiling the report.”

## Distribution

### **The report is for distribution to the following:**

- Leicestershire Partnership NHS Trust (LPT)
- University Hospitals of Leicester NHS Trust (UHL)
- LLR Integrated Care Board (ICB)
- Care Quality Commission (CQC)
- Leicester City Council (LCC)
- Leicestershire County Council (LCC)
- NHS England (Leicestershire and Lincolnshire) Local Area Team
- Healthwatch England and the local Healthwatch Network
- Published on [www.healthwatchll.com](http://www.healthwatchll.com)

# Appendix 1: Survey Findings

## 10 Patients – responses

### Q1. Name of hospital:

Evington Centre – 3 responses

Coalville hospital – 3 responses

Loughborough Hospital – 4 responses

### Q2. Were you in another hospital before coming here?

10 – Yes

0 – No

0 – Not sure / don't know

### Q3. If yes, which hospital were you discharged from?

10 responses however some patients have expressed they have been discharged from more than one hospital.

Patients shared they were discharged from the following hospitals before coming to community hospital:

6 – Leicester Royal Infirmary

2 – Leicester General Hospital

2 – Glenfield hospital

1 – Kent and Canterbury Hospital

1 – Kettering General Hospital

### Q4. Were you given clear information about how you would be supported after leaving the hospital? (e.g., follow-up care, medications, equipment)

4 – Yes

1 – No

2 – Not sure / don't know

3 – Unanswered

**Comments:**

"Not here as I have only got here and have not started the discharge process."

"I am getting quite frustrated, I feel I can go home."

"I came by ambulance to here after 1 week."

"I was given information, can't remember much about it though."

"I had a care plan."

"Can't remember but probably was."

**Q5. Did you receive a copy of your discharge summary?**

2 - Yes

2 - No

3 - Not sure / don't know

3 - Unanswered

**Comments:**

"One from Glenfield and Leicester Royal Infirmary. Not from here yet."

"My niece might have it as she deals with this stuff."

"I will when I'm discharged."

**Q6. Did you need hospital transport services?**

8 - Yes

0 - No

0 - Not sure / don't know

2 - Unanswered

**Q7. Did you experience any problems with organising the transport? (E.g. delays, lack of availability, or communication issues). Patients shared their experience about getting transported from one hospital to the wards.**

"Not really, all been good, used emergency transport, was quick, but non-emergency transport was good."

"No issues with ambulance service. "

"It was not a straightforward process. 3 people discharged on same night, so it was a matter of who got discharged first."

"Ambulance, I had no problems."

"Picked up around midnight, got here at 2am."

"Ambulance. No problems it was great."

"Ambulance. No problems."

**Q8. Was it explained to you why home was not an option?**

8 - Yes

0 - No

2 - Unanswered

Comments:

"It is quite obvious I can't look after myself, being here I am learning."

"I couldn't walk then. They are brilliant here, ensuring I can cope with everyday living."

"They told me this is for rehabilitation, after my fall. It is for physio here."

"It was upsetting but I'm here."

"I was in a care home, had a fall and ended up here."

"I wanted to come here."

**Q9. Do you feel you are given choices about your care?**

5 - Yes

2 - No

1 - Sometimes

2 - Unanswered

Comments:

"I am asked questions; I am included in it. Don't always get that in bigger hospitals."

"I don't think choice came into it; I trusted the nurses to help me. They kept me informed."

"You don't make choices as such, they know what to do for me. They keep me well informed."

"There were several other places I could have gone but no beds available."

"I was told this was the option as there were no beds anywhere else. However, I am happy now I'm here."

"My care here is good."

**Q10. Overall, how satisfied are you with the care provided?**

7 - Very happy

3 - Happy

0 - Not Happy or unhappy

0 – Unhappy

0 – Very unhappy

**Q11. On a scale of 1 to 5, how would you rate your overall hospital discharge experience?**

6 – Excellent

2 – Good

0 – Neutral

0 – Poor

0 – Very Poor

2 – Unanswered

**Q12. Is there anything else you would like to say about your care in hospital or anything that could make it better?**

“Everything here has been fantastic, they listen to my needs, I have a shower everyday, it makes my day. When I was at LRI, they wouldn't do that and was not good. Equipment good, makes a difference. Can't fault it, staff fantastic here. I fought to come back here. What could be better is the food – I will be given vegetarian option as I am Muslim and have different food. At LRI no food at all, I tried to order in but no luck. Here they go that extra mile for food, staff encourage patients to ask for things.”

“It's been a pleasant experience. It's nice being on a little ward. I've enjoyed the food, they take into account my dietary needs.”

“Everything flowed well. Everything was ready for me when I got here. The Royal want to see me in 3 weeks. They explained everything well to me. The ambulance took me here and is taking me home. HART are explaining everything well.”

“Overall satisfied, although today I've been waiting several hours for a wash. Absolutely excellent couldn't have gone anywhere better.”

“They go above and beyond here. They take us down to the dining room, the decoration is lovely, it makes me feel happy. Visitors come to speak. It feels like home. The food is very good; there's a varied diet. My only negative is it can be quite noisy in the evenings.”

“Not really, it's pretty good. Food is good, always a choice.”

“This is probably the best place I've been. Food is good. I can't fault it at all. It's a shame I have to

move out. Compared to the place I was at in Kent, this is much better, I could only eat crisps over there."



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