healthwatch Dorset

Enter and View report

Eastbury House Care Home, Sherborne

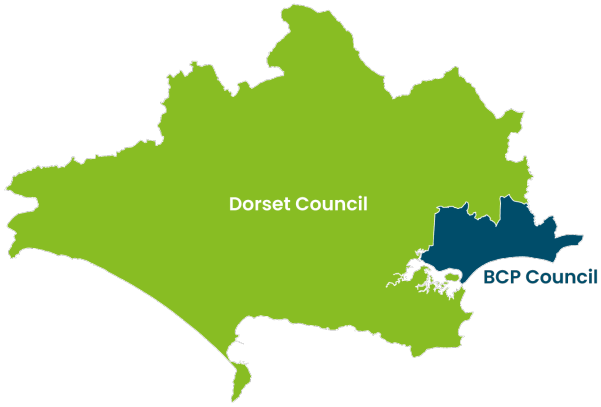
9 June 2026

Contents

About Healthwatch Dorset

Healthwatch Dorset is the county's health and social care champion. As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.



Healthwatch Dorset is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Dorset, which includes the unitary authority areas of Bournemouth, Christchurch and Poole (BCP) and Dorset.

What is Enter and View?

One of the ways we can meet our statutory responsibilities is by using our legal powers to Enter and View health and social care services to see them in action.

During these visits we collect evidence of what works well and what could be improved to make people's experiences better. We do this by observing the quality of service, and by talking to people using the service, including patients, residents, carers, and relatives.

Enter and View visits are carried out by our authorised representatives who have received training and been DBS (Disclosure and Barring Service) checked. These visits are not part of a formal inspection process or audit.

This report is an example of how we share people's views, and how we evaluate the evidence we gather and make recommendations to inform positive change, for individual services as well as across the health and care system. We share our reports with those providing the service, regulators, the local authority, NHS commissioners, the public, Healthwatch England and any other relevant partners based on what we find during the visit.

Details of the visit

Service visited: Eastbury House Care Home, Long Street, Sherborne, DT9 3BZ

Visit date: 9 June 2026

About the service

Eastbury House Care Home is a residential nursing care home for older people. It provides accommodation and care for 23 clients. It opened in 1974 and is owned and managed by A & S Care Home Ltd, who run four other care homes. It is located in a Grade II listed building, set in a conservation area of central Sherborne.

The facility includes dementia care, respite care and end of life, palliative care. Accommodation is provided on two floors. There are also three rooms in a separate annex, one of which is a self-contained flat. There is a dining room and two lounges. Most residents have their own room with ensuite shower and toilet. All rooms have a washbasin.

At the time of our visit there were 22 residents and one day resident. There were 14 people with a dementia diagnosis and four had Deprivation of Liberty Safeguards (DoLS) status with two pending.

Purpose of the visit

This visit was part of our ongoing work to support quality monitoring of residential care homes in Dorset.

How the visit was conducted

The visit was carried out by four authorised Enter and View representatives. Information was collected from observations of residents in their day-to-day situations, interviews with staff, residents, friends and relatives, and the Registered Manager for the home, against a series of agreed questions. The team spoke to the Manager, three staff members, three relatives and friends, and three residents.

Authorised Representatives

- Lindsey Fish (Healthwatch Dorset Volunteer Officer)
- Val Simon (Volunteer)
- Jennifer Kilroy (Volunteer)
- Gary Alessio (Volunteer)

Disclaimer

This report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed. This report is collated and produced by the staff member and Authorised Representative who carried out the visit on behalf of Healthwatch Dorset.

Visit overview

The visit was part of Healthwatch Dorset's quality monitoring.

Eastbury House was made aware that there would be a visit by Healthwatch on 9 June 2026, so they were expecting us.

Key findings

- **Good care home:** This is a good, person-centred care home where residents are generally happy and treated kindly.
- **Strong team:** The low level of staff turnover and flexible work patterns, indicate that it is a happy place to work with good communication. Staff have access to a wide range of training. Opportunities should continue for all staff to have networking experiences to gain a wide range of perspectives.
- **Old building:** Although the building appears to be generally in a good state of repair, the environment was not ideal as much of the home comprises of a large old house. There are three staircases and numerous steps of different heights.
- **Signage:** We felt that there was a lack of signage.
- **Dementia friendly:** There was limited colour contrast between doors and flooring, and between light switches and walls, which may affect the visibility of these features for people living with dementia. Some of the wall bars were slippery, maybe due to the varnish used.
- **Seating:** Some of the sofas in the lounge were very low and difficult to get out of.

Recommendations

We would like Eastbury House Care Home to consider the following recommendations for improvement based on our observations and findings from the visit.

1. Consider use of additional ramps to minimise steps at different levels and ensure that residents make more use of stair lifts in a safe way.
2. Review seating in common area. Consider use of adaptations such as pressure cushions, if there is an identified risk of pressure areas developing due to immobility, low weight or other health issues.
3. Review use of contrasting colours in communal areas to ensure it is 'dementia friendly'. Check wall handles aren't slippery.
4. Staff to have a work phone or install the WhatsApp function on the tablets rather than use personal phones.
5. Continue to provide residents with opportunities for outside trips and support to use the garden if they wish to.
6. Endeavour to ensure that there is a coordinated approach and liaison with follow-up medical appointments and that families are notified of appointments in good time.
7. More directional signage might be helpful for residents and visitors, (such as directional pointers for room numbers,) and clear signage showing the name of the service and the room, including signs with words and pictures, and place signs at eye level.

Observations and findings

Physical environment

Location

Located in the town centre, there is easy access for visitors, with some parking on the street and more paid parking nearby. The care home is located within a quiet conservation area.

General environment

First impressions were that it is homely and welcoming. It felt calm. Staff do not wear uniforms, which makes it feel less institutionalised. There is a staff photo board and other information for residents in the hallway. It was clean, pleasantly furnished and there were no unpleasant smells. On the contrary, there was a lovely smell of home-cooked food.

Accessibility and adaptations

Despite not being purpose-built, there was enough access in corridors for wheelchairs and walking aids. Toilets had been adapted, though we did see one without a handbasin, possibly because all rooms had handbasins. Not all rooms have ensuite bathrooms and the shared bathrooms have adaptations so residents can be showered over the bath. Some bathrooms are wet rooms and we were told there are plans to convert them all to wet rooms eventually. Commodes are also used.

We saw ramps available for use in the bathroom.

Stairs and levels

The upper level is accessed by one of three quite steep staircases. Two sets of stairs have a chair lift for use if needed, and assistance can be given. We saw one lady navigating the stairs using a walking stick rather than the chair lift, which did not seem safe.

There was a landing area at the top of the stairs which had a step down to a lower level, which we felt was a hazard.

There are many steps of differing heights between different levels throughout the building.

Bedrooms and monitoring

One resident pays slightly more to have access to a second private room, which she has made into a sewing room. She is skilled at needlework and has found a role making items for the home for sale and repairing clothes. We were told this is sometimes used as a social area with other residents.

Each bedroom has a buzzer, and some rooms have a pressure mat to alert staff to resident movement, such as at night when they might need assistance. We were specifically told that requests from families to install safety gates to restrict access from rooms for residents subject to DoLS have previously been declined. Carers carry pagers.

Residents can bring their own furniture and rooms were bright and airy. We were told they are aired daily. Many have large windows with views of the garden. The room we visited was clean and tidy but didn't have additional chairs for visitors, so we sat on the floor.

Visitors have access to the lounges as an alternative space when meeting residents.

Security and features

External doors are kept locked and coded keypads are used.

There was some additional secondary glazing at the various types and styles of window, reflecting the age of the building and listed building status.

Personal care

The residents we saw were appropriately dressed and well groomed. We were told that residents shower at least once every three days but may shower daily if they wish.

Signage

We did not see much signage for toilets, room use or directions.

Outdoor space

Residents have access to a beautiful garden and smoking area. One resident we spoke to, who had been living there for several months, had not been out into the garden.

Communal areas and activities

The larger lounge had chairs arranged around the outside and was being used for activities, such as yoga, when we arrived.

There is access to books and magazines.

There is a full programme of events and residents are encouraged and supported to attend. Examples include fitness sessions, chair yoga and play reading.

Dining experience

There was a choice of a three-course menu at mealtimes and we discreetly observed meals in both the dining room and residents' rooms where people were being assisted.

The dining room atmosphere was lively. The residents who were assisted to eat in their rooms both enjoyed conversation during their meal and used real utensils. They were asked if they were ready for each step and were spoken to gently and encouragingly.

We also sampled the food. It was home-cooked. Portions were small and side plates were used as dinner plates, but residents we spoke to told us that the food was good and that they received enough.

Dementia-friendly

Floor colours and light switches did not contrast with wall colours in communal areas. Toilet and bathroom doors also had limited colour contrast between different elements. We noted the presence of easy-press handles. Some handles were more visible due to being made from different materials, such as metal.

Some wall bars and grab rails felt slippery, possibly due to the varnish finish.

We saw a dementia-friendly clock displaying both the date and time.

What people told us

Care home residents

General

"I like living here, I like the company, but I do miss my family and grandchildren."

"Your washing and cleaning get done, so there is no responsibility for running a home which is a relief."

"There's nothing that I don't like here. Maybe a few bits of 'tarting up' needed. I would tell the staff if anything was wrong."

"I get homesick. It feels like being back at boarding school."

Staff

"The staff listen to me and I feel safe and respected."

"Carers are very attentive and nice. They stay in their jobs so you get to know them. I never feel condescended to. It feels very safe."

"Staff talk to me about my memories. Sometimes I go out for a walk with X."

Food

"The food is good, there is plenty and we get a choice."

"The food is very good and caters to individual needs" (resident with diabetes). "I worked in catering so I know what I'm talking about."

Activities

"I am getting a mobility scooter which arrived this week. I can't wait to get out and about."

"It's very homely. Christmas is wonderful. We get presents as well as cards and flowers on your birthday. I enjoy the summer fete."

"I don't get out much. I would like physio input to strengthen my legs but it is not offered."

"I do not feel that the activities on offer are suitable for me, as I have a great interest in classical music but don't have the opportunity to follow this."

Family and relatives

Healthcare

"Eastbury House Care Home is absolutely brilliant. Mum can be quite difficult; she has dementia and type 1 diabetes. We had a battle with Dorset Council Social Care over funding and Eastbury House have bent over backwards to help us with that - moving mum into a slightly smaller room so that we wouldn't have to find the money to top up the council contribution. It is an older house, but I think that's part of its charm and character and I would rather have excellent care in an older house than poor care in a purpose-built place. My only small suggestion for improvement would be to ensure that we get early enough notification of any of Mum's medical appointments as sometimes we could take her, but we all work so need notice. I know they are busy and don't always have time to call and they will take her if we can't."

"There is not enough joined up medical attention with the home. This should be chased and followed up more. The home could encourage more mobility and motivation."

Staff

"It is a lovely caring and kind home. It has a good reputation in Sherborne. Laura is an excellent home manager. Also, they are very kind to visitors."

"I feel fantastic that Mum is here. She initially came for two weeks but wanted to go back. I was very happy with how it was managed and the whole process was wonderful."

"Mum is helped to eat, helped to participate and encouraged to be independent. Sometimes I join in with the yoga."

"I'm always offered a drink and a home-made biscuit when I arrive."

"Mealtimes are not too friendly. Staff could encourage more chatting, but food is good and the staff are very flexible about it."

General

"No improvements are needed, but it is an old, listed building with a lot of steps which are tricky."

Management and staff

"Staff are close. It feels like a family."

"The home feels very local, sometimes you know the residents, for example, a next-door neighbour from childhood or a teacher."

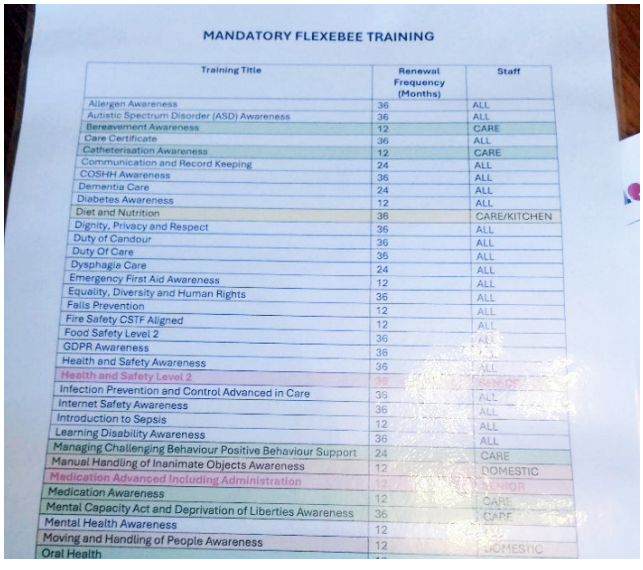
"We do a hot weather/cold weather audit."

Staff organisation

The manager told us that she has worked at the care home for 26 years. When she is not present at the home there are 1-2 care managers on each shift and staff on call. On the day we visited there were six staff members plus kitchen, laundry and garden staff working. That changed to five staff in the afternoon, until 6.30pm. At night there are two staff on each shift. The home audits the number of staff needed each month. If staff are off sick, they are covered internally. Agency staff are not used, however, there is a contingency plan for infection control. There is low staff turnover and this may well be achieved by the flexibility given to staff, creating a happy working environment. We were told that vacancies are generally advertised on Indeed and the manager looks for someone who loves the job like she does and can pay attention to detail. Applicants are offered the chance to shadow for three hours to ensure it is what they expect. There is a 3-month probationary period which can be extended if necessary.

Support for staff

There is a wide range of staff training including safeguarding, duty of care and dementia training with regular updates. The manager told us that staff had just received training in the 'SPECAL (Specialised Early Care for Alzheimer's) method'. None of the staff have specialist medical training, although there is a 'Diabetes Champion', and the home works closely with the district nursing team. There is a manager's meeting for professional development with the other four managers every three months, which rotates around the different care homes in the group.



MANDATORY FLEXEBEE TRAINING

Training Title	Renewal Frequency (Months)	Staff
Allergen Awareness	36	ALL
Autistic Spectrum Disorder (ASD) Awareness	36	ALL
Bereavement Awareness	12	CARE
Care Certificate	36	ALL
Catheterisation Awareness	12	CARE
Communication and Record Keeping	24	ALL
COSHH Awareness	36	ALL
Dementia Care	24	ALL
Diabetes Awareness	12	ALL
Diet and Nutrition	36	CARE/KITCHEN
Dignity, Privacy and Respect	36	ALL
Duty of Candour	36	ALL
Duty Of Care	36	ALL
Dysphagia Care	24	ALL
Emergency First Aid Awareness	12	ALL
Equality, Diversity and Human Rights	36	ALL
Falls Prevention	12	ALL
Fire Safety CSTF Aligned	12	ALL
Food Safety Level 2	36	ALL
GDPR Awareness	36	ALL
Health and Safety Awareness	36	ALL
Health and Safety Level 2	36	SENIOR
Infection Prevention and Control Advanced in Care	36	ALL
Internet Safety Awareness	36	ALL
Introduction to Sepsis	12	ALL
Learning Disability Awareness	36	ALL
Managing Challenging Behaviour Positive Behaviour Support	24	CARE
Manual Handling of Inanimate Objects Awareness	12	DOMESTIC
Medication Advanced Including Administration	12	SENIOR
Medication Awareness	12	CARE
Mental Capacity Act and Deprivation of Liberties Awareness	36	CARE
Mental Health Awareness	12	ALL
Moving and Handling of People Awareness	12	DOMESTIC
Oral Health		

Care plans, communications and complaints

Each resident has a care plan and staff carry a tablet which details this, which they can update after interactions, including administering of medication, throughout the day. The plans are reviewed once a month. Residents can be involved if they choose to. Staff communicate with each other on their personal phone via various WhatsApp groups, where residents are identified by room number rather than by name. Things like the daily diary are photographed and shared there. There is also a daily handover sheet. The care home does quality surveys with residents, their friends and families plus an annual face-to-face meeting for all families together. These are internally run. The manager said that she has an 'open door policy', when she can be approached. There is a complaints procedure (on the website.) This is mentioned to residents and is in the terms and conditions. There is a complaints procedure on display in the hallway. There is a regular (monthly/bi-monthly) residents meeting that the chef attends to hear feedback.

The manager explained that Eastbury House is willing to engage with families in any way they wish. There are no set visiting times. There is an annual friends and family meeting, they send out regular emails and have a Facebook page. Families can also have free access to the 'Famileo' App, where they can share things that they've been doing and photographs, which the care home can then print off for residents. One resident told us that this made her feel closer to her family as she was able to see more of her grandchildren's activities.

Personal care

The manager told us that residents may shower as they choose, however the staff aim to assist them with this every three days as a minimum. Eastbury House asks for all residents' clothing to be labelled, otherwise they do it. Laundry is done twice a week or as is needed, and towels are changed daily. Carers complete room checks daily.

Activities

The home does not have an activities coordinator, so what is offered depends on staff skills. For example, one carer is also a nail technician and another is a hairdresser. Activities include alpaca visits, play reading, community fitness, chair yoga and Tai Chi.

On the morning of our visit there was a lively and stimulating atmosphere downstairs in the home, with various visitors including a dog. We were told that activities still take place at the weekend, when they have activities like word games and poetry. The manager told us that at the weekend residents go on trips and can go to church if desired.

Resident interactions

We asked about how those who don't want to engage in activities can be stimulated. We were told that they would receive 1-1 interactions, for example, looking through a family photograph album together. The home's ethos is to include everybody. The interactions we observed showed that residents were spoken to with kindness and patience.

Providers of resident support services

Care home staff will take residents to medical appointments if families are unable to. They see it as an opportunity for a trip out for residents. Staff will use their own cars for this. Most residents prefer to use Wessex House Surgery, and Proheal Pharma who will deliver prescriptions twice a day, 365 days a year, as necessary. An optician and podiatrist visit the home upon request. Staff will accompany residents to hospital if family cannot do so and make it clear that they will accept the resident back into the home after hospitalisation.

Bereavement Support

The care manager told us that they were a strong team that communicated every day, so they knew that their staff were ok. She said that bereavement support could be given if needed as well as external signposting. She commented that it was, "the only home I have ever worked in where there is support." There were staff meetings every six weeks and also at different times to cater for staff on different shifts.

Hydration

We noted that there was water in communal areas, and we were told that it is sent up to rooms in the morning, so that there is always fluid available. In addition, fresh water is put in bedrooms at night. Residents are offered squash or a milkshake mid-morning and mid-afternoon and pre-lunch drinks, including wine. Hydration is monitored and residents may also be offered ice lollies to entice them to hydrate, especially during hot periods of weather.

"We will have a drink with people to encourage them to drink if necessary."

We were told that hot chocolate is offered at 8 pm and coffee is also offered after dinner.

Head of Care Manager: Pride in the job

We spoke to the Head of Care, who called it, "an honour and a privilege" to work at Eastbury House. She had worked there "on and off since 2018." She is office based about 50% of the time but also works on the floor.

"Being hands on is how you can see things from the resident's point of view."

She said that she is a carer at heart and feels that she has enough time to meet the resident's differing needs and deliver person-centred care.

"It is important to establish bonds of contact to enhance quality of care."

She said that she takes great pride in her job and cares for residents as she would her own family. The care manager described how she had used a memory box to support a patient with dementia, and how staff use dressing up to help jog memories and initiate conversations. She explained that they like to make care enjoyable and have fun with residents.

Acknowledgements

The Healthwatch Dorset Enter and View team would like to thank Eastbury House Care Home, all staff, residents, friends and relatives for a friendly welcome and unlimited access to the premises and activities.

We would also like to thank our volunteers for taking the time to train as Authorised Representatives, make themselves available for a pre-visit meeting, travel a considerable distance to make the Enter and View visit and participate in drafting of the report. Your support is invaluable!

Provider response

Laura Sargent, Manager at Eastbury House Residential Care Home

I am very happy with the write up but there are a few things that I feel need a response.

- **Recommendations: Review seating in common area (p.5).** If a resident requires a pressure cushion this would always be put in place and we have recently purchased two air chair cushions (much like the mattresses) to accommodate resident's needs.
- **Recommendations: Staff to have a work phone or install the WhatsApp function on the tablets rather than use personal phones (p.5).** The use of WhatsApp handovers was checked with our data protection lead. WhatsApp is end to end encrypted so more secure than an average text. I understand the suggestion of a work tablet or device, but I wanted to make you aware that we did seek guidance. We also ask staff leavers to delete all trace of the WhatsApp groups in their exit interviews so we can ensure it is done.
- **Physical Environment: Bedrooms and monitoring (p.6).** The bedroom of the resident which you went to was furnished by her and her family. It was their choice to only have the one chair as it is in other residents' rooms. We can always provide additional chairs if required by visitors. The family of that resident had also considered that she is a high risk of falling and addition objects in her room may increase the risk.
- **Physical Environment: Dining experience (p.7).** Portions were small and side plates were used as dinner plates: We have 3 different size plates. Large dinner plates, 8-inch plates and side plates. The plates the residents have their meals on depends on their appetite size and preference. Some of our residents can feel overwhelmed when served a large plate of food and will eat less. At lunch time the main meals would only be served on a dinner plate or the 8-inch plate.
- **What care home residents told us: *"I do not feel that the activities on offer are suitable for me, as I have a great interest in classical music but don't have the opportunity to follow this."* (p.8).** We have a classical music concert every Wednesday in the quiet room so I will ensure all residents are reminded of this.
- **What staff told us: Personal care (p.10).** We have a laundry person five mornings a week and night staff do bedding and towels overnight.
- **What staff told us: Activities (p.10).** We do have a part-time activities coordinator, but we use different staff for activities as they enjoy the different roles.

Contact us

Healthwatch Dorset
The Bridge, Chaseside, Bournemouth, BH7 7BX

enquiries@healthwatchdorset.co.uk

0300 111 0102

healthwatchdorset.co.uk