

# healthwatch

Cheshire East

**Enter and View Report**



**Corbrook Park, Crewe**

**29<sup>th</sup> July 2024**

## Contents

Report Details	Page 3
What is Enter and View	Page 4
Methodology	Page 5
Findings	Page 7
Recommendations and what's working well	Page 22
Service Provider Response	Page 23

## Report Details

<b>Address</b>	Audlem Road Corbrook Crewe CW3 0HF
<b>Service Provider</b>	Morris Care
<b>Date of Visit</b>	29 <sup>th</sup> July 2024
<b>Type of Visit</b>	With Prior Notice
<b>Representatives</b>	Amanda Sproson Alison Langley
<b>Date of previous visits by Healthwatch Cheshire East</b>	15 November 2019

This report relates to findings gathered during a visit to the premises on specific dates as set out above. The report is not suggested to be a fully representative portrayal of the experiences of all the residents, friends and family members or staff, but does provide an account of what was observed by Healthwatch Cheshire Authorised Representatives (ARs) at the time of the visits.

## What is Enter and View?

Healthwatch Cheshire is the local independent consumer champion for health and care services, forming part of the national network of local Healthwatch across England.

Under the Local Government and Public Involvement in Health Act 2007, local Healthwatch have the power to carry out Enter and View visits as part of their scrutiny function. This legislation places a duty on health and social care providers to allow Authorised Representatives of Healthwatch to carry out an Enter and View visit on premises where health and social care is publicly funded and delivered. This includes:

- Health or care services which are contracted by local authorities or the NHS, such as adult social care homes and day-care centres.
- NHS Trusts
- NHS Foundation Trusts
- Local authorities
- Primary medical services, such as GPs
- Primary dental services, such as dentists
- Primary Ophthalmic services, such as opticians
- Pharmaceutical services, such as community pharmacists.

The list of service providers who have a duty to allow entry is set out in section 225 of the Local Government and Public Involvement in Health Act 2007 and supplemented by Regulation 14 of the 2013 Local Authorities regulations.

At Healthwatch Cheshire, the Enter and View programme is conducted by a small team of staff and volunteers, who are trained as Authorised Representatives to carry out visits to health and care premises.

Following an Enter and View visit, a formal report is published where findings of good practice and recommendations to improve the service are made. These reports are circulated to the service provider, commissioner, the CQC and relevant partner organisations. They are also made publicly available on the Healthwatch Cheshire websites:

- [www.healthwatchcheshireeast.org.uk/what-we-do/enter-and-view](http://www.healthwatchcheshireeast.org.uk/what-we-do/enter-and-view)
- [www.healthwatchcwac.org.uk/what-we-do/enter-and-view](http://www.healthwatchcwac.org.uk/what-we-do/enter-and-view).

## Purpose of the Visit

- To engage with residents, friends and relatives of the named services and understand their experiences
- To capture these experiences and any ideas they may have for change
- To observe residents, friends and relatives interacting with the staff and their surroundings
- To make recommendations based on Healthwatch Authorised Representatives' observations and feedback from residents, friends and relatives

## Methodology

### **This Enter & View visit was carried out with 'Prior Notice'.**

A visit with 'Prior Notice' is when the setting is aware that we will be conducting an Enter & View visit. On this occasion an exact time and date were not given.

Prior to the Enter and View visit the service was asked to display both the letter announcing our visit and a Healthwatch Cheshire poster in a public area. The service was also asked to share surveys amongst residents, friends and relatives. Members of the Healthwatch team visited the service prior to the Enter and View visit to deliver paper copies of the surveys.

To enable us to check that there are no health outbreaks at the premises that would prevent the visit taking place for infection control reasons, this Care Home was made aware that we would be coming on the morning of the visit.

### Preparation

In preparation for an Enter and View visit the Authorised Representatives who will be carrying out the visit conduct research that involves reviewing:

- The latest CQC report from a routine inspection of the service

- Any previous Healthwatch Cheshire Enter and View reports
- The Care Home's information held on the Carehome.co.uk website
- Entries on social media platforms
- Comments held on Healthwatch Cheshire's feedback centre
- Information received by Healthwatch Cheshire as a result of undertaking surveys.

On the day of the visit the Authorised Representatives hold a briefing to discuss findings from their individual preparation, decide as a team how they will carry out the visit, and any specific areas of focus based on this prior knowledge.

### **Corbrook Park**

Corbrook Park Nursing Home is a large country house in Audlem providing a range of residential and nursing care for the elderly and frail, including post-operative convalescence, respite and palliative care. They also provide dementia care in a specialist wing of the home known as Cedar Court which has secure gardens and is separated from the main home by a conservatory link.

Healthwatch would like to note that the previous Care Home Manager had recently left and that the Deputy had recently taken up this position and had applied for registration with the CQC. It was also noted that the Deputy Manager was on annual leave during our visit and that the Regional Support Manager had stepped in during their leave. Additionally, the care home was not aware that they had received an email from Healthwatch informing them of an imminent Enter and View visit and did not have the residents and friends and family surveys to give out and collect for feedback. However, despite this, Healthwatch was very well received in a friendly and welcoming manner by all staff including the Regional Support Manager and we were given a comprehensive tour of the home, lots of opportunities to speak to residents and plenty of time with the Regional Support Manager to ask questions. Healthwatch would like to thank the Corbrook Park Team for their warm welcome, time and willingness to show us around and answer all our questions. Healthwatch were also offered

drinks and sandwiches (sandwiches declined) but the offer and hospitality were much appreciated.

## Findings

### Arriving at the care home

#### Environment

The Home is set in the heart of the Cheshire countryside and has 11 acres of attractive gardens that are very well maintained. The home is reached via the main road that leads to Audlem with good signage and has a large, accessible car park with plenty of spaces. The care provider has recently changed to Welford Healthcare MC Ltd, however, Morris Care was the previous provider, and the name Morris Care will be maintained for three years.

The door to the home was open and the Activities Coordinator greeted us, explaining that they would be escorting us around and asked us to sign in.

Healthwatch noted there was sparse information on display for friends and relatives, for example how to make a complaint, date of next friends and families meeting or upcoming events.

The Cedar Wing has safe, secure gardens and is an attractive and stimulating environment. The staff Healthwatch observed during the visit seemed to know their residents very well, worked as a team and were all friendly and welcoming, approaching residents in a respectful and caring manner. The activities programme was comprehensive and interesting, and the passion of the Activity Coordinators clearly shown.

### Treatment and care

#### Quality of care

The Regional Support Manager told Healthwatch that during our visit “We should be looking at the lovely grounds at the home, activities the activity staff provide and at the staff in general.”

The residents who were out of bed were all in their day clothes and appeared to be well cared for, clean and tidy.

Healthwatch noted call bells were sounding consistently and at points Healthwatch gently prompted the Activities Co-Ordinator escorting us through the Home to attend to the call bell, assuring them that we were in no hurry. It was noted that staff were working between the three floors of the home, so this also extended the time that a call bell would be answered.

The Home has its own hairdressing salon and a hairdresser visits once a week. A Nail Technician also attends weekly and utilises the hair salon. In addition, a Chiropodist visits every six weeks. All these services incur an



additional fee. Residents' care and well-being is further served by twice yearly visits from Spec Savers and the home has links with a local private dentist who will visit the home if required and relatives also make private arrangements for their loved ones to receive dental care. The Regional Support Manager further mentioned that they have a link with an online pharmacy to provide medication for residents.

Residents at Corbrook Park receive care for their health and wellbeing via a variety of visiting services from District Nurses, Tissue Viability Nurses and the Speech and Language Team. Also, the Falls Team attend. When asked if physiotherapists visit the Home, Healthwatch were informed this has happened on an occasional basis.

The Home uses Audlem Medical Centre as their GP practice for residents, and a doctor carries out weekly visits to the home. The Regional Support Manager commented that they "Have a very good relationship with the Doctor from the surgery who is always available at the end of a phone if we have any concerns about residents and he will visit more frequently if needed." Residents receiving respite care in the Home are also temporarily covered by the care of the surgery during their stay. Residents may remain with their own GP if preferred.

If a resident becomes unwell and needs additional care, the Home seeks professional medical advice and will try their best to care for them in the Home if possible, consulting with the resident's care plan wishes.



The Home does not have any discharge beds.

## Privacy, dignity and respect

Healthwatch asked the Regional Support Manager how they ensured privacy, dignity and respect were promoted. They told Healthwatch that they “Help to ensure the privacy, dignity and respect of their residents via a variety of means. This includes regular Manager walk rounds of the home a few times a day to observe the care residents are receiving. Staff also receive a range of training around unconscious bias, avoiding discrimination and sexuality planning, and are encouraged to treat people as individuals and to make sure that they knock before entering rooms, that residents are appropriately dressed and well cared for with clean nails and brushed hair and that they are either dressed before leaving the bathroom following a shower or bath or covered by a dressing gown.” The Regional Support Manager also mentioned putting into place a continence assessment for one of their residents who was struggling with incontinence and discussing this with his family to help protect the resident’s dignity as far as possible.

Healthwatch observed during our visit a resident who came out of their room partially dressed; the person escorting us around the home was very kind and quickly encouraged them back into their room and helped them to put on a dressing gown. Healthwatch also observed a resident returning from having a bath; they were wearing a dressing gown and told Healthwatch “I have had a lovely bath and feel fresh as a carrot!”



In the Cedar unit Healthwatch saw all staff busy with residents, all were patient and were giving lots of reassurance.

The only personal information on display was the residents’ names on their bedroom doors; this was displayed with their door number.

Healthwatch asked what support was available for residents regarding alternative systems and information including hearing loops and large print.

The Regional Support Manager was not sure if the home had a hearing loop in place and commented that they “Don’t usually receive requests for larger print information but do have facilities to provide larger print upon

request.” It was mentioned that staff read through menu and activity information with residents to keep them informed of food choices and activities. Healthwatch did note during our visit that one resident that we spoke to was very hard of hearing and, despite wearing a hearing aid, did struggle to hear what the Activity Coordinator was saying to her. They had to speak very loudly to communicate and a hearing loop may have been of help.

## Understanding residents care plans

Healthwatch asked the Regional Support Manager if residents had care plans and how often they were updated. “All residents have their own personalised care plan and the home uses an electronic care plan system. Care plans are updated every month, and the Home also has resident of the day where the resident’s care is reviewed, relatives are contacted and care plans are refreshed.”

Healthwatch were informed that wherever possible residents are involved in their own care planning.

The Regional Support Manager commented “Relatives are involved in their loved one’s care plans where appropriate.”

## Relationships

### Interaction with staff

Healthwatch noted during our visit that staff seemed to have a good relationship with residents and spoke to them kindly and with respect. We noted that staff appeared to know their residents well including their likes and dislikes, hobbies and former jobs and chatted to residents about these using a person-centred approach. We witnessed the Activity Coordinator chatting to residents about their love of horses, asking a gentleman how his dog who was resident at the home was, talking to another resident about his former job as a pilot in the Second World War and also talking



with a resident about her family, grandchildren and great grandchildren and looking at photographs with her.

The Regional Support Manager told us that relationships between staff and residents' friends and family were "Good and we actively listen and encourage feedback." Healthwatch spoke to a visiting friend of a resident who commented that staff were friendly and helpful, that he was a regular visitor to the home and that the Activity Coordinator in particular did a fantastic job.

Healthwatch spoke to a resident on respite care at the Home, she told us "I have been to the Home for respite care before, and I have been very happy to return, because staff are lovely, they are very helpful and give good care. The food is very good and my room is lovely, the environment is good and the gardens are wonderful."

Staff are issued with name badges and we saw these during our visit. Staff were noted to be wearing polo shirts. The Regional Support Manager commented that she "Preferred staff to wear tunics which look smarter but that polo shirts are often worn by staff in warm weather."

## Connection with friends and family

Contact with friends and family is encouraged with open visiting and visitors are welcome in the garden, public spaces and residents' bedrooms. The home does operate protected mealtimes to allow residents to focus on their food, but family and loved ones are welcome if supporting a resident with eating. Visitors are required to sign in and out using an electronic register and are also welcome to join in with activities taking place within the home.



In addition, the Home has a comprehensive website and Facebook page with information, photographs and details of activities that have taken place for friends, family and loved ones to view, as well as monthly printed booklets about activities that have taken place in the home with plenty of photographs that residents, friends and family who prefer not to use online information can look at.

Should an infection outbreak occur in the home the Regional Support Manager told Healthwatch that they would do their best

to ensure residents can still connect with their loved ones but always seek the advice of professionals and public health to comply with current regulations around outbreaks. They would set up PPE stations, reduce the number of visitors and activities taking place and consider limiting visitors to residents' rooms rather than public spaces. They said they would keep relatives and loved ones updated throughout an outbreak by telephone and email.

The Regional Support Manager told Healthwatch that the Home uses a digital signing in and out system, which is located in the foyer. It has a range of emotion faces to illustrate how happy visitors are about their loved one's care and to share any further comments when the visitors are signing out of the home. The Regional Support Manager also said "The Care Home Manager is always accessible to listen to any complaints concerns or feedback and these are always dealt with in a timely manner." The Home aims to address any issues on the same day wherever possible and certainly within a few days, and they will call the friend or relative or invite them in for a chat if any concerns are shared on the digital system. The Regional Support Manager said most concerns could be addressed without making a complaint but that should a complaint ensue that this would be logged on the care home's system for action by the Care Home Manager and would also go to head office.

Quarterly friends and relatives' meetings take place in the home where people can share their views and ideas and a new monthly "forget-me-not" meeting has just been set up to support friends and relatives whose loved ones have dementia to help them understand more about the condition and how they can support their loved one. The first meeting has taken place and was well received and provided friends and relatives with an opportunity to have peer support. The home is also going to invite an Admiral Nurse to come and speak at a meeting and also the End of Life Partnership. Healthwatch were able to share knowledge and signposting to local dementia support groups in the surrounding area, including the Thursday Club, Nantwich Museum Coffee Group and Elim Bible College Group in Nantwich and Wednesday Club in Crewe which was felt may be of interest to friends and relatives. This information was well received by the Regional Support Manager who said she would pass this on to friends and relatives and Healthwatch agreed to email this information for sharing.

## Wider Local Community

The Activity Coordinator told Healthwatch that the Home has lots of involvement with the wider local community including visits from Audlem Primary School and Bridgemere Primary School. They were also looking forward to a visit from ABC Nursery School who would be visiting to do some Olympic sports for the residents. Healthwatch also heard how three times a year the Home has access to the company's minibus and residents will go out to local garden centres and cafes to engage with the local community.

## Everyday Life at the Care Home

### Activities



The Home has two Activity Coordinators; one working five days a week in the main care home and another working four days a week in the Cedars dementia unit. They work flexibly and will come in at weekends if activities are taking place such as a summer fair or like last weekend when the local

transport festival was taking place. A wide range of activities take place; these are conveyed to residents via an activity board which staff read out to residents. For friends and family there are the Corbrook Chronicle booklets in the main entrance. Activities include games, crafts, walking in the pleasant grounds, singing, exercise to music, baking, making dog treats, having outside singers come to entertain and enjoying mocktails.





The Cedars Unit for residents with dementia has several visual displays and community pods with pictures, items to touch and hold such as twiddle muffs, a train set, doll and crib, etc. and reminiscence areas to help stimulate residents and promote reminiscence. It also has a shop with items on display in a shop window that residents can ask for. Residents are involved in what activities take place and as part of this there is a gentlemen's club in the home where residents play dominoes

together.



There are one to one activities for residents who do not wish to leave their rooms and these include reading books or newspapers, sharing music, chatting and reminiscing. Special events in the home are celebrated and residents' birthdays are celebrated with a cake and a party if wanted which friends and relatives are welcome to attend. The Home has the

shared use of a minibus which they have access to about three times a year and residents enjoy trips to the seaside and local garden centres. When Healthwatch arrived at the home a group of residents were sitting outside enjoying the sunshine with the Activity Coordinator and were preparing to enjoy a sing song together. We were shown the activity timetable that is taken around to the residents.

The Home had a gazebo set up outside as their "Olympic Village". There was also a display cabinet with lots of Olympic related items, with lists of previous Olympians that the residents could remember.



## Person Centred Experience

The Regional Support Manager told Healthwatch: *"We try to ensure that residents have a person-centred experience by using the care plans and updating these regularly and also by listening to residents so that we can understand their backgrounds, hobbies, likes and dislikes so that each person is treated as an individual. We work in their home and never lose sight of this and try and meet individual needs as best we can."*

There are quarterly resident meetings where residents can have their say and they can raise any complaints, concerns or feedback during the regular Manager walk-arounds or to any member of staff by using the digital system or by visiting the Manager's office.

The Home cares for residents' spiritual needs by hosting Holy Communion once a month. There is also a monthly all faiths church service in the home.

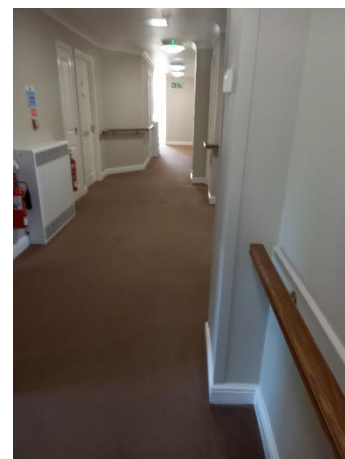
Pets are allowed to visit and live in the home if this is at all possible. Healthwatch chatted to one gentleman whose dog lives with him in the home and is well loved by staff and other residents.

The Home also had the Sand Covenant on display (Safe, Ageing, No Discrimination, Lesbian, Gay, Bisexual, Trans) and Healthwatch witnessed respectful and person-centred communication with a Trans resident by a member of staff who asked how the resident would like to be addressed today.



## Communal Areas

Overall, the environment is bright, clean, free from odours, attractive and well-kept, although some parts of the main building, particularly the corridors and upper floors, were noted to be dark with uneven floors, with a well-worn and in part, stained carpet.



The corridors had handrails and were accessible for people with walking aids. Healthwatch noted that the corridors were missing any form of decoration, for example, appealing pictures of local interest.

The Activity Coordinator commented that where floors are uneven or sloping a risk assessment would be carried out, to establish if the room was suitable for the resident.



There are lounges, dining rooms and kitchenette areas for residents to use and the Regional Support Manager mentioned that they were currently refurbishing their main dining area and new tables and chairs were due to arrive soon. In the dining room in the Cedar Unit there was a very large mural on the wall, depicting an old-fashioned dining room; the Activities Coordinator commented that *“This is on our wish list to be changed as some residents have tried to step in to it.”*

Some furniture in the rooms was noted to be well worn and possibly in need of updating, and one room we viewed was very sparse, but it was



clear that residents were able to personalise their rooms with furniture, photos and personal effects including a fridge, photocopier and dog basket and we were informed that the sparse room was personal choice. There were several shower rooms and bathrooms throughout the home, some more attractive and modern than others, and

a modern bathroom with a large bath.



Healthwatch drew attention to a ceiling light that was not working above a short corridor to bedroom number 22 on the upper floor of the main home which was thought to be a possible risk as the corridor was dark and the floor sloped to the resident’s room. Room 22 was unoccupied at that time but Healthwatch raised this with both the Activity Coordinator conducting the tour and also with the Regional Support Manager who said that they would inform maintenance to get it fixed.



The Cedars Wing is particularly bright and attractive with a safe enclosed garden with raised beds and sensory planting and areas of artificial grass to enable residents in wheelchairs to have access, bird feeders, seats and an 'Olympian Arena' set up in a gazebo. The corridors, public spaces, lounge and dining room were clean, well-lit and presented with reminiscence spaces, a residents' shop where toiletry items could be purchased for a nominal fee of £1.00, however, the Activities Coordinator

explained that this had become more of a "role play" shop, and no money was actually exchanged. A post box and other items to touch, hold and look at, including pictures on the walls of times gone by and well-known movie stars. Pictorial signs were noted in the Cedars Wing showing residents where room numbers and bathrooms, etc were which were useful and throughout the Home there were coat and hat stands with a variety of sun hats for residents to use when going out into the gardens.

Residents in both areas of the home could access the extensive gardens, and several residents were noted to be sitting outside enjoying the sun and sound of bird song when we first entered the home. The Activity Coordinator told Healthwatch that several residents like to take walks in the garden.

## Residents' bedrooms

The home has 80 beds, over three floors, including two couples/companion rooms and a dementia wing. The main building hosts 46 of these rooms and the Cedars Wing accommodates 34 residents. Not all rooms are ensuite; 15 have ensuite wet rooms, some share bathroom facilities and some have a sink and toilet. The Regional Support Manager said that the home was hoping to create more ensuite bathing facilities for residents in the future.



The residents' rooms were of a reasonable size, some bigger than others, and most with lovely views of the attractive and well-maintained gardens.

Residents are welcome to personalise their bedrooms.

It was noted that a resident in a wheelchair had recently been moved to a top floor bedroom and was unable to use the lift himself without assistance. Healthwatch asked the Activity Coordinator about this; they explained it had been a joint decision with the resident and family to move the gentleman to the top floor. As the gentleman was unable to use the lift the staff would ask if he would like help to go down in the lift and out into the garden. Healthwatch observed the Activities Coordinator ask if he would like to go down to the garden. They promised that they would return to assist him to go down in the lift to the garden. We further heard that the Home tends to have the more mobile residents on the lower floor and the less mobile residents on the upper floor and Healthwatch would recommend that this is taken into account by staff when considering the accessibility to activities, the garden and downstairs social spaces for less mobile residents. Fire evacuation procedures were not discussed during the visit by Healthwatch. Healthwatch did observe fire evacuation blankets located near to stairs throughout the Home.

## Outdoor areas



The Home is situated in beautiful grounds and gardens, which were very well maintained. There were benches and seating areas for residents to sit.

The grounds are very accessible and have several sections of artificial grass to enable residents using a wheelchair easy access.

There is a sensory garden with herbs, along with some planting of vegetables and a large area with raised flower beds that the residents help to maintain.



## Food and drink

The home has its own catering staff and all meals are prepared in house. Healthwatch observed lunch being served and this looked and smelt appetising. Residents in the main part of the home choose their meals the

day before but are welcome to change their mind on the day if they would prefer a different meal. There is a printed menu that residents can see and staff also read out and share this with residents one to one. In the Cedar Wing residents choose food at each meal or are given show plates to see their options. Healthwatch would like to note that we did not observe the show plates. At lunch there were two hot meal options as well as soup and a sponge pudding dessert and residents are welcome to ask for sandwiches or an omelette or similar if they prefer. Evening meals include a hot meal choice and again sandwiches, omelette and dessert. Food was served from a trolley so that portions could be given according to individual taste. Healthwatch saw staff showing residents food and helping them to eat where needed in a caring manner.



There are also kitchenettes located in the communal areas with facilities for making drinks and toast.

The Regional Support Manager told Healthwatch that they cater for special dietary requirements and work with the SALTs (Speech and Language Therapist) Team for any residents who have difficulty swallowing and with communication. Residents can choose to eat in their own rooms but are also

encouraged to eat in the communal dining areas, which are adequate in fittings and design. The Home also has a private dining area where families can dine together in privacy, although on the day of our visit this was in a little disarray. Relatives can join at mealtimes upon request. Several drinks and snack rounds take place during the day which include cake, biscuits and fruit and residents can also ask for additional drinks and snacks. No fresh fruit was noted for residents to help themselves to in communal or dining areas.

## Care Home Best Practice Initiatives

During Enter and View visits, Healthwatch observe which NHS care initiatives have been adopted at the care home. The three we focus on are:

<b>MUST</b> (Malnutrition Universal Screening Tool)	A tool used to identify adults who are malnourished, at risk of malnutrition(undernutrition), or obesity. It also includes management guidelines which can be used to develop a care plan.
<b>Restore2</b> (Recognise Early Soft-signs, Take Observations, Respond, Escalate)	A tool designed to help staff recognise when a resident may be deteriorating or at risk of physical deterioration and act appropriately according to their care plan to protect and manage the resident.
<b>RITA</b> (Reminiscence /Rehabilitation & Interactive Therapy Activities)	A digital reminiscence therapy with user-friendly interactive screens and tablets to blend entertainment with therapy. It assists patients (particularly with memory impairments) in recalling and sharing events from their past through listening to music, watching news reports of significant historical events, listening to war-time speeches, playing games and karaoke and watching films.

Does the care home use any of these initiatives?

The Regional Support Manager said the home used the MUST Malnutrition Universal Screening Tool and weighed residents upon admission and monthly to observe their well-being and weight, or weekly weighing if there were any concerns.

They also used news 2 as their physical deterioration and escalation tool which was the forerunner of restore 2 and they always take baseline observations upon admission to enable them to observe any signs of deterioration in their residents.



The Regional Support Manager said she had heard of Rita, the reminiscence rehabilitation and interactive therapy activities, but that they did not have one in the Home. They also engage with the End of Life Partnership.

The Regional Support Manager said the biggest challenges in the Home were care planning and making sure that it was person centred and used by all staff which she said was so important to deliver individualised care, but that it was not always 100 percent put into practice and the Home was always striving to achieve this. She went on to say that she felt the Home's biggest successes were their activity provision which she felt was very good and comprehensive and also the use of their digital feedback tablet which she felt was encouraging feedback and the prompt addressing of any issues and concerns.

## Recommendations

- To ensure that the lighting above the sloping corridor to room 22 is fixed for residents' safety.
- To continue prioritising care planning and use of care planning to provide individualised care for residents.
- To consider making some of the corridors more attractive for residents in the main building by adding local interest pictures.
- To make some of the uneven flooring on the upper floors in the main building easier to see and safer; consider highlighting where floors are uneven or slope.
- Clearer signage when exiting the lift.
- To ensure timely answering of call bells.
- To consider fresh fruit being available in communal areas for residents in the main building.
- Check if a hearing loop is available to facilitate conversations for residents who are hard of hearing.

- To consider where residents' rooms are located depending on their needs. Does it allow them easy access to communal or outdoor areas?

## What's working well?

- Staff relationship with residents.
- Activities Coordinator enthusiasm and activities planning.
- Food choices and quality were commended by several residents.
- Forget-me-not community group that has recently been set up.
- Use of social media to promote the home.
- The accessibility of the grounds for all residents.

## Service Provider Response