

Acomb Court Care Home

Findings from our Enter and View visit, 13 August 2024

Acknowledgements, disclaimer and context

Healthwatch Northumberland would like to thank the residents, relatives and staff of Acomb Court Care Home for their contribution to this Enter and View visit.

Healthwatch Northumberland is the health and social care champion for people who use care services. We gather feedback about the experience of care and share this with providers and commissioners with the aim to improve care for everyone.

When Healthwatch was established in 2012 we were given the power to 'Enter and View' health and social care premises as a way of engaging with people and gathering feedback. Our [website](#) will tell you more about this, including constraints and decision making.

This report relates only to the Healthwatch Northumberland teams' observations during the time of the visit and is not a representative or comprehensive portrayal of the experiences of all service users and staff. It is an account of what was observed and contributed at the time.

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues but in the event such concerns should arise, they would be reported in accordance with Healthwatch safeguarding policies. Any concerns would be reported to the team lead and the service manager informed, concluding the visit.

Acomb Court Care Home

Acomb Court Care Home is a purpose-built care home situated near Hexham General Hospital. It has 76 rooms. All are en suite with toilet and basin, with shared bathroom facilities on each floor.

Residential care is provided for residents with physical conditions and with memory loss and dementia. Accommodation is over three floors. Space is divided into residential on the ground floor, which is open access, and dementia care on the upper floors.

Purpose of the visit

In 2022 as part of our work to increase public understanding of care homes, we produced a guide of simple things to be done to help people settle into [care home life](#).

We want to build on this to explain the day-to-day experiences of care home residents and their families. Our aim is to identify and showcase good practice as well as suggested areas which might enhance how the service is delivered, exploring what is working well and areas that may be improved, so key themes may be shared and to give useful insights to potential residents and their relatives.

Acomb Court Care Home is one of four homes owned and run by HC-One in Northumberland. We visited two other homes in summer 2024.

This was a planned and announced visit to observe and obtain information.

Planning and preparation

Derry Nugent, the Project Lead for Healthwatch Northumberland, produced and discussed a brief for the visit with Kinga Kowaliczek, the care home Manager, and Graeme McConnell, HC-One's Area Director.

To prepare for the visit, all Healthwatch Authorised Representatives attended Enter and View training and briefings to ensure they understood Healthwatch Northumberland's remit, the purpose and context of the visit, guidelines for how to proceed in a care setting, and had the skills to effectively engage with residents and family members.

Letters to residents and relatives were sent to the home in advance to explain the purpose of the visit, the date and time of the visit and links to the online survey. Posters were also provided to be displayed in the home. Residents and relatives had access to an online survey or paper version if they were unable to be present or preferred to give feedback this way.

The observations for the visit were to consider the environment of the home, staff interactions with the residents and relatives, interactions between residents, activities for residents, refreshments and dietary provision.

Information gathering

Five Healthwatch Northumberland Authorised Representatives visited Acomb Court:

- Lorna Beech
- Karen Moulding
- Derry Nugent
- Dawn Porter
- Sue Taylor

We spoke to 19 individual residents, three family members and one member of staff, using a set of questions to prompt people to describe good practice they had experienced or seen.

Healthwatch Representatives completed an observation sheet during the visit. We received seven survey responses from residents and four from relatives.

What people told us

People shared their experience and opinions of the care home.

Care

People we spoke to were generally very positive about the care they or their relatives received at the home:

"[Relative]'s needs are cared for in every way." (Relative)

They reported that care was always available from staff for bathing, nail cutting, teeth/denture care, support with hearing aids or spectacles and access to medical appointments:

"The staff here will do anything for you if you ask. You just have to ask." (Resident)

We were told that there was no liaison with external visual impairment services, however, a podiatrist visits the home periodically for foot care, and medical appointments often take place in the home. Residents value having a GP visiting service at the home. People told us that the staff arrange transport for hospital visits when needed. A resident expressed frustration over trying to get support with their hearing aid:

"Audiology won't visit....and I am not well enough to get to the centre."

Most people we spoke to reported having good access to pain relief and prescribed medication:

"I had a problem with back pain and the staff got regular pain relief for me on prescription." (Resident)

One resident told us they find it difficult accessing more varied pain relief:

"In my own home, I had various pain relief to use whenever I needed it. Now I have to ask for something else and it has to go through the GP and then often nothing happens." (Resident)

Staff provided a resident with a specialist seat pad, which alerts staff if the resident gets out of their chair, as they are prone to falls. Another resident, however, expressed uncertainty about how to obtain an electric wheelchair or how to arrange an assessment to get one. There was a concern from a relative about a bed hoist being uncomfortable to use, resulting in their relative spending their time in bed and their mobility not being encouraged.

Residents told us that staff offer help with hair-washing and a hairdresser visits the home weekly. The hairdresser, present during our visit, told us that it is a very popular service, however, the cost is preventing some residents from using the service as frequently as they would like. Residents told us how much they valued maintaining their appearance and the social contact provided by the hairdressing service:

"It is expensive, though, so some don't use it." (Resident)

A relative praised staff's attention to detail in helping their relative put on a scarf and necklace:

"They were things that [relative] would always be seen wearing before moving into the care home – it gave us all comfort." (Relative)

People we spoke to were generally happy with the laundry service provided by the care home:

"Clothes are well cared for, delivered clean and pressed to the rooms." (Relative).

However, one resident was unhappy with the quality of ironing and that having uncrumpled clothes was very important to them:

"I want to feel presentable."

A resident reported a mobile phone having been destroyed twice due to going through the wash inside the pocket of an item of clothing.

Visiting pets are welcome at the home. A resident who hadn't been living in the home for long excitedly told us they were looking forward to their old dog being brought in to visit. Another commented that they missed the company of dogs. Two cats had greeted us outside the entrance to the home - residents enjoyed telling us that although they don't belong to the home, they are allowed to wander in and staff or residents sometimes feed them - the residents were happy about this.

Both residents and relatives are very happy over the level of cleanliness in the home - housekeeping staff were observed on all floors:

"Fantastic." (Resident)

"Lovely clean accommodation." (Resident)

People told us that family and visitors are free to come and go as they please and birthdays and notable events are celebrated:

"My birthday was facilitated, allowing my family to make full use of facilities, and was supported by and celebrated with residents and the staff at the home with extra effort to make it special." (Resident)

Most residents told us that they are free to move around the home as they please and can choose to go to bed at any time and get up early or late:

"I like a lie in." (Resident)

Others expressed some frustration - one told us that having a long-term condition means they are not able to live independently and find this difficult to come to terms with. Another told us:

"The staff will not take me outside to the garden in a wheelchair." (Resident)

We were told that staff help with banking and finances where needed:

"I put a cheque on file with the office but I can't get out to spend money so staff will get things I need with my money." (Resident)

There was some dissatisfaction over how long it takes staff to respond to issues. Two residents said that waiting was a problem for them - waiting for assistance if they had had a fall, waiting if they need escorting due to mobility issues around the home for example from bedroom to dining room or to the toilet and waiting for a response to a buzzer call:

"I ring the call bell, but no one answers." (Resident)

Food

Most residents and relatives reported there being a good choice of food on offer and that it was plentiful. However, feedback was mixed:

"Food is smashing." (Resident)

"Home-cooked meals. Home-made cakes. Biscuits. Fruit platters." (Resident)

"We can have more helpings if we ask for it." (Resident)

"Meals are rather upmarket... prefer 'ordinary' meals." (Resident)

"Meals could be a bit more adventurous." (Resident)

"Meat and fish can be tough." (Resident)

"Too much carbohydrate in the meals." (Resident)

Residents reported good flexibility over when and where to eat, with provisions being made for anyone missing mealtimes due to appointments etc. and choice to eat in the dining room or their bedroom – we observed one resident being served lunch in the outdoor area.

Most people told us that dietary needs and preferences were well catered for and that assistance was available if needed during meal times:

"We can ask for something else if we don't like it and they make something different." (Resident)

"Staff will help to feed you if you are having a bad day and will cut up food." (Resident)

Lunch is served at 12.30pm and an evening meal at 4.30pm. One resident told us that they felt the gap between meals was too short. Another told us that morning tea/coffee with biscuits and fruit is served to residents at around 11.00am, but sometimes as late as 11.30am, and afternoon tea/coffee and cake/biscuits served at around 3.00pm, sometimes as late as 3.30-3.40pm:

"It would be better if these refreshments were served at times midway between main meals rather than only one hour before." (Relative)

Activities

An activities list is displayed on corridor noticeboards on each floor and advertised in the residents' newsletter, although one resident told us they weren't aware of what activities were on offer as they struggled to read. Feedback on activities was mixed. Some told us that the choice of activities on offer (and the staff leading activities) was good and many told us they are able to take part in specific interests they enjoy:

"[Relative] struggles to mix but does join in with most activities. The care home encourages them a lot." (Relative)

One person expressed concern about the ability of their relative to participate due to dementia:

"Dementia robs some residents of [the] ability to join in." (Relative)

A couple of residents said that they weren't asked if there was anything else they would like that wasn't already on offer. Some residents chose not to engage with activities, whilst others felt there wasn't enough to take part in:

"We do a lot of sitting around. We need more activities." (Resident)

It was noted that most activities on offer were group activities.

Although a 'men's group' was mentioned on the activities list, we were told that male residents were less likely to join in with activities.

One resident told us that the home had facilitated a special interest but was unhappy that this was later stopped due to one resident monopolising the resource.

We observed a group of children from a nearby nursery visiting the home. Residents told us that they are regular visitors, with one reporting that they enjoyed the children coming but another telling us:

"We don't want to be treated like children, singing nursery rhymes. We want to be treated as adults." (Resident)

Residents informed us that they were pleased to have various church services on offer, although one told us that they would appreciate a Pentecostal visit.

A resident told us they had a good supply of reading books, but they were not aware if there was a book loan service or mobile library or how they might get more books if their supply was exhausted.

The home has a specially adapted minibus service. Visits out of the home were mentioned, but residents felt there could be more:

"Staff can only take two wheelchair users and four mobile residents at one time, so trips aren't often enough for my liking." (Resident)

Some residents were unclear about the minibus service telling us they thought it was only for people who use a wheelchair. One resident told us they had had a volunteer driver in the past to take them to external activities but he'd stopped coming – the resident didn't know why.

Whereas some residents had TVs in their bedrooms, some people preferred to watch the TV in the communal lounge, appreciating its size:

"It's much easier to see." (Resident)

Some board games are available to use in the communal lounge. There is also an electric keyboard in the communal lounge, but one resident told us:

"It doesn't get used so isn't switched on." (Resident)

A group of residents we spoke to in the lounge became animated when telling us about simple tunes they used to enjoy playing when younger.

One person told us that the level of involvement of residents varies depending on the individuals in the home at any particular time:

"Sometimes you just need that one character to get everyone going." (External visitor)

When asked if staff tried to encourage more involvement, they told us:

"The staff try but are just too busy."

Interactions with other residents and staff

Overall, there is positive interaction between residents, relatives and staff and the staff's kindness is greatly valued:

"Everyone is very nice. All the carers are lovely." (Resident)

"The staff treat everyone with respect and dignity." (Relative)

Whilst offering tea/coffee/refreshments, a staff member was observed greeting residents by name, speaking to them kindly, clearly and at their seated level to give good eye contact.

A resident told us they stay in their room most of the time:

"I'm blind and deaf but staff do talk to me, especially Marvis."

This member of staff was praised for their kindness by other residents we spoke to.

Management staff were praised and described by one person we spoke to as a 'dream team'. They told us they appreciated them taking time to explain a care plan and what it meant:

"I am fully supportive of this home....I felt reassured." (Relative)

The relative also stressed the importance of one-to-one interaction to enable staff to relate to the residents, and the benefit for the residents, including those with dementia, who get comfort from talking about memories they've been able to hold onto (a resident spoke with us about their spouse having passed away, repeatedly returning to that topic during conversations). The relative told us:

"Staff have patience and humour but are very busy just managing day to day home life." (Relative)

The relative also expressed uncertainty over future funding and reported not receiving any information about this and what will happen when their relative no longer reaches the upper capital threshold. Another resident told us they weren't sure who to talk with to get information about their care plan.

Interaction was observed between residents in communal areas and residents spoke of friendships with others in the home – one spoke about being friends with a resident who is deaf and resides on a different floor. They reported there being no restriction on visiting the friend and that whilst communication was difficult, it was worthwhile.

Some residents expressed concerns about interacting with people with different health conditions, especially in the dining room. One felt the impact and limitations of their condition was not recognised or treated kindly by some residents:

"Other residents are sometimes critical.... so on bad days I prefer to stay in my room." (Resident)

Another told us that residents and staff had a lack of understanding of fatigue caused by long term illness and reported they were often considered lazy.

Overall safety and happiness with living at this home

People we spoke to were mostly very satisfied living at Acomb Court.

"I have no concerns at all about leaving [relative] when I go home." (Relative)

"I am very happy here." (Resident)

"It feels safe." (Resident)

"This isn't a hotel, it's a care home, but I can't fault it one iota." (Resident)

Things people identified as improvements or changes

- Morning and afternoon refreshments served midway between main meals rather than only one hour before
- More activities for individuals, rather than just group activities
- More opportunities to talk with people
- Make information available for relatives regarding future options as residents' financial situations change
- Educating residents about effects of long-term illness in fellow residents



What we observed

The residents we observed at Acomb Court Care Home appeared happy and responded well to staff and other residents.

Observations considered the physical space and how it was managed, as well as communication with staff and residents. Key areas of observation were:

Effectiveness of the physical space and layout (environment)

The entrance is clearly signed once in the approach road and the Care Quality Commission report result is clearly displayed on the exterior wall. The entrance to the car park is shared with a nursery, causing slight confusion. The small car park is situated adjacent to the home, and it was full at the time of our visit. The car park is wheelchair accessible, with two disabled parking places. An inclined path from the entrance is relatively steep. The parking area was slightly unkempt at the time of our visit and the fire exit immediately adjacent to the car park is slightly unwelcoming. The main entrance to the home is to the side of the car park – no signage was observed to direct visitors. The approach to the front door is pleasant with summer planting, ornamental lights and ground level lights.

Entrance to the home is via a doorbell. The bell is high up and may be hard for someone in a wheelchair, or similar, to use independently. The entrance area was clean and tidy, felt welcoming and smelled fresh, with no unpleasant odours.

The reception area is modern in style and uncluttered. It is a large space with pale/neutral décor and limited colour differentiation (we understand the home is undergoing full refurbishment). It felt welcoming and calm, clean and professional. There are four easy chairs and tables available and observed to be used by residents and staff, who were using the space independently to sit and to travel to other spaces. Noise levels were low, with a busy 'hum' of activity.

The receptionist was responsive and there was no waiting. We were asked to sign in and offered refreshments. There is a water cooler and tea/coffee making table for general use in the reception area, with positive affirmations displayed in picture frames above. The Home Manager was also quick to meet us and introduce key staff, giving a guided tour of the ground floor and advising of fire alarm tests (none were planned).

A hair salon is located just off the reception area as well as a visitor toilet with disabled access. There is a lift to all floors, which was in regular use. Residents on the ground floor and first floor can access the lift of their own accord if physically able. The third floor lift in the Memory Unit is accessed by keypad for security.

Corridors and communal spaces including lounges and dining areas

There is level access throughout each floor, with wide corridors that are mostly straight (some side corridors on upper floors), well-lit and with minimal obstructions. Residents were observed using indoor walking aids, wheelchairs and mobility scooters unhindered.

There are extensive wall displays including a list of upcoming resident birthdays. Various artwork is on display, including a whole wall given to a resident, who is an artist, to display their work.

There was no differentiation in colour scheme or marking of doorways on lower floors, however, the third floor refurbishment shows colour differentiation of individual doors and walls – this could help with orientation. Signage on the third floor is also different to other floors, with descriptions and pictures for residents with dementia.

The dining room was set up attractively with small tables and chairs, each covered with a tablecloth. Dining chairs are wooden with wide arms and adapted legs to prevent tipping over. One resident told us that they did not eat in the dining room because the chairs were too hard for their health condition. They had asked for an alternative and the home had tried, but it had not worked out so the resident continues to eat mostly in their room.

Communal areas were clean and tidy and in good order, with mostly 'bucket type' seating and space for wheelchairs, walking frames etc. The larger lounges had a variety of armchair and sofa type seating along with a large TV. It was noted by one observer, however, that residents in wheelchairs weren't transferred to comfortable seating and remained in their wheelchairs.

Outside area

The outdoor area was a good size, in a good state of repair, with well-established planted areas, individual deckchair-type seats with seat pads arranged around the area, and an undercover 'arbour' style structure with seating for two people. We observed residents using walking aids to access the garden. It was also accessible for wheelchairs, although there was a slight lip at the foot of the door leading to the outdoor area. Only one of the double doors was standing open, the other door was locked. We watched as a resident in a manual wheelchair had to carefully negotiate the doorway. The Home Manager showed us an apple tree and stated that the residents can pick/use the apples, and one resident uses them for making baked goods. A large tree had recently been felled to allow more light into the outside area.

There is a designated smoking area outside. Although the home facilitates smokers, it is not known if they offer smoking cessation support or alternatives to smoking.

The area felt very appropriate, and we observed a resident going outside to tidy up patio pots, but there are perhaps not enough options for residents wanting to do some gardening activities. When asked about use of the outdoor area, a resident told us that in their younger years, they had a passion for gardening but are now unable to do any. They said that it frustrated them very much that although seeds/plants are planted in the outside area, they are then not being looked after properly, so some die off and this upsets them.

Residents' rooms

Bedrooms are uniform in size and décor, bright, clean and tidy, smelled fresh and most have good views. Many residents have personal belongings, photographs or ornaments on display. Some have their own TV and some have personalised their room with chairs, furniture or other soft furnishings. We spoke with a married couple who live in the home together across two rooms with one set out as a bedroom and the other as a sitting room with their own furniture and TV.

Adaptations for sensory or memory loss in communal and residents' spaces

Names are displayed on bedroom doors across all floors, which could be helpful with orientation for residents/visitors, however, the print is fairly small. One resident's door has a large sign reminding staff/visitors to introduce themselves when entering the room.

The third floor refurbishment shows colour differentiation of individual doors and walls. Signage is different to other floors with descriptions and pictures, for residents with dementia. Direction signs to rooms were also observed on the second and third floors.

Lighting is 'soft' and not glaring. No signage about using hearing loops was observed. We didn't see any signage inside or outside the lift to confirm room numbers on different floors. There is also no audible confirmation when floors are reached or to confirm the door status. Many residents will have a staff member with them but some residents as well as visitors use the lift unaided.

Information

Each floor has a whiteboard detailing the staff on duty. The reception area and individual floors have well-kept noticeboards with attractive posters, but the effect is quite 'busy', which could make it difficult for residents or relatives to pick out relevant information. Some of the information is also in quite small font. One carer spoken to commented that the information in reception isn't clear enough and that there is a lot to take in. There is a lot of information about fire safety/exits. We didn't easily spot any contact information for the Home Manager.

Overall, whilst observers found the home to be clean, tidy and welcoming, it was felt that it perhaps lacked the personal touch to make it feel more homely.

Service and positive social interaction

We observed regular, friendly and caring interactions with residents as staff moved around the home, greeting people by name – a staff member offered help to a resident standing by the lift. Although positive, interactions appeared quite fleeting with no prolonged one-to-one interaction.

Residents told us they wanted people to talk to:

"We like things like this, when people come to visit and talk with us." (Resident)

Two of the residents we spoke to asked if we'd be coming back to see them another time. It was observed that many of the residents were very keen to chat.

Residents told us that there was very little to complain about:

"I can't fault a thing." (Resident)

Relatives told us that any concerns they have are dealt with appropriately:

"Complaints are handled well, and I know who to raise concerns with. They are never really complaints just concerns." (Relative)

"I know who to talk to and they will listen and act." (Relative)

Activities

We observed an activities list displayed on noticeboards on all floors. They are also listed in the home's newsletter and verbally shared with residents.

Our Authorised Representatives expressed concern about social isolation if residents choose to remain in their rooms with little encouragement to partake in activities, particularly male residents.

Issues that arose

We were concerned that a resident was upset when speaking to us. We spoke to the Home Manager straight away. We were reassured that staff were aware of the resident's situation and had involved additional support services.

Suggestions for Acomb Court Care Home

We have listed suggestions based on what we heard and observed during the visit, and from the surveys.

Suggestion	Response/action by Acomb Court
Consider ways of introducing a volunteer visiting scheme (linking with local voluntary sector) to encourage more one to one interaction for residents.	
Review activities on offer, exploring options for more one-to-one or individual activities.	Our new Wellbeing Coordinator has joined our team which gave us a great opportunity to review the provision of our activities across the seven days. More one-to-one sessions have been included.
Consider additional activities, for example, book loan/library.	
Have times when electric keyboard can be switched on and available for residents to play.	We have checked and turned on all available keyboards to ensure resident have a full use of those.
Liaise with external dementia support services to address any activity exclusion concerns.	
Explore options for more gardening opportunities and ways to ensure someone is responsible for planted seeds/seedlings being cared for.	We will consult with the residents' Gardening Club and how they would like it to be operated to avoid any disappointment.
Consider including regular section within the newsletter explaining the availability of the minibus service.	In our monthly newsletter we will include the information about the minibus service.
Where possible, offer to transfer wheelchair users to comfortable seating in communal areas and ensure mobility is encouraged for those who find getting out of bed difficult.	

Suggestion	Response/action by Acomb Court
<p>Morning and afternoon refreshments served midway between main meals rather than only one hour before.</p>	<p>We have given feedback to our catering team about the times of our mid-morning and mid-afternoon snacks and the quality of meat and fish.</p>
<p>Educate residents of the effects of long term illness in fellow residents</p>	
<p>Discuss with residents/relatives options for using mobile phone cross body bags to prevent phones being left in clothes pockets during the laundry process.</p>	<p>During our relative and resident meeting, we will discuss the option of mobile phone cross-body bags to prevent any property from damage, and any concerns around laundry services – ironing in particular.</p>
<p>Ensure residents and relatives are clear who to approach for information regarding funding or getting help to access assessments for specialist equipment such as electric wheelchairs.</p>	<p>[In the monthly newsletter we will....] point relatives and residents in the right direction as far as financial support and advice is concerned.</p>
<p>Improve signage in the car park directing visitors to the entrance door.</p>	
<p>Reposition entrance doorbell for ease of use for wheelchair users.</p>	
<p>Clearer reception information displays with headed sections, in larger print, perhaps with colour contrast and easy read options.</p>	
<p>When any refurbishment is undertaken, consider more differentiation in colour scheme and marking of doorways to help with orientation and larger bedroom name signs to aid with orientation for those with visual impairment.</p>	
<p>Investigate the availability of alternative seating to support residents to eat in the dining room if they wish.</p>	<p>[During our relative and resident meeting, we will discuss] availability of comfortable seats in the dining room.</p>

Explore ways of addressing the slight lip at the foot of the door leading to the outdoor area to make it more easily accessible for wheelchairs.

Explore with the lift maintenance service the possibility for audible floor/door status announcements and consider creating some signs for inside/outside the lift with details of room numbers on each floor.



What Acomb Court Care Home said in response

Kinga, the Home Manager, along with the colleagues and residents at Acomb Court were delighted to meet Derry, Karen, Sue, Dawn and Lorna. The visit was very pleasant; residents and visitors enjoyed speaking about their experience of Acomb Court. This report helped us to improve and some of the actions have already been resolved.

At Acomb Court, kindness is at the heart of everything we do. We aim to help our residents lead their best lives, even as their circumstances and conditions change. Kinga and the team have reviewed the report and explored the suggested actions for the service to improve. We will discuss the feedback with residents at the upcoming residents' meeting and no doubt gather some more commentary.

We were very pleased to read that residents are happy and feel that they are treated with dignity and respect. We were proud to read that families trust us and have no concerns about leaving their loved ones in our care. We continue to bring the community together and involve people from the outside.

As mentioned in the report, our new Wellbeing Coordinator recently joined the team which gave us a great opportunity to review the provision of our activities across the seven days. More one-to-one sessions have been included as well as evening activities involving happy hour, where residents can extend their social interactions over their favourite alcoholic/non-alcoholic drink. We will consult with the residents' Gardening Club and how they would like it to be operated to avoid any disappointment. We have checked and turned on all available keyboards to ensure resident have full use of those.

We have given feedback to our catering team about the times of our mid-morning and mid-afternoon snacks and the quality of meat and fish.

In our monthly newsletter we will include the information about the minibus service and point relatives and residents in the right direction as far as financial support and advice is concerned.

We continue to improve our environment by purchasing new furniture and artwork to bring the homely feeling to the communities.

During our relative and resident meeting, we will discuss the option of mobile phone cross body bags to prevent any property from damage, any concerns around laundry services – ironing in particular – timing when we summon assistance, and availability of comfortable seats in the dining room.

We would like to thank Derry and her team for visiting Acomb Court and composing this report.

With best wishes,

Kinga Kowaliczek and the team at Acomb Court

HC-One



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