

healthwatch

Cheshire West

Enter and View Report

Deewater Grange

Huntington, Chester

27 January 2025



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Report Details

Address	93 Chester Road Huntington Chester CH3 6BS
Service Provider	Care UK
Date of Visit	27 January 2025
Type of Visit	Enter and View with prior notice
Representatives	Tricia Cooper Jem Davies
Date of previous visits by Healthwatch Cheshire West	No previous visits

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
- 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, and decide as a team how they will carry out the visit, and any specific areas of focus based on this prior knowledge.

Deewater Grange

Owned by Care UK, the home is located on the outskirts of Chester and was opened in 2020. It provides residential, dementia and nursing care, plus short-term respite and specialised end-of-life care.

Findings

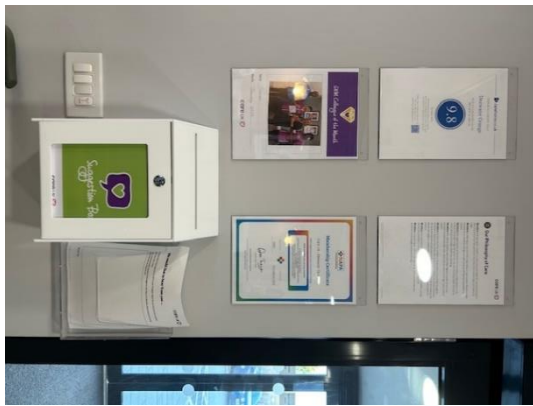
Arriving at the care home

Environment

The home is well signposted and easy to find, on the corner of Chester Road on the edge of a housing estate in Huntington. It was purpose built and maintained to a high standard. It has its own car park, however as there was some landscaping being undertaken to the gardens during our visit, some spaces were unavailable. There was on street parking very close to the home.

The door was opened by the receptionist and we signed in using the visitors' book.

There was plenty of information on display in the entrance which was very welcoming. However, we noticed the Healthwatch poster and leaflets, dropped off last year, were not on display. Also the home did not have any completed Healthwatch surveys from residents or family and friends.



Additional surveys were provided for completing, along with our leaflets and another poster. However, on our return a week later, only one survey had been completed. Healthwatch provided a couple of surveys to visitors who were sat in the café with their loved ones. We arranged with the receptionist to return again, to collect any more completed surveys.

There was a very welcoming area called The Book Café where people can have free drinks, cakes and pastries. We were told it is a public space which can be used on Monday mornings for a "Community Breakfast".



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One Healthwatch representative sat down with the Manager whilst the other representative was shown around the home. The Manager said we should be seeing people living their lives and staff interacting with residents, being involved with activities, and general engagement during our visit.

As part of the Enter and View process we asked the Manager various questions to get a feel about the home. The responses, plus those of family and friends, are included in this report.

Treatment and care

Quality of care

Deewater Grange uses Fountains Medical Practice for GP services and the Manager told us *“Our relationship with them is good. The nurse practitioner comes in to carry out weekly ward rounds. Residents can stay with their own GP if they specifically asked to and their GP is happy to continue to see them.”*

If a resident becomes unwell and needs additional care, the Manager explained they try to keep residents at the home and would access GP support. They also use Hospital at Home to try to avoid residents having to be admitted into hospital. The Manager added that their recent experience of hospital admission has been varied. They find the discharge team at the Countess of Chester very good - they provide a discharge summary for each resident returning to the home. Sometimes residents have come back without their medication, but the hospital would then send them by taxi. When asked if anything could reduce hospital admission and improve discharge, the Manager said *“I think they’re [discharge team] fairly good and the home doesn’t send residents to hospital unnecessarily. Discharge runs quite smoothly.”*

Deewater Grange uses the local private dentist just up the road. *“It’s very difficult to get NHS dental treatment.”* (Manager)

Other facilities and services that frequent the home include a hairdresser, who comes in on a Wednesday and Thursday, a nail technician who visits every other week; a chiropodist attends every six to eight weeks; and Eye Care on Call provides check-ups and glasses for residents.

However, we noted some relatives did not always know if their loved ones had access to some of these services.

Deewater Grange has a link with Remedi Healthcare pharmacy in Runcorn. The Manager told us Remedi has been quick to fix issues; for example, they have adapted the prescription service it provides to the home to reflect how Deewater Grange operates and now separates medication for the four different residential suites.

For urgent prescriptions the home will use Vicars Cross Pharmacy.

Additional health services that visit the home are district nurses, speech and language therapist, physiotherapists, Parkinson’s nurse, mental health team and PEG feeding nurse if required. PEG feeding is via a tube directly to the stomach.

During our visit at Deewater Grange we saw many residents about the home, all of whom seemed well looked after, clean and were appropriately dressed.

The home operates a computer system for call bells, with display panels mounted on the walls. There were colour codes to show if they were answered. Handheld devices alert staff.

“The alarm system is noisy outside her bedroom.” (Relative)

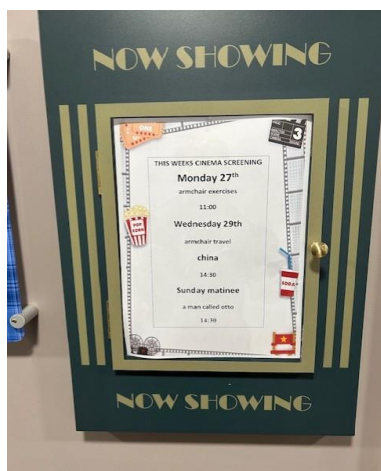


There was a fully equipped salon and the hairdresser attends on a Wednesday and Thursday. The home has a resident who prefers her own hairdresser, and she uses the salon on a Friday. Residents can



also have manicures, but this is at an additional cost.

The home has a cinema, which was very nicely furnished and has a bar at the back of the room.



This created a feeling of having ‘a night out’. We were told it is an area



well used for activities, and also every Sunday a church service is streamed for those residents who wish to take part.

"They do provide a Sunday service every week." (Resident)

Feedback provided in completed surveys regarding the best thing about life at Deewater Grange included:

"Friendly and welcoming" (physio)

"24 hour care and monitoring" (relative)

"That someone is around 24/7, medication is administered on time, food enjoyed." (Relative)

"Lots of activities for the residents to join in with." (Relative)

"The material comfort and the warm, caring staff." (Relative)

"Interaction with staff, activities." (Relative)

"The team is friendly." (Friend)

"Residents enjoy me visiting every week to do their hair" and in response to changing anything in the home, "Air con in the salon." (Hairdresser)

Residents' responses, with the help of care home staff, included:

"Comfortable, good food, well looked after, clean."

"Being cared for very well and not having to think about doing things for myself."

"Comfortable, good food, quite happy, lots of space."

"Kindness, respect, affection."

Regarding anything they would like to change:

"Ideally more regular staff and more equipment (the Sara Stedy [patient transfer aid] is shared between a large number of residents)." (Relative)

"Early morning wake ups. Compromise made - respect people have greater needs. I now have my shower at a later time to suit me."

(Temporary resident)

Privacy, dignity and respect

We asked the Manager how they ensure privacy, dignity and respect are promoted, and they explained staff are provided with training as part of their induction, eg Safeguarding, Moving and Positioning, First Aid, Mental Capacity Act, Living Well with Dementia, Dying with Dignity. Staff are required to repeat training at least once a year.

We saw paperwork evidence of “moving and handling” to encourage residents to improve their mobility.

All relatives and friends who completed our survey said they felt the person they were visiting were cared for, safe, respected and dignity maintained. One resident responded that they sometimes felt they had privacy, and added *“I have privacy but staff regularly check on me. I don't feel that they are intruding.”*

The Manager told us, regarding accessibility, the home has a hearing loop system, they could translate documents into different languages, supply large print for those who are visually impaired, and provide traditional telephones with large buttons for residents with dementia. We observed some pictorial menus in the dementia suite.

All interactions we observed between staff and residents were friendly and respectful, and any requests were dealt with promptly. The home had a community feel about it.



The only personal information we saw was the first names of residents on their room doors.

Of note, all the handrails have sensory bumps at the end to warn residents that the rail is coming to an end.

Understanding residents care plans

Regarding care plans *“These are updated at least once a month for each resident when they are resident of the day. They will be asked if they are*

happy with their care, their room and the activities on offer. Also staff have meetings through the month and any changes are logged.” (Manager)

The Manager also explained that relatives are invited to be involved in their loved one’s care plan each month, or they could come in to discuss the care plan.

Relationships

Interaction with staff

When we asked about the relationship between staff, residents and their relatives and friends, the Manager responded that it was a positive one and they received good feedback from residents and relatives. *“We try to do things as if the residents are living their life at home. We’ll celebrate their birthday, and their family and friends can visit anytime and stay for lunch.”*

“The staff are very caring and build a lovely relationship with my father.” (Relative). They felt their loved one was cared for, safe, respected, dignity maintained and they had privacy.

“Sense of humour with staff. The staff are willing to help and friendship grows quickly.” “No sign of impatience from anyone.” (Temporary resident)

Regarding agency staff, the Manager said they tried to use them as little as possible and that the home had not used any for three weeks (at the time of our visit). *“If we have to use external staff, we source from one agency and they tell us what training staff have had. If we need someone with specific skills, we can request this. We also have an on-call system where we will try to cover sickness internally and ask whether anyone else can pick up a shift.” (Manager)*

We were told name badges should be worn by staff, unless they are on order. We observed all staff wearing badges and a different coloured top dependent on their role within the home.

All staff we met spoke to us in a friendly way and we saw some lovely interactions with residents. There was a very nice community feel in the home, residents were sat together in groups in various areas of the home engaging in chat or activities.

Connection with friends and family

When we asked how Deewater Grange connected residents with family and friends, the Manager explained they have a Facebook page where they post about many of their activities. They also use the Relish app to update family about the activities their loved ones participate in. *“Some residents have used Skype to connect with friends and family who live abroad.”* (Manager)

The Manager added, visitors can come to the home anytime and see residents wherever they wish, in the lounges, coffee shop, bedrooms. They have an open door policy.



“When visiting, my family are made very welcome. The staff are very friendly with them. Family are happy with the care I receive.” (Temporary resident)

A relative shared their loved one uses their mobile phone and their ipad/laptop, in a response to our survey.

If there were an outbreak in the home, the Manager explained the management team would take advice from Public Health. They would isolate a suite, if required, and wear PPE if advised.

We asked how friends and family fed back or raised complaints or concerns, and the Manager stated this can be done in person, by phone, email, through their feedback forms and through friends and family meetings which are held quarterly. *“We didn’t get many attendees in the past but we try to tie these meetings in with our other events and now we have more people attending.”* (Manager)

“They have a family meeting or you can speak directly with staff or email [the home].” (Relative)

"Would speak to the manager." (Relative)

During our time at Deewater Grange, a number of residents had visitors; some were seated in The Book Café and others were in one of the lounges.

"They have a free residents coffee/tea bar with fresh cakes, fruit and snacks." (Relative)

Wider Local Community

We enquired about the involvement of the home with the local community. The Manager shared that a child minder brings in a group of children she cares for and they use one of the larger lounges to do craft and storytime with residents. Some of the local schools, eg Huntington Primary, Hoole Church of England and Deebanks, will visit and sing with residents. The home has also invited in cadets and Royal Star & Garter. *"Deewater is a veteran friendly care home." (Manager)*

Staff explained how they are open to the local community who can use some of their facilities. Examples of this include:

local PSCOs using The Book Café for their monthly surgeries and the Parish Council using the venue for their meetings. The home has just formed links with a local Special Educational Needs school to allow their students to come and access their cinema as part of the school pastoral support.

Everyday Life at the Care Home

Activities

We enquired about the activities the home offers. *"We have two activities coordinators who both work full time, covering every day, with a cross over on one to discuss activities and event planning. We hold community events such as the annual summer fair which is normally well attended by family and friends." (Manager)*

Deewater has a weekly planner on the board in reception which is also given to residents. Those with dementia are told about the activities on the day. The Manager stated that residents have involvement in choosing what activities are held, coordinators will ask, and the home has a Wishing Tree where



residents can hang on what activities they wish to do. *“One lady with dementia went on the longest zipwire in Europe, another loves giraffes so we arranged a giraffe experience at Chester Zoo.”* (Manager)

“Leaflet with activities for week in my room.” (Temporary resident)



“Activity sheet is made once a week and handed out.” (Relative)

“They provide an activity sheet weekly and have a notice board.” (Relative)

We were told about the stargazing activity they held for residents, which included lots of blankets and hot chocolate.

Of those who answered the question about if the resident was involved in choosing what activities took place, the majority said they were not (seven out of 13, three did not know). The majority (58%) said they were “very happy” with the activities on offer, however two said they were “satisfied”.

For those residents who are unable or do not wish to leave their rooms, the Manager explained care staff or coordinators would do small one to one activities with them, such as reading books and newspapers or talking. We were told staff were trained in Namaste which could be done on a one to one basis for those with advanced dementia. (Namaste sessions are run by trained carers and involve individual caring touch, such as hand or foot massages, music therapy, themed sensory and gentle movement sessions, or simply reminiscing.)

We asked if they celebrated special occasions and the Manager shared they celebrated birthdays, anniversaries, Valentine's Day and Chinese New Year. They went on to say a staff member was planning to do a talk about the history of the Chinese New Year, and some activities around travel information, culture and film.

Deewater Grange owns a minibus which it shares with its sister care home, Pinetum (one of the coordinators has had minibus training). We were told they try to take residents out as much as possible, however it is weather dependant so not so much in the winter.

The majority that responded to our survey said they/the resident did not go out on day trips. One said they did and the two said sometimes.

Upon our arrival, we observed an armchair exercise class was just beginning, which was being delivered by one of the activity coordinators. Later in our visit we saw the same group in The Book Café enjoying some cake and a coffee and chatting together.

Activity timetables were displayed throughout the home, and staff explained that both floors and suites mix freely for activities.

There were no celebrations taking place on the day of our visit, but we were told about a resident who had recently celebrated her 105th birthday in December with a party for all.

"Superb, thoughtful, willing staff for birthday celebrations. The lounge looked beautiful - decorated. Food laid out perfectly. Very touched." (Temporary resident)

Person Centred Experience

We enquired how the home ensured its residents' experiences were person centred, for example, how they are encouraged to leave their bedrooms if they are less mobile, or to improve their mental health if they are unable to get out of bed on their own. *"We ensure staff have the correct training to use equipment, we encourage residents to get out of bed, ensure activities are*

attractive to residents. We try to encourage them to eat with their families in one of the dining rooms.” (Manager)

The Manager went on to say during resident of the day when individual care plans are updated, the maintenance team, housekeeping and the chef would all see the resident and check if anything could be improved or repaired. *“Chef will ask what meals the resident enjoyed.” (Manager)*

If residents want to raise complaints or provide feedback, we were told this can be done informally, they can ask to see the Manager or put the complaint in writing. The Manager explained residents meetings were held quarterly and often in one of the dining rooms so they could catch the residents after meals.

“Management easy to see and talk to. Very friendly.” (Temporary resident)

There are feedback forms and suggestion boxes in the main entrance and also throughout the home on both floors.

Pets are allowed in Deewater Grange. *“My dog, Mabel, normally comes in each day. We have residents’ dogs visit; my nephew brought in his giant African Land snails and we have a rabbit, Winston, living here.” (Manager)*

“Every effort is made to make me feel calm and confident. I have enjoyed my 3 week stay and will miss all of the staff and this peaceful happy care home. I have been lucky to stay here and certainly would come again if/when the need arises.” (Temporary resident)

Communal Areas

There are four suites at the home, two residential downstairs (Swan and Kingfisher) and nursing and dementia upstairs (Cygnet and Mallard).

We observed there was a great deal of natural light in all areas, particularly in the bedrooms and communal areas. Rooms were decorated to a high standard and whilst this décor was fairly modern there was a continuing theme of reminiscence with photos, ornaments and certain furniture.



All corridors have handrails and, as previously mentioned, there are raised sensory buttons to alert the resident that the handrail is coming to an end.

All furniture was in excellent condition, chairs were high backed and raised to meet residents' needs but still looked of high quality.



The home was completely odour free in all areas. We frequently saw the housekeeping team discreetly going about their work and the cleanliness was a credit to them. Although when I returned to collect surveys there were lots of crumbs on the café floor and dirty mugs in the sink.

The majority of residents were either "very happy" or "happy" with the temperature, noise levels, cleanliness and tidiness of the home. However, one resident stated they found the home "too hot at night, [and] it could be hoovered more often."

"Sometimes hear the doors bang." (Resident)



There were several communal toilets and bathrooms for the residents' use, and these were well - equipped to



ensure that all residents may use them if they wish. These were decorated with a spa feel.

We observed numerous communal areas across the home and the majority of them were in use during our visit. They included lounges, the cinema room, an art room, the potting shed (a sensory room) and of course The Book Café.



Residents' bedrooms

All 58 bedrooms were ensuite with a shower.

The Manager explained the home encourages residents to make their rooms feel like their own. We saw evidence of this, including artwork, ornaments and photos and pieces of furniture. All rooms were occupied so we only saw them from the doorway. The rooms were of a very good size and all had floor to ceiling windows and a view of the gardens. The downstairs rooms had the added benefit of a patio, with a table and chairs.

The home can accommodate couples who wish to sleep in the same bedroom.

"The home is very accommodating with any requests." (Relative)

"Plenty of space to move around following knee surgery. Lovely patio outside when weather gets better." (Temporary resident)

"[Name] is really helpful by putting pictures up for us." (Relative)

In each suite, every room had a personalised name plate and a memory box outside the door.

Outdoor areas

Deewater Grange has a patio at the front and accessible garden at the rear. On the day we visited, there were workman undertaking some large landscaping to ensure that the garden is accessible all around. From the windows we saw the garden was fully enclosed, had plenty of seating and a variety of shrubbery. There were a number of raised planters which a

member of staff, who is a keen gardener, looks after. We were told they often took residents into the garden for little walks, and enquired as to their favourite plants to help design the garden for the season.

We observed it was well maintained, however due to the weather and the workmen we did not venture into the garden on our visit.

Food and drink

The Manager explained Deewater Grange has its own catering staff and everything is cooked by their kitchen team. The food is brought to the respective dining rooms where staff help residents with their choices, if needed, by using “show plates”. There are two options for every main course plus an alternative menu which includes such dishes as baked potatoes and omelette. We were informed the home caters for special dietary requirements such as gluten free, vegetarian and other nutritional preferences and consistencies. The Manager added they would follow the dietician’s advice.

We observed that menus were displayed in reception and in each dining area.

Residents are able to choose where they would like to eat their meals – in the dining room, their bedrooms, one of the lounges or in one of the other suites. This was confirmed with the survey answers we received. We were told the dining room was busiest at lunch time, and many residents preferred breakfast and dinner in their rooms.

Families can join their loved ones at meal times if they wish.

“The options on the menu are discussed and she chooses, alternatives are offered if needed.” (Relative)

“Meals are chosen from a number of options on the daily menu but staff will also make simple dishes (omelettes for example) that are not on the menu.” (Relative)

*"They are asked three times a day, shown menu or offered options."
(Relative)*

"When they are in the dining room for the meal." (Relative)

"Carers visit before meal times to make selection." (Resident)

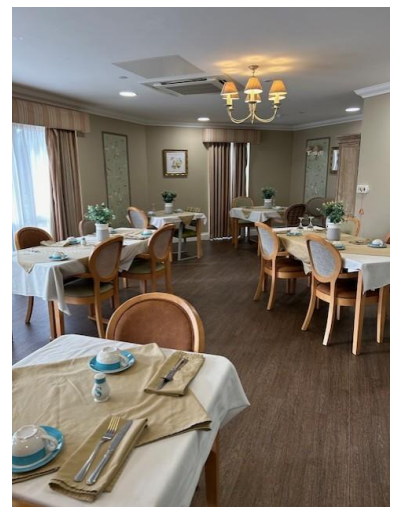
All of those who completed our survey shared the person they were visiting were either "very happy" or "happy" with the quality, taste, choice and quantity of the food, and availability of the drinks, provided in the home.



"Food is very good." (Resident)

Snacks, such as muffins, sausage rolls and fruit bowls are available in the coffee shop and dining rooms.

Both dining areas were well-equipped and pleasantly laid out. Thought had been given to the furniture to help residents



be as independent as possible, for example, the legs and arms of the dining chairs were wider and flatter.

"If eating in the dining room, choice is made there or a menu is brought to the room." (Relative)

Throughout our visit we saw drinks and snacks being offered and served. These were fresh fruit juices, tea, coffee, home made cakes, pastries and fruit. We sampled these ourselves and they were delicious.

We asked the Manager about their biggest challenges to date, and they responded that staff turnover was quite high but it is more stable now. They have "Gem of the Month" which is awarded to a member of staff for their hard work.

Biggest success to date was *"Individual patient care and the activities we do with them."* (Manager)

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:

MUST (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.
Restore2 (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.
RITA (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.

Deewater Grange uses MUST with every resident and these are updated monthly as a minimum. *"I review weight loss/weight gain to help residents."* (Manager)

Restore2 is used too. Additionally they have a magic table which is kept in the lounge and is moved around the suites for residents to use.

The home engages in End of Life Partnership, and the Manager said they completed the gold standard framework in 2024.

Recommendations

- To display Healthwatch paperwork and leaflets, and to distribute to residents, family and friends for completing. Then collect and keep safe before any future Enter and View visits.
- Consider reaching out to other care homes to share what works well, in order to provide the best care experience for all.
- Consider organising more day trips and encouraging more residents to be involved in these trips.

What's working well?

- Deewater Grange has a very friendly and welcoming feel. It was busy with people, mainly residents getting on with life in the home, entertaining family and friends. It felt like a community.
- The relationship and connection between residents and staff. This was clearly evident in the responses provided in the Healthwatch surveys.

Service Provider Response

Recommendation 1

To display Healthwatch paperwork and leaflets, and to distribute to residents, family and friends for completing. Then collect and keep safe before any future Enter and View visits.

Service provider's response

We would like it to be noted that the service had initially collected several feedback forms, however the Healthwatch visit was cancelled on a few occasions and the feedback forms had been discarded due to the time lapse.

Once the new feedback forms were given to the home we had these at our reception for a week, however, residents and families did not choose to complete these.

Action Plan

1. We will endeavour to be more proactive in engaging with our residents and their relatives.
2. We will establish a file to retain the information for future visits.
3. We will raise awareness of the importance of the Healthwatch feedback within our resident and relative meetings. We will also record within our meeting minutes when information for Healthwatch has been shared.
4. We will locate Healthwatch leaflets within our reception area for accessibility to residents and family members.

Recommendation 2

Consider reaching out to other care homes to share what works well, in order to provide the best care experience for all.

Service provider's response

We would like it to be noted that the Home Manager is an active member of the Cheshire West and Chester Managers Forum. We cover topics each month and discuss best practice including sharing of improvement practices.

Care UK has a range of support services and forums where best practice, lessons learnt, and regional themes are discussed with fellow Home Managers both within the region and nationally. The Regional Director, Operational Support Manager, and guest speakers share divisional updates which facilitate continuous monitoring and sharing of best practices. Examples of the forums are Infection Prevention and Control, Lifestyle and activities, hospitality, business reviews, regulatory guidance and dementia specialist support. Locally we have a number of “site champions” for specialist areas who will cascade the information to the wider team within the home.

Action Plan

1. We will establish an evidence folder to hold minutes of meetings from the range of forums and evidence how that information has been cascaded with the team at Deewater.
2. We will establish a colleague noticeboard to share performance information with colleagues and keep them abreast of KPIs and how we continuously monitor to drive forward improvements. This will aid in raising the wider teams’ awareness of how care delivery is monitored both internally and externally.

Recommendation 3

Consider organising more day trips and encouraging more residents to be involved in these trips.

Service provider’s response

We would like it to be noted that there is a regular agenda item for the resident and relative meetings where suggestions for trips are discussed.

Both lifestyle colleagues have recently completed minibuss and escort driver training which will allow for more trips being offered, we aim to have at least one trip per week.

Action Plan

1. To implement a suggestion box for residents to be able to list their preferred trip destinations. This will be reviewed more frequently to

enable the lifestyle team to plan weather appropriate trips in a timelier manner.

2. We will establish a lifestyle folder which will evidence the “suggestion slips” to support the activity planner scheduled trips and the resident meeting minutes.