



Enter and View Report



Clarendon Court

Nantwich

24th January 2025

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Report Details

Address	Beechwood Close Nantwich Cheshire CW5 7FY
Service Provider	Maria Mallaband
Date of Visit	24 th January 2025
Type of Visit	With prior notice
Representatives	Jodie Hamilton Amanda Sproson Philippa Gomersall (Volunteer)
Date of previous visits by Healthwatch Cheshire East	16 th January 2020

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.

Clarendon Court

The Home is situated on a small housing estate; the roads leading to it were very busy with parked cars and traffic. It is close to link roads for visitors that travel from further afield and close to local amenities, a parade of shops and a local pub.

Healthwatch would like to note that we were greeted in a very friendly way. We were made extremely welcome and all staff we met were friendly and helpful. Healthwatch received three completed friends and family surveys and three completed resident surveys, the comments from which have been added to this report.

Findings

Arriving at the care home

Environment

The Home was fairly easy to find using google maps and had a clear signpost at the front of the grounds.



The building looked well maintained and the car park, although free of litter, was very small for the size of the Home. The parade of local shops has a car park with a 2-hour parking limit in place. The road approaching the Home was very busy with parked cars. The Manager explained that if a visitor parked on the car park, they could leave their keys and the staff would move their car for them if needed, so as not to disturb a visit.

The Home was secure and Healthwatch were let in via an intercom system.

The reception area was easy to find and Healthwatch were greeted in a very friendly and warm way. Healthwatch's identification was checked, and there was a paper sign in book in place.



The reception area was spacious, with a small seating area and had lots of useful information on display, such as how to make a complaint, concerns and complaints, four weekly menu for residents' meals, relatives and residents survey results from 2024, CQC ratings from 2019, six steps certificate from the ELOP(End of Life Partnership), review cards and QR code from carehome.co.uk, a poster announcing the care home's new dementia ambassador.

Clarendon Court has 55 bedrooms which all have a WC and a basin. The Home has eight discharge beds.



The Home is over three floors Weaver, Bluebell (dementia care) and Stapeley. Bluebell is well signposted with dementia-friendly signage. The floor is decorated very brightly in bold colours and there are interactive designs such as a café and a post office on the wall. All the residents' bedroom doors are a bright colour and decorated like a front door to help residents with dementia to find their room.

There are activity areas such as the washing area, where residents can hang or fold washing.



The first and second floors have the same layout and mirror each other; the third floor is slightly smaller. The home is very spacious with wide corridors with handrails. There are communal toilets and communal bathrooms and shower rooms on each floor.

Residents looked well cared for and looked after. There was a calm atmosphere as we walked around the home. Healthwatch representatives interacted with residents saying hello, and they all looked happy and said hello. It was noted many residents had their nails painted; the lifestyle

coordinator told us that one of the lifestyle team would paint the residents' nails and give massages. On the morning we visited we did not see residents in group activities as that time was designated for one to one chats, however there were however some residents sitting together in communal areas.

The standard of cleanliness throughout the home was to a good standard and was consistent right the way through; there were no odours, and it was very tidy. Everything had a home; there was no clutter. The bathroom and toilets were also very clean and tidy.

"Cleaning staff are really good, they are really nice too."

Treatment and care

Quality of Care

The Home had a mixture of residents up using dayrooms and residents who liked to spend time in their bedrooms. The residents that Healthwatch encountered that were out of bed were dressed in day clothes and looked well cared for. Personal hygiene was good.

Residents who wished to stay in their rooms were also dressed and sat comfortably either in a chair or in bed. The Deputy Manager explained it was personal choice where residents would like to be, and some residents were in their beds due to health decline. Residents in their rooms that we encountered or briefly saw as we walked past their rooms, all looked happy: some were chatting to staff..."

"Dad does not find it comfortable getting out of bed, he can as the girls will get him out and he has a special chair, but he hardly ever does. They are always in and out though, so he is very content."

A resident added-

"I stay in my room and the staff spend a lot of time with me. I like my television and radio for company and a chat with the staff."

The Manager explained during the visit, Healthwatch would see *"Lovely residents being well cared for, staff will be engaging with residents in a*

meaningful way. There will be lifestyle activities with the residents such as games and puzzles and music. All staff will be in full uniform and wearing the correct PPE."

"Dad says he loves the girls; they have really good banter with him which he really enjoys. It is nice to know that they look after him as they would their own."

"Staff are all very friendly and approachable."

"They are really lovely and caring, cannot fault the staff at all. Really kind to us."

Call bells went off and were answered promptly. On each floor there is a visual monitor that displays call bell alerts, indicating the floor and room.

"The nurse call buzzer can sometimes be noisy, and other peoples' televisions can be noisy too, but staff try to help and are very good at keeping the noise down."

"Sometimes we can hear the call buzzers of other residents, but they do go off quickly."



There is a salon on site, it was clean and tidy. The hairdresser attends weekly. The Home also has links with a barber, who attends on an ad hoc basis. There is an additional charge for these services.

If a resident needed a dentist the Home would refer residents to the community dental team, although this proves challenging. Some residents are registered with their own dentist, and residents will attend appointments. The Home does not have a

link with a specific dentist.

A chiropodist visits every six weeks, or more often if required. There is an additional charge for this service. Residents with diabetes are referred to the community chiropodist service.

“Vision Care at Home” who provide an Opticians service visit every six months. The Home will advise of new admissions. Residents can use their own optician if required.

The Home also has the following services that visit on a regular basis–

Physio, Occupational Therapy, MacMillan Nurses, Tissue Viability Team, Wound Care Clinic, Dietician and the Speech and Language Team.

Privacy, dignity and respect

Healthwatch asked how privacy, dignity and respect were promoted and maintained throughout the Home, we were told –

“The culture of the Home promotes this. All new staff are asked about this at interview stage. The residents’ care plans will reflect their privacy, dignity and respect; for example, how they like to be addressed, if they have a preference to gender of carer, if the resident likes their door to be open or closed. Carers will always knock on the door before entering, ask permission to enter and introduce themselves. Consent is gained at all times.”

“Dad feels really safe and comfortable, he has never mentioned anything negative about anything.”

“I always feel safe and well cared for.”

The Manager further added *“There is a hearing loop located in the ground floor lounge. All communications and information are available in large print. Talking books are available and picture cards are used if necessary.”*

During the visit Healthwatch observed staff taking the time to sit with residents and talk to them. While we were being shown around by the Deputy Manager, the staff took the time to acknowledge residents passing by saying hello and asking if they were ok.

“I consider the staff to be my friends, and I am very well looked after.”

Healthwatch did not observe any personal information relating to any of the residents during the visit.

Understanding residents’ care plans

The Manager explained, *"Residents have involvement in their care plans if they have capacity. The Home also has a resident of the day, when the resident will be spoken to, and their loved ones will be contacted, and all of their care plan will be reviewed."* They further added *"Residents' care plans are updated regularly and routinely once a month."*

The Manager went on to explain, *"Relatives have involvement in their loved one's care plans, and the care plans can be sent to the families if they have consent or a Lasting Power of Attorney."*

The Home is registered with Nantwich Health Centre, all residents are registered there. The Home will have a weekly telephone consultation with the surgery, and then, if necessary, a home visit will be arranged. A resident can stay with their own GP; however, they are made aware that they would have to arrange an in-person appointment at the relevant surgery as other surgeries would not visit the Home.

Respite patients are temporarily registered with Nantwich Health Centre.

Relatives commented:

"The Doctor could visit more often. Dad hardly ever sees him, maybe once last year, even when he has been poorly. The Nurses do it all and the Doctor just does it over the phone, but I am sure it would be the same if he was at home. Does not seem to be detrimental to Dad as he always gets looked after."

"Nurses are brilliant, but Doctors not so much. It has not caused any problems, but that is because the Nurses are so good. I am assuming he would come in if really needed."

Healthwatch asked *"If a resident becomes unwell and needs additional care, are you able to try and keep them at the home or do they normally go to hospital?"*

The Manager explained *"The Home will try to keep the resident at the Home wherever possible."*

Hospital admission would be necessary for something unexpected, or if provision was not made on the resident's care plan. The Home will try and have conversations with residents and their loved ones on admissions to ascertain their wishes should such an issue arise. The Manager went on to say *"The discharge process from hospital is not always satisfactory."* The Home found that the residents that were in their "Pathways Beds" were discharged when they were not always well enough, and this often resulted in re-admission to hospital. The Home has also found that the discharge notes are not always completed thoroughly, for example, information is omitted, or detail is lacking, an instance would be, walking with frame, when the reality was a hoist was required.

"Mum has been in hospital and another Home, and the care here is so much better in every way. Mum feels safe and that is priceless."

Healthwatch enquired if there was anything that could reduce hospital admission and improve discharge?

The Manager responded, *"Yes do not discharge before the resident is ready, and there needs to be a clear ready plan of action and care."*

The Home uses Boots in Winsford and has found that this service can be problematic, especially for the residents in the pathways beds, that are often discharged with a small amount of medications. The Home sorts this for the resident, however this is another issue with discharge.

Relationships

Interaction with staff

All the staff that Healthwatch met were wearing name badges; the Manager had explained that all staff wear badges and that some had their first names only, but others had their full names.

Staff were very friendly and were happy to talk to Healthwatch representatives. The Manager commented *"The staff are really good, very attentive, they know residents really well. Care staff are spoken to about what residents like. The staff get a lot of positive feedback."*

"We are extremely happy with the care."

The Manager had explained to Healthwatch that the Home is currently fully staffed and has no need to use agency staff. The Home finds that staff are happy to pick up extra shifts to cover sickness and holidays.

When agency staff have been required in previous times, the Home has always used the same agency with an agreement that the same staff were always sent.

"It is just a very friendly and nice place to live. Staff are very good, always see the same staff. Home is always clean and tidy."

"The staff are kind and helpful, we have the same staff mainly, which I really like."

The Home would have the expectation that agency staff would have the relevant training required. The Home would always look at the agency staff profiles prior to the person commencing a shift in the Home, and their training would be checked at this point. The Home will always have a full-time member of staff with agency staff.

Connection with friends and family

The Manager added, *"Also, the relationship with relatives is really good. The relatives say the Home and staff are like a second family. Relatives are welcome to spend the whole day in the Home with their loved one and are always welcome to have meal and snacks and drinks during their visit."*

During the visit Healthwatch did not observe any interactions between staff and friends or families.

The Manager said "The Home encourages families to visit their loved ones. The residents can have contact via their mobile phones and if this is not possible, then the Home will take a phone to the resident. Teams' calls can also be used, but this can be problematic for some residents.

"A phone line for the residents might be good, but not essential as staff always call you back, if you cannot be put through."

The Home will try any way possible to keep in touch.

The Home has open visiting, so no booking is required. There is also a policy that no professionals are to visit during mealtimes, so that residents can enjoy their meals without interruption. If friends and families are visiting at mealtimes, they are encouraged to eat with their loved one.

Healthwatch went on to ask "How do outbreaks impact on visiting? What do you put in place to ensure loved ones can still connect?"

The Manager stated that the Home will always be guided by Infection Control, and if there was an outbreak then the resident would have a named visitor, and visitors would be made aware of the risk of infection.

Friends and relatives would talk to staff or the Manager if they had a complaint, concern or any feedback. There is an open-door policy in place. Staff will also check with residents and relatives, and all visitors are encouraged to share any information.



"I would ring the Manager. I rang her when there was a problem with the chair, and she sorted it straight away."

"I would tell the person in charge; they ask me every month anyway if I am happy or have any concerns."

"I would tell the Nurse or Manager; I always stop for a chat. They are all very approachable."

There are regular resident, friends and family meetings which are held bi-monthly. They are generally not very well attended. The minutes are sent out to the residents' loved ones.

Wider Local Community

The Home has strong links with the local community. The Manager explained, *"The local school visits the Home and the local Church visits once a month. At Christmas we hosted a visiting pantomime. There has*

also been a visiting zoo. A local historian has also visited. Reaseheath College hosted a gardening club during the summer months."

Everyday Life at the Care Home

Activities

The Home calls their activities coordinators, lifestyle coordinators, and you will see these referred to throughout the report. The Home has 80 hours a week of lifestyle which is spread over seven days. The lifestyle coordinators will be guided by the resident and will involve them in things that they are interested in and person centred.

During the visit there were one to one activities taking place, which were daily morning chats, two of the lifestyle team were carrying this out.



Healthwatch noted a lifestyle timetable in each residents' bedroom.

"He has a timetable on his table, but will not join in. The man does come in and ask him if he wants to do anything, but he always says no, it is there if he wants it though."

"He has a newsletter and plan delivered every week"

"She has a lovely newsletter and plan every week."

"I have a plan, but I am not very interested. I am happy with my television and radio."

"We have a plan delivered every week."

Activity notice boards on each floor displayed information such as a salon price list, dates for the next flower arranging afternoon, dates for when a three piece band is playing, movement and breathwork classes – days and time, next Holy Communion and photographs from recent activities. The Manager also added *"There will be lots of reminiscing, one to one time. Games and puzzles."*

Healthwatch observed three residents sat in the lounge watching TV and listening to the radio on the TV. Residents were happy and looked well cared for. The lounge had views of the garden. Healthwatch also saw that the Home has Rita (Reminiscence/Rehabilitation & Interactive Therapy Activities) , and the Deputy told us the lifestyle team use this with the residents.

The Lead lifestyle team member is very engaged with the residents and shared their involvement with activities throughout the home, the Manager had already explained that the lifestyle coordinators will ask the residents what they would like to do.

"I really enjoy all of the activities; we have a really good time together."

The Lead lifestyle team member is very keen on movement and will incorporate this as much as possible in any resident activity which is tailored around the residents' capabilities. The activity team will work closely with the therapist to include suitable movement within their activities.

Residents' comments about the activities include:

"The activity chap is great. I love the activities especially the breathing and exercise classes. All the staff are very nice too."

"The activities chap delivers me a newsletter and points out things to me that he thinks I would enjoy. He always comes to remind me too, but is very respectful when I decline."

The Home also celebrates lots of special occasions and dates of note such as: Burns supper, Wimbledon, the Grand National and the Olympics.

Healthwatch visited the day before Burns Night and the kitchen was busy perfecting deep fried Mars bars, which we were assured were delicious.

Recently a resident was unable to attend a family wedding, so the Home set up a mock wedding at Clarendon Court. The Bride and Groom and some close family members had a service and the Home provided a wedding breakfast so that the resident felt part of the day.

The Home celebrates birthdays, anniversaries, Christmas and Easter.

They also do what they can to take residents out ,but lots of residents are not able to go out. The residents' care plans and needs can make this challenging, however, for those that are able, the Home will take the residents to the local pub or the local shop. There are plans to go to a local garden centre later in the year.

"I like to go out, but very few other residents do. We have had a trip or two cancelled, as no one has wanted to go, which is a shame, but I go out with my family often so that is fine,"

"Not sure if they go out, but Mum would not want to go."

The Home has access to company transport that can be requested.

Person Centred Experiences

Healthwatch asked "How do you ensure residents' experiences are person centred?"

The Manager explained *"The Home spends a lot of time prior to admission getting to know the resident. The Care plan is all about them. What they like, their interests, how they like to be addressed, how they like to dress. If the resident has capacity, it will also be discussed when the resident would like their family to be contacted, and the resident's wishes should they need to go to hospital."* The Manager added *"The Home also has a resident of the day, on this day, the resident would have a full review of*

their care plan, the resident would be spoken to, and the family will be contacted."

St Mary's Church attend once a month to conduct a service. Other denominations are contacted as required and are always found to be very accommodating.

Residents commented:

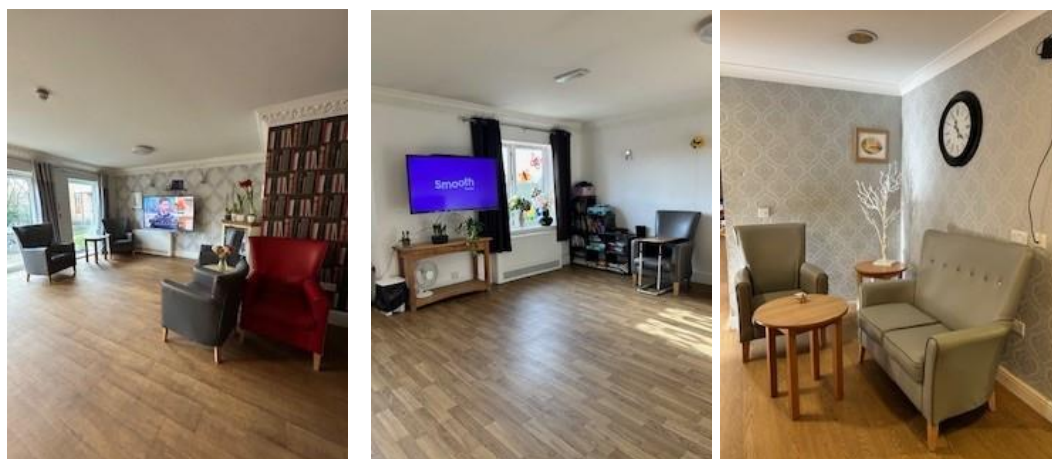
"I visit my own Church, and we have a service here too, sadly poorly attended."

"I know the Church come in and I did go at Christmas for the service and carols, but I usually do not bother."

Pets are welcomed to visit and lots of visitors bring their dogs.

Residents are not currently permitted to have their own pets. The Home has a cat that visits from the local houses that enjoys lots of attention from the residents. The Home has recently applied for a therapy dog.

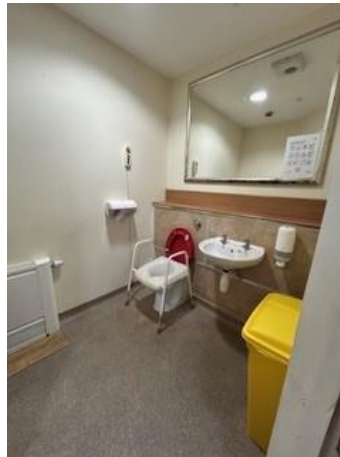
Communal Areas



The care home has three floors with stair or lift access to all floors. The housekeeping was of a very good standard throughout the home. All information displayed on notice boards was mirrored on each floor.

The level of care efforts made by the staff were of the same standard on each floor.

"I have been for respite twice before and it is so much nicer here. Maybe, an ensuite shower would be nice."



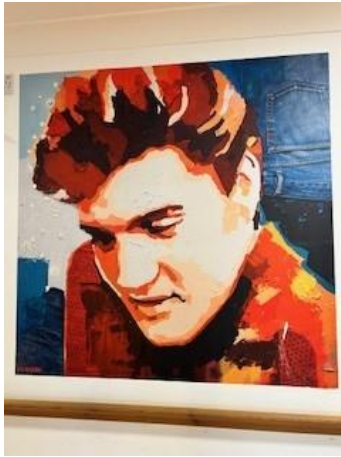
Communal bathrooms including shower and bath, were very clean, tidy and spacious, allowing plenty of room for mobility aids.

Healthwatch noted corridors were wide with handrails and communal corridor had seating for rest areas. The furniture was in good condition and in line with the home's décor.



There was a communal lounge and dining room on each floor, with communal seating areas along the corridors. The lounge areas had views of the garden and surrounding areas and all had a homely feel, with plenty

of comfortable seating for residents to sit and relax, watch TV, listen to the radio, or take part in activities.



There was lovely artwork around the care home on the walls.

There was also a dementia-friendly clock that tells you the day of the week.



The second floor had been decorated for the needs of residents living with dementia. There were dementia-friendly murals on the wall, for example a post office, a café, London Bridge and Big Ben. Residents' bedroom doors were colourful and there was clear wall signage to the bathroom, dining and so on.

During the visit Healthwatch noted that there were no odours, the atmosphere was calm, and the noise level was pleasant.

Residents' bedrooms



Bedrooms were all spacious with adequate furniture and large windows which allowed plenty of natural light. The rooms all had a separate en-suite with toilet and basin. It was noted by Healthwatch that some bedrooms had views of the gardens.

Residents had decorated their rooms with personal possessions such as art and personal photographs and personal items were seen in the residents' bedrooms.

"Dad is not that bothered, but the staff still told me to bring bits in, so I have, and it does work."

"We have brought in furniture and lots of personal items and the maintenance man helped us with moving it in."

"I have all my own pictures and ornaments around me, which makes my room feel like home."

The Home has never been asked if a couple would be able to share a room nor if space would be an issue. The resident's care plan would be used to decide and if the resident only required residential care, the Home would try to accommodate the request.

Outdoor areas

The garden area was on the smaller side. It was accessible and had seating for residents. There was evidence of bulbs having been recently planted in a planter. The activity team explained that they had bought some planters that could be lifted onto tables for residents to access

easily. Some keen gardeners at the home recently planted wildflowers in the wooden planter in the garden as well as tulips and daffodils in the plastic planters.



Healthwatch noted that the garden was accessible and very well maintained.

Food and drinks

The Home has their own in-house catering staff, so all meals are prepared freshly each day.



The dining room is separate to the lounge with a small kitchenette. All hot food is cooked in the main kitchen and brought down on hot trolleys to be served from the kitchenette, which is also used to make drinks, store snacks, serve breakfast and so on. The

dining area and kitchenette were very clean and tidy; the tables were all set and ready for the next mealtime. Menus on the tables showed the week's menu on one side and then the daily menu on the other side.

The Manager explained *"The residents will be asked the day before for their choices for the following day. If the resident does not have capacity, then staff will choose for them. Picture menus and show plates are used."*

Relatives commented:

"The girls go in and ask him."

"The staff come to him with the menu."

"The staff ask her what she wants."

Healthwatch noted that there were menus displayed in each dining room on well-presented dining tables all set up for the day. The dining room was set up in an attractive bistro style.

There were also four weekly menus on display in reception. There were currently no pictorial menus. The lunch served on the day we visited was Fish, Chips and Mushy Peas, which looked very appetising.



The Home caters for modified diets, vegetarians, gluten free and egg free.

Residents can eat their meals wherever they choose. Most residents like to eat their meals in their rooms. Relatives are welcome to join their loved ones for mealtimes.

Relatives commented:

"Dad eats in his room, nearly all of the time, but very occasionally the girls persuade him to get up and join everyone in the dining room."

"Mum sometimes eats in the dining room, but mostly she prefers to stay in her room, but either is just fine."



There were snack stations throughout the home offering drinks and snacks including crisps, mini cakes and biscuits.

Healthwatch were not given any food, but we did see lunch being served, there were alternatives available to the daily menu. There were also some plated salads available. "The Manager explained *"There are always two options, if a resident does not want these, the kitchen will make them an alternative."*

"Food is lovely."

"Not like my own cooking, and I do love to cook, but perfectly adequate."

"I like the food, it is tasty and hot, we get a good choice."

"I can ask for anything I would like, and the kitchen staff will make it for me. My appetite is not what it used to be though. Maybe I am a little fussy."

"I eat most things. I am quite easy to please."



The soft option didn't look appetizing- a recommendation to use food mould for the soft option

Biggest challenges... The Manager thought that the biggest challenges were funding and managing relatives' expectations. For example, if a person had been to the Home for respite care, and their loved ones would like them to remain, this is not always possible due to funding levels.

Biggest success to date... The Manager thought that the biggest success to date was turning the Home around to make it as it is today, with amazing staff, achieved with support of nursing experience.

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.

The Home uses all the above initiatives.

Recommendations

- To work on making the adapted diets appear more appetising
- To try to arrange more outings for residents.

What's working well?

- The knowledge that staff have of residents
- Staff are well respected by residents, families and their peers
- Communication between staff and visitors
- The lifestyle team and their efforts to engage with all residents
- The standards throughout the Home.

Service Provider Response

Service Provider's Response

**** to be completed by the Care home manager and returned via email****

Recommendation 1

To work on making the adapted diets more appealing.

Service provider's response

This is an area of development for all of MMCG homes. We are focusing on improving our dining standards throughout our homes with our 'Hug on a Plate' initiative. This includes all modified and specialist diets. Making our meals comforting, appetizing and nutritious.

Action

The Home Manager and the kitchen team have attended a workshop and training day on the presentation of all meals and the dining experience. We have gained vital skills in presenting our meals and modified diets. We have learnt how to pipe and present modified diets to be more appetizing and tasty. This training will be rolled out to all staff and we will continue to support those living with us to enjoy a positive dining experience.

Recommendation 2

To try to arrange more outings for residents.

Service provider's response

We continue to focus on our Lifestyle provision. This is an area of development and investment for MMCG .

Action

We have strengthened our team and now have three staff who provide Lifestyle opportunities over the seven days including weekends and bank holidays. Our Lifestyle team are working with those who live with us to make our plans for the coming weeks and months including trips out and plans will be made available for everyone to choose what activities and trips out they would like to participate in.

Any other feedback from the Service Provider

Thank you for visiting us and being so lovely and positive during the day. Thank you for your report and all the lovely positive findings you have highlighted. We are very proud of our home and love what we do, making a difference to those in our care drives everything that we do and we are very proud to be making a difference each and every day.