

# **healthwatch**

## **Cheshire East**



**Enter and View Report**

**Mayfield House**

**Mayfield Mews, Crewe**

**23 May 2025**

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## Report Details

<b>Address</b>	Mayfield Mews, Crewe, CW1 3FZ
<b>Service Provider</b>	Littleton Holdings Ltd
<b>Date of Visit</b>	23 <sup>rd</sup> May 2025
<b>Type of Visit</b>	Prior Notice
<b>Representatives</b>	Jodie Hamilton Amanda Sproson Lex Stockton Philippa Gomersall
<b>Date of previous visits by Healthwatch Cheshire East</b>	4 <sup>th</sup> July 2018

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

## What is Enter and View?

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

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

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

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

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

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

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

## Purpose of the Visit

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

## Methodology

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

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

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

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

## Preparation

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

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

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

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

## **Mayfield House Care Home**

### **Short overview**

Mayfield House Care Home is a purpose-built residential facility located at Mayfield Mews, Crewe, Cheshire. The home provides accommodation and personal care for up to 51 older adults, including individuals living with dementia. At the time Healthwatch visited the care home, there were 38 residents living at the home.

### **Residents and Relatives' Feedback**

Prior to the Enter and View visit, Healthwatch Cheshire provided Mayfield Care Home with surveys for both residents and relatives to gather feedback about their experiences at the home. A total of 18 resident surveys and 3 relative surveys were completed and returned.

However, during the review of the responses, it became apparent due to their conditions that some residents appeared to be confused by the questions, leading to inconsistencies in the information provided. As a result, Healthwatch Cheshire made the decision not to include the resident survey data in this report to ensure the accuracy and reliability of the findings. Feedback from relatives has been included where relevant.

# Findings

## Arriving at the care home

### Environment

Mayfield House was easy to locate; however, signage for the home was limited. There was no prominent signpost, and only a small plaque mounted on the right-hand side of a wall indicated the care home's presence. This signage was subtle and could easily be missed by first-time visitors.



A good-sized car park was available at the front of the building, although it was unsecured. On arrival, the exterior of the building appeared to be well-maintained, giving a positive first impression.

Entry to the home was managed via a doorbell system at the reception entrance. A friendly and welcoming Care Team Leader promptly greeted Healthwatch representatives. We were invited into the home, where our ID badges were checked, and we were asked to sign the visitors' book while the team leader informed the Manager of our arrival.





The reception area displayed a wide range of information for visitors and residents. This included the home's food hygiene rating, a Healthwatch poster, an activity planner, End-of-Life Partnership information and a compliments book. There was also a professional feedback book, along with details of upcoming events and celebrations such as a Sports Day and the Christmas 2025 pantomime. Information about the next relatives' meeting was also available, as well as a display explaining Famileo.

(Famileo is a digital communication tool designed to help care homes and families stay closely connected.)

Healthwatch representatives were given a tour of the home by the Care Team Leader. During the visit, the Manager answered a series of questions about life at the home for residents. The responses and insights gathered will be included throughout this report.



## Treatment and care

### Quality of care

During the Enter and View visit, Healthwatch representatives spoke with the Care Home Manager about healthcare provision and the overall quality of care provided to residents at Mayfield House.

The Manager shared that all residents are registered with Millcroft Surgery, which enables the home to arrange GP home visits when required. This arrangement is explained to residents and their families upon admission. If a resident strongly wishes to remain with their existing GP, the home will support this, although home visits would not be available in such cases. The Home has a good relationship with Millcroft Surgery, with an Advanced Nurse Practitioner visiting every Thursday and a GP attending every other



Thursday or as needed. The Home is also working to establish regular monthly multi-disciplinary team (MDT) meetings.

Healthwatch asked what would happen when a resident became unwell at the home, and the Manager told us that when a resident becomes unwell, the Care Home endeavours to provide care in-house wherever possible, using the RESTORE2 tool to monitor health and following medical advice. Families are consulted and kept informed throughout. If a hospital admission is necessary, residents are sent with an emergency pack containing their medications and Do Not Attempt Resuscitation (DNAR) documentation. The Home maintains communication with the family during the resident's hospital stay and upon discharge.

We asked the Manager about the Care Home's experience of hospital admissions and hospital discharge and the Manager reported no significant issues with hospital admissions. Upon discharge, the home reassesses returning residents to ensure their needs can still be met safely. While residents usually return with their medications and DNAR forms, discharge paperwork is not always included, requiring the home to contact the hospital ward directly to obtain the necessary information.

The Manager told Healthwatch "Admissions could be reduced by encouraging residents to take more fluids, we are actively trying and are using hydrating training. Generally, residents go to the hospital because they have a UTI.

There is a range of healthcare services to support residents' ongoing needs. These include regular visits from a private chiropodist every two months (at no extra cost for self-funded residents), twice-weekly visits from a hairdresser who also offers barbering services, and eye care services provided by Eyecare at Home.

Dental care access remains limited, with no formal arrangement in place. Some residents continue with their own dentists, and referrals can be made to a practice in Nantwich via a dedicated form.

The home receives pharmacy services from Clear Pharmacy, which the Manager described as excellent. Any issues that arise typically relate to prescriptions not being issued by the GP, rather than the pharmacy service itself.

In addition to primary care, the home receives visits from a range of external health professionals, including dietitians, the SALT (Speech and Language Therapy) team, physiotherapists, the tissue viability team, and district nurses when required.

Healthwatch representatives observed that many residents were up and dressed in day clothes and were present in communal areas throughout the building. Overall, residents appeared well cared for, with attention given to personal grooming and dignity.

During the visit, Healthwatch representatives did not hear any call bells sounding, which prompted us to ask the Care Team Leader about how the call bell system operates. In response, they provided a demonstration of the system and explained how residents use it to request assistance.

When a call bell is activated, the corresponding room number is displayed on wall-mounted monitors located throughout the home. In addition, a flashing light appears outside the resident's room. A green flashing light accompanied by an audible alert indicates a standard call for assistance, while a green and red flashing light with a distinctive alarm tone signals an emergency. This system helps staff quickly identify and respond to residents' needs based on urgency.

Healthwatch would like to note that during the time spent with the Manager, a call bell was sounding in a room that the Manager explained should be unoccupied. The Manager excused herself and went to check this straight away.

In the surveys Healthwatch asked residents and relatives what is the best thing about life at Mayfield House. We were given the following responses from residents:

"I like my room"

*"Feeling safe"*

*"The coffee"*

The following responses from relatives:

*"The person feels safe that she is interacting with staff and others."*

*"The carers and staff are lovely and friendly."*

*"The food looks amazing."*

*"I know my family member is safe and well looked after."*

*"Engagement of staff. Food!!"*

*"My mum is very happy at Mayfields. The staff are lovely and caring."*

*"Company and food"*

*"Safe and cared for"*

*"The staff, the food, and the activities"*

*"The care given is very good. My relative is dressed in clean clothes, and his personal care is carried out well. The standard of food is excellent, and every encouragement to eat and drink is given. Communication from the team is good with regards to my relative's health; if there is a problem, I am contacted. The team are very caring and friendly."*

*"Lots, the staff mainly, they're attentive and actually caring, but also the environment is nice, it is clean, has character and different areas to move about in."*

*"There is always staff available to care for my mother's needs. Having staff members there if you need to ask anything. They are always very friendly and helpful. Excellent choice of food/drinks."*

*"Being looked after/cared for 24/7"*

*"24/7 care, especially the night checks that are carried out. A lot of thought goes into the meals that are provided and there are drinks and biscuits being offered regularly."*

*"Persons are well looked after"*

*"The staff are so caring, they have been so good to my mother. All staff at the home, from the day carers, night carers, kitchen, laundry cleaning staff, all are so helpful and friendly. They have activities for mum to get involved in. Beautiful garden to relax in."*

*"Company and care"*

*"The food seems very good."*

*"Staff are very caring and treat her like a person and not as if 'it's just a job'. Lovely home."*

*"My dad is happy, well cared for, the staff always involve our family in everything, nothing is too much trouble. Dad is a fussy eater and they ensure he has meals that he enjoys and are healthy. Dad is relaxed and has lots of friends."*

Overall, the responses reflect strong satisfaction with both the care and the atmosphere provided at the home.

When Healthwatch asked the residents and relatives in the survey if there was anything they would change, two residents shared that there was nothing they would change, and a resident shared, *"make sure there is chocolate in biscuits."*

Six relatives just said "No" there is nothing they would change, and we received the following comments:

*"Nothing really. But needs at least 1-2 carers available in lounge/conservatory at all times in case of an issue. Dementia unit more brighter."*

*"Nothing"*

*"It would be good to be supplied with an up-to-date list of staff who care for my relative. I like to email about anything that isn't urgent with regards to any admin etc. If sent by email, staff can respond at a time convenient to them. It would also be good to see more staff at a weekend, however, I am aware that it can be very hard to do this if someone is off sick etc. Sometimes I feel for the staff when they are short-staffed, it's a huge responsibility caring for someone and if there was an emergency, it could rapidly escalate without more support."*

*"Not really, due to my occupation, I've seen dozens of care homes in my time and this is a really good example."*

*"Like most places they need more staff. But doesn't stop them being available."*

*"Sometimes laundry is mixed or not returned to the correct owner even when named. Similar with toiletries (now marked)."*

*"Not a thing"*

*"My main point of contact left the care home unknown to me. My emails sat in her inbox for two weeks until I phoned up. This should not have happened as it could have been urgent. The IT needs looking at."*

*"No, I'm happy with Mayfield."*

## **Privacy, dignity and respect**

The Manager explained that the home promotes privacy, dignity, and respect in the day-to-day care of residents. Care staff are trained to knock before entering a resident's bedroom and to greet each resident by name. When providing personal care, staff ensure that curtains are drawn to maintain privacy and that residents are appropriately covered at all times. Staff also communicate clearly with residents, explaining each step of care and working at the resident's preferred pace. Residents are supported to make choices, such as selecting their own clothing, and consent is always sought before care is delivered.

In terms of accessible information and communication support, the home provides pictorial menus and offers some materials in large print. Picture cards are also available to aid communication where needed. However, the home does not currently have a hearing loop system in place.

All residents in the survey indicated that they feel cared for, safe, and respected. They also confirmed that their dignity is maintained and that they have privacy. This suggests a consistently positive experience among residents in these key areas of care.

We asked relatives in the survey, 'Do you feel the person you're visiting is cared for, safe, respected, their dignity maintained, and they have privacy?'; we received 18 responses:

- 16 respondents said "Yes"
- One said "Sometimes"
- One left it blank, with a note explaining privacy isn't applicable.

The following comments from relatives were received when asked if there is anything else they would like to add:

*"Mum is cared for. When I leave, I know she is being looked after as well as if I was there."*

*"Privacy is not required for my parents – it is not safe for them to be on their own."*

*"Safety is a concern when the home is short staffed, however, there has not been a problem, this is just an observation of what could happen when this situation arises."*

*"A lot of effort and communication has been made to keep the person safe."*

*"Mum has to be assisted a lot more now, but her dignity is always paramount to Mayfields."*

*"We visit every three to four months due to living 200+ miles away. There never seems to be any management staff on duty at weekends when we visit to answer any questions. The staff on duty usually are unable to answer our questions which is frustrating as it is far easier to discuss any issues face to face with someone who can answer any questions."*

*"Having been very independent before going in the home she struggled with the help but now trusts the staff and now happily accepts all help now as cannot do much for herself."*

*"My dad always likes to look smart, the staff always respect this, I feel the atmosphere at Mayfield is friendly, lots of laughter."*

## **Understanding residents care plans**

During the Enter and View visit, the Manager explained that the home now uses a digital care planning system. Residents' care plans are formally reviewed on a monthly basis. However, updates are also made in real time by Team Leaders if there are any changes in a resident's condition, such as a decline or improvement in mobility.

Resident involvement in their own care planning is encouraged wherever appropriate. When a new resident moves in, staff carry out a "This is Me" conversation to gather personal information, preferences, and care needs. This forms the basis of the care plan, which residents can amend if they choose to do so.

Relatives are also invited to be part of the care planning process. They are asked how involved they wish to be and are kept informed of any updates or changes. In addition, they are encouraged to participate in regular reviews of the care plans to ensure that the support provided continues to meet their loved one's needs.



## Relationships

### Interaction with staff

The Manager described the relationship between staff and residents as “really good,” noting that staff enjoy laughing with residents and often take time to sit with them and talk about their younger lives. This indicates a warm, engaging, and respectful rapport that goes beyond basic care.

During our visit, Healthwatch observed care home staff interacting warmly and patiently with residents. Staff were attentive and supportive, especially with residents requiring assistance. At mealtimes in the dining room, we observed lively and positive engagement, including laughter and friendly conversations between staff and residents. Notably, one resident was seen sharing a joyful moment with staff, appearing very happy and at ease.

Equally, the relationship between staff and residents’ friends and families was described as “really good.” Families are made to feel like part of the home, and the Manager shared, “we look after everybody, not just the resident,” highlighting an inclusive and supportive approach to care.

All staff members wear name badges that include their name, photo, and job title to ensure transparency and familiarity for both residents and visitors. Healthwatch noted that staff wore name badges.

The home has previously used a lot of agency staff, however, the home has recently recruited two new members of staff, so the use of agency staff should reduce. The home uses the same agency and requests that the same agency staff attend. To ensure agency staff meet standards, the home receives a profile that includes the individual's training records. These are reviewed before the staff member starts, and any concerns about training are reported back to the agency. For new agency workers, the home carries out a mini induction to ensure they are appropriately briefed and integrated into the home’s routines.

## Connection with friends and family

During the time Healthwatch visited the home, we did see a family member visiting their loved ones. We, however, didn't get the opportunity to speak with them.

Friends and relatives can stay in touch with residents through various means. The Manager told Healthwatch that those who are not local typically phone the home, while others visit in person. This is something the home sees a lot of. Families also have the option to email the home for updates. For remote communication, iPads are available to facilitate FaceTime calls between residents and their loved ones. Families can keep residents updated on what's happening in their lives at home via Famelio.

There are no restrictions on visiting. Visitors are welcome at any time without the need to book, and they may spend time with residents anywhere throughout the home.

In the event of a contagious outbreak, visiting is not stopped. The home follows guidance from Infection Control. A sign is placed on the door advising of the outbreak, and visitors are then able to make their own decision about whether to enter.

The Manager told us that if friends or relatives wish to raise a complaint, concern, or offer feedback, they can do so directly with them, often via email or through Team Leaders. The home aims to resolve any issues as promptly as possible, and the Manager maintains an open-door policy.

Friends and relatives' meetings are held quarterly.

The next meeting is scheduled for May 24th, 2025. These meetings are promoted by posters around the home and via a generic email. The Manager told us that the home is also looking into promoting them on social media, although attendance has generally been low. Healthwatch saw on multiple notice boards evidence of a future planned relatives' meeting.



## Wider Local Community

The Manager expressed that the home is trying to do more to engage with the local community.

Healthwatch provided the home with information about the University of the Third Age (U3A), which frequently collaborates with care homes in the local area.

Connections with local schools have not yet been re-established following the pandemic lockdowns. However, the Activity Coordinator has made contact with Therapy Dogs as part of a wider effort to bring more external interaction and enrichment into the home.

## Everyday Life at the Care Home

### Activities

The Manager shared that Mayfields House has an Activities Coordinator who works 35 hours per week, Monday to Friday, who was sick on the day that Healthwatch visited. They also support activities on weekends during special occasions.

A variety of activities are offered to keep residents entertained and stimulated. These include bingo, quizzes, crafts, and film afternoons in the cinema area. Outdoor amenities include a large Connect 4, croquet, and a bar area for residents to enjoy.



The Manager shared that Information about upcoming activities is clearly displayed on a board near the reception area, and staff remind residents daily of what is scheduled. Participation is encouraged, and for those who prefer to stay in their rooms, the Activities Coordinator offers one-to-one sessions in the mornings. These are personalised to reflect residents' interests, often based on hobbies or pastimes they enjoyed in their younger years.

Special events and milestones are recognised and celebrated. The home marks 100th birthdays and anniversaries with cake, balloons, and gifts. Other events such as VE Day, Wimbledon, the Grand National, football tournaments, and Trooping the Colour are also observed, adding a festive spirit to the home environment.

Residents are taken on outings every Wednesday, weather permitting. Recent excursions have included a Wheelie Boat trip, visits to local parks, coffee shops, garden centres, shopping trips, and cinema visits.

While the home does not have its own transport, it makes use of local taxi firms that offer wheelchair-accessible vehicles to ensure all residents can participate safely and comfortably.

During the time of Healthwatch's visit, no activities were taking place due to the sickness of the Activity Coordinator. Residents appeared unstimulated and many were observed sleeping in their chairs. Although the television was on in both the lounge and conservatory, no stimulating activities were occurring during the visit.

A mix of responses was received from relatives when we asked if the person they are visiting takes part in group activities or 1-2-1 activities. Some relatives reported that the person they are visiting does take part in both group and one-to-one activities, with several answering "Yes" or "Sometimes". However, a significant number of responses were "Don't know", particularly for one-to-one activities, suggesting that either these activities are not clearly communicated or not consistently available. A few relatives also indicated that the person they visit does not take part in activities at all. This highlights potential gaps in engagement and suggests the need for clearer communication and consistent delivery of activity sessions.

Some relatives made the following comments regarding activities at the home:

*"Activities arranged at the home have been improved considerably over the past year. My relative doesn't join in even though staff/family encourage this. This is no reflection on what activity is offered."*

*"Dad has always preferred his own company and is not a social creature at all. Therefore his minimal take-up of activities and social events is likely to be far lower than normal."*

*"My mum has dementia so is less independent."*

*"The person takes part in the activities she wants to do."*

## Person Centred Experience

The Manager explained that residents enjoy sitting with their friends. Healthwatch observed that over half of the residents at the care home were sitting in communal areas throughout the home; there weren't many residents who were still in their rooms at the time we visited.

While the home does not currently operate a "Resident of the Day" initiative, plans are in place to introduce this in future. When implemented, it will include a review of the care plan, their nails being done, a visit from the kitchen to discuss meals and for the maintenance department to check for any jobs that need doing in the residents' rooms.

Healthwatch was told by the Manager that residents can raise complaints, concerns, or feedback in a number of ways. Often, concerns are communicated via family members, though residents also speak directly with the Manager or Team Leaders. Healthwatch did not see any information visibly displayed within the home on how to provide feedback or make a complaint.

The majority of relatives in the survey (17 out of 18) said they knew how to give feedback, raise concerns, or make complaints. Most indicated they would speak directly to staff, including Managers, Senior Carers, or Team Leaders. using email, phone calls, or having an in-person conversation. Some referred to following the procedure outlined in the handbook, while one person admitted they weren't sure of the formal policy but had successfully used email and received prompt responses.

Only one relative said they did not know how to provide feedback or make a complaint.

The Manager told us that resident meetings are being formalised to occur every other month.

For residents with religious or spiritual needs, a local church visits the home once a month and offers room visits for residents who cannot attend

communal services. The home is also prepared to contact other faith representatives as required.

Pets are welcomed for visits, and there is currently a resident cat that originally moved in with their owner. The cat now lives in the resident's room.

## Communal Areas

The décor throughout Mayfield House felt homely and in keeping with a residential setting. However, sitting rooms and corridors lacked natural light, making some areas feel dim. Although the corridors are accessible and equipped with handrails to support residents with mobility issues, the limited natural light made them appear dull in some areas.



Overall Healthwatch found the cleanliness of the home to be good, and the majority of relatives expressed positive views regarding the cleanliness and tidiness of the care home. Most responses indicated they were either happy or very happy with both aspects. A few relatives were satisfied.



The overall temperature in the home was very warm, and in some areas, it felt too hot. When a door was briefly opened in the dining room to allow cool air in, a resident expressed discomfort from the cold, highlighting the sensitivity to temperature common among older people.

Furniture was generally in line with the home's décor but appeared tired and worn in some places. Certain pieces showed signs of wear and tear and would benefit from replacement.

There were no unpleasant odours detected, and the home had a fresh and good atmosphere. Noise levels were very low, contributing to a calm and peaceful environment.

Communal hygiene facilities include shared bathrooms, toilets, and a shower room. However, Healthwatch noted that one bathroom had a missing bath panel, which should be addressed. All facilities were clean.

The home features several communal areas, including two lounges, a cinema room, two conservatories, two dining spaces, and an orangery. While these spaces offer variety, the corridors and walls were plain and lacked visual stimulation. Healthwatch recommends adding local historical photos from Crewe and familiar imagery from the residents' generation to create a more engaging and memory-rich environment.



## Residents' bedrooms

The home has a total of 51 registered bedrooms, with only one room not en suite. Healthwatch was able to see two empty rooms which were spacious with lots of natural light; one room was slightly larger. Healthwatch was unable to see into other residents' bedrooms as all doors were closed. When asked why this was the case, the Care Team Leader explained that residents' doors are kept closed due to fire safety regulations.

Residents are encouraged to personalise their rooms with their own belongings and furniture to create a familiar and homely environment.

The majority of relatives (16 out of 18) stated that the person they were visiting was able to personalise their room and make it feel like their own, by adding items such as furniture, photographs, and other personal belongings. Two respondents answered "Somewhat," suggesting that while some personalisation is possible, there may be limitations. The Care Team Leader explained to Healthwatch that residents are welcome to make their room their own, they only ask that they don't remove any furniture that is already in the room as the home does not have anywhere to store these items. These were items such as a wardrobe, chest of drawers, bed etc.

Visitor comments in the survey reflected this, One noted that their mum's room has a lot of items from her home, including many family photos. Another shared that personalisation had been achieved through family photographs. However, one visitor mentioned that although they had tried to encourage their dad to personalise his space, he preferred a very plain room. Another suggested that a chair for their mum to sit on *"During personal care, rather than the toilet, would improve her comfort."*

Healthwatch asked the Manager if couples could live together in the home and they told us that couples can be accommodated in the same bedroom, and the home has supported this arrangement in the past when requested.



## Outdoor areas

There is one outdoor area for residents to use at Mayfield House. The garden is spacious, with plenty of seating, including shaded areas covered by a gazebo. It offers several places for residents to sit and relax, including a bar, a BBQ area, a designated smoking area, and an orangery. While there are no raised planters, there are planting pots hooked onto the fences that can be taken down to allow residents to plant bedding plants.

Healthwatch observed a resident being supported by a staff member to access the garden and use the designated smoking area.

The Care Team Leader explained that on warmer days, residents make use of the garden, and the home has previously hosted BBQs and summer fairs there.

Healthwatch asked relatives in the survey if the person they are visiting spends time outside and the majority of respondents indicated that they sometimes spend time outside, with a smaller number confirming they regularly do. A few noted that residents do not spend time outside, and one respondent was unsure. This suggests that outdoor access is utilized.



One relative shared *"The orangery is always available to us as a family! We celebrate all birthdays."*





## Food and drink

The Manager shared that at lunchtime, there are two options for hot meals and two choices of dessert. Alternatively, residents may choose from a light bite menu, which includes items such as jacket potatoes and omelettes. For tea, there is one hot meal option or sandwiches, along with two dessert choices. Meals are planned on a two-week rotating menu. During our visit, Healthwatch noted that there was a daily menu on the table for the day's meals, and there was also a picture menu available, which was impressive. Not only did the menu have pictures, but there were also words that residents could point to in order to help with their choice at mealtimes.



Healthwatch observed the lunchtime routine. The dining room was well attended by residents, and we noted that all staff members wore aprons while serving food. However, some staff had long ponytails that were not secured, and Healthwatch recommends that hair nets be worn to cover long hair in order to maintain food hygiene standards.

Meals were served from a hot trolley, with a designated staff member reading from a list of residents' pre-selected meal choices. On the day of the visit, the meal options were fish and chips or chips and egg. The meal service ran smoothly, and staff provided assistance to residents where needed. Drinks and condiments were readily available.



Healthwatch also observed meals being delivered to residents who were dining in their rooms. In these instances, no gloves were worn by staff, and the meals were carried without a tray or plate cover as they were transported through the home. Healthwatch recommends that, in line with food hygiene regulations, staff should wear gloves when delivering food, and meals should be carried on a tray and covered with a plate cover to reduce the risk of cross-contamination.



Special dietary requirements are fully catered for, including diabetic-friendly meals, pureed diets, and individual preferences such as types of meat. Healthwatch were able to see a soft option meal on the day that we visited and can confirm that no moulds were used during the serving of this meal.



Residents have the flexibility to eat in the dining room, lounge, or in the privacy of their own rooms.

Snacks and drinks are available throughout the day via regular tea trolleys. These offer a variety of drinks including Horlicks, juice, and water, along with biscuits. On Fridays, fruit is offered, and the home is gradually introducing a wider range of snacks such as cheese and crackers and crumpets. Tea and snack trolleys are provided in the morning, afternoon, and evening.

Healthwatch observed hot drinks and biscuits being served on the morning of our visit.

Relatives are welcome to join residents at mealtimes, provided they give prior notice.

### **Biggest challenges...**

The Manager shared- Staffing – particularly retention and recruitment. They had two long standing members of staff leave recently as the care profession had got too much for them. New staff (entering the profession) don't seem to realise what the job entails. It's difficult to find the right people who want to put the work in.

Documentation has increased. Moving from paper to digital takes longer as you have to go into different sections of the platform to input. This takes staff away from spending time with the residents.

### **Biggest success to date...**

The Manager shared- Always seeking and trying to improve. There have been lots of changes – lots of improvements made to the home such as redecorating of bedrooms, improvements made to the gardens to make it easier to maintain. The Manager really wants to move the CQC grading of the home from requires improvement to good. The Manager commented that she had read the last report Healthwatch report on Mayfield House in 2018 and realised there were quite a few recommendations made. She had read other Healthwatch Enter and View reports of care homes and this has given new ideas for her to look into for Mayfield House.

We asked if the care home encouraged residents, family and friends to rate the care on [carehome.co.uk](https://carehome.co.uk) The Manager hadn't done so but is now going to display information in the home and encourage feedback.



## Care Home Best Practice Initiatives

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

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

Mayfield Care Home uses all of the above initiatives.

## Recommendations

- In line with food hygiene regulations, staff should protect hair and wear gloves when serving food, and meals should be carried on a tray and covered with a plate cover to reduce the risk of cross-contamination.

- We recommend the care home consider introducing the use of food moulds to shape meals for residents on soft or modified texture diets. Shaping pureed or soft-texture foods into forms that resemble their original appearance (e.g., carrots shaped like carrots, chicken shaped like a cutlet) can significantly improve meal presentation and dining experience for residents who require texture-modified diets. Using moulds to shape soft diet meals improves visual appeal, promotes dignity, and enhances resident satisfaction.
- Healthwatch recommends that the care home explore opportunities to collaborate with the University of the Third Age (U3A), an organisation that frequently partners with care homes in the local area. U3A offers a range of stimulating educational and social activities led by volunteers, which can enhance residents' mental wellbeing, social engagement, and lifelong learning. Healthwatch has provided the home with relevant information to support this potential partnership.
- Healthwatch recommends that the care home consider personalising corridor walls with local photographs or familiar images that reflect the surrounding community. For residents living with dementia, such visual cues can help spark memories, create a sense of familiarity and comfort, and support orientation within the home. Using meaningful, location-specific imagery can enhance the overall environment, making it more engaging and person-centred for residents.
- Explore opportunities to connect with local nurseries and schools to facilitate intergenerational visits. Regular interactions between residents and younger generations can offer significant benefits, including boosting mood, reducing feelings of isolation, and encouraging social engagement. Such connections help build a stronger sense of community and contribute to a more vibrant and inclusive care home environment.

## What's working well?

- Personal care is working well, residents are well-groomed and dressed in clean clothes, with personal care needs met effectively.
- Safety and well-being of the residents.
- Friendly, caring staff.
- The home is clean, welcoming, and has nice spaces such as large gardens for relaxation.
- One of the notable strengths of the home is the high number of residents who choose to spend time in communal areas rather than remaining in their rooms. This reflects the home's proactive approach to encouraging social engagement and creating a welcoming, inclusive environment.
- The busy dining room was a positive reflection of the home's atmosphere, showing that many residents choose to eat together rather than alone in their rooms. This promotes social interaction, reduces isolation, and helps build a sense of community. Shared mealtimes also support better nutrition and allow staff to engage with residents in a relaxed, supportive setting.

## Service Provider Response

Healthwatch Cheshire East received the following feedback from the Manager at Mayfield House Care Home along with responses to Healthwatch's recommendations.

"Thank you for your visit to Mayfield House, I am really happy with the report that I have received, and aim to work on the recommendations as soon as possible. Thank you for making the visit a comfortable one. This was my first visit from Healthwatch as the Care Home Manager, so I didn't know what to expect from it, but it was made to feel like a pleasant experience. Thank you to you and your team."

### Recommendation 1

In line with food hygiene regulations, staff should wear gloves when delivering food, and meals should be carried on a tray and covered with a plate cover to reduce the risk of cross-contamination.

### Service provider's response

Following an IPC inspection last year we were advised not to wear gloves in the delivery of food. We were informed good hand hygiene was better practice than gloves due to the risk of cross contamination, so staff are asked to wash their hands prior to the delivery of food.

### Action

Staff continue to wash hands prior to the delivery of food.

### Recommendation 2

We recommend the care home consider introducing the use of food moulds to shape meals for residents on soft or modified texture diets. Shaping pureed or soft-texture foods into forms that resemble their original appearance (e.g., carrots shaped like carrots, chicken shaped like a cutlet) can significantly improve meal presentation and dining experience for residents who require texture-modified diets. Using moulds to shape soft diet meals improves visual appeal, promotes dignity, and enhances resident satisfaction.

**Service provider's response**

We do use food moulds to shape meals for residents that are on a pureed diet. It was unfortunate that on the day of your visit, these moulds were not used.

**Action**

Kitchen Manager ensures that the food moulds are used daily going forward, and we have also ordered additional moulds in different shapes.

**Recommendation 3**

Healthwatch recommends that the care home explore opportunities to collaborate with the University of the Third Age (U3A), an organisation that frequently partners with care homes in the local area. U3A offers a range of stimulating educational and social activities led by volunteers, which can enhance residents' mental wellbeing, social engagement, and lifelong learning. Healthwatch has provided the home with relevant information to support this potential partnership.

**Service provider's response**

We were not aware of this service, this information will be passed on to the activity coordinator to look into further, to potentially start a new partnership.

**Action**

Activity Coordinator to reach out to U3A.

**Recommendation 4**

Healthwatch recommends that the care home consider personalising corridor walls with local photographs or familiar images that reflect the surrounding community. For residents living with dementia, such visual cues can help spark memories, create a sense of familiarity and comfort, and support orientation within the home. Using meaningful, location-specific imagery can enhance the overall environment, making it more engaging and person-centred for residents.

**Service provider's response**

Thank you for this recommendation, and it is definitely something that we will look into to help our residents spark some of their special memories of their local area.

**Action**

Care home to obtain pictures from the local area to help prompt memories and familiarity.

**Recommendation 5**

Explore opportunities to connect with local nurseries and schools to facilitate intergenerational visits. Regular interactions between residents and younger generations can offer significant benefits, including boosting mood, reducing feelings of isolation, and encouraging social engagement. Such connections help build a stronger sense of community and contribute to a more vibrant and inclusive care home environment.

**Service provider's response**

This is something that we have looked into and achieved in the past. Since COVID it seems to have been difficult to find a local nursery or school to want to come out to the care home.

**Action**

Activity Coordinator to reach out to local nurseries and schools to see whether they would be interested in social engagement morning or afternoon with our residents.