

Enter and View Report

location of visit	Millreed Lodge 373 Rochdale Road, Todmorden, OL14 6RH Email - millreedlodge@sagecare.co.uk
Service provider	Sage Care homes
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Acknowledgements

Thank you to all the residents, visitors, relatives and staff at Millreed Lodge, who spent time talking to us about their experiences of using the services or working there. Thank you to Nichola for helping us to arrange our visit and to Nichola and Sinead for talking to us about how the service operates and for taking the time to show us around the residential home.

Disclaimer –Please note: This report relates only to a specific visit and the report is not representative of all service users and staff, only those who contributed within the limited time available.

What is Enter and View?

Enter and View is a visit to a health or social care setting by Authorised Representatives of Healthwatch Kirklees and Healthwatch Calderdale as a means of gathering evidence of people's experiences. Enter and View is one of the many tools used by Healthwatch to gather opinion. The visits are not a formal inspection or part of an investigation.

Healthwatch Kirklees and Healthwatch Calderdale have a right to carry out Enter & View visits under the Health and Social Care Act 2012.

Enter and View visits give service users, visitors, carers and staff the opportunity to speak to an independent organisation about their experiences of health and social care services. They may talk to us about things which they feel could be improved, but we also want to find examples of good practice so that we can recognise and promote things that are working well. The visits may focus on a single issue across multiple settings, respond to local intelligence about a particular setting, explore an area we haven't visited before, or be carried out at the request of a service to better understand how it operates.

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The service

Millreed Lodge is a residential care home in Todmorden with 33 beds. The building was once a slipper factory and still has its original beamed ceilings. It overlooks the River Roch, it has a grassed area with seating at the front, as well as a gated decked area at the back and side. There is a small car park and on-street parking nearby. The home has two floors with bedrooms along long corridors, each with a toilet. There are also shared bathrooms with hoist, wet rooms and toilets. The manager's office is on the ground floor and operates an open-door policy. The upper floor is mainly bedrooms with a gated stair access or lift, we did not visit this floor.



Why did we visit

We visited to hear from people living and working at the home about their day-to-day experiences. This followed feedback and information from relatives and visitors.

Staffing and resident numbers

On the day, there were 31 residents. Staff included: 3 senior staff, 1 team leader, 5 carers, 1 activities co-ordinator, 2 kitchen staff, 1 cook, 3 domestic staff, and 1 laundry assistant.

What we did

We carried out a pre-arranged visit lasting 3.5 hours. The visit was informal, and we used prompt sheets with questions about independence, choice, dignity, food, and activities. While we had planned a group session using the "museum in a box" to spark memories, we chose instead to use it one-on-one with residents. We used pictures of



food items from different ages and different objects to generate conversation and interest. It was hoped that this unstructured method of speaking to individuals would result in free-flowing discussions about their experiences of Millreed Lodge. We also used our senses to note our impressions of the home (the '5 senses' approach).

We spoke to as many residents and staff as we could. A survey was offered to staff via a link and QR code, to be shared via the manager. Though we didn't meet visitors during the visit, we left information bags with our contact details in and a survey link by the signing-in book and on posters. The survey was available for a short period of time after the visit for people to access.



Overall impressions

We were warmly welcomed by the manager and deputy. The sign-in book was secure and GDPR-compliant, though not easy to use. We were given a tour of the communal areas and introduced to residents and staff. We were told that the home had once offered nursing care but has been a residential home since 2019. We gathered preliminary information about the home from the managers.

There were display boards near the entrance, including thank-you cards and a poster about our visit. The layout was restricted by the age of the building's long corridors. The floors were made of laminate wood rather



than carpet, which we could see is a practical option. The home had tried to keep the feel and nature of the building while giving the areas they were able to, a modern feel. Communal areas are in conservatories with polycarbonate roofs, letting in a lot of natural light. We noticed that there weren't any roof coverings. These areas can get warm, but doors and windows are opened in summer to help. A family member donated an air conditioning unit for this area. Both lounges were

warm during our visit. We asked residents how comfortable they felt with the temperature and a few individuals said it was fine.

The larger lounge has a TV at one end and a dining table at the other, chairs were positioned around the outside of the room. The TV was on low although few residents appeared to be watching. It was quite noisy due to a TV and a radio both playing. The manager explained later that residents request both media options playing together in the lounge. The second lounge, facing the car park, had chairs positioned around the outer areas of the room, most residents had individual tables, we noticed these were clean. The TV was facing the window, it was on, but with no or very low sound. Furniture looked comfortable, one visiting team member felt it became crowded in the lounges, particularly when staff were attending to residents. There was a small office looking into this room with a staff member working from here. There was a decked area overlooking the river with brightly coloured fences, wooden chairs and tables. We were told that in summer the doors are open, and residents were able to sit outside as this is a secure area. Staff were friendly, smiling, and regularly interacting with residents. One was leading a skittles game. We saw staff help residents move and then sit with them or chat. Staff also sang with residents at times.

The dining room had a blackboard displaying the day's food options. The décor in the dining area was a little worn but is due to be refreshed. There is a multi-use room available for families at the end of the long corridor, which has a hairdressing sink for when the hairdresser visits. This room had a small conservatory-like room which was unused at the time of our visit. The manger explained afterwards that this room is used by the hairdresser, families, MDT meetings, external professional (social workers) or any other means required – this is an open multi use room that is adapted as needed. There is CCTV in the communal areas.

The home was being cleaned during our visit. Some cleaning product smells were present, though not overwhelming. One team member noticed

a smell of urine near bedrooms, although this was localised to that area, and another caught a hint of cigarette smoke in one lounge.

The manger explained afterward that sometimes urine odours cannot always be avoided, due to illness or incontinence, and that there is a designated smoking area away from the building.

We noticed the staff using anti-bacterial gel on their hands as needed.

Independence, choice and dignity

Residents can spend time in lounges, their rooms, or outside in warm weather. We were told residents who smoke are supported and taken to an allocated area outside to have a cigarette break as the home is smoke free. Residents can personalise their rooms with wallpaper and furniture (if fire-safe). One resident has a fridge for drinks. Recently, the upstairs hallway was redecorated; 3 of the residents we spoke to said it looked nice.

We saw staff supporting residents with kindness and explaining what they were doing and giving encouragement. One of the Authorised Representatives raised a question about how a resident was moved by staff. This was discussed with the manager following our visit and we are reassured that the correct techniques are being used, and training is provided.

We talked to residents about their independence, choices and how they felt living at the home. Residents talked openly about how hard it was moving from their own homes into care. They talked about the change from moving from their own home, with a door key, to living with others in a different environment or different area. They mentioned feelings of been unsettled at first, that adapting was hard, and understanding routines or times things happen, and that people were doing things for you. Many said the loss of independence was difficult, though some felt they still had some control over their routines. The set times for meals one individual mentioned made it different from living at home, *"you'd just 'sort it' when*

you felt ready". (at home). Some agreed they feel at home here, but one individual, said *"I don't know if it will ever truly feel like home"*, while another felt staff were under pressure and tried to help by being independent when possible. One person stated they did not particularly like living there. Another mentioned having their eyes tested, and that nurses have visited.

Residents' Comments:

"My room is comfortable, I have it how I like it, and it feels like my own room. Staff are respectful when they come in, to clean."

"I feel as if I have the choice over my time, I feel like this is my home, which is one I share with many people and that is not something I was used to, but I do enjoy."

"I do feel the loss of being independent, but I had to adapt and accept it."

"I think it is wonderful here, the people who work here are so considerate to my needs, I feel listened to, I feel included but also left alone when I want to be. The staff are very good, consistent, we know who they are and they know us."

"I think at first, I felt upset, but I have settled now. It feels sociable if you want it to be, but I can decide what I do with my time."

"I don't know if it will ever truly feel like home."

"I think the staff have a lot to put up with, but they don't show it with me."

"I didn't know how difficult it was to arrange things like having my eyes tested."

Food and drink

Meals are served in the dining room, but residents can eat elsewhere. We were invited to dine with residents and noticed individuals were supported with feeding, as needed, sometimes in other areas of the home. Support with meals appeared discrete, gentle and kind. Mealtimes are flexible. Food is freshly cooked onsite, and the menu changes with the seasons.

Residents can suggest meals. One resident asked for a full English breakfast, and it was provided. It was explained there is a newer cook in the kitchen who is trying new menu options.

Morning tea and cake was served in the lounges around 10.30am, we noticed residents were given extra as required. Mealtimes are breakfast 8-10.30 am, lunch at 12.15pm with two opinions to choose for main meal and a pudding or yogurt tea is lighter (e.g. sandwich) and a bedtime snack is also offered. The home is working on picture cards to help residents with dementia choose meals more easily.

Residents told us they were asked at 11.30am for menu choices for lunch. While staff were supporting residents to dining chairs we saw positive interactions between them and residents, laughter and good cheer, with one resident and staff member singing together. The resident continued to sing until lunch was served. Interactions at lunch between staff and residents were kind and respectful. We heard staff asking if residents wanted more food, extra tea and coffee and asking about their comfort. During our visit, we saw meals being enjoyed.

Lunch was salmon with hollandaise or stuffed peppers, both served with sides. A large portion of butter was served for the new potatoes. Desserts were meringue with strawberries or lemon posset. The portions were generous, and most plates were cleared. We noticed some residents had opted for something different. The tables were set for lunch with serviettes folded or in fan shapes. When a resident asked for a second portion, they were told kindly that that option had run out but offered another in its place.

One visitor survey response said the food quality was poor and residents weren't always asked for their input. They didn't feel the individual needs of the resident were catered for as they couldn't meet dietary requirements and there wasn't enough food given.

A resident praised the quality of the food and acknowledged that all their essential needs were provided for. All residents on our table enjoyed their food as did we. One resident mentioned they were hoping for a fish and chip supper and the others on the table agreed, from a proper fish and chip shop. One staff member rated food 4/5 and said dietary needs were well met.

Residents' Comments about food and drink:

"I don't much like the food, there is often a lot and it's not my style, I prefer unhealthy food, nicer tasting, but I understand why they give us healthier food."

"The only thing I would change is when they serve my cup of tea, I want it after lunch and dinner not during it. It's always gone cold by the time I'm ready to drink it."

"We don't normally get this, come more often!"

"Lucky if we get serviettes folded in a fan shape."

"The food is good, apart from the jacket potato once, but that day I had two portions of the main!"

"All my needs are met."

"Portions can be a bit too large."

"Liver and onions are really good."

"I like eggs on white toast for breakfast."

"I'd like a proper fish and chip supper."

Activities and entertainment

The activities co-ordinator was leading a skittles game. Some residents seemed happy to get involved in the activities but didn't feel like chatting to us. Activities include weekly hairdressing, pamper days, chair exercises with the social prescriber, and community events like choir visits, a school come to sing occasionally, and tractor runs (village event). Residents enjoy trips to the garden centre and nearby pond (now netted to protect the koi fish from herons). The home lacks its own minibuss, so they use public transport. A "man club" is planned



and raised garden beds are being considered. A staff member said residents can suggest activities and get involved in arts and crafts. One visitor survey response said residents weren't encouraged to suggest activities. Some residents still go on holiday with family and this is risk assessed by the home to make sure of their safety. A staff member told us they bring musical instruments in and learn the songs favoured by the residents to support interactions with them. They have a Facebook page to share activities provided for residents with family.

Residents mentioned playing cards games, quizzes, and dominoes. When speaking to a resident we asked if they would be getting involved in the skittles, they explained they would, but not that bothered. One individual said that they spent every day in the same room and did not know many fellow residents, another said they didn't see outside much. Visiting the hairdresser weekly at Millreed was mentioned, another mentioned they had just played skittles.

While we were talking to people using the evening bag and going out gloves as a reminiscing aid, dressing up was mentioned and how this was missed, *"I think I look okay today"* it was agreed this was the case. Discussions around what would have been in the evening bag on a night out were interesting to hear lipstick, key and of course a handkerchief. Music was talked about when showing the old vinyl recordings. Frank Sinatra was mentioned as okay singing wise and *"oh he was a right crooner"* when asked what this meant they said, *"you know suave", he was nice"*. Other individuals reminisced about past activities such as cycling, football and film and photography. One individual explained they don't get involved in any tasks like cooking or cleaning and said, *"I'm not sure many of us could manage it and it's nice after years of doing it to be taken care of."*

One staff member gave 4/5 for activities provided and felt that residents would enjoy more outings. A staff member felt that residents and carers were involved all the time. *"The home has regular meetings with staff and residents. We always follow feedback from staff, residents and visitors"*

(staff member comment). Another told us visitors are welcome to stay and do activities.

Residents' comments about activities and entertainment:

"I like the music, and we're encouraged to join in the activities. I think if I spent days and days in my room, they'd encourage me out, but they also do respect personal space."

"I feel very comfortable here, I feel well cared for and that my time is my own to do as I like, join in with their activities or not."

"Not much to get involved in, card games otherwise I'm sat here."

"I don't see outside much."

"The quizzes are good."

Health professionals supporting the home

All residents are under the same GP. There is a multi-disciplinary team meeting (MDT), with the GP surgery weekly, but this is often not attended by a GP. One of the GP's was praised for person-centred care, but staff felt some other GPs didn't speak to the residents but the care workers instead.

Dentist has not visited since Covid-19. It was mentioned that support from community nurse to administer IV antibiotics would be a useful resource to have. Frustrations were mentioned that some health workers think staff are medically trained and do things like taking blood pressures, heart rates etc.

"We're not medics so shouldn't be taking the place of a professional in that sense." Another said they'd like more outside professional input.

Visitors to the home

Visitors are welcome any time, though mealtimes are protected. They can eat with residents if arranged in advance. The manager told us they were looking at doing a 'Wine and Dine' room for special occasions. During end-of-life care families are given time to grieve after a loved one passes before they need to empty their rooms. If there is space families are invited

to stay while a resident is receiving end of life care. Residents' partners have sometimes stayed at important times such as Christmas.

One visitor's survey response said: "If staff didn't take as many cigarette breaks, they'd be able to give medication at appropriate times and perhaps there might not be as many falls." They also felt the service that

they, and the resident, receive is 'poor'. That they "sometimes" felt welcomed and involved, and "sometimes" kept informed. They rated personal care as "fair". They were unsure if the resident felt safe living at the home. They didn't feel they could speak to the manager or senior staff member if they had a concern.

There was a board full of thank you cards displayed from family members who wanted to show their appreciation.



Staffing at the home.

The home has a stable team with little use of agency staff. This was confirmed when we spoke to staff, one staff member had worked there for 16 years. Staff work 12-hour shifts, with flexible start times. Handovers are at 7.45am. Many staff are local and know the residents or their families, so it feels like more than a workplace for them. Staff were all wearing uniforms apart from the managers.

One staff member feels they have the time to chat to residents, another said they mostly have enough time. Staff seemed happy in their roles, with one calling it a 4-star place to work and 4-star service for residents. Staff felt supported and enjoyed working there. One said they had regular supervision and training. Some were encouraged to pursue qualifications and new roles. One staff member said they were mostly happy with their workload and would be comfortable speaking to a senior staff member if they had any problems or issues. One said it felt a safe place to work.

A staff member felt they'd like new staff to have trial shifts (paid) before they are fully employed as it is a demanding job and many don't see that after just having a tour round. One staff member wanted to tell us how supported they felt by the manager (Nichola) and praised her leadership in improving the home.

Staff member comments

"We are a family"

"Friendly, close atmosphere with staff and residents and their families and friends"

"Much better than other places I've worked- no arguing or rarely, staff nice and supportive"

Most residents spoke highly of staff, describing them as kind and helpful, like family. One mentioned some delays in response and another that staff being abrupt made them feel like a school child. During our visit we noticed that staff interactions with residents were frequent and positive.

Residents' comments about staff;

"Staff are like family and company "

" The place itself is wonderful and the staff also, I cannot fault them, and they have such a lot to deal with."

Conclusion

Overall, the visit to Millreed Lodge was positive. Staff were kind, and the manager was enthusiastic about improvements. We enjoyed speaking to residents and the staff team and it was lovely to have lunch there and feel welcomed. Staff were observed to be attentive, smiling, and respectful, creating a cheerful and supportive atmosphere.

We were pleased to see that residents are generally happy with their care, and many described the staff as family-like. The environment, although shaped by an older building, had a welcoming feel due to the staff team. There were good examples of thoughtful care, such as staff singing with residents, assisting them kindly, and it was evident that staff genuinely cared about providing residents with a good quality of life.

Some things could be improved, like the lounge layout, the impact of multiple media sources playing at once, and the user-ease of the sign-in book. While uniforms add to professionalism, the use of more casual clothing or flexibility in staff presentation may help contribute to a more homely feel, pictures on walls and plants can enhance this further. There is also potential to build on the existing good work in supporting resident transitions with small, meaningful changes.

The strong relationships between staff and residents are a major asset and should be celebrated. With some environmental tweaks and continued responsiveness to feedback, Millreed Lodge is well-positioned to enhance the quality of life for its residents even further.

Our recommendations highlight some areas for improvement

Recommendations

Recommendations	Managers comments
We recommend a review of the layout of lounge areas to create relaxing, sociable zones with grouped seating and better TV visibility. (e.g. chairs in small clusters to encourage conversations or provide quiet areas to relax in. Cosy lounge area facing the TV for those that wish to enjoy a programme together. Making the area more like home)	Thank you for your recommendations: Limited space in the lounge. We have tried changing the layout and seating arrangements however residents will ask staff to move chairs back to where they want to sit. The layout of the back lounge was changed to meet the residents needs and how they prefer to sit as is the current layout. Also, the lounges being small we have tried to sit in clusters, but this had a detrimental effect on the residents as

	grouping chairs caused accidents and falls. When visitors came this also impeded on the visiting space causing encroachment on other residents' personal space. We have more mobile residents who like to be and are encouraged to be as independent as possible again clustered chairs impedes their movement.
<p>The findings indicate that transition for residents moving from independent living into the residential home was difficult and sometimes emotionally distressing.</p> <p>We recommend more thorough planning to support new residents through the life-changing transition from their own home into residential care. New residents would benefit from emotional support, as well as assistance in maintaining their independence as much as possible.</p>	<p>On arrival all residents are greeted and introduced to staff and peers, they are offered refreshments after their journey and given a feel for the home and a time to acclimatise to their surroundings. New residents are given the same staff member to spend time with them on arrival to build rapport and trust with the individual. On admission we request that residents arrive early to give them time to settle, we have a cut off time for admissions as the later in the day more confusion especially those living with dementia. As you are aware any change in routine can be detrimental to their health and wellbeing. We always gain as much information as possible before admission on wants, needs and likes/dislikes, we encourage families to visit the home and bring in items of familiarity to personal their private area, this can include furniture, pictures, colour schemes, scents, bedding anything that would improve their wellbeing and give a home from home feel to their environment.</p>
The visit has highlighted that looking at different	IPC requested that we remove the previous coverings due to dust collection and other

<p>coverings for the roof in the smaller conservatory may be of benefit. It is well known that polycarbonate roofs, are notorious for poor insulation, leading to significant heat loss in winter and overheating in summer.</p>	<p>concerns relating to infection control. We are looking at alternatives whilst taking onboard environmental factors and has been discussed at family /residents' meetings for suggestions keeping all residents involved in decisions made in the home. With or without the coverings the lounge is thermostatically monitored as it becomes hot and in some circumstances is closed off due to this. There is an air con unit which keeps the area cool, residents are encouraged to sit outside in the fresh air, when it is sunny. Sun protection given.</p>
<p>We recommend providing an anonymous feedback box that visitors can use give feedback "Tell us what you think" Making it clear that personal issues should be followed up with the manager direct. Your response to feedback could be highlighted with a quarterly 'you said, we did' information on the notice board.</p>	<p>Thank you for your feedback and suggestion. This is something that we will implement and will gather suggestions from our next residents/family meeting for the correct location.</p>
<p>We recommend looking at different themed events, such as VE day celebrations, dress up Friday night, Fish and chip supper night (from the fish shop) to enable residents</p>	<p>Thank you for your suggestions on themed activities although this is already ongoing, please see our Facebook page for examples. At MRL we pride ourselves on our staff involvement in activities, we find not only do residents enjoy laughing at staff dressing up they join in, but this also</p>

<p>to have things to look forward to and to be social.</p>	<p>heightens morale and brightens the days. We use any occasion to bring joy and levity to the home. We celebrate everything and anything with any excuse to dress up. The residents love this and we will always ask for input from them and ideas. On an almost weekly basis there is something going on, external to our normal activity schedule. We celebrate birthdays making these days special, we celebrate festivals, all religions, holidays, open days, charity days, local events, coffee morning, church outings. We have recently sourced a local transport company for extra outings, we are involved with the local social prescribers. Also contacted give a few words at your suggestion and referral is in process.</p> <p>Residents are informed of activities and given the choice as to whether they participate or not, most of our residents have had solitary lives and they choose not to engagement at times.</p>
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