

**Park Lane Care Home** 

Congleton

29 May 2025



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Address	Park Lane Congleton CW12 3DN
Service Provider	Kingsley Healthcare
Date of Visit	29 <sup>th</sup> May 2025
Type of Visit	Enter and view with prior notice
Representatives	Tricia Cooper Amanda Sproson Lex Stockton
Date of previous visits by Healthwatch Cheshire East	12 <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
- 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.

#### **Park Lane Care Home**

Park Lane is a Kingsley Healthcare home in Congleton, and provides residential, dementia, respite and convalescent care. It is purpose built with three floors, and 40 rooms, all with ensuite toilet and basin. The home was fully occupied at the time of our visit.

# **Findings**

# Arriving at the care home

#### **Environment**

Park Lane Care Home was easy to locate and signage was clearly visible from the road. The car park is not large but all Healthwatch representatives were able to park (the staff car park was to the rear of the building). The building is fairly modern and looked well maintained. There was an outdoor seating area to the right of the home's entrance, which had wooden tables and chairs.

The home was very secure, and the only way of entering the building was by staff using a code from the inside. We were asked to sign in on a GDPR compliant visitors book where you were unable to see the details of previous visitors.

We noticed the entrance was a little sparce but we were informed it had been cleared in preparation for building work, to turn the area into a café combined with a reception desk.

We observed the Healthwatch poster was being displayed, along with the home's complaints procedure, carehome.co.uk review cards and a memory book.





The activities co-ordinator showed two Healthwatch staff around the home, whilst a colleague spent time asking the manager various questions about the care in the home.

## **Treatment and care**

## **Quality of care**

The Manager explained that during our visit Healthwatch "would see residents that were well cared for. There would be a positive atmosphere, and friendly interactions between staff and residents."

The residents we saw during our visit appeared well dressed and clean.

Park Lane is linked to Lawton House Surgery, and the Manager stated that the service they received from the surgery was excellent, and that they have an excellent working relationship. The home has a named GP who conducts a ward round every Monday, but will also attend at any time if required.

"All residents are registered with Lawton House Surgery. Many of the residents are not from the local area, so practically it is not possible for them to stay with their own GP. Local surgeries have allocated care homes, so temporary residents are temporarily registered at Lawton House Surgery to ensure that a visit to Park Lane can be arranged if necessary." (Manager)

We asked if a resident becomes unwell and needs additional care, were they able to try and keep them at the home or would they normally go to hospital?

"The residents here are mainly living with dementia, and the main reason for hospital admittance has been due to falls. We have worked to put measures in place and the number of falls has reduced over time."

The Manager explained they have had some frustrating experiences with hospital admission and discharge. They try to keep the residents in the home if their needs can be met. They would be guided by medical advice and would consult with the GP and residents' family. If it was necessary for a resident to go to hospital, they would ensure that all the relevant paperwork was provided for their admission.

When asked about their recent experience of hospital admissions and hospital discharge, "Discharge is not always bad, however, often the resident returns with no discharge form. There was an instance when the discharge form of a resident had been sent with an ambulance at 9pm, but no patient. For us to ensure continuity of care it was essential that the paperwork was received with the resident on return to the home." The Manager shared there had been further instances when residents had returned from hospital without their DNR forms, and gave a further example of a resident that had been taken to hospital via ambulance. The home then received a call from the hospital asking why they had sent a

dementia patient in a taxi. They explained that this was not the case, the resident had been assessed by paramedics and taken via ambulance.

When asked if there was anything that could reduce hospital admission and improve discharge the manager explained: "Increased staffing in the home has reduced falls and therefore reduced hospital admissions. The Advanced Care Practitioner is available until 8pm daily. We have also increased medication reviews and managing the mental health of residents alongside health care professionals."

Regarding dental links and whether they are able to get sufficient dental care for residents when needed, we were told residents' private dentists have visited them in Park Lane, however, not all of the residents were registered with a dentist. For emergency dental care, they use Harbour Dental Practice in Sandbach, which the home finds to be of a good standard. We were told the home has just participated in an NHS dentistry national survey.

The Manager shared that a hairdresser attends weekly and also offers a barbering service. There is a salon where residents can have their hair and nails done. If the hairdresser was absent (annual leave or off sick) the activity coordinator has covered for those residents who need a trim (she is a former hairdresser).



Residents are able to have their own hairdresser visit if this was preferred.

We were shown a well-equipped hair salon which looked very professional.

"A chiropodist attends every six weeks and all residents can be seen if needed. There is an additional charge for this service." (Manager)

The home uses the opticians Eyecare On Call, and has arranged that when they attend, only six residents are seen at one time. The Manager commented that this makes it a more personal service, and is less disruptive for the rest of the residents. The optician is happy to facilitate this.

Regarding links with a pharmacy, the Manager explained that they have recently started to work with West Heath Pharmacy in Congleton. This is so Park Lane will receive medications much quicker, and the medications can be hand delivered.

Other health services who visit the home include district nurses, who attend on a Tuesday and Friday, Advanced Care Practitioner, SALT Team, Incontinence Team, dietician and physiotherapist.

In the surveys, a relative added "Staff in contact with rheumatologist when reviews required by NHS."

## Privacy, dignity and respect

When we asked how they ensure privacy, dignity and respect are promoted in the home, the Manager explained it starts with the management team. Staff take part in online and face to face training sessions, and Park Lane holds daily meetings for updates. Kingsley Healthcare also has their own training academy.

The staff will ensure that the residents' bedroom doors are closed whilst they are sleeping. The home has recently purchased a privacy screen which can be used if a resident is having medical checks or has had a fall. Also residents' reviews are carried out in a private area.

We observed staff supporting some residents at lunchtime, one was cutting up a resident's food, another helped a resident with their napkin. One staff member guided a resident into the dining room.

The majority of residents (three out of four) who responded to our survey said they felt cared for, safe, respected, their dignity was maintained and they had privacy.

All family and friends who responded said they felt their loved ones were being cared for, were safe, their dignity and privacy maintained.

Regarding accessible information, Park Lane uses picture cards for communicating with residents who have had a stroke.

The home does not have a hearing loop, however some residents do have hearing aids, and a stock of spare parts for these aids are available in the home (staff have had training to be able to do this).

### **Understanding residents' care plans**

When we discussed residents' care plans, we were informed they are reviewed monthly or more often if changes have occurred. Care plans are captured on the home's digital system.

Initially, the manager will meet with a resident in their own home prior to admission to Park Lane. This enables them to check that the home will be able to meet the resident's needs. A new care plan will be written prior to their admittance, and it will be reviewed with the family and resident. This is written with the aid of "My life Story", where information is gathered on each resident, with details of their family, previous working life, hobbies and interests.

Residents and relatives have involvement in the care plans, and consent forms are gained from both residents and their families.

# **Relationships**

#### Interaction with staff

All those residents who responded to our survey said they had a good relationship with the staff at Park Lane.

Additional responses included:

"Staff are very busy with "dementia patients" and so we "have to be patient".

"Always helpful."

All staff were dressed in uniforms according to their role/level of seniority except the care home manager who was dressed smart casually and the site maintenance staff member who was dressed casually and appropriately.

During our visit, we observed the staff we met were friendly, happy and approachable, and most were wearing name badges.

## Relationships - Residents with staff

When we enquired about the relationship between staff and residents, the Manager shared "There is a very relaxed atmosphere, and the staff get on with the residents and their families equally."

We saw a member of staff chatting to a family member, and another assisting residents to the dining area along the corridors in readiness for lunchtime.

On asking about agency staff, "We don't use any agency staff, and haven't used any for the past 10 years. Staff will cover shifts if needed and we recruit a 100% + 20% staffing policy to ensure that holidays are easily covered. Everybody helps out. Care comes first, even the maintenance man is trained in care." (Manager)

# Connection with friends and family

Friends and relatives keep in touch with their loved ones in a variety of ways. The home hosts a "gentleman's club" once a month for husbands of wives living with dementia in Park Lane; staff raise money so that residents get treats like a Chinese takeaway; a newsletter is sent out via email to all families and Facetime is used along with mobile phones. Some friends, family and residents also write letters to each other.

Residents' comments from our survey included:

"I call them on my mobile telephone."

"I contact them on my ipad/laptop."

"They come and visit me."

A family member said "My mother is increasingly having trouble using her mobile but I am sure staff would help her if she asked."

We saw one visitor, the husband of a resident, during our walk around.

We asked about how visiting works and the Manager commented that "Visitors are welcome at anytime and booking isn't necessary. Mealtimes are protected at Park Lane because residents engage with mealtimes better when there is calm and quiet. Visitors are welcome to sit anywhere in the home with their loved ones."

One resident commented "Some flexibility for visitors travelling long distances, causing delays in arriving to visit."

During an infection outbreak, the Manager explained visiting would not stop but the home would be guided by Infection Control. A sign would be placed on the door to advise visitors and PPE would be encouraged. An email would also be sent out to all relatives explaining details of the outbreak.

We enquired as to how friends and relatives raise complaints, concerns or feedback. "The complaints procedure is given to all relatives and we have an open door policy. A lot of complaints arise from the laundry department, and to overcome this we encourage relatives to order clothes tags/labels before their loved ones arrive at home." (Manager)

"Friends and relatives meetings are held once a quarter, and our chef will also attend these." The home will promote the meetings by displaying a poster and sending an invitation email out to all families.

When asked if friends and relatives knew how to feedback, answers included:

"Talk to relevant staff/Manageress."

"By the contact lines eg: carer, home Manager."

Of the residents who responded to our survey, one said they did not know how to feedback comments, concerns or complaints.

### **Wider Local Community**

When we asked what involvement the home has within the wider community, the Manager shared they sponsor a local football team and the local primary school visits. Recently a local flower shop came to celebrate The Chelsea Flower Show, and they supplied all of the flowers. The residents were able to create some beautiful floral displays.

"Park Lane has raised money for local charities, and we have strong links with Tesco and Morrisons." (Manager)

# **Everyday Life at the Care Home**

#### **Activities**

The home has two activities coordinators, one works 40 hours, the other works 25 hours a week. We were told there is always an activities

coordinator on site every day and they work every other weekend.

We were shown an activities planner on display in a ground floor corridor leading to a lounge and dining room, and were told the activities coordinator will remind the residents what is taking place on the day. There is some flexibility with the timetable.

SUBJECT TO CHANGE

ACTIVITIES

Vic Alth Mouta

Monday

"We've taken residents shopping, out for lunch,

and out on our Rikshaw. We have a wish list for residents, for example, one person and their spouse wished to go to Pizza Hut and we were able to take them. One to one hand massages for those who do not wish to leave

their rooms, and nails will be done along with chair exercises and outdoor games. There is an art class, knit and natter, quizzes and lots of chatting. We involve our residents in choosing activities and get to know them through their "My Life Story." (Manager)

Park Lane has a memory book, located in reception, with photographs of residents taking part in activities, which visitors are welcome to look at.

During our visit we did not see any activities taking place; the majority of residents were sitting in the lounges (it was close to lunchtime). However, the activities coordinator told us that morning there had been an exercise session in the lounge (they do this outside when the weather is warm and sunny) and a singer was due to visit that afternoon (there were posters up in the corridors to advertise it). They also shared one resident does not like to leave her room, but recently staff encouraged her to go to the park with them, which they said she enjoyed.

The activity coordinator showed us a large patchwork knitted blanket that some of the residents are in the process of completing. All the patches had been knitted by residents. They also told us they were making a 3D "Under the Sea" model and were planning on a trip to Blue Planet in Ellesmere Port.

One resident who responded to our survey said they were dissatisfied with the activities on offer. All those who responded said they were kept up to date with the activities taking place each week, either on the notice board or word of mouth.

When asked if they were involved in choosing what activities take place, the majority said they were not.

Additional comments regarding activities, from friends and family, included:

"Dementia limiting typical everyday activities coupled with limited mobility."

"My mother often chooses to opt out of the activities which she could do. We look forward to having more time outside now that the garden has been redone."

When asked if the person they're visiting is kept up to date with what activities are happening each week, the majority said they were, via notices, word of mouth, and informed personally, signs, posters up around the home.

Park Lane celebrates special occasions with their residents, including birthdays and anniversaries, along with such things as Children in Need, Family Funday, VE Day, Ladies Day at the races with hats for all, Red Nose Day, Wimbledon, St Patrick's Day and Eurovision. There were photos of these celebrations in the memory book in reception.

They have also shown respect for events like the passing away of the Pope, where the home's flags were at half-mast.

When asked if they take residents out, the manager explained they do every week and that there was a trip to Llandudno planned for July.

Although the home does not have its own transport, several staff members have business insurance and use their own vehicles to transport people.

## **Person Centred Experience**

To ensure residents' experiences are person centred, the Manager explained "It starts with the resident's care plan. We utilise their "My life story" so individual needs are met."

Park Lane has a resident of the day, where they will review the resident's care plan, check their weight, carry out a medications review and do a wardrobe check.

If a resident, family or friends wish to make a complaint or provide feedback about something, the Manager told us they talk to each resident every day and this is when any issues are raised. Concerns could also be raised at the residents' meetings which are held every quarter.

Religious and spiritual needs are met with holy communion and a prayer room being provided in the home. The Manager told us some residents go to church and that any religion will be accommodated.

One resident said their spiritual needs were met, one said they were not, one said sometimes and one said it was not required.

We asked if pets were welcome to visit, and the Manager said they were but they were not permitted to live at Park Lane.

In our Residents' survey, we asked what do you think is the best thing about life at the care home?

"Being looked after"

"Comfortable and warm, spotlessly clean"

"Have been here for a year now. Would like a little more civility (only at times!)."

"Friendship"

We also asked if there was anything they would change about the care home:

"Occasional choice of ethnic food"

Friends' and relatives' responses regarding the best things about life at the care home, included:

"No shopping, meals prepared"

"Safety, social contact, medical monitoring"

"Small. Everyone knows my mother and our family."

"Being taken care of for 24 hours a day"

If there was anything they would change about the care home, friends and relatives' responses were:

"More outside activities"

"No, NB do not have the experience for the organisation of establishments for people with complex special needs."

"More exercises for physical health"

"Inevitably, there are members of staff she really likes and one or two less so."

#### **Communal Areas**

There are three lounges (one being a 'quiet' lounge), two dining rooms, and a bar in the home. Residents are always accompanied when using the bar; we were told the room is locked when not in use. The Husbands' Club held monthly takes place in the bar.

We noticed several large clocks throughout the home which had Roman numerals, and this could be challenging for some residents, especially those with dementia, to tell the time independently.









We noticed the home was well ventilated, with open windows and no odours. The temperature was comfortable and the noise levels were low.

Corridors were wide enough to accommodate residents with mobility aids. We observed a number of residents moving around the care home independently and safely.

Furniture was modern and the décor simple but effective. Chairs had high backs and looked comfortable and in good condition.

We were shown a couple of communal bathrooms with rise and fall baths, a wet room and toilets on different floors.





#### Residents' bedrooms

Residents are encouraged to bring their personal items to Park Lane, to make their bedrooms feel like their own. Some residents have their own rise and fall chairs, curtains and bedding, as long as they are fire retardant, and pictures and photographs. Each bedroom has a photograph of the resident on the door.

All residents who responded to our survey said they were able to make their rooms feel like their own.





Rooms are of a similar medium size, with ensuite (toilet and basin). All rooms have a view of either the rear garden, car park or road.

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We were informed the home has a double room if couples wish to share.

Responses from our friends and relatives' survey, when asked if there was anything else they would like to share or change about the home:

"Room maintenance eg: more hooks, table quickly sorted."

"Larger bedroom with a garden view."

#### **Outdoor areas**

Park Lane has a well-maintained rear garden which has a wheelchair accessible slope leading to the top paved section. Here there are various seats, tables and parasols, so the residents can enjoy being outside. Raised planters are in different positions, and low level beds are barked. At the top of the sloped path, behind the seating, there is a gate leading to a wooded area which the home plans to bark. We were told residents can go into this part of the garden, with assistance.









### Food and drink

We enquired about meals and snacks during our visit.

"We have two chefs; one is a newly recruited Moroccan chef. Residents will choose their meals the afternoon before the food is prepared. There are two choices (at lunch and teatime) and the chef will cook extra as residents can change their minds." (Manager)

One of the choices provided would be a vegetarian dish. There were always alternatives if there was nothing on the menu that the residents liked, including a salad. We were informed they catered for special dietary needs, residents can choose where to eat their meals and relatives can join them, with prior notice.

However, a relative informed us their loved one is "Encouraged to eat in the dining room at all times."

All four residents who responded to our survey said their dietary requirements were catered for.

Menus are pictorial and handwritten in both dining rooms. They also use picture cards showing the food. One table in the ground floor dining room was for assisted feeding.







We observed a member of staff helping a resident cut up their food whilst lunch was being served.

We were informed snacks and drinks are available throughout the day, however we did not observe this during our visit.

We asked residents when and how they chose their meals:

"Day before"

"Care assistants offer us the choice of food on the day."

"Previous day (choice of two)"

"Daily"

A relative commented in the survey "My mother would prefer some spicy/tasty food but we understand this is not what most people want."

# **Challenges and Successes**

We asked the Manager what their biggest challenges and successes were to date.

"Making sure residents have good quality care and looking after staff at the same time, along with managing day to day challenges. Happy staff, happy residents, happy families."

"Scoring 10 on Carehome.co.uk along with being in the top 20 Northwest Care Homes. CQC is good in all areas, and not using any agency staff."

# **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	A tool used to identify adults who are malnourished,
Universal Screening	at risk of malnutrition (undernutrition), or obesity. It
Tool)	also includes management guidelines which can
	be used to develop a care plan.
Restore2 (Recognise	A tool designed to help staff recognise when a
Early Soft-signs, Take	resident may be deteriorating or at risk of physical
Observations,	deterioration and act appropriately according to
Respond, Escalate)	their care plan to protect and manage the resident.
RITA (Reminiscence	A digital reminiscence therapy with user-friendly
/Rehabilitation &	interactive screens and tablets to blend
Interactive Therapy	entertainment with therapy. It assists patients
Activities)	(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.

Park Lane uses MUST with their residents, and have used Google and Youtube instead of an interactive digital activity programme such as RITA or the magic table.

# Recommendations

- Consider moving chairs in the lounges so they are positioned in smaller circular groups to provide a more sociable setting, rather than chairs facing into the middle of the rooms.
- Provide dementia friendly and sensory stimulating items eg, fiddle boards, dementia friendly clocks.
- Consider replacing the activity weekly timetable with a simpler layout and introduce dementia friendly pictures or icons, and duplicate this on the upstairs floor.
- Consider displaying crafty items, made by residents, around the home
- Ensure all residents know how to feedback concerns or comments, and reinforce this in residents' meetings.

# What's working well?

- We felt the residents were being cared for, and their privacy and dignity were being maintained.
- Activities provided at Park Lane are varied and residents are encouraged to join in.
- Residents, for whom it is appropriate, are actively encouraged to take trips outside of the care home.

# **Service Provider Response**

Despite a request to the service provider, as at the 6st of August 2025 Healthwatch had received no response to this report.