healthwatch Cheshire West

Enter and View Report

Iddenshall Hall

Tarporley

18 August 2025

Contents

Report Details

Address	Rode Street Clotton Tarporley CW6 0EG
Service Provider	Barchester Healthcare
Date of Visit	18 August 2025
Type of Visit	Enter and View with prior notice
Representatives	Tricia Cooper, Jodie Hamilton and John Webb
Date of previous visits by Healthwatch Cheshire West	31 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.

Iddenshall Hall Care Home

Iddenshall Hall is a residential home providing care for the elderly and those with mild to moderate dementia, in an attractive converted grade two listed farmhouse. It sits in front of its sister home, Beeston View, which offers residential and nursing care. It has a current occupation of 26 residents (39 rooms in total), and all rooms are single, most with ensuite.

"It's an old-style home compared to a purpose built building, with a close-knit team that has a whole home approach, with continuity of staff. You will see staff interacting with friends and relatives, who all have good relationships." (Manager)

This report includes responses from seven residents' surveys and nine friends and family surveys, completed before our visit.

Findings

Arriving at the care home

Environment

Located in Clotton, on the A51 close to Tarporley, Iddenshall Hall had clear signage and was easy to find, the entrance sitting to the right of Iddenshall Farm's drive. There was a large well maintained front garden, and a car park shared with Beeston View. On the day of our visit there was plenty of available parking.

The entrance to the home was secure but it would benefit from a sign by the front door stating it was the main entrance to the home. It led to a comfortably sized hall with a sideboard, where residents and visitors could help themselves to drinks; a couple of easy chairs and a small table with chairs. We observed a Healthwatch poster was displayed on a panelled wall, along with review cards from carehome.co.uk on a table which blocked the entrance to the stairs. Only the ground floor of Iddenshall was in use; we were told the upstairs floor was uneven and the stairs not safe for use.

The lift to the upstairs was out of use also and barriered off.

In a corridor leading from the entrance there were various files including 'Residents Information' and 'Welcome Booklet', 'CQC Inspection Report' and 'Thank You Cards and Letters'.

Treatment and care

Quality of care

During our Enter and View, we asked the Manager about the home's relationship with different health services.

Iddenshall Hall uses Dr Kent and Partners at Tarporley Health Centre, and there is a weekly visit from the GP and at other times if needed.

The Manager shared that, to some degree, residents can stay with their own GP if preferred. However, if the practice is not in the area, then the decision is out of the home's hands.

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

"We aim to keep residents at the home. Since Hospital at Home became available, it has helped. The district nurses also help support the staff here, as the care team at Iddenshall Hall is not clinical."

Regarding their recent experience of hospital admissions and hospital discharge, the Manager responded it was *"Good and bad. With Leighton hospital, it's really hard to get an update. Nobody answers the phone.*

Discharge summaries do not always arrive, which can make things difficult if a resident has had any medication changes, as this delays them receiving the correct medication."

"Since Hospital at Home has been utilised within the home, it has been positive in reducing hospital admissions and the team are lovely."

"We can accept discharge to assess beds but we are rarely selected; we think it's possibly due to the location of the home."

We asked about their ability to get sufficient dental care for residents when needed.

"Access to dentists is an ongoing problem. We cannot get a dentist out to to Iddenshall Hall due to the cost of treatment; the residents could not afford to pay. Some have their own dentist they are linked to and they can travel out to their appointments, but we are unable to be permanently linked with a dentist as a whole home. "

One relative commented *"If a dentist goes into the home it would be a great benefit. Also an optician is very important as my mum needs a test yearly."*

There is a hair salon in Beeston View building that residents from Iddenshall home can visit. The hairdresser visits twice a week, and for residents who are bedbound, the hairdresser will carry out room visits.

A chiropodist visits the home every four to five weeks, and some residents have their own private chiropodist.

Iris Optical is the optician Iddenshall Hall uses, and they visit the home. The Manager shared that they are very productive and that residents receive their glasses quickly and they are engraved with their names.

The home currently uses Boots pharmacy but has found the communication poor and that medication can be delayed or late. They are looking to move away from Boots in the future. In the south of the country, Barchester is piloting a pharmacy service that will hopefully be rolled out nationally to all their homes.

Health services such as Rapid Response, district nurses, Hospital at Home, SALT Team, physio, and social workers are some of the other services that attend the home.

During our visit we saw residents who looked well dressed, ready for the day, and those we engaged with seemed happy.

Privacy, dignity and respect

Several good interactions between staff and residents were observed and saw a comment that read "helpers really help!"

We enquired how they ensure privacy, dignity and respect were promoted. The Manager shared that all staff complete a three-day induction when they begin employment at Iddenshall Hall, during which privacy, respect, and dignity are strongly emphasized. They also received training where these values are taught and reinforced in every subject. Staff then shadow other colleagues for a week and continue to receive regular training updates. These topics are further discussed during appraisals and supervisions.

"In practice, doors should always be closed, staff must knock before entering, and residents are given choices wherever possible. I also carry out daily walks to observe the interactions between staff and residents." (Manager)

All those residents who responded to our survey said they felt cared for, safe, respected, their dignity was maintained and they had privacy.

We did not observe personal possessions on display in the communal areas of the home, but there were plenty of pictures and ornaments.

Regarding alternative systems, accessible information, hearing loops and large print information, the Manager explained that currently the home does not require the use of a hearing loop but one would be available if needed. They were also able to offer large print documents for any resident who required these.

However, a couple of responses to the friends and relatives survey indicated that a hearing loop or alternative should be considered.

"Mum is stone deaf so this is quite difficult for everyone."

"Mum is not a particularly sociable person and with her deafness this means she does not mix with others much."

Understanding residents care plans

The Manager shared the following information.

Residents' care plans have recently moved to digital format and reviewed monthly unless there has been a change or update.

On admission, residents are asked if they want to be involved with their care plans. If they wish to do so, a member of staff will sit with them and talk them through everything.

Where appropriate, relatives are encouraged to be involved in their loved ones' care plans. This is particularly important on admission, when families are invited to help complete the *"Getting to Know Me"* section. "*This ensures that residents' likes, dislikes, and personal preferences are recorded, supporting the development of a care plan that is truly person-centred."*

On the survey, we asked residents what they thought was the best thing about life at the care home:

"Great staff, very friendly. Great food."

"Lovely room and being able to watch the birds."

"Good company, good food, great carers."

"Staff very pleasant."

"The food, and being able to speak to other residents."

"In the country with a garden, and super food."

"I just like it here. The food and people are nice."

Relatives' responses included:

"Iddenshall Hall is more like a home to mum which is really good."

"Excellent care from staff."

"The care my mum receives and the quality of the food."

"The staff, the atmosphere - seems like they are at home, not in a care home. The food."

"Feel safe and looked after."

"To be able to socialise with others. My mum was lonely at her own home. To know she is safe, cared for, happy."

"Friendly, caring. Not too big. Staff are regulars and know the residents well."

"Company, safety and security for resident."

When asked if there was anything they would like to change:

"Yes, more staff are needed. I often wait up to 10 minutes for the door to be answered, usually in the rain. Quite often the hallways are full of used coffee cups and breakfast dishes. It is always difficult to find a member of staff which is really surprising as there are so many clients who live there."

"Food"

"I would like the residents who are able to walk to be in the lounge area between 10am and 3pm. My mum is not confident to just go."

"Very expensive! But good."

Relationships

Interaction with staff

When we enquired about this, the Manager told us *"The relationship between staff and residents is very good; they're like a family."*

They also shared that staff, including the maintenance team and domestic team, all get on very well with the residents, and everyone helps each other.

"In the latest survey undertaken by Barchester, feedback highlighted that staff have strong relationships with the friends and families of residents within the home. Families speak very highly of the staff and often express their appreciation through thank you cards. This reflects the close-knit and supportive relationships that have been built." (Manager)

"Staff all have name badges, however, some may not be wearing them today as they can, at times, get lost." (Manager)

We observed most staff were wearing name badges at the time of our visit, and staff seemed cheerful. We observed warm interactions between staff and residents and staff being helpful and friendly; one member of staff helping a gentleman put on his jacket. We were informed that a couple of staff had worked at Iddenshall Hall for 20 – 30 years so were very familiar with the home and the residents.

Some comments about staff, received from residents:

"[Staff member] is very caring and makes sure I have enough to eat every day."

"Always friendly and understanding and kind."

"Staff spend time with me and have plenty of banter."

"Excellent relationship with staff."

Comments shared by family members:

"My Aunt totally trusts the staff, feels safe and loves living there."

"Mum is convinced that a couple of the staff have taken a liking to my dad (he passed away 18 months ago!) and for this reason she has taken a dislike to them."

"Yes, dad gets on very well with staff."

"The staff are really helpful, kind, understanding and work very hard."

"Excellent relationship."

We enquired about the use of agency staff and how this was managed to ensure residents have good continuity of care. We heard they do occasionally use them, mainly for evening shifts. *"Due to Iddenshall Hall's location, transport can sometimes be challenging for agency workers"* the Manager explained. To support consistency, the agency ensures continuity by sending staff who are familiar with the home and able to get to it.

"All agency staff have a profile, which keeps the home up to date with their training. The continuity of the same staff being sent to the home works well, ensuring consistency in the care provided." (Manager)

Connection with friends and family

The Manager shared that relatives were welcome to visit residents at the home. When they are unable to visit, they provide alternative ways to stay connected. *"Our Facebook page shares regular updates from within the home. Residents have access to the telephone, and some have enjoyed writing letters to their loved ones. We can also accommodate Zoom calls to help residents keep in touch with family and friends."*

"There are no set visiting times and relatives are welcome to visit at any time. Visits do not need to be booked in advance and can take place in any area of the home, whether in the resident's bedroom or one of our communal spaces."

If required, the Manager explained that relatives can raise complaints or concerns, and give feedback either verbally, by email to their head office, or through the Barchester contact centre. The Manager told us they promote an open dialogue and welcome all feedback, concerns, and complaints as opportunities to improve. Relatives' meetings are held bi-monthly but they are not well attended.

During our visit we saw relatives visiting their aunt for the first time and they shared with us they were happy with the care she was receiving. *"It's like a first class hotel."* Another family had brought a picnic to have with their loved one outside in the garden.

Another person told us they had just visited a relative with additional needs (not dementia). They said the home meets these needs well and that their relative received very appropriate support.

Wider Local Community

We asked about what involvement Iddenshall Hall has with the wider community and the Manager explained they had strong connections with the wider community. The local schools have visited regularly, and the local

vicar and church choir have been. Residents also enjoy visits from "Pat the Therapy Dog" and a local singer.

Everyday Life at the Care Home

Activities

There is one dedicated Activities Coordinator working 40 hours per week at Iddenshall Hall. In addition, two coordinators based in Beeston View also provided support when needed. However, we did not see an Activities Coordinator during our visit, and were told they were not in that day.

"A monthly activities planner is created at the home, and a weekly planner is provided to residents. There is also a mailing list for families to keep them informed about activities that their loved ones might enjoy. A wide variety of activities are offered, including visits from singers and zoo animals, gardening and potting for those who enjoy it, and trips out of the home. Many residents also enjoy socialising and having a good chat with staff and fellow residents." (Manager)

We were told residents have involvement in deciding what activities take place, and they often tell the staff and Activities Coordinator what they would like to do.

Of the nine survey replies we received from friends and family, three said their loved ones had involvement in choosing the activities on offer and six said they did not know.

"There are one to one activities provided for residents who do not leave their rooms. These can include hand massages, reading the newspaper together, chatting with staff, and using the "Magic Table", which can be brought directly to the resident's room to provide interactive engagement." (Manager)

We were shown their weekly activities timetable, however it was for the previous week. We were told the timetable would normally be updated on

a Monday. There was also a monthly timetable, and both were displayed in a corridor near some of the bedrooms. Copies are left in residents' rooms too.

Some comments received from residents and families regarding how residents are kept up to date with activities:

"[Manager] will let everyone know what is happening and what is planned for the future."

"Not always."

"They come and find me to participate."

"Family keep informed."

"Resident is given weekly work sheets but doesn't always remember that they have read it!"

33% of relatives who responded to our survey said their loved ones were involved in choosing the activities at the home.

"Very good activities provided by care home. Something different most afternoons." (Relative)

"Can't work the TV so sitting in silence. I have shown how to contact staff to put it on but doesn't. Would really love for her to join in with more activities

especially exercise classes. It would help her movement. A trip would be wonderful when possible." (Relative)

"Iddenshall Hall celebrates a variety of special events throughout the year. These include Christmas when we build a grotto for visits from local school children and hold festive parties. We also host two summer fairs annually. Additionally, Barchester organises the "Tour de Barchester," and our home was selected as one of the locations for a celebration outside, providing residents with a special event to enjoy." (Manager)

"Like to be in company, but do find it hard and it's a bit overwhelming." (Resident)

"I'm in my 90s and have been here for 8 months. I like to join in, make friends and be sociable. One of the main reasons I came here is because I didn't like being on my own. I was afraid." (Resident)

The home has a minibus, which enables residents to go on outings to a variety of local places. Recent trips have included visits to the garden centre, Delamere Forest, the Ice Cream Farm, and the local canal, among others, as shared by the Manager.

Of the nine responses received from friends and relatives, only three said yes, their loved ones go out on a day trip locally and two said they go out on a trip further afield.

Person Centred Experience

The Manager told us residents' experiences are person-centred through several approaches. On admission, the "Getting to Know Me" book is completed to capture their preferences, likes, and dislikes. Ongoing conversations with the resident, led by the care team, are reflected in their care plan to ensure that care and support are tailored to their individual needs.

Each day there is a resident of the day, when their care plan is updated, the resident is weighed and observations are carried out (monthly).

Residents can raise complaints, concerns, or provide feedback in several ways. The Manager shared that residents usually speak with a member of staff, who will then report it to the Manager. Residents can also go directly to the Manager or ask a family member to raise a concern, complaint, or provide feedback on their behalf.

The Manager told us they hold resident meetings bi-monthly, however of the five residents that responded to our survey, four said they did not know these meetings were taking place.

"I'm not aware of residents meetings." (Resident)

The Manager shared that there is access to religious and spiritual needs, when the local vicar visits monthly to give holy communion.

However, two residents said their spiritual needs were not being met.

"Would like more interaction with the church." (Resident)

"She loves the church and singing. So if this was more often, like once a week where they watch a service together, it would be great." (Relative)

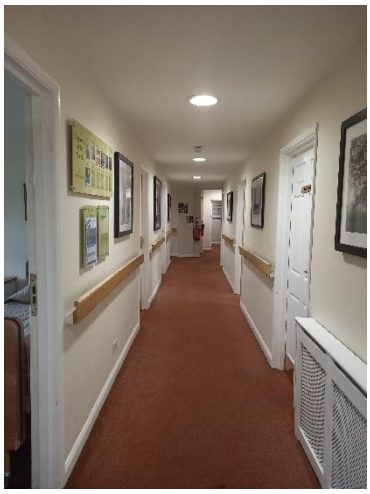
Regarding allowing pets in the home *"They are welcome to visit; however, we currently do not have any pets living on the premises. If a resident would like a pet to live at the home, it's not automatically refused. A risk assessment would be carried out, taking into account the needs of the animal as well as the wellbeing."* (Manager)

Communal Areas

The home offers several communal areas for residents, including a reception area, lounge with conservatory leading from it (we were informed this became too hot to use in the warm weather), visitors room/library with a piano (being used by relatives during our visit), two dining rooms next to each other, but only one in

use on the day. The second dining room was in the old chapel and, whilst the weather was hot, it was being used for activities.

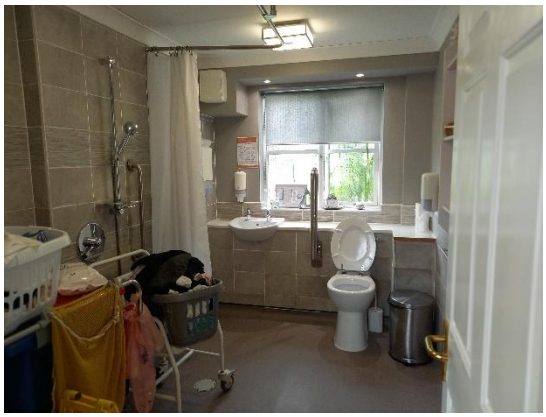
The internal décor and furniture was mixed but in keeping with the style of home, however we noted some walls would benefit from some painting and some of the chairs we saw in the lounge were looking tired and a couple needed cleaning.



Corridors were decorated with plenty of pictures and were wide enough to accommodate anyone with mobility issues and had handrails for support. We did notice that some of the window ledges would have benefited from a clean.

The general atmosphere in Iddenshall Hall was calm and quiet. This could have been because no structured activities were taking place and a few of the residents were in their bedrooms. There were no odours and the building was ventilated with open doors (we noticed the radiators were still on). Fans were dotted around the home to help keep people cool in the hot weather.

We were shown a couple of communal shower rooms and bathrooms, and one was being used as a storage area.



Residents' bedrooms

The Manager shared that residents were welcome to personalise their bedrooms. This could include bringing their own furniture, pictures, and other personal items. Some residents even chose to bring their own armchairs to make their space feel more like home.

Also, if couples wish to sleep in the same room they would still require a room each, and the home would arrange for one of the rooms to be used as a lounge area and the other to be used as the bedroom.

Bedrooms varied in size and the majority had an ensuite with basin and toilet. We were told each room had a lockable bedside cabinet for valuables, and a 'Welcome to Iddenshall Hall' file with generic information about the care home, for example, resident of the day information. There are views from the windows of either the garden or car park. Each door displays a number and the name of the resident it belongs to.

The rooms we saw had some personal possessions in them and all those residents who responded said they were able to make their room feel like their own.

"Didn't know I could have pictures up but my daughter will sort to bring some." (Resident)

"The room mum is in is extremely small therefore there is little chance to 'personalise' it." (Relative)

"Feel lonely in my room but not confident to go to the lounge."

"Room was very hot because radiator was on in the very hot weather. The valve is not shutting off properly so still warm, even after my husband turned it off." (Relative)

Outdoor areas

Iddenshall Hall has a very large garden area, which includes pathways, an allotment and greenhouse, a patio, and a courtyard *"which is a bit of a suntrap and not really accessible for those in a wheelchair."* (Unit Manager). There were plenty of benches in the outside spaces.

"These outdoor spaces are available for both residents and their relatives to enjoy." (Manager)

Plants and beds were well established, and we did see a couple of raised planters if residents wish to do some gardening. The back garden is accessible by a sloping path and steps. We felt overall the garden was maintained but that some attention was needed to tidy up some areas, and uneven paving slabs and steps needed to be made safe.

"My daughter takes me in the garden but feels flags outside are very uneven and I could trip. My daughter holds on to me."

"He doesn't/can't read or follow things on TV. Exercise classes would be good and daily walks around the garden."

"Would like to go outside more for garden walks."

"I think mum would benefit from small walks in the wheelchair outside on nice days, but I also appreciate how busy the staff are."

"Exercise classes would be good and daily walks around the garden.

Food and drink

Regarding food in the home, we were told they have their own in-house catering team. The chef prepares all meals in Beeston View's kitchen, which are then transported on a food delivery buggy to Iddenshall Hall. Meals are

served from the Hall's kitchen using hot trolleys, and all dishes are home-cooked.

Residents select their meals either each morning or at meal times on the day itself. They have access to a four-week rolling menu, and the Manager explained that if residents do not want anything from the main menu, a light-bite alternative menu is available.

When asked how the person they're visiting chooses their meals, relatives said:

"In the dining room. He's shown the options and he chooses."

"I have been there when asked regarding tea (which she has in her room mostly). Lunch is chosen when go to the dining room."

There are two options at meal times, with hot meals being served both at lunch times and dinner times. Lighter meals, such as sandwiches, are also offered for the evening meal.

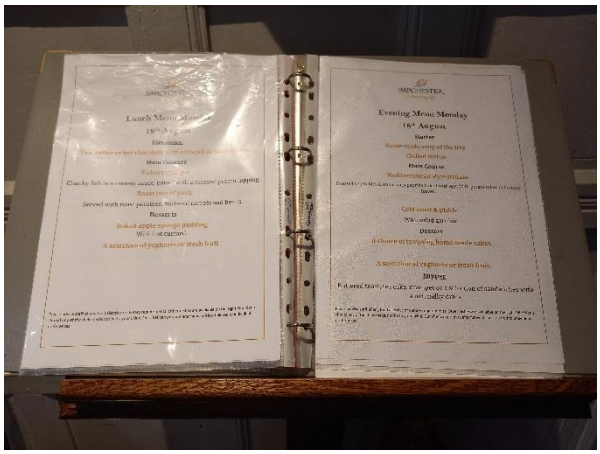
"We cater for all dietary requirements at Iddenshall. For example, low salt and diabetic diets." (Manager)

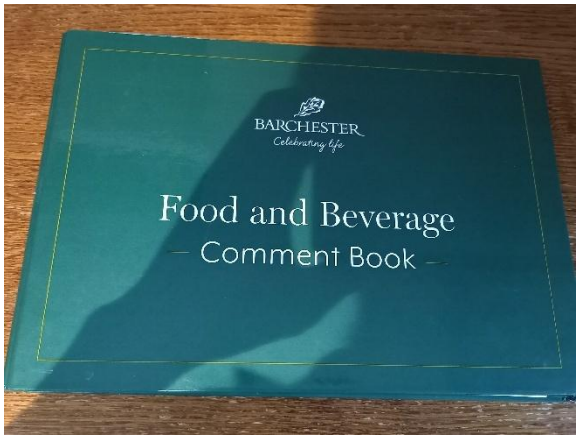
The Manager told us the dining room is very well used, however residents have the choice to eat where they wish. Drinks and snacks are available throughout the day also. A tea trolley goes around offering hot and cold drinks, along with snacks such as biscuits, crisps, and fruit. There are also drinks stations within the home, and each resident's room is supplied with its own jug of water or juice, which is refilled regularly. Residents can access snacks at any time they wish, and the home's chef often bakes cakes and biscuits for everyone to enjoy.

"She is used to having a lot of cups of tea and because again she doesn't go to communal areas where she could make a cup of tea. She doesn't complain. This also goes for snacks. The cake/biscuits (homemade) are wonderful. I always try, when visiting, to take her both." (Relative)

"Relatives are more than welcome to join their loved ones for meals at the home. We simply ask that they let us know in advance so the kitchen can prepare accordingly." (Manager)

We observed written menus in the entrance hall and in the corridor leading to the main dining room. They showed a choice of two dishes plus dessert for both lunch and dinner, and "elevenses" offered mid morning.





The dining room was nicely decorated and looked welcoming. However, there were a couple of walls where paintwork required touching up and wallpaper glued down.

We noted a book on the side, for residents to pass on their comments about the food and drinks served at meal times, which the chef responded to.

During our tour, the Unit Manager explained that those residents who were underweight were provided with a snack platter of various biscuits, fruit, cheese and crackers.

Overall, nearly 90% of the residents who replied to our survey said they were very happy with the quality of the food.

"Always leaves a clean plate."

Other comments from family included:

"Food could do with improving."

"Quality is very poor especially meat. This needs to be sorted as it's really dad's only complaint. Strawberries and other fresh fruit would be enjoyed! Also have a look at food in the TV advert! Looked like a top restaurant."

Biggest challenges and biggest success to date

The Manager shared that the biggest challenge when she arrived at the home two years ago was the lack of a whole-home approach. At the time, staff from the two buildings did not work closely together. Since then, she has successfully brought the teams together, and they now work hard as one united team. She described this as both one of her greatest challenges and her biggest successes.

Care Home Best Practice Initiatives

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

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

Iddenshall Hall uses MUST, Restore2 and the Magic Table.

Recommendations

- Parts of the building require maintenance, eg new radiator valves for bedrooms where needed; decorating in some areas; toilet seat needs replacing in communal bathroom; some chair arm rests in lounge should be cleaned/made good.

- Consider having a maintenance schedule for the home to keep on top of the general upkeep of the building.

- Inspect the patio areas for uneven slabs and steps, and rectify urgently to make safe.

- Ensure all residents know how they can feedback any comments and concerns.

- Ensure residents are aware of regular resident meetings and encouraged to participate in the sharing of feedback.

- Ensure a good selection of fresh food and fruit are available each day.

- Ensure all residents (and relatives) are aware bedrooms can be made their own with personalised items from home. For example, photographs.

- Encourage those less confident and less mobile to leave their rooms, with support, and join in activities, trips and venturing outside into the gardens.

- Make time to use the outside patio areas (once made safe) and gardens more, particularly for walking. Iddenshall Hall has a good deal

of lovely outdoor space, which seems under-utilised. It has so much potential and would be beneficial to residents.

What's working well?

- Friendly, kind and caring staff who know the residents well and have good relationships with them. Staff are appreciated by residents and family.
- Iddenshall Hall now works as one team in a whole home approach.
- Residents said they felt safe, respected, their dignity was maintained and they had privacy.
- Generally the quality of the food is good but some responded they felt this was not the case. This is something which could be raised at the next residents' meeting to see how meals could be improved.

Service Provider's Response

Recommendation 1 Parts of the building require maintenance, eg new radiator valves for bedrooms where needed; decorating in some areas; toilet seat needs replacing in communal bathroom; some chair arm rests in lounge should be cleaned/made good.
Service provider's response We do have a maintenance plan in place currently which is being worked through, with good results so far. Maintenance can check radiator valves and replace.
Action A full decoration plan is in place and being worked through focussing initially of resident's bedrooms then moving across to the communal areas. All radiators have been checked and where required new thermostats have been ordered and replaced.
Recommendation 2 Consider having a maintenance schedule for the home to keep on top of the general upkeep of the building.
Service provider's response We do have one in situ currently. Outstanding maintenance is discussed at our daily stand-up meeting, the maintenance book is also brought along to the meeting and any new jobs discussed logged. There is a full schedule in place following both the company required procedures along with those generated at a local level. This is allowing work to be carried out on a priority basis.
Action Continue with the plan in place.

Recommendation 3 Inspect the patio areas for uneven slabs and steps, and rectify **urgently** to make safe.
Service provider's response Half the slabs have been taken up in the court yard, as they had to be taken up for removal of bamboo. The slabs will be placed back down safely and evenly. Its currently blocked off to stop resident's walking in that area.
Action The slabs in the inner courtyard have been lifted to remove the bamboo which was the initial cause of the uneven surface. These have been laid back in place temporarily with access to the area restricted. These have been planned to be re-laid in October 2025.
Recommendation 4 Ensure all residents know how they can feedback any comments and concerns.
Service provider's response There are posters throughout the home that explain how feedback can be given. The residents and relative's meetings are shared on posters, shared on Facebook and also sent out via email. Barchester also hold a 6-week survey for residents and relatives to feedback.
Action We will discuss with the residents as to how they can feedback. We will also discuss in more depth at the next residents meeting and continue with the processes already in place.
Recommendation 5 Ensure residents are aware of regular resident meetings and encouraged to participate in the sharing of feedback.

Service provider's response There are posters throughout the home that explain how feedback can be given. The residents and relative's meetings are shared on posters, shared on Facebook and also sent out via email.
Action We will discuss with the residents as to how they can feedback. We will also discuss in more depth at the next residents meeting and continue with the processes already in place.
Recommendation 6 Ensure a good selection of fresh food and fruit are available each day.
Service provider's response This has been fed back to the hospitality team. During the residents' meetings, food choices, likes, dislikes are discussed, feedback cards given out. Menus created around the feedback given from the residents.
Action Feedback will be obtained from the residents to make sure they have all desired choices. Fruit will be available at the coffee station and available on the drinks trolleys which are several times a day. Fruit salads also given as starters at lunch and evening meal time.
Recommendation 7 Ensure all residents (and relatives) are aware bedrooms can be made their own with personalised items from home. For example, photographs.
Service provider's response Unsure of how the long the resident spoken with has lived here as anonymous, however during the time I have been the registered Manager I am very confident that the admin team who complete show rounds do discuss in depth that personal items can be brought in. Also checked with Maintenance team, who have confirmed they liaise with new residents and families about hanging of pictures or positioning personal items.
Action The maintenance team will introduce themselves to new residents and families to help provide support on making the space more homely including

photos & pictures. It also puts a face and name to the people who they can speak with regarding their space and any concerns they have or changes they would like.
Recommendation 8 Encourage those less confident and less mobile to leave their rooms, with support, and join in activities, trips and venturing outside into the gardens.
Service provider's response We have identified those residents who are less confident and offer one to one activity, with a view to help build confidence during those moments to eventually venture further.
Action
Recommendation 9 Make time to use the outside patio areas (once made safe) and gardens more, particularly for walking. Iddenshall Hall has a good deal of lovely outdoor space, which seems under-utilised. It has so much potential and would be beneficial to residents.
Service provider's response We have used the outside areas throughout the warmer months. We have shared photographs of this on Facebook. We also use the gardens in Beeston View as both homes come to together for activities as much as possible.
Action Already utilising the garden areas throughout the site.