

healthwatch

Cheshire East

Enter and View Report

Brookfield House

27 October 2025



Contents

Report Details	Page 3
What is Enter and View	Page 4
Methodology	Page 5
Findings	Page 7
Recommendations and what's working well	Page 26
Service Provider Response	Page 27

Report Details

Address	Shrewbridge Road Nantwich CW5 7AD
Service Provider	Brookfield House Care Home Ltd
Date of Visit	27 October 2025
Type of Visit	Enter and View with Prior Notice
Representatives	Tricia Cooper Jodie Hamilton
Date of previous visits by Healthwatch Cheshire East	3 May 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.healthwatchwac.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.

Brookfield House

Short overview

Brookfield House is a care home on the edge of Nantwich close to the River Weaver and Nantwich lake. It provides residential and dementia care for individuals, and has capacity for up to 51 residents.

Findings

Arriving at the care home

Environment



Brookfields House Care Home was easy to locate, situated to the side of a local park, with clear signage visible from the roadside. The building itself is older, and although its age is evident, it appears generally maintained from the outside. The car park is located at the front of the property and provides space for visitors and staff; however, it is not secure, and members of the public were observed using it to access the nearby park.

The entrance to the home was clearly identifiable, leading directly to a secure reception area. Visitors are required to ring the doorbell, and a member of staff allowed access. The reception area contained a variety of information for visitors, including guidance on how to make a complaint, health and safety notices, the most recent CQC report, a "Protected Mealtimes" notice, Healthwatch feedback cards, Carehome.co.uk review cards, and the home's zero tolerance policy



on physical and verbal abuse. The Manager explained that the reception area is used to display visitor information, while resident specific material is displayed within the home. A visitors' book was available, and we were asked to sign in upon arrival.

During our visit, one Healthwatch representative was shown around the home whilst the other representative spent time with the Manager asking her questions about Brookfield House. She has been in her role for six years.

"You should be seeing a friendly home and caring staff. The feedback we have received from families and friends is that it feels homely, which is what we aim for. We want staff to be happy with the residents, and to work as a team." (Manager)

Treatment and care

Quality of care

We asked the Manager a variety of questions about the links and relationships the home has with external services.

Brookfield House uses the local GP practice, Tudor Surgery, which they have a good relationship with now, the Manager explained. They did challenge the surgery a few years ago after Covid. As was the practice during the initial outbreak, GPs stopped visiting care homes. However, Tudor Surgery did not then return to seeing residents at Brookfield House after Covid, but continued to liaise over the phone. The Manager felt strongly that the GP should recommence visiting the residents in person, and the new GP at Tudor Surgery currently has a weekly telephone consultation followed by a visit on the same morning each week, which the Manager told us works well. They explained they are very passionate about palliative care, and families wanted to see the GP coming into the home to see their loved ones.

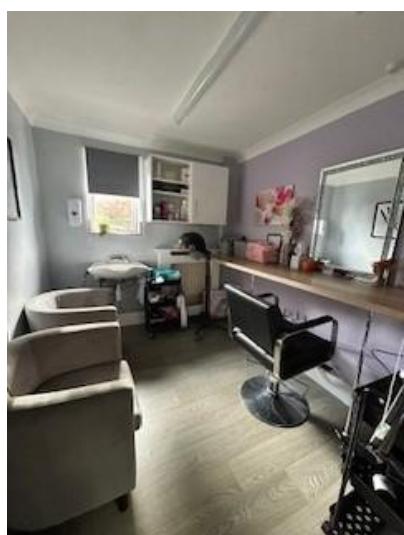
When a resident joins the home and is still within the catchment area of their own GP, they can remain with that surgery if they so wish. If an individual is staying for respite, the home would liaise with their own GP during their stay.

We also heard from the Manager that if a resident becomes unwell and requires additional care, the home would try its very best to look after them at Brookfield House, because going to hospital can unsettle those with

dementia. Individuals' Enabling Priority of Care document (similar to an Advanced Care Plan) would state if the resident would want to go to hospital or stay at the home. The majority stay at Brookfield House for any condition which was treatable, however if a resident had a fall they would attend Leighton Hospital.

Feedback from the Manager about their experience of residents being admitted to and discharged from hospital included a lack of communication being the biggest concern. We heard that sometimes there has been information in the discharge documentation which had not been discussed with the home. One resident had returned to Brookfield House with a canula still in place, and a district nurse had to be asked to attend to remove it, which meant the patient did not have to return to the hospital. Better communication from the hospital would improve discharge, along with minimising delays for medication and transport back to the home. Improved timings of discharge would be beneficial. The Manager explained that one resident was discharged at 2am, which they said is not acceptable with frail elderly people with dementia.

Regarding dental treatment, Brookfield House uses a local dentist in Nantwich where residents are treated.



A hairdresser visits every Friday, and last year the home converted a room into a salon. Staff involved the residents in choosing the colour scheme, and a member of staff shared that residents enjoy visiting the salon regularly, with some attending weekly appointments with the hairdresser.

A chiropodist visits every three weeks to capture all the residents who are seen every six to eight weeks.

The home uses Eye Care on Call opticians, who they find are very good. They come in every 12 months approximately, which ensures all new residents are seen. The Manager shared that the opticians' staff get on well with the residents.

Pharmalogic is the online pharmacy the home uses and they supply the home with all monthly medications. For any acute treatment they have used Well Pharmacy in town.

Other health services who visit the home include district nurses who support daily with wound care. The Manager told us ACPs (Advanced Clinical Practitioners) have been excellent, and if there are any concerns with residents, the home will call the ACP hub to organise for one to come out.

During our tour of Brookfield House, we observed residents appeared well cared for and appropriately dressed for the day. Those we observed were up and about, wearing clean day clothes and seemed well presented, with good personal hygiene. Throughout the visit we heard two call bells sound, both of which were responded to promptly by staff. The response time was quick, and staff were seen attending to residents without delay.

However one family member responded to our survey, saying:

"Sometimes mum's appearance is not acceptable. There is food on her clothes, her hair is not cared for properly, not brushed the way she likes it."

On a more positive note, when asked what was the best thing about life at Brookfield House, residents responded:

"People that run it and the people in it. I have made a lot of friends who I can talk to."

"Meals are prepared and medication is given each day. I have company and not lonely."

"Residents are well cared for 24/7 in a nice warm environment with caring staff and good food. Needs are attended to regularly."

Relatives shared on the survey the best thing about life at the home was:

"They are safe, secure and well looked after. It's warm, dry and they have excellent meals."

"The independence of having their own room and the freedom to join in activities or not."

"The caring staff."

"Warm and comfortable friendly atmosphere."

"Safe"

"The staff are like family to the residents. They are treated as such."

“She is cared for much better than I could have done.”

When asked if they would change anything, responses from residents included:

“No, I like it, even the toilets are nice.”

“More staff would be helpful.”

“Maybe a visit out every now and then?”

Privacy, dignity and respect

The Manager explained that they ensure there is a culture of privacy, dignity and respect at Brookfield House by providing training to all staff when they first join the care home. They have a full induction with an experienced member of staff by “buddying up.” Staff would knock on doors before entering, gaining consent from residents and promoting choice within the home. Staff should be treating residents like their own family member.

We asked how the home supports those who may require accessible information. *“We would order documents in large print or easy read if a resident needed it. We would support residents whenever possible.”*

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

“I feel that the managers and staff treat the residents like they would like to be treated. You hear some horror stories about care homes but I have only seen my mum and the other residents treated with kindness and respect.”
(Relative)

Understanding residents' care plans

At Brookfield House, residents' care plans were transferred to digital plans in 2020, and these are reviewed every month as part of resident of the day and as and when required, for example if a resident should sustain a fall.

We were told residents can have involvement in their care plans if they have capacity. On joining the home, a 'This is me' document is completed for individuals' likes, dislikes, hobbies and interests. The Manager added this helps with choosing the activities put on in the home.

Relatives also have involvement in the loved one's care plan, at six month intervals and as and when required, if family wish to update their loved one's plan.

75% of those who responded to the residents' survey said they were involved in their own care plan. One person responded they were not aware of care plans.

Relationships

Interaction with staff

"The relationship between staff and residents is respectful. The staff watch and listen to what's going on and are very polite with residents. Staff give them choice and have fun with them. It's good to see them talking and laughing together. If a resident doesn't see a staff member for a while, they will ask if they are OK. We have a very good team who care." (Manager)

Regarding the use of agency staff, the Manager said they had not used them in the past three years. The home did utilise them during Covid but used only one agency and would request the same staff who had worked in the home before, for continuity. Since Covid, some staff have been recruited from overseas, on sponsorship, so Brookfield House has a diverse team.

During our visit, the home was lively and engaging, with residents participating in a morning sing-along activity. Residents were seen dancing with the Activity Coordinator, who created a fun and vibrant atmosphere that encouraged participation. The activity appeared well organised and inclusive for those wishing to take part. Staff were observed interacting positively with residents throughout the visit, demonstrating a calm, caring, and supportive approach. These interactions appeared genuine and respectful, contributing to a warm and welcoming environment. No personal or confidential information was visible anywhere within the home during our visit.

We observed a resident in the care home whom staff interacted with on numerous occasions. The resident was walking around the home, and staff often engaged with them in friendly conversation, to which the resident responded positively. Staff appeared to know them well and explained to Healthwatch the resident's background and the reasons why they like to

walk around the care home. During the visit, staff also tried to encourage the resident to have some lunch, and were very relaxed and understanding in how they responded.

All four residents and all six relatives who responded to our survey said they/their loved one had a good relationship with staff,

"I can ask them anything."

"Staff are very helpful. The laundry lady comes every day and takes my clothes to wash them. The activities lady is wonderful. The carers always look after me and help me. This is a wonderful place to be."

"It is very well managed and all the staff are very good. It doesn't matter what position they hold in the home, whether it's a domestic, manager or deputy manager, they will go out of their way to help any of the residents or any visitors. It's like stepping back in time, it's like one big happy family which doesn't seem to happen in this day and age." (Relative)

"My mum has been in Brookfield House since March 2025 and is very happy there now. It was an initial shock for her after living on her own in a cottage in the countryside since my dad died 25 years ago. It's the best thing that could have happened to her, my getting her into Brookfield House (it was highly recommended by a friend whose mum was a resident). She comes out of her shell and is a different chatty person who can't wait to get out and around the lake or into Nantwich with myself or my wife. She really is loving life now, it's all down to the environment of Brookfield and the care and help that she is given. All the staff are lovely." (Relative)

"The staff are very caring about mum and often joke with her." (Relative)

Connection with friends and family

Friends and family keep in touch with their loved ones with visiting, telephoning, and staff support residents to connect via Facetime or Zoom. We were informed that visiting is very flexible at Brookfield House, and can occur at any time. *"However we do ask to protect meal times, and to avoid arriving before 9am." (The Manager)*

The six relatives who provided feedback on our survey said they were made to feel welcome by staff.

If relatives and friends wished to raise a complaint or provide feedback, the Manager was keen to stress they had an open door policy. *"My door is rarely closed and I would encourage people to raise any issues directly with myself or a senior member of staff in my absence."* The Manager uses email to communicate with families, and told us they send out surveys periodically throughout the year, asking about care, meals and entertainment. *"I'll acknowledge any correspondence from family immediately, even if I'm on holiday."*

Friends and family meetings are held every three or four months which provides an opportunity to discuss any concerns. Residents are also included in these meetings so their relatives can be their loved one's voice.

"Mum is unable to use electronic gadgets, though I have seen staff help other residents use gadgets." (Relative)

Wider Local Community

Brookfield House has a varied connection with the local community. The Manager explained that a gentleman befriender comes in from the church and a lady befriender, through Cheshire East Council, to spend time with those residents with no next of kin. Children from local primary schools and a local scout group have visited, especially around Christmas time, to sing with the residents – they have loved these visits.

Everyday Life at the Care Home

Activities

The home has a full time Activity Coordinator, working 37.5 hours a week. They complete 'This is Me' with residents when they join Brookfield House, and base activities around this.

The Manager informed us there are residents at various stages of dementia so these activities are varied to suit the different individuals. Some of them include armchair newspaper reviews where articles are discussed, bingo, quizzes, board games, dominoes and reminiscence. *"Staff believe in the*

importance of doing different activities to keep the mind active. The Activities Coordinator will walk around the home in the morning to let residents know what's going to take place that day, and will encourage residents to join in. They will notice if someone is not there. It's a very active home and we incorporate exercises whilst doing some activities."

Information on dementia is shared with family members and an Admiral Nurse will come into the home to speak with and support relatives, if requested.

One to one activities, such as talking, looking through old photos, listening to music, pampering, manicures and massages will be provided to those who cannot leave their rooms. *"We can always take the activities to them if they can't come down to join in. We involve residents where we can and discuss the activities at the residents' meeting. We will also involve residents with menu choices."* (Manager)

Christmas is an important celebration in Brookfield House. The Manager told us it is ensured there is a full diary of events over the festive period. The staff team has put on a full performance in the past and the Manager proudly explained they would be having a Mama Mia performance this coming Christmas. Ponies come to the home also, which the residents have loved. Staff will wear traditional dress and perform a dance for the residents.

Outdoor activities include walking around the nearby lake in the warmer months. *"We have asked the ice cream van to visit during the summer."* (Manager). Many residents have been taken out by their families, and one lady's husband has taken her into town.

The home does not own a minibus so it relies on a local wheelchair friendly taxi company if family cannot support with trips.

All the residents who completed a survey said they were either very happy or happy with the activities on offer, and they are kept up to date with what activities are happening each week. Relatives indicated their loved one was either very happy, happy or satisfied, with an even split between them.

The group activity which was taking place in the lounge whilst we were visiting, featured music from decades appropriate to the residents. The activity was well attended and created a cheerful atmosphere, with residents enthusiastically joining in. Following the musical session, staff engaged residents further by reading jokes aloud.

Although there are no individualised activity timetables for residents, a large monthly pictorial and written activity planner is displayed outside the dining room. Staff explained that they often refer to this board, using it as a prompt for conversation about upcoming events or daily activities. The Activity Coordinator also informs residents each day about what is planned and invites them to take part. In addition to organised sessions, residents can choose independent activities such as colouring or word searches, which are available in seasonally themed activity boxes mounted on the wall.

There was no direct evidence of current celebrations taking place during our visit, although the environment suggested regular planning and promotion of social activities. There was evidence of Halloween craft in the main dining room and staff explained how activities can differ from what is on the board if people would like to do something different. They encourage residents to choose what they like to take part in and activities to suit them.



"I ask [a member of staff] about what we are doing. I always look at the board on the way to the canteen." (Resident)

"The staff are always telling [my mum] and myself what's available."
(Relative)

"The areas [of activities] I have ticked 'No' to [on the survey] are purely my Mum's choice. The staff regularly ask her if she wants to come down and join in but she declines. At first she wouldn't let me take her out in the wheelchair for walks but she loves it now. Given time and with the staff's help we may get her to mix more, but she never liked to be with a lot of people to be honest." (Relative)

"The exercises classes are provided but mum's mantra has been "If I feel the urge to exercise I will lay down till it passes." Mum socialises when she wants to." (Relative)

"There is a board in the corridor. Sometimes there is a blank space so not able to keep up. Just a suggestion, maybe the organiser could have an assistant to keep up with the activities." (Relative)

Person Centred Experience

The home ensures that residents' experiences are person centred by knowing what individuals enjoy. For example, they have a gentleman with no next of kin who supports Manchester United. The Manager explained they decorated his room in the team's colours. *"We always encourage residents and families to make their bedrooms feel like their own, with photographs and personal items and ornaments. This is their home."*

This was supported by relatives' responses on the Healthwatch survey.

Healthwatch was shown that there was evidence on how to feedback and make a complaint in the reception area, but we didn't see any evidence on display for residents throughout the home on how they can do this. We did, however, see that residents had given feedback in a yearly home survey which has just been updated with a new survey, and some feedback on what residents like about the home was displayed on a residents' notice board near the dining room.

Staff will communicate with the Manager if they have heard a resident has a concern, and she would speak to either the resident or family.

100% of relatives responded they knew how to feedback any comments, issues or complaints.

Relatives and residents answered in our survey:

I would go to management with a concern or complaint because I trust them. They always help me and talk to me if I am upset. (Resident)

"The manager and senior carers always have an open door to talk to." (Relative)

"In person or by emailing or writing a letter." (Relative)

"Overall Mum is safe, clean and is fed each day. Brookfield House is a safe place and the residents are well cared for. Very happy for my mum to be living here."

Religious and spiritual needs are provided by a vicar who attends the home. At the time of end of life care, if the resident or family wishes, the home will contact the vicar to request them to visit.

"Monthly service by Church of England. Her own minister visits regularly." (Relative)

60% of relatives responded in our survey that their loved ones had their spiritual needs met at Brookfield House. The remaining said they did not require it.

Communal Areas



The home is an older building with traditional décor that appears somewhat tired in places but is generally clean, well maintained, and comfortable. The environment felt well ventilated, with no unpleasant odours, and the overall temperature was lovely and warm while it was cold outside. Corridors were wide and easily accessible, with handrails fitted along both sides, providing good support for residents using mobility aids.

Communal areas were spacious and offered plenty of suitable seating options in good condition. There are three lounge areas within the home: the main lounge, which is used primarily for group activities; a quieter lounge where residents who prefer a calmer environment can watch television or rest; and a smaller sitting area where small groups of residents often gather to socialise.



The home also has two dining rooms, one larger and one smaller, allowing residents to choose their preferred setting. The smaller dining room was



basic but you could understand why some residents would prefer this choice due to the smaller area and less chance of noise, so a calmer environment. It did not have any menus on display and was very simply decorated. The larger dining area

appeared more functional and very busy on the



day Healthwatch visited, with plain décor and limited features and was not particularly homely.



Throughout the home, communal bathrooms, shower rooms, and toilets were observed to be clean, tidy, and spacious. Some of these facilities have been more recently refurbished than others, but all appeared fit for purpose and maintained to an acceptable standard.

There are no specific areas for residents and those with dementia. Everyone mixes together which the Manager says works in the home.

Residents' bedrooms

The 50 bedrooms within the home vary in size, with each room offering a basic layout. During our visit, we viewed several unoccupied rooms, which were clean and ready for new residents to move into. Staff explained that the variation in room size provides flexibility and enables residents to arrange the space to their own needs and preferences.



While walking through the home, we observed some occupied rooms with doors open, showing that residents had personalised their environments with photographs, ornaments, and personal belongings, creating a warm and individual feel. The majority of bedrooms are ensuite, including a toilet and basin; only three rooms do not have ensuite facilities.

All rooms benefit from natural light, although the amount varies slightly depending on the position of the room and the surrounding trees outside. Most bedrooms have pleasant views overlooking the gardens, park, or surrounding greenery. Some doors displayed personalised nameplates or "please knock" signs, which staff confirmed are provided according to each resident's personal choice.

If couples wish to share a bedroom, they have a room large enough to accommodate this, however the Manager shared they have, so far, not received this request.

"It was lovely for me to be able to put some of Mum's pictures on the wall and to bring some of her own things. It really helped to settle her in to a whole new life - new place and new town." (Relative)

"Mum has several personal belongings including family photos etc in her room." (Relative)

Outdoor areas

Brookfields Care Home benefits from a large garden area that surrounds the building, providing residents with access to outdoor space and pleasant views from their rooms. Parts of the garden are paved, making it accessible for residents using mobility aids or walking with staff support or loved one. There is ample outdoor seating available, along with a number of planters that residents can enjoy.



During our visit, the garden reflected the autumn season, with well-maintained plants and flowers visible throughout. The home has taken part in the local *Nantwich in Bloom* competition and recently won a gold award, which staff and residents are clearly proud of. Additionally, there is a summer house located within the garden, providing a sheltered area for residents to enjoy the outdoors.

One relative commented on the garden:

"To make the garden more safe to walk around for the residents and others who visit and work there." (Relative)

Food and drink

It was explained to us by the Manager that the home has two cooks and all meals are homemade. Residents choose their breakfast at the time of eating, and carers go around the home offering two options for lunch and dinner, but residents can sometimes change their minds when mealtimes arrive. The cooks cater for those with dietary requirements, such as gluten free and vegan diets.

The Manager told us whilst food is being served and eaten, she will answer the door so that staff would not be pulled away from the dining rooms.



Menus were not displayed on dining tables; instead, there was a single noticeboard in the main dining room where the daily menu was handwritten.

During lunchtime, we observed residents being assisted to their seats, and staff providing drinks before serving meals. The meal options were chicken casserole or fish cakes with vegetables and mashed potato. The food appeared of a standard quality, and residents seemed to enjoy their meals. For those who chose not to dine in the communal area, meals were taken to their rooms on trays and were covered appropriately.

We were informed that residents can eat where they wish, and this was supported by those who responded to the Healthwatch survey.

When we arrived earlier in the day, several residents were observed with hot drinks, suggesting refreshments are available throughout



the day, although we did not see additional snacks or drinks being offered during our visit as it was close to lunchtime. The Manager explained that a tea trolley, offering biscuits, fruit and crisps, is taken around the home between breakfast and lunch, and lunch and teatime.

The majority of the respondents said they could access snacks at any time of the day, and the majority (five out of six) said their dietary requirements were catered for. The remaining respondent said they did not know.

One resident said in our survey that they were dissatisfied with the choice and quantity of food. However, the remaining respondents said they were very happy or satisfied.

"They have a dietitian who comes in and gives them their meals that suit their needs." (Relative)

"Her only moan is she doesn't like green beans they serve." (Relative)

"More independance and improve some meals." (Resident)

When asked how and when they choose their meals, responses included:

"Carers ask me daily and I am able to choose." (Resident)

"Each morning staff come into the room with a choice of menu options." (Resident)

"They have severe dementia so the staff help them with their choice of meals." (Relative)

"I believe that breakfast is chosen the night before and lunch is offered by menu or verbally in the morning. The evening meal is the same and offered when lunch arrives." (Relative)

"They are given a choice of the meals available after breakfast daily. Breakfast is chosen at mealtime." (Relative)

Biggest challenge to date

The Manager shared that whilst managing Brookfield House, the biggest challenges have been communication with other health professionals and within the staff team. For example, recently one resident's health rapidly deteriorated and their blue booklet, where medication to be administered is noted, had not been reviewed. This led to a delay in administering the appropriate medication by a couple of hours whilst the GP reviewed and updated the booklet. The Manager informed us they will be raising this with the practice.

Biggest success to date

Improving Brookfield House so it reached 'Good' in the last CQC inspection. It had previously had been rated as 'Requires Improvement' when the Manager first joined the home and staff morale had been quite low. The Manager added that team work within the home had been key to the improvement. When Covid struck, staff were forced to work as a team and this made a real difference.

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 wartime speeches, playing games and karaoke and watching films.

Brookfield House uses the following initiatives – MUST and Restore2.

In addition, the home engages with End-of-Life Partnership and a palliative care nurse will visit if requested.

“All staff are very passionate about end of life care, and they go above and beyond to ensure all wishes are met. The whole team, from the carers to housekeeping, is very compassionate.” (Manager)

Recommendations

Please see separate recommendations sheet.

What's working well?

- The home has a welcoming and lively atmosphere, with regular activities that engage residents and encourage participation. The singalong and dancing session observed during the visit demonstrated positive staff resident interaction and a strong sense of community.
- Staff were calm, caring, and attentive throughout the visit, responding promptly to call bells and providing assistance with dignity and respect.
- Staff working together demonstrates strong teamwork.
- Corridors are spacious and accessible for those using mobility aids.

Service Provider Response

Recommendation 1

Consider improving the presentation and atmosphere of the dining rooms to make them more inviting and homely. This could include displaying menus on tables, adding table décor, or introducing pictorial menus to support residents with communication or cognitive needs.

Service provider's response

We have trialled menus on the tables and found that due to the level of Dementia for many of our Residents this was not practical as the menus went missing.

We asked the Residents for ideas how we could inform them of what the meal options are and they suggested the chalk board to advertise the options.

Action

We have a planned redecoration for our dining room in 2026.

We will trial menus again in 2026 using both text and pictures prompts.

We will continue to ask for suggestions and feedback from the Residents on ways we can improve their dining experience.

Recommendation 2

Consider organising more outings for residents.

Service provider's response

We support our Residents with outings to the lake weather permitting. We would support with any requests with trips into the town that are in walking distance and that staff can support.

Due to the level of Dementia with many of our residents, trips out involving transport would not be suitable and would be a risk for many residents.

Action

We will look at different places locally that would be suitable for our Residents to visit during the summer months in 2026.

Any other feedback from the Service Provider

We currently have a high percentage of dementia Residents in our care home at present so my responses for your recommendations reflect this.