

# healthwatch

## Cheshire West



**Enter and View Report**

**Wealstone Care Home**

**Upton, Chester**

**20<sup>th</sup> October 2025**

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# Report Details

<b>Address</b>	Wealstone Lane Upton Chester CH2 1HB
<b>Service Provider</b>	Minster Care Group
<b>Date of Visit</b>	20 <sup>th</sup> October 2025
<b>Type of Visit</b>	'Prior Notice'
<b>Representatives</b>	Jodie Hamilton Jem Davies John Webb
<b>Date of previous visits by Healthwatch Cheshire West</b>	17 <sup>th</sup> September 2018

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

# What is Enter and View?

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

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

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

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

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

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

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

## **Wealstone Care Home**

Wealstone Residential Care Home is situated on Wealstone Lane in the residential area of Upton, Chester. The home is purpose-built on one level and is close to local amenities and transport links. The home offers care for older people and for those living with dementia. It provides residential, dementia and respite care.

# **Findings**

## **Arriving at the care home**

### **Environment**

Wealstone Care Home was easy to locate, with clear signage displayed along the wall outside the car park. The home shares an entrance area with Dorin Court, and visitors are advised to ensure they park in Wealstone's designated car park rather than Dorin Court's.

The building appeared to be in good condition and well-maintained, with a tidy exterior and accessible pathways. The entrance to the home was clearly identifiable and secure. On arrival, we rang the doorbell and were

promptly greeted by the home's administrator, who checked our identification and asked us to sign the visitor book in line with the home's security procedures.

The reception area was welcoming, with plenty of seating and a range of information on display. Noticeboards contained details about upcoming activities, how to make a complaint or give feedback, and information for residents about the on-site hairdresser. There were also photographs of residents participating in activities and information was available about how to leave a review of the home on [carehomes.co.uk](http://carehomes.co.uk).

During the visit, Healthwatch representatives met with the Care Home Manager to discuss the care provided and the day-to-day life of residents. The information gathered from this conversation is included within this report.

While one representative met with the Manager, two other Healthwatch representatives were given a tour of the home by the Administrator. The Administrator explained the layout of the home, how different areas are used by residents, and the activities taking place during the visit. During the tour, Healthwatch representatives informed staff that they would be taking photographs of the environment to support their report, but that no images of staff or residents would be taken.

Healthwatch representatives also had the opportunity to speak with residents and visiting family members to gain their views and experiences of life at Wealstone Care Home. Prior to the visit, Healthwatch had provided the home with paper copies of the *Care Home Experience Survey* for residents and relatives to complete. A poster containing a QR code was also displayed for those wishing to complete the survey online. In total, Healthwatch received nine resident survey responses, and their feedback is included within this report

## Treatment and care

When we asked residents in the survey what was the best thing about living at the care home, we received the following responses:

*"The friendly staff"*

*"How good the place is, it's a lovely place always calm and I feel safe"*

*"It's quite open, I like staff they don't interfere"*

*"Safe and nice staff"*

*"Resident is content here; they are happy that they have people to socialise with when they feel like it. They especially enjoy the activities that keep them busy."*

*"Getting looked after, staff and safe"*

*"Beautiful, I feel really at home here"*

*"That are safe and looked after"*

*"Company of the other people here"*

When asked if there was anything they would change, most residents who completed the survey said there is nothing they would change and three residents suggested:

*"More interaction with other residents"*

*"The food"*

*"I would add decoration and make it a bit more modern, make it feel a bit brighter."*

## Quality of care

Feedback from residents in the survey at Wealstone Care Home was very positive. All residents who responded to our survey (100%) said they felt safe, and the majority reported feeling cared for (78%), respected (89%), and that their dignity was maintained (89%). Most also felt they had privacy (89%), though one resident said otherwise and one was unsure.

The home is supported by Fountains Medical Practice, with whom they report having a good and consistent relationship. The GP or Advanced Nurse Practitioners (ANPs) visit weekly, or more frequently if required. The home also receives support from the practice's Social Prescriber, who visits to assist residents with mental health and wellbeing needs.

Residents are able to remain registered with their own GP if they wish, although most choose to transfer to the practice used by the home for convenience and continuity of care.

The Manager explained that if a resident becomes unwell, decisions about their care are always made in the resident's best interests, taking into account their wishes, as well as the views of their family and clinical leads. The home aims to provide care in-house wherever possible, with hospital admissions only taking place when clinically necessary.

The home reported some ongoing challenges with hospital discharge processes, stating that on several occasions, residents have been discharged back to the home without the correct paperwork or medication. The home does not provide designated discharge beds.

Wealstone have connections with the Dental Clinic at Fountains Medical Centre. Some residents continue to see their own dentist with support from family. Each resident has an Oral Health Care Plan which forms part of their overall care plan and is reviewed monthly.

A hairdresser visits the home weekly and works from a salon located near the reception. The Manager described this as a lively, social area where "laughter and chatter" can often be heard, and residents greatly enjoy these visits.

A chiropodist visits every 12 weeks, and the home uses EyeCare OnCall for optician services. EyeCare OnCall provide named glasses for each resident to help avoid mix-ups.

The home's main pharmacy provider is Pharmalogic, with Wells Pharmacy (located nearby) used for any additional or urgent needs.

Additional health professionals visiting the home include District Nurses, Physiotherapists, Dieticians, the Optimised Medication Team, Speech and Language Therapists (SALT), the Falls Team, Continence Team, and Tissue Viability Nurses.

During the visit, many residents were observed taking part in a coffee morning that was over in the Bluebell area of the home (this is where residents living with dementia reside). They appeared well cared for, dressed in day clothes, and engaged in the activity. The environment appeared calm and friendly. Call bells were heard being answered promptly.

## **Privacy, dignity and respect**

The Manager explained that promoting privacy, dignity and respect was daily practice. All staff receive training in these areas and are expected to uphold the home's 'knock policy' ensuring that staff always knock and wait for permission before entering a resident's room.

The Manager emphasised the importance of staff knowing each resident as an individual, including their preferences, routines, and personal histories to support care that is both respectful and person-centred.

All staff have completed dignity training, and the home has a designated Dignity Champion who helps to promote good practice and raise awareness among the team.

During the visit, Healthwatch representatives observed positive and respectful interactions between staff and residents. Staff were seen engaging with residents in a friendly and caring manner, using residents' names and taking time to listen and respond to their needs. It was observed in the dining room that a member of the domestic team was very engaging with residents who were preparing to sit down for lunch there. Residents appeared comfortable and relaxed in their surroundings.

No personal or confidential information was seen to be on public display. Noticeboards in communal areas contained appropriate information relevant to residents and visitors.

The Manager explained that Wealstone provides a range of accessible communication options to meet residents' needs. Large-print books are available in communal areas, and menus are produced in both large print and pictorial formats where needed to support residents. Magnifying glasses are freely placed throughout the home for residents to use as needed, and a selection of audiobooks is also available. Healthwatch did not observe pictorial menus on the tables but there were generic pictorial menus on the dining room walls.

## **Understanding residents care plans**

Resident feedback on care planning at Wealstone Care Home was mixed. While 44% of residents said they had been involved in their care plan, over half (56%) were not aware that a care plan existed. Comments suggest that some residents recall being asked questions about their care but may not have understood that this was part of the care planning process. This indicates a need for clearer communication about what a care plan is and how residents can be actively involved in shaping and reviewing their own care.

The Manager explained that residents' care plans are updated monthly as a minimum, or more frequently if a resident's needs change. The home uses digital care planning, allowing staff to record, monitor, and review information in real time.

Each care plan has key areas such as oral health, physical and mental health needs, skin integrity, nutrition, end of life care, sleep, personal care, elimination, safe handling, and individual risk assessments.

Relatives are invited to regularly review their loved one's care plans, and residents are involved too. Healthwatch also spoke with family members during the visit. One family shared that since the new Manager has taken over, communication regarding their mother, who is receiving end-of-life care, has been very good. They reported receiving regular phone calls and

expressed that they were happy with the care their mother was receiving. They also noted an improvement in staff morale since the new Manager's arrival, saying that staff appeared happier and more positive.

## Relationships

### Interaction with staff

The Manager told us that all staff should be wearing name badges, and those we saw were wearing them. Healthwatch noted that staff they interacted with were friendly and approachable throughout the visit. Staff were happy to talk to Healthwatch representatives and answer any questions.

The Manager told us they believed the relationship between residents and staff was good, and that there appeared to be genuine warmth between them. Residents will have their favourite staff, but overall relationships are positive across the home. The Activity Coordinator, who is new in post, has worked hard to establish connections with each resident.

When asked about the relationship between the residents' friends, family and staff the Manager shared with us that the relationship was good. They explained that they had an open-door policy and encouraged families to speak to them at the earliest opportunity if they had any concerns.

100% of residents on the survey shared that they have a good relationship with staff at the care home.

The Manager told us the home does use agency staff when needed. Minster Care has its own agency called Hemsure, which is used first as these staff are likely to have worked at the home before. If there is no availability through Hemsure, the home uses New Horizon. All agency staff complete an induction with the Care Team Leader and are 'buddied up' with a permanent member of staff. Agency staff are kept up to date with training through the induction they receive each time they come to the home. The home is also able to view each agency staff member's profile page within the agency system.

## Connection with friends and family

The Manager explained that friends and relatives kept in touch with residents primarily through visits and telephone calls. iPads and tablets are also used to support communication, and the home has a Facebook page where updates and events are shared. Residents continue to receive letters, and the home regularly holds evening entertainment such as cheese and wine nights and quizzes, to which families and friends are invited to attend.

Visiting is flexible, with no set times or requirement to book in advance. Residents are welcome to have visitors in any area of the home, including their rooms, lounges, and dining areas.

The home's complaints policy and whistleblowing policy are clearly displayed. Since his arrival, the Manager has promoted a culture of openness and transparency, encouraging early conversations about any concerns. He shared that he is visible within the home and maintains an open-door policy to ensure families and residents feel comfortable approaching him.

The Manager held a friends and relatives' meeting shortly after his arrival to introduce himself and is in the process of organising another. He hopes to make future meetings more engaging by including activities such as a cheese and wine evening.

Another family member told us that their father, in his 90s, was admitted to the home in recent months following a hospital stay. They said they were "*very impressed with all aspects of the home*," noting that their father had settled in well, the staff were friendly and caring, and the food was good. They added that their father had gained weight since moving in, which they felt was a positive sign of his wellbeing.

## Wider Local Community

Since his arrival, the Manager has established new connections with two local schools, with the aim of facilitating future visits for the residents. The home also receives fortnightly visits from Rickshaw Bikes, who take residents out, accompanied by a career, for rides around the local community. Healthwatch saw evidence of this on the care home's social media platform.

Local churches visit the home to provide services for residents, and the home also hosts a 'Clothes Show', giving residents the opportunity to shop for new clothes if they wish.

In addition, the home has made connections with an organisation called 'Live the Beat' at Storyhouse, which residents attend. This group specialises in intergenerational experiences, bringing together care home residents and young people to share meaningful activities.

## Everyday Life at the Care Home

### Activities

Healthwatch staff observed activity planners displayed on notice boards throughout the home. On the day of the visit, the Activities Coordinator was off sick; however, another member of staff was hosting a coffee morning for residents.

#### Residents at Wealstone Care

Home generally expressed positive views about the activities provided. Almost half (44%) said they were very happy, with a further 22% happy or satisfied. All residents (100%) reported being kept up to date with weekly activities, and most (78%) said they were involved in choosing what takes place. While overall satisfaction was good, a small number of residents were less satisfied.



The Manager explained that the home has a newly appointed Activities Coordinator who works Monday to Friday, 9:30am to 4:30pm, and will also work additional hours when evening entertainment takes place.

A wide range of activities are offered both within the home and in the wider community. These include arts and crafts, coffee mornings, garden centre visits, day trips (such as to the zoo and Storyhouse), quizzes, movies, and sensory sessions. Activities are displayed around the home so residents can easily see what is available.

Residents are encouraged to have input into activity planning through regular residents' meetings. For example, following a recent meeting, residents expressed an interest in visiting Chester Cathedral to see the Christmas lights, and arrangements were being made for this trip.

For residents who prefer not to join group activities, one-to-one sessions are provided. These may include reading, craft activities, conversation, or short individual outings. Residents receiving end-of-life care are also offered sensory activities such as hand massages or listening to music.

The home celebrates all key events such as Christmas, New Year, and Easter, as well as residents' birthdays, which are celebrated with family and friends. Trips out are arranged as often as residents wish, and while the home does not have its own transport, taxis are used to facilitate outings.

## **Person Centred Experience**

The Manager explained that ensuring residents' experiences were person-centred involved "*really getting to know our residents and what is important to them.*" They aim to help residents settle quickly into the home. For example, a gentleman who had recently moved in was a keen football fan, so the Activities Coordinator arranged for him and a couple of other residents to attend a Chester Football Club match within his first week at Wealstone.

The home does not currently have a formal 'Resident of the Day' system, and this may be an area for future consideration.

If residents wish to raise any concerns, complaints, or feedback, they can do so verbally or through the formal complaints policy. The Manager explained that the home aimed to address any concerns as early as possible and encouraged residents and families to speak with staff

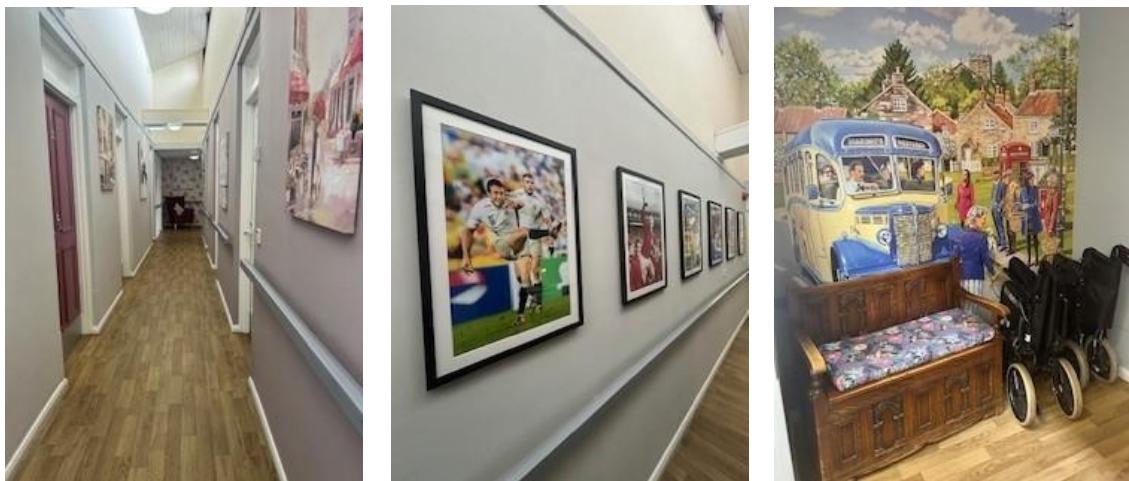
promptly if an issue arises. Information on how to make a complaint, raise a concern, or provide feedback is clearly displayed in the reception area on the notice boards.

Most residents from the survey at Wealstone Care Home (89%) said they knew how to share any comments, concerns, or complaints, showing good awareness of how to give feedback. Residents said they would talk to a member of staff or the Manager if they had an issue, and some mentioned that staff had explained this clearly. Only one resident wasn't sure how to give feedback.

Residents' meetings are held every three months. A standing item on the agenda is safeguarding, during which the Manager explains what safeguarding means and provides examples. He noted that since introducing this regular discussion, residents now have a better understanding of safeguarding and how it protects them.

Weekly church services are held at the home to meet residents' religious and spiritual needs. Friends and family are also welcome to bring pets to visit, and if a resident wishes for their pet to live with them, the home will seek to accommodate this, subject to an appropriate risk assessment.

## Communal Areas



The home was well ventilated with plenty of natural light throughout. Corridors were wide and accessible for residents using mobility aids and had handrails fitted on both sides. The corridors were decorated with artwork and photographs appropriate to the care home, adding character. Themes included football, movie stars and pets. Within the Bluebell household, for residents living with dementia, there were wall memorials

such as a bus stop, and we were told residents in this area often sit on the bench beside it.

The décor throughout the home was homely. Some areas of paintwork were slightly worn, but the home was clean and tidy. Healthwatch observed the domestic team carrying out their work effectively. Areas that had been cleaned smelt fresh, and wet floor signs were in place to alert people to the possibility of slippery floors.

The furniture was in satisfactory condition, appropriate to residents' needs, and was clean and functional. There was plenty of seating along the corridors for residents who may wish to rest while walking through the home. The home was warm with a comfortable temperature, and the atmosphere was quiet and calm during the visit.

There were communal bath and shower rooms that were basic, clean, and tidy. Dining rooms and sitting rooms were located in both the residential areas and the Bluebell household, providing communal spaces for residents.



## Residents' bedrooms

There are 42 bedrooms in the home, of which eight are ensuite. The remaining rooms have a wash basin only. At the time of the visit 35 were occupied. Bedrooms were of a similar size, with some slightly larger than others. All rooms had plenty of natural light, with many having a door that opens directly onto a communal area or garden. Access to these doors is

assessed on an individual basis, depending on the resident's capacity and safety, with some residents having their own key.

Residents are actively encouraged to make their rooms feel personal and homely. Rooms we saw with doors open were decorated with personal belongings. One resident told us she was able to bring in items such as photographs and ornaments to make her room feel like her own.

She explained that although the rooms were not very large, she was happy with the space and the opportunity to personalise it. 100% of residents shared in the survey that they had been able to make their room their own, and residents commented.

*"I've made my room my own with the help of staff."*

*"I have pictures, bedding and a tv."*

*"I have my own stuff."*

*"Always can add stuff to it."*

If a couple wished to share a room, the Manager told us this would be possible if the double room were available.

Each bedroom door is designed to resemble a front door, complete with a door knocker, which adds a homely touch. Only a few doors displayed residents' names, which we were told is done at the request of residents or their families.



## Outdoor areas

There is a large, paved garden area at the home which is accessible to residents through doors leading from communal areas and, for some, directly from their bedrooms. The outdoor space provides various places for residents to sit and relax, including some areas offering privacy.

There were a number of accessible planters, and we were told that one resident particularly enjoyed going outside to water the plants.

The Manager explained that residents were able to use some of the outside environment, although there were some upcoming building works being prepared for. Despite this, there remain areas of the garden that residents can continue to access and enjoy.



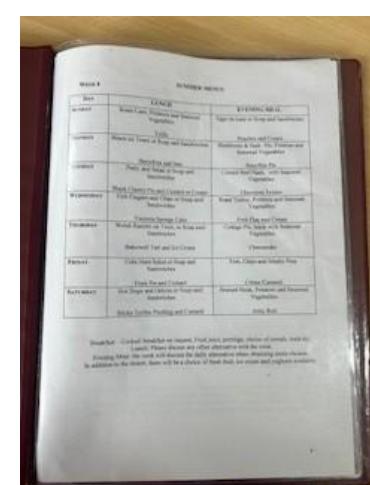
## Food and drink

Menus were displayed in the dining areas, both on tables and on the dining room walls. Some menus were pictorial, although it was noted that a few had the incorrect week displayed inside.

In the Bluebell household, the menu was written on a whiteboard rather than placed on tables, which was less accessible for residents living with dementia.

The dining room was clean, with basic dining furniture that suited the needs of residents. During the visit, a snack trolley was seen offering crisps and biscuits, although no fruit was observed being provided at that time. Healthwatch representatives were offered freshly baked cake during the visit, which was described as delicious.

All meals are homemade by the catering staff on-site. Residents choose their meals on the day, as kitchen staff visit each resident to take their order. The Manager explained that because some residents may forget



what they have chosen, there was always more than one option available to ensure everyone received a suitable meal.

Lunch is usually the lighter meal, such as soup or sandwiches, while dinner is the main meal of the day. There is generally one main option and a couple of lighter alternatives, such as beans on toast or a jacket potato. At lunchtime, Healthwatch observed residents sitting in the dining room eating their lunch. Many had chosen soup and sandwiches, while some residents had opted for beans on toast. Residents who preferred to eat in their rooms had their meals taken to them by staff, who were wearing PPE. Meals were covered and transported on trays to ensure hygiene and safety were maintained. Residents are encouraged to eat in the dining room for the social aspect, though they are free to eat elsewhere if they prefer. A resident shared that when they first came to live at the home, they sat and ate meals in their room; they now sit in the dining room every meal, thanks to the encouragement of the staff, which they are glad about.

The home caters for special dietary requirements, and the Manager shared that they currently have a resident who follows a pescatarian (fish-based) diet.

Relatives are welcome to join their loved one for meals and often do so. The Manager explained that some relatives may not always have a warm meal at home, and the home ensured that care and hospitality were extended to them when they visit.

Residents at Wealstone Care Home were generally positive about the food and dining experience. Most residents were very happy with the availability of snacks and drinks (89%), and over half (56%) were very happy with the quantity of food. Views on quality, taste, and choice of food were more mixed, while many residents were satisfied, several noted limited menu options and would like more variety. Comments suggested requests for additional choices, such as different sauces, tomato sauce, brown sauce, salad cream, and mayo to accompany meals.

A relative shared that since their family member had been at the home, they had found the food good and that their loved one had put on weight, which was a positive.

**Biggest challenges...**

*"the biggest challenge I have is keeping residents safe, we achieve this by carrying out accurate assessments to ensure we can provide the right environment for each and every one of them" - Manager*

**Biggest success to date...**

*"Having recently moved to the home, I am proud of how the staff have adapted and settled, this is reflected in the residents feeling safe and secure. I believe we have established good relationships with residents' families. I have good professional relations with staff and visiting professionals, all of which is to the benefit of residents." - Manager*

**Care Home Best Practice Initiatives**

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

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

	speeches, playing games and karaoke and watching films.
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The home uses MUST (Malnutrition Universal Screening Tool) and is supported by dietitians with all care plans including a risk assessment for signs of undernourishment. The home does not use RESTORE2, but instead uses NEWS2, an electronic system to help identify and respond to physical deterioration. The home does not currently use an interactive digital activity program such as RITA or the Magic Table. The Manager has previously engaged with the End-of-Life Partnership in another role and recognises the importance of ensuring residents and their families are well supported through end-of-life care. Cheshire West and Chester Council is no longer commissioning this piece of work.

## Recommendations

- Ensure menus are accurate and up to date in all dining areas. In the Bluebell household, consider providing clearer pictorial table menus to support residents living with dementia.
- Consider introducing a '*Resident of the Day*' system to ensure that each resident has regular dedicated time for the review of their care plans, preferences, and wellbeing, reinforcing person-centred practice and ongoing communication between residents, families, and staff.
- Explore ways to broaden the range of activities offered, addressing the small number of residents who were less satisfied. Gather regular feedback on activities to identify any changing preferences or gaps.
- Consider involving residents in menu planning discussions, similar to how they are engaged with activity choices, to support personal preferences
- Offer a greater selection of condiments and sauces (e.g., tomato, brown, and salad cream) to enhance mealtime satisfaction.

## What's working well?

- Residents are happy living at Wealstone Care Home and feel cared for.
- The environment is bright with plenty of natural light, accessible corridors, and comfortable seating throughout. The décor is homely, featuring artwork, photographs and themed displays that add character and familiarity.
- The Manager promotes an open-door policy and good communication with families, helping to build trust and transparency.
- The home was clean, well-maintained, and had a calm and relaxed atmosphere throughout the visit.
- The Manager demonstrated a clear understanding of safeguarding, communication protocols, and the importance of involving residents and families in decision-making.
- Staff were observed to interact with residents in a calm, caring, and respectful manner, promoting dignity and trust.
- Good working relationship between staff and management.
- Residents are kept well informed about weekly activities, with 100% saying they know what's happening each week.
- A large majority (78%) feel involved in choosing activities, showing good levels of engagement and inclusion.

# Service Provider Response

The Manager responded to the recommendations suggested by Healthwatch on 14/01/2026.

## **Recommendation**

Ensure menus are accurate and up to date in all dining areas. In the Bluebell household, consider providing clearer pictorial table menus to support residents living with dementia.

## **Service provider's response**

The home have ordered more pictorial menu board awaiting delivery for Bluebells.

## **Action**

The home have ordered more pictorial menu board awaiting delivery for Bluebells.

## **Recommendation 2**

Consider introducing a '*Resident of the Day*' system to ensure that each resident has regular dedicated time for the review of their care plans, preferences, and wellbeing, reinforcing person-centred practice and ongoing communication between residents, families, and staff.

## **Service provider's response**

The home is in discussion with the activities co-ordinator

## **Action**

The home is in discussion with the activities co-ordinator

**Recommendation 3**

Explore ways to broaden the range of activities offered, addressing the small number of residents who were less satisfied. Gather regular feedback on activities to identify any changing preferences or gaps.

**Service provider's response**

After speaking to the activities, she is doing one to ones and small group activities

**Action**

One to one and small group activities groups

**Recommendation 4**

Consider involving residents in menu planning discussions, similar to how they are engaged with activity choices, to support personal preferences

**Service provider's response****Action**

There was a residents meeting that took place and menu where compiled for their choices for this time of the year, Meeting in the folder.

**Recommendation 5**

Offer a greater selection of condiments and sauces (e.g., tomato, brown, and salad cream) to enhance mealtime satisfaction.

**Service provider's response**

A selection of condiments ordered and delivered

**Action**

A selection of condiments ordered and delivered,