

# healthwatch

## Cheshire East

**Enter and View Report**



**Astbury Mere**  
**Congleton**

**10<sup>th</sup> November 2025**

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# Report Details

<b>Address</b>	Astbury Mere Care Home Newcastle Road Astbury Congleton Cheshire CW12 4HP
<b>Service Provider</b>	Porthaven Care Homes
<b>Date of Visit</b>	10 <sup>th</sup> November 2025
<b>Type of Visit</b>	With prior notice
<b>Representatives</b>	Amanda Sproson Lex Stockton
<b>Date of previous visits by Healthwatch Cheshire East</b>	27 <sup>th</sup> March 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.healthwatchcwac.org.uk/what-we-do/enter-and-view](http://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.

## **Astbury Mere**

Astbury Mere provides residential, nursing, dementia and respite care. The Home is set over two floors; the first floor is used for caring for residents living with dementia.

The Home, which is in a rural location with views of the countryside, has 62 single rooms all with en-suite facilities. 57 rooms were occupied at the time of our visit.

Healthwatch would like to note that prior to our visit the Home was issued with surveys for residents and friends and families to complete. We are pleased to advise that responses from 24 friends and relatives and five residents were received; the comments from these surveys will be referenced throughout this report.

# Findings

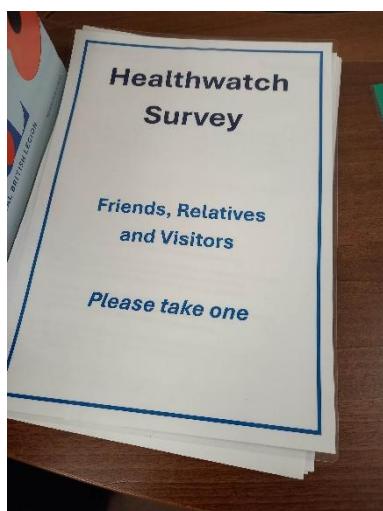
## Arriving at the care home

### Environment

Astbury Mere was easily located and clearly signposted from the road. The car park was small in comparison to the size of the Home; it was however very well maintained. The gardens were looking autumnal and well cared for.

*"Car parking for visitors is very difficult - car park is too small."* (Relative)

The entrance to the Home was secure and we were let in by the receptionist. Healthwatch were greeted warmly, however we would like to note that our identification was not checked, and we were not asked to sign in, but Healthwatch asked if the Home would like us to sign in.



The reception area was welcoming with a desk and a bistro area where visitors are welcome to help themselves to hot drinks and freshly made cakes and biscuits.

The reception area had lots of information displayed for visitors and Healthwatch would like to note that the surveys mentioned in this report were actively promoted.

# Treatment and care

## Quality of care

During the visit Healthwatch did not observe many residents utilising the communal areas. The residents who were in the lounge area looked comfortable and were dressed in appropriate clothing. Many residents were in their bedrooms.

Healthwatch heard call bells consistently throughout the visit, and on several occasions asked if the Deputy Manager needed to attend to these.

Healthwatch also noted that in several areas throughout the Home there were strong, unpleasant odours.



How happy are you?	Very happy	Happy	Satisfied	Dissatisfied
Temperature	3 residents 9 relatives	0 11 relatives	0 3 relatives	0 0
Noise levels	2 residents 2 relatives	1 resident 8 relatives	1 resident 9 relatives	0 3 relatives
Cleanliness	3 residents 7 relatives	0 11 relatives	1 resident 9 relatives	0 1 relative
Tidiness	2 residents 9 relatives	1 resident 10 relatives	0 2 relatives	0 0

*"I tend to tidy my Mum's room when I visit, because Mum eats in her room and does get crumbs on her carpet, the staff will Hoover the carpet if I ask of if they see that it needs doing, the bathroom is checked regularly and towels changed. Rooms bottomed out on a monthly basis. Bedding*

*regularly changed. Laundry basket emptied daily. Sometimes other residents can be noisy.*" (Relative)

*"My Aunt likes a very quiet environment which the carers do their best to achieve for her."* (Relative)

*"Dementia wards can be very noisy as some patients tend to shout loudly, and my husband doesn't like too much noise. The staff are aware of this and will take him to one of the quieter dining rooms where he is much happier."* (Relative)

*"Sometimes she complains of cold or noise. She is obsessed with tidying and goes round tidying other people's belongings away."* (Relative)

*"A daily dust, every other day hoover, and tidy would be helpful."* (Relative)

*"The room goes cold after 7pm in the evening. The bathrooms are cleaned every day, but the room does not get regularly dusted."* (Resident)

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

Astbury Mere uses Meadowside Surgery in Congleton; a Doctor will visit the Home weekly, on a Tuesday.

*"We keep a GP book on both floors of the Home with details of residents that need to be seen. We have a very good relationship with the Doctor."* (Deputy Manager)

The Deputy Manager further added *"The senior staff at the Home can call up the practice."*

The Deputy Manager shared that the Home would allow residents to stay with their own GP, however, they found that GP practices other than Meadowside, would not allow this to happen, as the Home is in the catchment area for Meadowside and this is the only surgery that will carry out Home visits.

*"For residents coming to the Home for respite, Astbury Mere will temporarily register them with Meadowside. Meadowside will include these on the GP rounds each Tuesday for the duration of their stay and will prescribe additional medication if necessary. The GP they are registered with will continue with any repeat prescriptions."* (Deputy Manager)

Healthwatch 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?

*"If a resident becomes unwell the Home, where possible, aim to care for them at the Home taking into consideration the resident's choice (if they have capacity) and the family/relative's choice (if they have Power of Attorney)." (Deputy Manager)*

Healthwatch noted that the Deputy Manager made us aware of ongoing issues with North West Ambulance Service, and Healthwatch would like to confirm that the Home was handling this and feedback has been left on our Feedback Centre.

*"The staff are very good at monitoring my husband's medical needs and if they cannot sort things they are quick to contact the relevant medical professionals." (Relative)*

The Deputy Manager added *"The Home does not experience unnecessary hospital admissions and works hard to prevent and avoid them. This is achieved by having long-serving nurses and staff and consistency between staff, meaning that they know the residents very well. The Home has increased a 'twilight shift' for 'sundowning' with higher staff presence in early evening to support residents with activities. This has seen a significant reduction in the number of falls."*

*Hospital discharge needs to be improved by improving communication between hospital staff and care home staff, working within a partnership approach."*

Healthwatch representatives showed the Manager and Deputy Manager information about Urgent Community Response service for support with avoiding hospital admissions. The Managers had not heard of this service and commented about the active hours of 8am to 8pm not being helpful as incidences often occur out of hours. Healthwatch left information with the Managers for them as a reference if needed.

The Deputy Manager expressed that the Home finds accessing adequate dental care for residents extremely difficult and has raised these concerns with Cheshire East Council. If a resident has mobility either their loved ones or the Home will take them to a private dental appointment. *"It is almost*

*impossible for residents who are bed bound or unable to be transported as there is no Dentist that will do visits to the Home.” (Deputy Manager)*

*“My Daughter takes me to dental and optician appointments.” (Resident)*

*“Dentist and opticians are organised by family.” (Resident)*



A Hairdresser visits the Home two to three times a week and uses the purpose-built salon. A barber also visits every two weeks. There is an additional charge for these services.

A Chiropodist visits the Home, and residents, or relatives on their behalf, book in at reception, if required. This service is provided with an additional charge.

Eyecare Oncall visit the Home for residents' optician requirements. The Home will display scheduled optician visit dates in poster format . *“They are honest and will not prescribe new glasses unless necessary.” (Deputy Manager)*

The Home uses a local pharmacy – West Heath – and *“Has received a wonderful service.” (Deputy Manager)*

Health services such as Community Psychiatric Nurses, Macmillan Nurses, Respiratory Nurses, End of Life Partnership, Speech and Language will also visit the Home.

## **Privacy, dignity and respect**

During the visit Healthwatch did not observe many interactions between staff and residents as most residents were in their rooms, however, the Deputy Manager, who was escorting Healthwatch around the Home, displayed great knowledge of residents and helped a lady, who wanted a cup of tea, in a very friendly and kind way.

Healthwatch enquired how the Home ensures privacy, dignity and respect were promoted. *“Training and induction are key along with shadow shifts for new staff to buddy up with experienced staff. The Home follows the*

*normal procedures of gaining consent before carrying out personal care, knocking on their door before entering, ensuring residents are covered so their dignity is maintained.” (Deputy Manager)*

*The Deputy Manager added “We talk to staff along the lines of ‘how would you want your own Mum (or Dad) to be treated?’. The senior staff also carry out ‘on the spot’ inspections during out of hours shifts to check on care.”*

Do you feel you/your friend or relative are	Yes	No	Sometimes	Don't Know
Cared for	24 relatives 5 residents	0	0	0
Safe	24 relatives 5 residents	0	0	0
Respected	22 relatives 4 residents	0	1 relative	1 relative
Their dignity is respected	22 relatives 4 residents	0	1 relative	1 relative
They have privacy	22 relatives 4 residents	0	1 relative 1 resident	1 relative

*“My husband is, not only cared for, but loved. The staff always treat him with respect and dignity.” (Relative)*

*“He is continually given reassurance when receiving care. He is calmed when agitated.” (Relative)*

*“This depends who is on duty.” (Relative)*

*“Due to the nature of the particular illness, it is impossible to have total privacy, but the staff go to great lengths to maintain privacy where possible.” (Relative)*

*“My relative has no boundaries so goes in and out of other people’s rooms, invading their privacy and being a possible risk to herself. This is so incredibly difficult to manage, and the staff do well, whilst knowing what she is like. There is a camera and pressure mat in her room but due to the home layout it is not always possible for them to see where she is.” (Relative). The Manager of the care home clarified that cameras (CCTV) are only used in external and reception areas.*

*“Until I had a relative in a nursing home, I didn’t realise what a fantastic job the staff do. The carers are looking after clients with complex and challenging needs. They are not rewarded financially enough for their work. They care for me as well as my husband. I am able to work knowing that everyday my husband is safe and cared for. The staff are my second family.” (Relative)*

*“More attention needed with help to shower, closing door of room when asked.” (Resident)*

*“More speedy response from carers where toileting involved (you will have to wait, getting people into dining room for meal) and it is mealtime.” (Relative)*

*“More staff to ease the workload.” (Relative)*

*“The key is a good relationship with residents and finding out what their preferences and routines are. Coaching staff about their communication with residents is important and ‘nipping things in the bud’, so if I see an interaction that isn’t appropriate, I will speak to the staff member calmly and point out how the resident could feel.” (Deputy Manager)*

Residents said the best things about living at Astbury Mere are:

*“That I am not alone, and I don’t have to make my own meals and wash up. I like going out on trips. Properly cooked edible meals, consistently.”*

*“Staff very good.”*

*"Privacy."*

*"Good care. Happiness and respect and cordiality."*

Healthwatch did not observe any personal items in the communal areas of the ground floor. On the first floor outside each bedroom there is a memory box with things that the resident has enjoyed in their younger years, this aids staff to strike up conversations with the resident that is living with dementia.

Regarding alternative systems, accessible information, hearing loops and large print information, the Deputy Manager explained, Head Office will provide interpreted resources, publications in Braille, larger print as required. Also, devices such as iPads for activities. An example of this is a resident who likes to email friends and family, the Home provides an iPad and one to one support time to carry this out. Some residents have voice-activated devices which are their own and are used for things like Face time. There is a hearing loop in the lounge. Residents have their own hearing aids – the local hearing aid clinic is very good at carrying out repairs.

## **Understanding residents' care plans**

The Deputy Manager shared the following information

All care plans are digital and are updated monthly or if there is a change in need. The Home has a 'resident of the day' when their care plan is reviewed along with all care and provision.

Residents are involved in their care plans if they want to and if they have capacity. Three residents reported that they had been involved in their care plan; one reported "*I am not aware that I have a care plan.*" (Resident)

Relatives are invited to review their loved one's care plans on a three-monthly basis and are contacted when their loved one is 'resident of the day'. At the relatives' meetings, the relatives felt that three monthly reviews are perhaps too regular, so they are looking at lengthening the time between these.

*"There was online access to resident care online for those relatives who live a long way away which was stopped but no replacement has been put in place despite asking a few times." (Relative)*

## **Relationships**

### **Interaction with staff**

All the relative survey respondents (24) said that they were made to feel welcome when they visit the Home.

*"It is very positive, lovely, like a family." (Manager and Deputy Manager)*

Of the five resident responses, three reported that they had a good relationship with staff, one resident responded sometimes, one did not answer.

*"Astbury is a second family for me. I'm always welcomed and kept informed and my husband's condition. The staff are brilliant from top to bottom." (Relative)*

*"I am very pleased and comfortable with the care given to my Mother at Astbury Mere. She settled in immediately and is happy there. I would highly recommend the Home." (Relative)*

*"Comfortable rooms. Friendly and helpful staff." (Relative)*

*"Generally, very satisfied with the standard of care." (Relative)*

*"Excellent home - will definitely use again if required for respite or on a more permanent basis for mum. In need of some modernisation is the only comment." (Relative)*

*"My relative is not easy to look after, and the home are doing a great job. She is safe, well fed and well cared for by the staff. The garden is lovely, and the food always sounds great on the menu." (Relative)*

*"In general, the care at Astbury is very good. If there are any small issues I feel able to raise them openly. They are usually responded to quickly and effectively. My Mum is happy and very settled and is now participating in activities and is open to go on trips which is positive. The Nurse/lead carer keeps me in touch by phone or in person with any concerns regarding my*

*Mum, so we are happy with how my Mum is treated and cared for at Astbury.*" (Relative)

*"Friendly, caring environment that doesn't feel like an institution. Modern facilities. Staff that are amazing, demonstrating genuine affection for my Mother."* (Relative)

*"My Mother does not have to worry about day to day living, her health care needs are picked up and dealt with before they get worse."* (Relative)

*"Wonderful staff. Excellent food. Comfortable bedroom. Very good laundry service. Access to the garden."* (Relative)

*"Depends which staff are on duty. Resident in wheelchair depends on staff to get from A to B, cannot propel on their own."* (Relative)

*"I visit frequently and I can see that my Mother adores the care staff."*  
(Relative)

*"The staff are fantastic. The level of care offered and their empathy towards the residents is exemplary."* (Relative)

*"All the staff we have met are amazing. Twice in nine months we have had people not get back to us when told they would, which is a bit frustrating as I do not want to harass by repeat calling and next time we go the member of staff may not be on duty so the others don't know what they were going to say."* (Relative)

The Deputy 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 such as emails, Facetime, mobile desk phone, letters and postcards. *"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."* (Deputy Manager)

The Home discourages friends and family to visit with their loved ones in the dining room during mealtimes, as this can cause disruption and distractions to the other residents. However, visitors are welcome to enjoy a meal in their loved one's bedroom or in the fine dining room that is available.

If required, the Deputy Manager explained, relatives can raise complaints or concerns and give feedback directly to the Manager as an open-door policy is in operation. Alternatively, the formal process is on display in the reception area. The Manager added *"I leave my card with all of my contact details in reception if a person feels they cannot approach directly. I find that it is always best to encourage face to face feedback as issues can be dealt with more quickly this way."*

*"Food is very variable. Laundry goes missing all of the time. Complaints not dealt with quickly."* (Relative)

Two residents reported that they knew how to raise a complaint, comment or feedback, however three residents reported that they were unaware of how to do this.



The Deputy Manager told us they promote an open dialogue and welcome all feedback, concerns, and suggestions. Meetings for friends and relatives are held quarterly and are much less formal than when the Manager first started. Originally, when the Manager first started 15 years ago, these were more like a board meeting style with a 'them' and 'us' approach. They

still have an agenda and points to discuss, with minutes recorded, but it is much more sociable and interactive. The meetings were in the evening but, following a request from the attendees, they have been moved to the afternoon.

Three residents said that they attend residents' meetings, one reported that they were unaware of these meetings.

*"The last resident meeting was cancelled."* (Resident)



*"Cost. I believe the cost paid includes an allowance to subsidise non-paying/local authority funded residents. It is bad enough having to cover the cost of care for a loved one out of taxed money but to also have to subsidise other residents is unacceptable." (Relative)*

The Home is starting a new resident's survey next week called the 'People's Survey' which will be carried out annually with those residents who have capacity. They previously used another provider, but the company has ceased. This company is new to the Home and, based on the feedback, will generate a theme based report for staff and relatives.

Healthwatch were welcomed warmly by all staff that we met during the visit, and all staff were wearing name badges or lanyards. Healthwatch representatives commented that in the photos on their social media platforms the lanyard strips had the first name and their role in large print which makes it easy for residents, relatives and visitors to identify the person by name and role.

Healthwatch enquired if agency staff were used within the Home.

*"Very rarely are agency staff used, if so, it is probably on average once a month. During October the Home has used agency staff three times in order to provide a one-to-one staffing ratio for a new resident.*

*The Manager can look at the profile of the staff member and can reject the person if they feel it is not a good match. We can request the same staff member from the agency to help with continuity." (Deputy Manager)*

The Deputy Manager went on to explain that the Manager ensures there is an informed handover, they carry out an induction for agency staff and check they can use their systems with regards to digital care plans for example.

## **Connection with friends and family**

Healthwatch observed several residents enjoying time with visitors. Staff greeted visitors warmly.

A dementia support group takes place every other month for relatives and friends which has proven to be a great success. Different services come to

give talks such as Community Psychiatric Nurses and End of Life Partnership.



*"Dementia patients have complex care needs and are often very challenging to care for. Ideally there would be more staff." (Relative)*

*"Maybe their TV could work in the main lounge in the dementia unit." (Relative)*

*"The staff are very kind and have a good sense of humour, also spending time getting to know each resident personally, which is essential on the dementia unit." (Relative)*

## **Wider Local Community**

Healthwatch representatives commented on the high volume of activity evidenced through the Home's recent Facebook posts and the up-to-date calendar of activities on their webpage.

*"The Home offers their private meeting room to other organisations and homes for meetings and training. The Home has had visits from the Women's Institute and U3A (University of the Third Age). Residents visit New Life Church Congleton; the Catholic priest visits a number of residents in the Home and there is an online religious service that residents are able to view if required. Macclesfield FC run physical activity sessions, falls prevention classes have been held by an external provider." (Deputy Manager)*

*"Mum is visited most weeks by the Deacon which she enjoys. She was watching a service on an Ipad each week, this doesn't seem to happen anymore. Mum will not remember to ask." (Relative)*

*"Friend visits each week for prayers, nothing done by the Home." (Relative)*

*"The Home has established links with the community." (Deputy Manager)*

# Everyday Life at the Care Home

## Activities

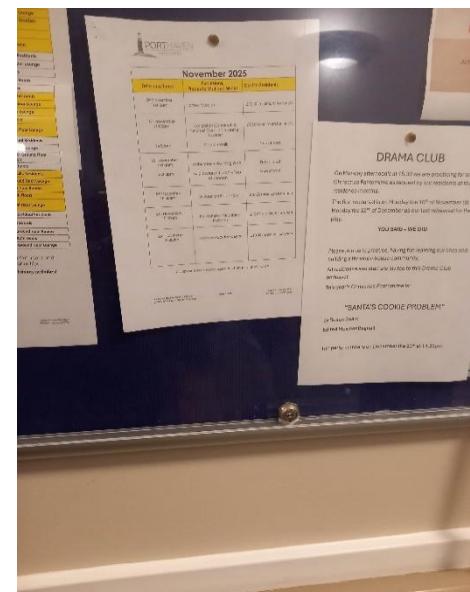
The Home has two Activity Coordinators whose hours cover 8am to 6pm, seven days a week. Sometimes an extra session is held at 7pm; this is a meditation session.

One resident reported that they are very happy with the activities, two reported that they are happy and two reported that they are satisfied.

*"Safe living with amenities and varied activities with good overall health and wellbeing care." (Relative)*

Healthwatch observed during the visit that both Activity Coordinators were on duty. One was conducting one-to-one sessions with residents in their bedrooms, and another was playing skittles in the lounge area with a resident, which looked like it was being greatly enjoyed.

There are activities boards located on both floors and there is also an activity newsletter delivered to each resident's bedroom weekly. Visitors are more than welcome to join in the activities.



On the first floor of the Home there is a large activities room that was set ready for the day. The room looked well equipped and inviting.

Regular activities offered to residents include boules, skittles, quiz time, karaoke, giant dominoes and Rummikub. Rummikub is a

recent introduction in response to a request from a new resident. One of the Activity Coordinators has researched the game and resources and now it is provided to those who would like to join in.

	Yes	No	Sometimes	Don't know
Read or watch Tv in their room	15 relatives 5 residents	3 relatives 0	6 relatives 0	0 0
Read or watch TV in the lounge	7 relatives 2 residents	11 relatives 2 residents	4 relatives 0	1 relative 0
Take part in exercise classes	6 relatives 4 residents	9 relatives 0	5 relatives 1 resident	2 relatives 0
Take part in group activities	11 relatives 4 residents	4 relatives 0	7 relatives 1 resident	1 relative 0
Take part in one to one activities with staff	8 relatives 1 resident	7 relatives 3 residents	4 relatives 0	3 relatives 0
Socialise with other residents	12 relatives 4 residents	3 relatives 0	8 relatives 1 resident	1 relative 0
Spend time outside	12 relatives 4 residents	3 relatives 0	7 relatives 1 resident	2 relatives 0
Go out on a day trip locally	9 relatives 3 residents	9 relatives 1 resident	4 relatives 1 resident	1 relative 0
Go out on a day trip further afield	5 relatives 3 residents	13 relatives 0	3 relatives 0	2 relatives 0

Celebrate special events	17 relatives 3 residents	3 relatives 0	2 relatives 0	1 relative 0
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*"I would like more encouragement of socialisation between residents and with the staff." (Relative)*

*"Need more mixing between residents and staff to encourage interaction between residents who find this difficult." (Relative)*

*"My husband has always been a people person, and the staff try their best to make sure he has regular contact with people." (Relative)*

Every morning the Activity Coordinators deliver newspapers to each resident who requests these and at the same time greet each resident on their round.

*"My husband's dementia is very advanced. I am aware there are a lot of activities offered at the home. My husband appears to be content, but he cannot express himself verbally." (Relative)*

Residents responded that they are kept informed of activities taking place, although four out of five residents reported that they are not involved in choosing what activities take place.

*"At the residents' meetings suggestions are made about trips and outings and activities. Residents are vocal." (Deputy Manager)*

The two Activity Coordinators visit residents in their rooms and will offer hand massages, nail painting and Reiki. During the tour of the home Healthwatch representatives spoke to one of the coordinators who was carrying out room visits. She had just been catching up with a resident who tends to choose not to participate in the activities on offer but who was previously a drama teacher. The Home is starting a drama group soon and the staff member was informing her about the new sessions to see if she might like to try them. The Activity Coordinator told the Healthwatch representative that she had only been working in the role for five months. She said she makes sure she and her colleague visit each resident daily, particularly those who choose to stay in their room. If she observes any

concerning behaviours or changes, she will raise these immediately with senior staff. There is a daily staff meeting for all staff to update on residents' care needs so she will share less serious observations at these.

*"Activities and food could be improved."* (Relative)

*"The activity team have had a lot of changes in the last couple of years, but things are settling down now and improving and there are a lot of trips and activities on offer. There are more activities provided on the first floor now and my Mother will not go upstairs to the Dementia floor to join in. So, the activities need to be half upstairs and half downstairs."* (Relative)

The Home celebrates special events such as Christmas Lights Switch On and a Christmas Market in December. They hold a summer party every year to which friends and relatives are all welcome to attend. Friends and relatives are welcome to book out the private room for birthday celebrations without charge. Also, at the end of this week there is a 'Danceathon' for Children in Need.

How happy is the person you're visiting with the activities on offer at the home?	
Very happy	3
Happy	6
Satisfied	8
Dissatisfied	2
Very dissatisfied	0
Don't know	4

Outings take place twice a week and venues are chosen in response to the interests expressed by residents and ideas given at residents' meetings. Residents are given a list of possible trips and can tick which they would like to join in with. The Activity Coordinators will look at who has responded, for example if someone who doesn't normally choose to go on a trip ticks a suggestion then this will be considered above those who always choose to



go out. Some trips are connected to places that relate to people's working life.

The Home has access to a minibus twice a week that covers three homes. The driver and the carer on the minibus are previous staff members so the Managers are

confident that residents are safe.

*"Mum joins in the activities she wants to do – she enjoys the minibus trips out." (Relative)*

*"My Aunt is often signed up to go on trips but sometimes her dementia means she can't go if she is having a bad day. But the staff always try and take her on trips that they think she would enjoy." (Relative)*

## Person Centred Experience

Healthwatch asked how the Home ensures residents' experiences are person centred. The Manager commented that the key to this is forming good relationships with residents and getting to know them well. The memory boxes outside each resident's room are very helpful for staff to start conversations and celebrate their interests with them.

The Home allows pets to visit as long as they have evidence of insurance and vaccinations. One resident has a visitor who brings a dog daily. Therapy dogs visit the home regularly. Pets are not permitted to reside in the Home.

## Communal Areas



The Home has a communal lounge and dining room on each floor. The dining room on the ground floor was set ready for lunch and looked very attractive. There were menus displayed on the table and there are views of the garden.

In the lounge there was an organ that to a resident who wanted to be able to carry on playing. There was also a jigsaw table set up for a resident.

There is also a salon, private dining room and a meeting room. There are also fully accessible bathrooms on each floor with a fully accessible bath, should a resident prefer a bath to their shower facilities in their bedroom.



*"Some areas are getting ready for refurbishment."* (Relative)

The Home has 31 bedrooms on each floor, and the corridors are carpeted, even and spacious with a handrail and ample room for mobility aids should they be required. The corridors are blandly decorated.



On the first floor there is a seating area overlooking the front of the Home onto the car park. The Deputy Manager commented that the residents seem

to be drawn to sit in this area, so they put additional seating there for them.

Healthwatch would like to note that this was the only area within the Home that had any décor relating to the local area, with three pictures of Congleton and a photo of Mow Cop which had been taken by the Deputy Manager.



The corridors are light; however, the decoration is not stimulating in design. There are no displays of recent activities, and the decoration is neither personal to the Home or its residents, this is especially apparent on the Dementia floor, where there are no displays of yesteryear.

In parts of the Home the temperature was very warm and because of the call bells the noise levels were quite high.

## **Residents' bedrooms**

Residents' bedrooms are a nice proportion and all benefit from en-suite facilities with a shower. They are pleasantly decorated with views of the gardens. Each room has a door number and the resident's name.

*"I would like to see daily hoovering of the bedrooms."* (Relative)

The Manager said that they actively encourage residents to personalise their rooms. One gentleman chose to bring an organ. Their maintenance staff member is very happy to put up pictures of the resident's choice in their rooms.

The Home can accommodate couples although there were no couples residing in the home at the time of the visit. The Manager recalled a time when they accommodated a married couple with one bedroom being set out as their lounge and the other their bedroom, as you would imagine an apartment.

## **Outdoor areas**

On the ground floor the outside areas can be accessed from the garden room, lounge and dining room and some bedrooms. Residents can use the outdoor space independently. The garden is secure and has a 'wonder path' which means residents do not come across walls along it, keeping it very open and visually easy to navigate.

Residents who live on the first floor require a member of staff to accompany them due to their level of need.

The garden has a greenhouse where herbs and vegetables are grown. There are also raised beds for residents to be able to garden if they wish.



*The Deputy Manager said, "Volunteers and residents garden alongside each other."*

*The garden also has lots of tables with chairs that can be enjoyed in the better weather.*

*"The garden is enjoyed by families, and we hold outdoor parties in the garden." (Deputy Manager)*

*"Visitors take residents outside for fresh air. Not seen a carer do this. Resident in a wheelchair." (Relative)*

*"My Mother has Dementia and is comfortable in her room. She can experience anxiety and disorientation when leaving it. The care staff do all they can to encourage her to go outside into the garden in the summer and to participate in musical/entertainment activities they organise, sometimes she does and enjoys it." (Relative)*

*The garden is secure and very spacious with established plants and trees. The garden was well kept and was in keeping with the season.*

## Food and drink

The Home has their own catering staff.

Residents choose their meals at the time of service; the use of 'show plates' helps them to visually select their choice.

Menus are located on both floors so residents can see the meal choices for the day.

*"The food is not consistently good. Roast potatoes are frequently over cooked and hard, as are the chips. The skin is left on the fish. The meat can be tough and difficult to eat. The bacon is hard and not able to cut it or eat it."*  
(Resident)



The Home provides two hot meal choices within a three-course meal option as well as light bites such as jacket potatoes, cheese on toast. Specific food products will be purchased where required, for example one resident really likes Heinz Chicken soup, so the kitchen ensured this was a meal option for them.

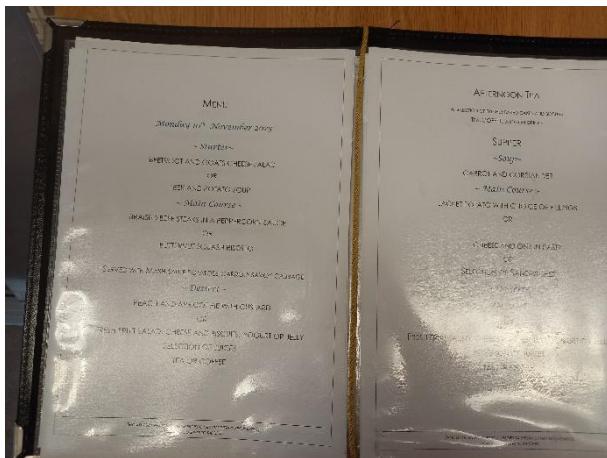
*"Veggie options on the menu please."*  
(Relative)

The chef has a list of all the residents and their dietary requirements displayed in the kitchen including name, room number and dietary requirement (such as soft foods, allergies, diabetic and so on). Four residents reported that their dietary requirements are met.

*"My relative needed to put on weight, but they have successfully done that. She needs to stop gaining weight now so we would like them to stop putting sugar in her drinks and giving her biscuits."* (Relative)

*"Mum is not eating well. The care home have referred her to the Dietician. They try really hard to get her to go into the dining room, help her to*

*choose her meals if she needs it, give her milkshakes that are enriched to help her maintain her weight.” (Relative)*



*“Even down to the fact that my Aunt finds the dining rooms too noisy for her. The carers set up a table outside the dining room for my Aunt to use on her own. It’s set up beautifully with a linen tablecloth and napkin, even though it’s a table for one.” (Relative)*

*“My Aunt’s key worker has told me what she is offered to eat, and I believe the home is trying its best to tempt her to eat.” (Relative)*

Residents can choose to eat their meal wherever they wish. Staff encourage residents to eat in the dining room to encourage social interaction.

	Very happy	Happy	Satisfied	Dissatisfied
Quality of food	1 resident 9 relatives	2 residents 8 relatives	1 resident 3 relatives	1 resident 0
Taste of food	1 resident 6 relatives	2 residents 10 relatives	1 resident 4 relatives	1 resident 0
Choice of food	1 resident 8 relatives	2 residents 7 relatives	2 residents 5 relatives	0 0
Quantity of food	2 residents 13 relatives	2 residents 4 relatives	1 resident 4 relatives	0 0
Availability of snacks	2 residents 9 relatives	0 5 relatives	0 2 relatives	0 0
Availability of drinks	3 residents 14 relatives	0 4 relatives	2 residents 3 relatives	0 0

Snacks and drinks are available on the ground floor at the self-service bar where there are fruits, fruit juice, cakes, tea and coffee. On the first floor there is a resident with a severe choking risk who will take food that is unsuitable; the snacks on this floor are kept at the nurses' station and residents know to ask for whatever they would like, whenever they choose to. A member of staff also takes a trolley of drinks and snacks round to residents' rooms and Healthwatch representatives saw this on the day of the visit. Three residents reported that they could access snacks at any time.



Relatives and friends are welcome to join at mealtimes in the residents' room or in the private meeting area. Visitors are not permitted to eat in the dining rooms as this can disrupt and distract the other residents.

### **Biggest challenges...**

*"Currently the biggest challenge are the paramedics [reference to beginning of questions] and the poor attitude of paramedics towards the staff at the care home.*

*Calling 999 is a very long process, they have a tick list which means they tend to override the care home nursing staff and will ask to speak to the resident even if they don't have capacity.*

*The recruitment of new staff is a challenge, not just for this home but across the whole sector. Recruiting high quality candidates is difficult and we have experienced high numbers of non-attendees to interviews."*  
(Manager)

The Manager expressed that there are significant numbers of applicants who don't have the right to work in the UK, some of whom come to them begging for work. She has to process applications with careful analysis to ensure that they are permitted to work, checking their ID numbers match

and so on. Both the Manager and her deputy commented on agencies not having to be accountable/checked by CQC which they can't understand."

### **Biggest success to date...**

The Manager and her Deputy said that they are proud of the good level of staff retention and the good reputation of the Home.

They are proud of the open and honest ethos there is amongst the staff and regularly remind them about whistleblowing procedures. The underlying principle is to liberate staff to know they can admit any errors or questions as this is better in the long run and helps to indicate any training needs.

## **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 wartime speeches, playing games and karaoke and watching films.

Does the care home use any of these initiatives?

*"The Home uses 'OMI' which is motion-activated interactive projection technology." (Manager)*

The Manager has completed the 6 steps to End of Life Partnership training and has trained staff and relatives.

## Recommendations

- To make all residents aware of resident meetings.
- To address the residents, friends and families' comments regarding issues with food choices.
- To think about displaying Home activities such as Remembrance Day.
- To think about having more memory evoking decoration on the first floor.
- To re-introduce religious and spiritual provision.
- To ensure the television in the lounge is working.
- To look at the temperature throughout the Home, to ensure it is consistent throughout.
- To discuss the cleaning of rooms at the next resident and friends and family meetings.

## What's working well?

- The Deputy Manager displayed great knowledge of the residents.
- The comments from relatives displayed the care that their relatives receive.
- The links with the local community.
- Dementia support group.

# Service Provider Response

## **Recommendation**

To make all residents aware of resident meetings. · To discuss the cleaning of rooms at the next resident and friends and family meetings.

**Service provider's response-** On the day of a scheduled resident meeting the A&W team walk the building in the morning reminding residents of the morning activity as well as the afternoon resident meeting. This is also on a display at the lounge, on the activity notice board and on the weekly planner given to all residents on a Monday.

Happy to discuss cleaning of rooms at next resident/relative meetings and will make it a permanent agenda item as well.

**Action-** We will discuss cleaning of rooms at the next resident/relative meeting. The next resident meeting is scheduled for wk. commencing 5<sup>th</sup> Jan. The next relative meeting is scheduled for February.

## **Recommendation 2**

To address the residents, friends and families' comments regarding issues with food choices.

**Service provider's response –** Specific response regarding residents – The head chef attends resident meetings and involves residents in menu planning and individuals that have very specific desires

regarding how their veg, carbohydrates and protein are cooked and have had several meetings with the manager and head chef. Their requests have been accommodated with recent feedback on 3<sup>rd</sup> December during our resident meeting that the food is currently enjoyed and there were no concerns raised during this meeting.. Specific response regarding friends and family's – To highlight the above as the next relatives meeting in February.

**Action**- Ongoing monitoring and proactively gathering feedback from residents regarding their wishes through regular discussion, meetings and use of comments book. Delivering individual choice of food options.

For relatives – To discuss in next relatives meeting and reiterate that there is always vegetarian options available.

Residents need to be reminded that there is always vegetarian options available alongside our lite bites menu which includes numerous vegetarian dishes.

### **Recommendation 3**

To think about displaying home activities such as Remembrance Day.

**Service provider's response**- Although we did hold a well attended remembrance gathering or residents and staff and activity on 11<sup>th</sup> Nov I have discussed with the activities and wellbeing team that there was no display to promote this.

**Action**- Discussed with the lead coordinator still quite new to the role, that as a lesson learnt this is expected in the future of which she fully accepted.

### **Recommendation 4**

To think about having more memory evoking decoration on the first floor

**Service provider's response** - Help-Porthaven are currently looking to refurbish areas in the community and this will include items on display

**Action-**

To discuss with Head of Dementia

**Recommendation 5**

To re-introduce religious and spiritual provision.

**Service provider's response** - The Deacon continues to visit regularly to individual residents for 1:1 meaningful spiritual need's. The live stream of services that commenced during Covid was maintained post covid but has since ceased.

Each resident has an individual care plan regarding spiritual needs for example residents that wish to attend a local service may be escorted by family.

**Action-**

Activities and wellbeing to discuss with local churches the possibility of a livestream service.

To discuss at next resident meeting

**Recommendation 6**

To ensure the television in the lounge is working.

**Service provider's response** – At the time of Healthwatch visit the management team was aware that the current TV at times can be intermittently temperamental and was investigated by the regional

estates manager for replacement options. We also have 2 other large screen communal TV's on this floor.

**Action**- A new TV is ordered, awaiting delivery.

#### **Recommendation 7**

To look at the temperature throughout the Home, to ensure it is consistent throughout.

**Service provider's response**- Regular heating system checks by our maintenance team and the system is fully functioning throughout. The heating is adjustable throughout the building and lounges on digital thermostats which can be adjusted to suit the residents.

**Action**-We will conduct some temperature checks to confirm comfortable levels. We will actively continue to gain feedback from residents and staff and discuss at meeting.

#### **Recommendation 8**

To discuss the cleaning of rooms at the next resident and friends and family meetings.

**Service provider's response**-We have a dedicated domestic team daily throughout the home, with dusting, hoovering and deep cleaning. If residents require more frequent cleaning due to need then this is accommodated.

At meetings we always ask for any for AOB of which laundry and cleaning is sometimes openly discussed and actions taken that are required.

**Action** – To be added to next meeting's agenda and for housekeeping to form a fixed part of the agenda of meetings going forward.