

Healthwatch Cumberland Enter & View Report

Dalton Court Care Home

April 2025



Disclaimer: This report relates only to the service viewed at the time of the visit and is only representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.

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Date and Time of our visit:

08/04/2025
09:00–15:30

Healthwatch Cumberland Authorised Representatives:

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About Healthwatch

Healthwatch Cumberland is the independent public voice for health and social care in Cumberland and exists to make services work for the people who use them. We believe that the best way to do this is by providing the people of Cumberland with opportunities to share their views and experiences.

Healthwatch Cumberland has statutory powers to listen, act, challenge and gather feedback to improve local services and promote excellence throughout the NHS and social care services.

To help achieve this Healthwatch have a statutory power to 'Enter and View' health and social care services that are publicly funded. The purpose of an Enter and View is to listen to people who access those services and observe service delivery.

Following the Enter and View visit a report is compiled identifying aspects of good practice within the service visited along with any recommendations for any possible areas of improvement.

As we are an independent organisation, we do not make judgements or express personal opinions but rely on feedback received and objective observations of the environment. The report is sent to the service provider providing an opportunity to respond to any recommendations and comments before being published on the Healthwatch Cumberland website at: www.healthwatchcumberland.co.uk.

The report is available to members of the public along with the Care Quality Commission (CQC), Healthwatch England and any other relevant organisations. Where appropriate Healthwatch Cumberland may arrange a revisit to monitor the progress of improvements and celebrate any further successes.

General Information

At the time of this visit, Dalton Care home was not at capacity with 48 residents out of a possible 60. They provide accommodation care services to those with personal care or nursing requirements.

There are two floors in the building with the second floor dedicated to those with dementia.

Acknowledgements

Healthwatch Cumberland would like to thank residents, staff and management, for making us feel welcome and for taking the time to speak to us during the visit.

Summary

Dalton Court Care Home is situated on the outskirts of Cockermouth town.

With a specialised floor for dementia care, the home offers a range of services. The home can assist those with a range of conditions and presentations, for instance with having registered nurses on site, those with medical needs can receive nursing care.

Healthwatch Cumberland staff were given a tour of the L-shaped building upon arrival including their various lounge areas, bird watching corner, 'knit and natter' area and an activity room. Upon each floor there are also two dining areas with the first-floor dining room having a mountain view. There is secure fencing and doors at external entrances ensuring the safety of residents. Furthermore, there is a large garden patio space with seating for residents to enjoy. Every room has en-suite bathrooms and appears to be decorated with different coloured wallpapers and curtains to give each room a unique and homely feel.

Following our observations, Healthwatch Cumberland have suggested a number of recommendations to improve the services at Dalton Care Home. It is important to note here that there were no serious safeguarding concerns that we noticed during our visit.

Furthermore, this document is a snapshot of the time we were present, and this should be acknowledged if being used for recommendations of one's care.



What did we do?

Healthwatch Cumberland Enter and View Representatives made an announced visit to Dalton Court Care Home on **8th April 2025** and received feedback from:



Pre-visit survey

Dalton Court Care Home were provided with a pre-visit survey to complete addressing the level of needs the home caters for, size of the home and staff to resident ratio. Furthermore, a brief overview of the home (activities offered etc) and a chance to make us aware of anything before our visit.

Introductory meeting with manager

Before having a tour of the home and speaking to residents, Healthwatch Cumberland staff met with the home managers. This gave the opportunity for any current issues to be disclosed that we should be aware of and to explain what our Enter and View visit would entail.

One to one discussions with residents and their relatives

Throughout the visit, we explored the home and spoke to anyone willing to chat with us. We were also interested in the natural dynamic of the home, observing staff interactions. We also spoke to residents and their relatives to gather their opinions and thoughts about the home. In a one-to-one setting, this allowed for honest and open conversations.

Discussions with members of staff

Using the basis of our structured questions and some unstructured conversation, we asked members of staff similar questions throughout the visit.

Observations

We observed the layout and organisation of the home, being alert for areas of concern such as blocked hallways, any damaged areas, resident rooms etc. Resident and care giver interactions were also observed.

Service Overview

Location and public access

The home is located on the outskirts of Cockermouth, close to the Lamplugh Roundabout off the A66. The home is not clearly signposted before having entered the road up close to the building. Without a navigation system or guide, it would be difficult to find.

The home is near local amenities with a service station in proximity with a shop and food services. The closest pharmacy and greater shopping opportunities a reasonable distance in the centre of Cockermouth.

On the main road (Lamplugh Road), staff noticed bus stops which would allow public transport access to the home with a short walk to the home estimated to take five minutes. However, the public transport accessibility in Cumbria is limiting and unless a resident within Cockermouth, public accessibility may be very difficult without access to a car.

Background of the home

Opened in 2010, the home has been running for 15 years with many long-term staff still working at the home. The home has a capacity of 60 residents and offers a range of care with an on-site nurse for those required.

Services available

The home has two floors with the ground floor being suited for those over 65 years of age requiring physical or personal care needs. The first floor is dedicated to residents living with dementia or age-related brain changes. The home can accommodate residents with medical needs that require nursing care due to their on-site nurse provision. The home has their own minibus which allows for greater options of activities with residents.



Enter & View Observations

External Environment

The home is secure with a fenced garden and coded external doors on the front side of the home. The garden can be entered via the ground floor lounge or family visit lounge. There are adequate seating options with space for those who require their own chairs to be brought out.

The ground is level and paved which is suitable for wheelchair access. The garden boasts mountain views which is especially good to view throughout the right wing of the home. There is lots of nature surrounding the home with greenery and trees with large windows for residents to enjoy looking out.



Enter & View Observations

Internal Environment

First Impressions

We were welcomed into the building with lots of easter décor around. It made the area feel very homely. There were banners, easter bunnies and easter baskets placed around the building however, primarily in the lounge and dining areas.

Our first impression of the home was that it was clean and spacious. After a tour of the building and some resident rooms, we were pleased to see most rooms being decorated differently with differing wallpapers so that they were unique and not uniform to one another.

Residents had some of their own items in their rooms and they looked personalised. Rooms were spacious and somewhat consistent in size with smaller rooms still being a comfortable size.



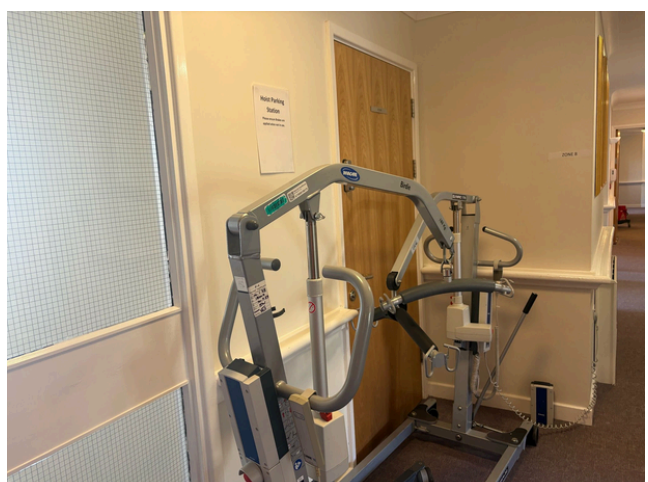
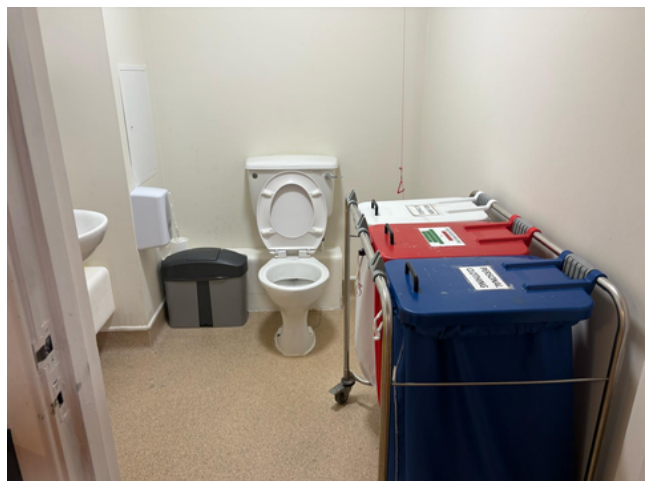
Enter & View Observations

Observation of corridors, public toilets and bathrooms

Corridors were wide and clear of obstructions. There were some instances of hoists and washing trolleys in the corridors however, tucked in with plenty of room to pass by. On the first floor, there are dementia friendly signs and blue handrails. The public toilets were accessible, signposted well and clean to a good standard. Ensuite bathrooms were in resident rooms, they were a good size with a toilet, sink and shower. In some areas the corridor sectioned off to be used as storage or nurse stations which were appropriately placed and organised. The corridor was generally clean, wide and airy.

There were framed photos, posters, activity photo boards and art boards.

Throughout our visit, in the afternoon we noticed a progressive odour in the corridors which was most prevalent on the first floor.



Enter & View Observations

Lounges, dining and other public areas

We observed there are 2 lounges and dining areas on each floor (4 in total) giving an abundance of space for residents to use outside of their individual rooms. There are also 'nooks' in corridors such as the 'knit and natter' corner and a 'bird-watching' area. In the garden space available, there is a variety of seating and space for chairs to be wheeled out if and when required.



In relation to activity opportunities, there is an arts and crafts room with various materials for residents to enjoy. There is also a piano in one of the two visitors rooms (music lounge) with sofas for lounging. In the public areas there are noticeboards displaying artwork and images of past activities.



Staff and resident Interactions

Healthwatch Representatives observed interactions in corridors, lounge areas and the dining areas. Staff were responsive, kind and showed evidence of having a good relationship with residents. Residents seemed content and showed no signs of distress with staff.



Resident feedback

Healthwatch Representatives spoke with 5 residents during the visit.

Tell us what you think about the home

We asked residents if they felt the environment was adequate for their needs.

“
“Yes, but boring”
“The chairs are a bit too low for me”
”

This comment informed a recommendation presented later in the report. Healthwatch Representatives did observe a variety of chair options whereby a rearrangement may be the only action needed.

What activities are on offer, and do you join in?

Healthwatch representatives observed an upcoming activities board however, it was blank when we attended. We were made aware by management that their activities coordinator was off work on annual leave. We were told about the minibus that the home has for taking residents out for activities and days out. Despite this, residents did not seem aware of activities on offer and either have not experienced or remember such activities.

“
“None. I would like to do something other than watch TV”
“No clue”
“No, there’s no activities. They asked if I wanted to do knitting”
”

Resident feedback

How do you find the care you receive?

Following conversation with residents, in addition to observations, Healthwatch Representatives have no immediate concerns around resident care.

“

“Good. Everyone is nice to you and does anything you want”

“Nice staff, lots of staff coming and going. Care is okay.”

“Staff meet my needs, but they don’t have time to chat. It’s lonely.”

”

How do you find the food provided?

Healthwatch representatives observed the lunch mealtime and spoke to kitchen staff. Residents seemed happy and enjoyed their food. We asked residents in conversation how they found the food at Dalton Care home.

“

“There’s variety”

“Always two options”

“Food is fine”

“The menu isn’t brought every mealtime, so I don’t always get to choose”

”



Resident feedback

Any other comments or feedback

Healthwatch Representatives made note of any further comments or feedback that were important to capture the experience of residents in Dalton Care Home.

“My husband is here too, that’s why I’m here. I couldn’t leave him. My room is opposite him.”

This quote shows how accommodating Dalton Care home can be. By allocating this husband and wife near each other, this will be a contributing factor to their happiness residing in the home.

“They let me do what I want to”

“Only thing I would change is the phone. The signal is bad. I don’t have a phone, but they let you use the office phones”

Prior to this conversation, we were made aware by staff that permanent residents can request for landline telephones to be fitted in their rooms. It was our understanding that this resident was not a permanent resident. Regardless of a resident’s length of stay, there should be access for any resident to have a private phone call. This feedback contributed to our recommendation regarding telephone provision in the home.



Relative feedback

Healthwatch Representatives spoke with 3 relatives during the visit.

At your relative's care home, how do you feel generally about the service?

Healthwatch representatives prompted conversation to include themes of care, food and communication. This ensured we covered essential areas that make up a good service.

“

“Good. I'm happy with my mum's care”

“She has onset dementia so doesn't give too much away, but she seems very happy.”

“Good care and good food”

“Happy as it's close to my home and I can visit regularly”

Do you think that you are kept informed about your relative? For example, with their health and future care plans?

“Was in hospital in February. There was great communication between the home and us.”

They feel they were very “kept in the loop regarding health.”

“Yes. I chat to staff about my relative's care”



Relative feedback

Do you understand the process to make a complaint if you needed to?

"I would to the manager but so far had no reason do. She's happy, we're happy."

Are you aware of the social activities provided by the service? And do you feel that you are able to join in these activities?

“

"We don't but I think my mam tries when on a good day."

"Some but not many."

"I'm happy to see that they're outside on a sunny day like today."



Would you recommend this service to others?

“

"Yes. Mam had been in homes prior to this, and they never included her in anything. Took 7 months to order a special chair in the last home. Mum was bed-bound without it so didn't get out of bed much. When she moved here, she was in the social living room immediately on day one. Brilliant."

”



Staff feedback

Healthwatch received feedback from 11 staff members during the visit.

Do you have enough staff when on duty?

“

“Yes. The ratio is 4.5 : 1, it's always safe.”

“There's always someone to help.”

“Today upstairs, there's 5 on staff.”

”

Do you feel supported to carry out a person-centred experience?

“We have a digital platform for care notes and dietary notes. Each staff member has a phone.”

Do you feel you have enough training to carry out your duties well?

“

“Yes, but I'd like to continue to do training.”

“I feel well-trained as we get trained in-person and with mandatory e-learning.”

“Yes, there's lots of training.”

”



Are there any changes that can be made to improve the patient experience?

There were limited responses for this question. It was disclosed that there is now one cleaner on each floor, previously there were two.

“Cleaner”

Recommendations

The following recommendations have been formulated based on observations of the environment and feedback gathered from residents, relatives and staff.

1) Telephone Signal Upgrade

During conversation with staff and residents, the subject of the poor telephone signal arose. To combat this currently, permanent residents are offered telephones to be fitted in their rooms.

However, signal improvements should be made to allow all residents access to a private phone call and for visitors who may need their mobile phone in an emergency. This recommendation is advised to be implemented within the next 6 months.



2) Accommodating chair heights

Upon speaking with a resident of the home, it was discussed that there is some inconsistency in chair heights which is found to be inconvenient. To respond to this recommendation, staff should communicate what chair needs are preferable by residents and assess whether a rearrangement of seating options would satisfy resident requirements.



3) Handbook upon arrival

After analysing a collection of feedback from our visit, a handbook to be provided to residents including information on activities available, mealtimes, telephone provision and hair salon services would be beneficial. This is recommended to be developed within the next 12 months to improve future resident experience.



Recommendations

4) Volunteer position

Many residents enjoyed speaking with us, explaining how despite the care staff being kind and friendly, they simply do not have the time to have a meaningful conversation.

A companion volunteer position to eliminate feelings of loneliness and improve socialisation opportunities could be explored.

This is recommended to be trialed within the next year, assessing resident wellbeing before and after 6 months of the companion volunteer presence.

5) Hand Rail Updates

During our observations it was noticeable that the first floor handrails were worn with many flakes of paint having fallen off. These rails are of great importance to dementia patients to stand out in colour. Therefore, we recommend hand rails to be repainted as soon as possible.

6) Bird Corner to include a bird feeder

Healthwatch Cumberland Representatives assessed the homes 'nooks'; in corridors such as the 'knit and natter' corner and 'bird watching corner'.

Due to the location of the bird watching corner, we recommend the addition of a bird feeder outside of the large window to bring the corner to life. This may improve resident experiences and is a nice addition to the homes areas of comfort that they already offer. This is recommended to be added as soon as possible so it is there for the summertime.

7) Cleaning Schedule

During our visit, we observed a progressive odour on the first floor. It was brought to our attention that only one staff member is currently responsible for cleaning duties. It may be beneficial to review the current cleaning schedule to ensure it remains effective under the current staffing arrangement.



Provider Response

Recommendation	Timeline	Response
1) Telephone Signal Upgrade	6 Months	
2) Accommodating chair heights	ASAP	
3) Handbook upon arrival	12 Months	
4) Volunteer position	12 Months, review at 6 months	
5) Hand Rail Updates	ASAP	
6) Bird Corner to include a bird feeder	ASAP	
7) Review Cleaning Schedule	3 months	

*Timeline figures are suggestive and it is recognised that some will be quicker to implement than others.



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