

healthwatch

Cheshire West



Enter and View Report

Chapel House Care Home

Puddington, Chester

1st December 2025

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Report Details

Address	Chapel House Care Home Chapel House Lane Puddington Cheshire CH64 5SW
Service Provider	Privately owned
Date of Visit	1 st December 2025
Type of Visit	Enter and View with Prior Notice
Representatives	Jem Davies Tricia Cooper Pat Clare
Date of previous visits by Healthwatch Cheshire West	14 August 2018

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

What is Enter and View?

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

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

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

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

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

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

- www.healthwatchcheshireeast.org.uk/what-we-do/enter-and-view
- www.healthwatchwac.org.uk/what-we-do/enter-and-view.

Purpose of the Visit

- To engage with residents, friends and relatives of the named services and understand their experiences
- To capture these experiences and any ideas they may have for change
- To observe residents, friends and relatives interacting with the staff and their surroundings
- To make recommendations based on Healthwatch Authorised Representatives' observations and feedback from residents, friends and relatives

Methodology

This Enter & View visit was carried out with 'Prior Notice'.

A visit with 'Prior Notice' is when the setting is aware that we will be conducting an Enter & View visit. On this occasion an exact time and date were not given.

Prior to the Enter and View visit the service was asked to display both the letter announcing our visit and a Healthwatch Cheshire poster in a public area. The service was also asked to share surveys amongst residents, friends and relatives. Members of the Healthwatch team visited the service prior to the Enter and View visit to deliver paper copies of the surveys.

To enable us to check that there are no health outbreaks at the premises that would prevent the visit taking place for infection control reasons, this Care Home was made aware that we would be coming on the morning of the visit.

Preparation

In preparation for an Enter and View visit the Authorised Representatives who will be carrying out the visit conduct research that involves reviewing:

- The latest CQC report from a routine inspection of the service
- Any previous Healthwatch Cheshire Enter and View reports
- The Care Home's information held on the Carehome.co.uk website
- Entries on social media platforms
- Comments held on Healthwatch Cheshire's feedback centre
- Information received by Healthwatch Cheshire as a result of undertaking surveys.

On the day of the visit the Authorised Representatives hold a briefing to discuss findings from their individual preparation, and decide as a team how they will carry out the visit, and any specific areas of focus based on this prior knowledge.

Chapel House

Chapel House is an independently owned nursing care home which has 29 bedrooms and currently there are 26 residents. Most rooms have a basin and toilet, although some just have a basin. However, Chapel House is undergoing a programme of refurbishment which will ensure that all rooms are being upgraded. Healthwatch would like to note that we received two completed surveys from friends and relatives and we spoke to a number during our visits. The comments contained in the surveys and from our conversations will be referred to throughout this report. Due to that specialisation of the home, the residents did not have capacity to complete the surveys.

Findings

Arriving at the care home

Environment

Chapel House is easily located and well signposted. It is next door to its sister home and both venues are complimented by a large carpark. The home is in the small rural village of Puddington and is surrounded by farmland and fields. The home itself is a 'manor style' building.

The home has a secure front door leading to a small porch where visitors sign in. There was lots of information on display in the porch, including how to make a complaint or raise a concern, although the information on display was a little disorganised.

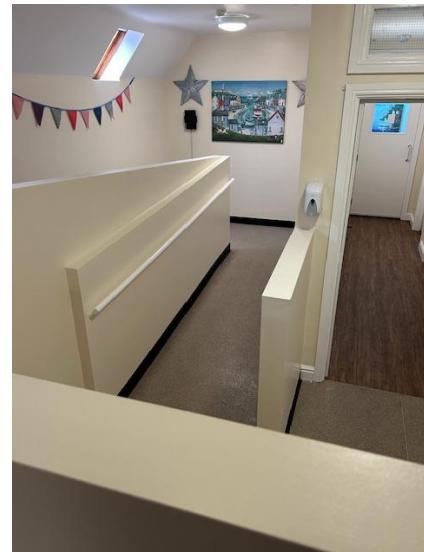


The reception area is clean and spacious. There is a staircase that leads off this and it was pleasing to see that the home has installed a stairgate in keeping with the décor to ensure resident safety, as recommended from Healthwatch Cheshire's previous visit.

Healthwatch representatives were warmly greeted by the Manager and his team and asked to sign the visitors' book. During our visit the Manager responded to a series of questions about the residents' care, treatment and experiences at the home; the responses to which are referenced

within this report. A member of staff gave Healthwatch a tour of the home, providing an opportunity to observe daily life within the care setting.

Chapel House is a three-story building, and there is a working lift and stairs. However there is considerate design in some areas which has sloping ramps with handrails to allow wheelchair users and to support those residents who can walk independently move around the home freely.



Treatment and care

Quality of care

When Healthwatch asked the Manager what we should see during our visit they told us *"You should see person centred care. We don't force people out of bed in the mornings. Staff being respectful to residents, providing care in a dignified manner. They should be seeking permission from residents, even if they are deemed as not having capacity."*

All of the residents we saw during our visit were well dressed in clothing appropriate for the time and day and appeared clean and tidy.

We observed patient staff engaging in a caring manner whilst still encouraging residents to move independently where possible. We saw some residents leaving the home for activities in an onsite café, along with the Activities Coordinator and family members.

During our visit we heard call bells being activated and being responded to by staff.

When we asked about the quality of healthcare services provided at the home we were told they have a very good relationship with Neston Surgery. As a minimum the home receives a dedicated GP visit every Friday and a

senior nurse practitioner comes in every Tuesday. Staff told us "both have built up a relationship with our residents and their families. I feel both really care and know our residents well."

It was explained to us that whilst residents are welcome to stay with their own GP, the home cannot guarantee that they would visit and families feel because of the support they received from Neston Surgery, residents will move over to them. They are further supported by Heswall Pharmacy.

In respect of hospital admissions the Manager told us "We use Hospital at Home who will come out to look after residents here rather than them going into hospital. They would speak to the family and GP if they felt the person needed to be admitted to hospital." He further elaborated that all decisions are made with the support of clinicians, the resident and their families.

When we asked what their recent experience of hospital discharge was the Manager told us that recently a gentleman had been in hospital in bed for 11 weeks. They carried out a nursing assessment using their 'All about me' document to gather information about their hobbies, likes and dislikes etc. "He came to Chapel House and, through the support of physios and occupational therapists, he was helped to recover and was then able to return to his home within 28 days".

However, unfortunately we were told of another incident that they had: "We had another experience of an ambulance transporting a gentleman to us when the paramedic realised he wasn't well enough and had to return to hospital. This was an unsafe discharge."

Chapel House has a range of other visiting health professions which include speech and language therapist (SALT), occupational therapists and physiotherapists who visit monthly as a minimum, a chiropodist who visits every two to three months depending on the resident's treatment plan. "She is amazing with the residents and helps them alleviate their stress." We were also told that the home is also visited by audiology - the home has got a gold standard with Incus (a program aimed at enhancing sensory inclusion and accessibility for individuals with sensory impairments).

We were told that NHS dentists will not come into Chapel House. However, they do have emergency dentistry provided by Fountains Medical Practice who will visit if a resident cannot leave the home. Some residents have remained with their own dentist.

A hairdresser also comes into the home on a monthly basis.

Privacy, dignity and respect

When Healthwatch asked how privacy, dignity and respect are ensured and promoted within the home, the Manager told us *"We start with knocking on doors and staff being discreet regarding personal matters. Our staff are trained so they understand privacy, dignity and respect. Residents are able to make private phone calls and are supported with setting up video calls which can take place in private."*

The bedrooms in the home have illuminated doorbells which indicate if someone is at their door. There is a loop system for the television if it is needed, and a listening device for individuals, which was a recommendation from Incus.

All the respondents of our survey said their loved ones were treated with dignity and respect.

During our visit we did not see any personal information on display.

Understanding residents care plans

The Manager told us Chapel House use person centred digital care plans and these are reviewed monthly with residents and families, depending on what is appropriate. The Manager explained they examine what is working or not working. If something isn't working then either look to change it or stop it. Where a resident has capacity, the home involves them in their plan. When asked about relatives' involvement we were told *"Yes, because they are person centred we involve the families. A relative has said to us*

“Staff know my mum”. In a response from the Healthwatch survey a relative told us their loved one was “well cared for by attentive staff and a personalised care plan”.

Relationships

Interaction with staff

During our visit it was evident that residents need a high level of care and support. All the interactions we observed were warm, very patient and considerate. All staff knew the names of the residents and introduced us to them. However due to capacity of the residents we were not able to have indepth conversations, although all we spoke to could tell us something about the home that they really liked, eg strawberry milk, the café, the garden.

When we asked the Manager what the relationship between staff, residents and their family and friends was like he told us *“I think it’s fantastic. Staff will do small things like offer relatives a drink when they visit. Families can recommend a member of staff who goes above and beyond and that person will receive a certificate, gift and thank you card.”*

All staff wear a uniform that is appropriate to their role and wear name badges. One side of the badge has their ID displayed and the other side says *‘Hello my name is ****’*.

We were told that the home only use agency staff in an emergency. They work with one agency and ask for the same people who have been at the home previously, and they can see what training they have had via their profile. The Manager explained that they deliberately over recruit to cover sickness and leave.

Connection with friends and family

We were told that friends and family mainly keep in contact with residents by visits and those who completed our survey told us they are always welcomed. Chapel House does not have specific visiting times, the Manager shared with us that *“Some relatives come in the mornings, others in the evenings and tuck mum into bed.”* They stated that they do ask people to be mindful of meal times and request quiet times in the evenings. We were told *“families work with us”* and that visiting can take place anywhere across the home.

The management shared that residents and relatives can raise any concerns or provide feedback directly with staff and are encouraged to do so at the earliest opportunity. There is a Complaints and Compliments procedure on display in the entrance.

The Manager told us that he keeps in regular contact with families via email, newsletters and face to face, and his ethos across the home is *‘there is nothing about their loved ones they don’t know about.’*

We were told that Chapel House holds relatives’ meeting every three months after families voted on the frequency. One meeting is held in the morning and another in the evening, so everyone has an opportunity to attend. Families told us via the Healthwatch survey that they are *“very good”*.

During our visit we saw a number of families visiting their loved ones and some had joined them in the activities taking place at the café run by the home’s Activity Co-ordinator.

Wider Local Community

We were told that Chapel House has a well-established relationship with a local children’s nursery who visits the home for key events such as Christmas. The local community, as well as the residents, use the onsite cafe, a Knit and Natter group come on a Monday and a bereavement

group also meet there. The home also receives visits from local singers, dance instructors and the 'Owl Man'.

Everyday Life at the Care Home

Activities

Chapel House has a dedicated Activities/Wellbeing Coordinator who works

four days a week, incorporating weekends and when events are on she also works on the weekends and evenings. We were told that they have an activities champion on each shift and encourage residents to participate.



We saw the core activities program on display and additionally lots of other activities advertised such as Chapel House Men's Club, Boogie Woogie and several Christmas crafting events.

The Activities Coordinator told us how she likes to ensure there is a full range of things to do for both the residents and their families. Healthwatch was impressed with their ethos when planning activities "*I like to provide them with opportunities where they can just be grandparents and grandchildren just doing normal things with their families, just as my child does with theirs*".

We were told they have a games morning in the café which is supported by three volunteers on a Monday. Other activities include chair-based; exercises, music, drama and movement, and 'what's in the newspaper?'

We were told that from assessments they do with residents and the conversations with families and friends they are able to find what residents are interested in. The wellbeing coordinator will tailor the activities to suit

each resident, e.g. watching Match of the Day, listening to particular music or reading a particular book that they know they have enjoyed in the past.

For those residents who do not leave their rooms the Manager told us "We do newspaper reading, beauty treatments and so on, depending on their known preferences. I insist staff go in and check on them every hour, and through the night discreetly, depending on their care plan.

We were told that the home celebrates all national events and birthdays and relatives are welcome to join the residents for meals.

Chapel House is fortunate to have its own transport and whilst the vehicle is not large it is accessible which allows trips such as to the theatre, New Brighton, shopping and the garden centre. Residents will go to the café very regularly.

Person Centred Experience

The Manager told us that in order to provide a person-centred experience for residents it is essential to find out about each resident, what is important to them and ensuring they and their loved ones are included in their care. By carrying out a thorough assessment, which included their likes and dislikes upon or prior to arrival at the home they can have a detailed, robust care plan. The home operates a 'Resident of the Day' where they review all aspects of their care plans and ensures that the day is special for them e.g. a favourite meal and activity.

During our visit we saw some residents using dementia dolls and teddies and we were told they offer a great deal of comfort to them.

We were informed the home does hold residents meeting, though due to the capacity of the residents there are only a few residents who are able to attend. However, they do gather feedback on an individual basis during informal chats.

To support residents who have spiritual needs there is a Sunday Worship held each week and a reverend visits on a monthly basis.

We were told that pets can visit the home and one of the staff has a dog which comes in daily and residents enjoy this. The home also receives visits from Pet Therapy dogs.

Communal Areas

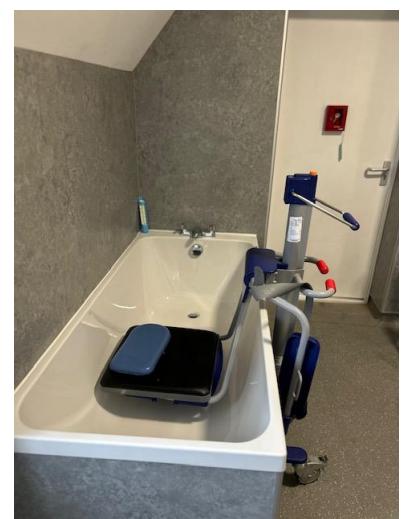
When Healthwatch arrived at the home we saw it was clean, tidy and free of any odours. Whilst there is ample natural lighting, a few areas do not have windows due to the design of the building, however they have invested in artificial skylights to provide a natural feel.

All areas are designed with the needs of the resident at the forefront. One example of this is in the use of wide sloped passageways with ample handrails to encourage residents to move either independently or with support.

There is sufficient space to ensure that residents can move around the home independently if they can. The home is undergoing a program of refurbishment however there is no obvious negative impact on the movement and comfort of the residents. The furniture meets the needs of all the residents and there are plenty of accessible chairs to help them rest comfortably but also if they need have their meals seated. There is thoughtful decoration throughout the building with images of the local area and beyond.

The main communal areas are the lounges, the dining room and a conservatory, we were told they are all used daily for both activities and meals. There is natural lighting in all these areas, however thought has been given to window coverings which have anti reflection film on them to prevent these rooms becoming too hot.

There is a modern bath and shower room on every



floor which are accessible and comfortable, and staff told us they are very popular with residents.

Residents' bedrooms

During our visit we saw a few residents' bedrooms and all those had been personalised. We were told that they encourage residents and families to do this. The rooms have a personalised name plate and we saw one that represented the former profession of one of the residents which was a nice touch. All of the rooms have natural lighting.

We were also shown some of the new bedrooms (the plan is for all rooms to be upgraded). These have fitted furniture and track hoists which will allow for the more comfortable movement of residents who may have difficulties with independent movement.

We were told by the Manager that there are three rooms which are large enough to accommodate couples should they be needed.

Outdoor Areas

Since Healthwatch's previous visit the garden at Chapel House has had a complete overhaul. The area is totally accessible, with ample seating and tables looking over countryside. There is a potting shed and raised tables and plant beds. Staff told us that residents had recently finished planting vegetables. Some residents told us how they had had a garden party in the summer and how they had enjoyed it.



Food and Drink

Chapel House has a small dining room, however due to the needs of the residents, meals tend to be taken throughout the home. During our visit we observed staff helping residents with their meals in a patient and gentle manner. We were told that the home using Apetito for their meals. We saw pictorial menus and residents were shown plates and to help them choose their meals. There are usually two options or if a resident wishes for a light choice, such as jacket potato or omelettes then this will be accommodated. Residents who were not in the dining room had their meals delivered on trays and we saw they had personalised covers with their names on. We also saw colour charts of cups of tea/coffee in several areas to help residents show how they liked their tea/coffee.

During our visit drinks and snacks were readily available and some residents were able to help themselves whilst others were aided. We noted that the strawberry milk was very popular with the residents. Snacks including cake, biscuits, fruit, toast, crumpets are available throughout the day and night.

The Manager explained they cater for special dietary requirements and preferences. There are many residents on pureed diets and the majority need assistance from staff.

Staff told us that relatives are welcome to join their loved ones for meals and that one lady used to join her husband for Sunday lunch every week.

Biggest Challenges

"Funding is a challenge, particularly with the Local Authority. We do recognise their challenges, but as a small home we would struggle to continue the level of staffing and facilities we are currently if the home only provided local authority beds. The other challenge was with health review of one-to-one support. We were left to communicate with families when one to one was being reviewed and, in some instances, removed.

This out the home in a difficult situation but thankfully our good relationship with the family members helped with conveying the message.” (Manager)

Biggest success to date

The Manager explained he is proud of helping people in being able to go back home. *“People think this is the last place they come to, however with the right support they can be helped back on their feet and return home if it’s the best thing for them.”*

Care Home Best Practice Initiatives

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

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

The Manager advised us that Chapel House uses the Malnutrition Universal Screening Tool (MUST) and a person-centred software to support residents with their dietary needs. It also uses Restore 2 in supporting the needs of residents and they actively use RITA (an interactive digital activity program) however the funding is ending and they have been asked if they would like to take it over. The home also has a touchscreen tablet.

Chapel House has engaged with the end-of-Life Partnership, however the funding has ended in Cheshire West. We were told the Deputy Manager has completed the six step and we saw the certificates displayed in the foyer.

Recommendations

- Consider reorganising the front porch so information can be displayed more clearly. Could laminated permanent notices have a small separate notice board?

What's working well?

- Caring staff supporting all residents.
- Excellent programme of activities for residents and fully engaged Wellbeing Coordinator.
- Onsite café which is supported by the local community and volunteers.

Service Provider Response

Recommendation

Consider reorganising the front porch so information can be displayed more clearly. Could laminated permanent notices have a smaller separate notice board?

Service provider's response

We have purchased a system which will assist families to locate information more easily and make the board less busy. I had these already but not up in time for the visit

Action

New system to be fitted this week