



Enter and View Report

Crabwall Hall Care Home

Mollington, Chester

24 November 2025



Contents

| | |
|---|---------|
| Report Details | Page 3 |
| What is Enter and View | Page 4 |
| Methodology | Page 5 |
| Findings | Page 7 |
| Recommendations and what's working well | Page 29 |
| Service Provider Response | Page 30 |

Report Details

| | |
|---|---|
| Address | Parkgate Road Mollington Chester CH1 6NE |
| Service Provider | Barchester |
| Date of Visit | 24 November 2025 |
| Type of Visit | Enter and View with prior notice |
| Representatives | Tricia Cooper Jem Davies Diane Brown |
| Date of previous visits by Healthwatch Cheshire West | 21 June 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.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.

Crabwall Hall Care Home

A Barchester care home situated off Parkgate Road, Crabwall Hall provides residential care primarily, care for those with mild dementia and also respite care. It has 38 bedrooms and at the time of our visit there were 30 residents living in the home.

During our Enter and View, one Healthwatch colleague spent time asking the Manager questions whilst the other two colleagues were given a tour of the home by the Deputy Manager.

Thirteen of our residents' surveys were completed (the majority with assistance from the home's staff) and one friends and family survey was completed. The responses from these surveys and the Manager have been included in this report.

Findings

Arriving at the care home

Environment

The turning off Parkgate Road for Crabwall Hall can be easily missed because it shares its entrance with a hotel next door. We were told that guests of the hotel often call in by mistake. Also navigation apps can give directions to the exit. There was a sign at the start of the drive to the home. Parking for staff and visitors was found to the right of the home and parking spaces were clearly marked. The building, a converted barn, looked well maintained overall and had accessible wheelchair access up to the porch. The front door was secure; we had to ring the doorbell to gain access, and we were asked to sign in to their visitors' book. The entrance hall was compact but tidy. The receptionist and other staff we saw on arrival greeted us in a warm and friendly manner. There were a number of information posters in the reception area, including a carehome.co.uk rating, insurance certificates, food allergen information, employee of the month, and a 'You said... We did' notice, which indicated that a few residents were unhappy with some of the activities on offer, which we were told was being resolved by recruiting a bank activity helper. The Employee of the Month was pictured, for going above and beyond. The policy of the month displayed was safeguarding, when each month staff are reminded of a policy and taken through what is expected of them.

We saw 'Our Family' photos of all the residents on the wall, and the Healthwatch poster with QR code displayed on the storeroom door.

We found the reception a welcoming area.



The Manager explained that during our visit "Most of the residents will be up and about, you will see an activity taking place following our daily 'Sherry Social'. Lots of staff attending to residents and ensuring the home is clean and tidy. This afternoon we have a visit from the 'Pat Dog' which the residents really enjoy."

Treatment and care

Quality of care

The home uses Fountains Medical Centre, who visit every week, or more if necessary. *"We have a good relationship with the practice, and we have support from ANPs [Advanced Nurse Practitioners]."* (Manager)

The Manager explained that *"residents can remain with their own GP if they wish to and their GP is in agreement, however sometimes this may not be possible or preferred. The resident is asked during initial assessment what they would like to do and we will action accordingly. We can and do temporarily register residents with the home's GP where necessary or required, even if here on respite."*

Regarding residents who become unwell and need additional care, the Manager said *"Thankfully we don't tend to have a lot of hospital admissions, however we would act in the best interest of the resident, ensuring we consult with them, their family and clinical leads. Wherever possible we will care for individuals at the home."*

Concerning hospital admissions and discharge, the Manager told us that they do not have many residents who come to Crabwall Hall straight from hospital. However, when they do the Manager will always go out and conduct a face-to-face assessment of needs initially, which is the company policy (Barchester), to ensure that they can meet the person's requirements. *"It is usually pretty smooth bar the odd issue with missing mobility aids e.g. a walking frame."*

"By ensuring that any equipment the individual needs is ordered and comes with them, this helps the resident settle into home life quicker, enjoy all the benefits and improve the discharge process." (Manager)

Crabwall Hall does not have any links with a dentist. We heard that most residents have dentures, and some of the residents' families take them to the dentist their family use.

A chiropodist visits every two weeks, and residents and their families will ask staff to book them in as and when they wish.

The Manager explained they use Iris Opticians who visit annually as a minimum but will attend at other times when needed. Also, they use Boots Pharmacy and this has worked well.

Other health services that visit the residents include district nurses, who are in the home most days, physiotherapists when needed and dieticians. A clinical nurse was on site during our visit, and she told us she has provided clinical training to the care home's staff and has signposted residents to physiotherapy and other services.

During our walkabout, we noticed the residents were well dressed and seemed clean and ready for the day. They were taking part in trivia quizzes during the morning.

We heard one call bell whilst we were at the home, which rang for a noticeable length of time. We asked the Deputy Manager if she needed to check all was well, which she did and later told us staff were doing lunch trays and the seniors were covering call bells. We were informed that the target is to answer call bells within five minutes. One resident's daughter did say that "*buzzers go on for ages and staff are run off their feet.*"

'Meet the Team' boards were observed on a couple of walls, displaying the carers, management, maintenance team and hospitality team.

When asked on the survey what they thought the best thing was about life at Crabwall Hall, responses from residents included:

"Staff, company, activities, food!"

"Never on own, I don't like own company."

"Cleanliness"

"Some of the staff"

"I feel safe, the staff are caring and respectful and always ask my opinions on things relating to my care. Nothing is too much trouble for them."

"It's lovely and clean. Staff are lovely."

"The different people here."

"A feeling of security and a safety feeling."

"Sitting down doing nothing, having everything done for me."

"People around to give help."

"The care and kindness shown by the staff as well as the excellent entertainment program."

Comments from relatives:

"They treat my dad with respect and kindness and nothing is too much trouble. They encourage him to socialise but he is not the most social person. For me it's the fact someone is with dad 24 hours a day."

"Most of the staff have been there for a longtime which tells me it is a good place for them to work and happy staff means they will care for our loved ones well. They feel like an extension of our family now."

When asked if there was anything they would change?

"Too short time between lunch (1pm) and tea (5pm) after having breakfast at 7.30am."

"Timings of meals. Tea is too early."

"Change the menu, as always have the same thing. Have more seasonal foods please."

"Yes! More friendships because of the differences in age groups. Lack of staff. Need more staff available to chat to."

The Manager told us the staffing levels for the home are correct and regularly reviewed ensuring that this is always the case, and the staffing levels are according to number of residents and level of need. They use the DICE tool to manage their staff numbers.

"Entertainment in evenings, especially after tea."

"I wouldn't change anything."

Privacy, dignity and respect

The Manager told us they ensured these were promoted in Crabwall Hall by providing all staff with training in privacy, dignity and respect. The home has a 'knock' policy when entering a resident's room, and they always ensure that the resident's consent is gained. *"It's important that all staff know each resident and their likes and dislikes."* Staff have had dignity training, and the Manager has recently signed up to Dignity Champion training which she said she was attending at the end of November.

Regarding accessible information, the home does not have a hearing loop. However, they use large print and white boards and pens to assist residents with hearing impairment if they do not wish to have additional hearing aids.

During our visit, we observed that staff were visible and interacted with residents, with some helping them into the dining room. A trivia quiz was taking place in the lounge which seemed to fill a good part of the morning (we heard two quizzes were provided by the Activity Coordinator). These were light-hearted sessions.

Before we were shown an occupied bedroom, a staff member asked the resident's permission.

We did not notice any personal possessions on display in the communal areas, only in bedrooms. However, there were plenty of lovely bright pictures on the walls.

All the residents that responded to our survey said they felt cared for and safe. The majority (77%) said they felt respected, 92% said they felt their dignity was maintained and 100% said they felt they had privacy.

Understanding residents' care plans

Digital care plans are updated monthly as a minimum, the Manager explained. Crabwall Hall operates a Resident of the Day so each resident is talked to in depth about once a month. It ensures a holistic approach and care plans are reviewed at this time. The resident will receive visits from all departments in the home ie maintenance, housekeeping for a deep clean of their rooms and the chef will come and speak to them to ask if there was

a special meal they would prefer (we heard one gentleman recently enjoyed a steak).

The Manager added that residents and relatives are involved in the care plans, *“Yes, it’s built into the assessment.”*

However, 55% of residents said they were not aware of care plans.

Relationships

Interaction with staff

“I believe the relationship between residents and staff, and relatives and staff is good. There appears genuine warmth between residents and staff and I often receive compliments from residents about the staff.” (Manager)

It was explained they hold meetings with Family and Friends on a quarterly basis. The Manager always encourages them to be involved in the home and if they have any concerns, to raise them at the earliest opportunity.

All staff should be wearing name badges and those we saw were wearing them.

Whilst we were walking around Crabwall Hall, staff said good morning to us and appeared approachable although quite busy.

We were told by the Deputy Manager that permanent staffing was optimal, with a bank member of staff to be recruited at some stage. The Manager added *“We have a good level of bank staff team members to call on and we often do. We are currently advertising for more bank staff, but we have multiple team members recruited.”*

Staff interacted in a friendly way although two family members did say that staff did not spend as much time as they could with residents in one-to-ones because staffing appeared “light”. We heard that if they ring a bell someone will come but they do not stay long *“There are usually four or five staff for 30 residents in the day and three at night.”* (Manager)

The home does use agency staff when needed which, the Manager shared, is *“not often thankfully.”* On those occasions when agency staff are

necessary, they will use only those who have been to Crabwall Hall previously and are therefore familiar with residents and the home. All agency staff complete an induction with the care team leader every time they come to the home and will always work with other permanent members of staff.

Agency staff are kept up to date with training through the induction. Additionally, the home can view their profile page with the agency, which shows their training record.

The relative that responded to our survey said their loved one had a good relationship with staff. 85% of residents indicated they did and 15% said sometimes.

Connection with friends and family

Friends and relatives keep in touch with their loved ones primarily through visits and telephone calls, the Manager shared. *“Many of the residents have their own phones, if not we have several handsets they can use. Some have their own tablets.”* A number of residents go out with their family and friends too. Additionally, friends and residents are welcome to join for meals and activities.

“No mobile phone coverage in the bedroom wing so friends/family cannot contact directly.” (Resident)

The Manager explained that visiting residents is flexible therefore there are no set times or requirement to book. Residents are welcome to have visitors in any areas of the home, eg their rooms, the lounge, the dining room.

Regarding how friends and relatives raise complaints or concerns, we were told that Crabwall Hall’s complaints policy and whistle blowing policy are both clearly displayed. There is a suggestions box in the main foyer and a food and beverage comments book in the dining room. The Manager

explained they encouraged people to raise any concerns they had at the earliest opportunity.

On the morning of our tour, there were a few visitors who said visiting times

were flexible and they provided feedback to us which is captured in this report.



Wider Local Community

During our conversation with the Manager we heard that residents can go out at any time they wish, and staff organise outings every Tuesday and Friday – the home is fortunate to have its own minibus. They have visited local garden centres, shops and pubs.

In addition to this they have well established relationships with a number of schools, and children come in to play games, do crafts and sing with the residents. This was generally once a month. The Manager said they regularly invite the community into the home – a recent example is they invited veterans for a meal around Remembrance weekend.

Crabwall Hall has recently started a 'Don't dine alone' initiative when, on the first Friday of every month, they invite people to come and join them for lunch. We heard this has been well received, and they have a core group of four or five people who join the other residents. The home has extended this to include Christmas Day.

Everyday Life at the Care Home

Activities

The home has an Activities Co-ordinator plus an Activities Lead who both work 24 hours each week. Activities are run Monday to Saturday. Additionally, the home has two 'bank' activities staff members who will support the team when required. A weekly planner is displayed in a corridor near the entrance, and we were told this was changed each week.

The Manager listed a wide range of activities that take place within the home. Every day they enjoy a 'Sherry Social' at noon, when residents will get together for a chat and an activity usually follows this. In addition, we were told that the residents tend to prefer the more traditional armchair activities such as bingo and quizzes. They also enjoy carpet bowls, armchair Zumba, and a keep fit instructor attends weekly. Crabwall Hall joins with other homes in the Barchester Group to participate in virtual online quizzes which are held throughout the week. *"Singers and entertainers visit regularly, and the 'Pat Dog' comes in every week."* We were told the various activities are discussed at the monthly residents' meetings, so they have involvement and play an active part in what happens in the home, for example, in the choice of food and outings. However we heard that the same people were not inclined to attend.

When asked in our survey if they attended residents' meetings, only 31% said they did.

Survey responses from residents indicated that 62% said they were not involved in choosing what activities take place, and 15% said they did not know.

Animals from the Zoo are brought in to "touch and feel".

For those who do not leave their rooms, the activities team ensure that residents have one-to-one opportunities ranging from chats, crosswords, crafts – whatever the resident wishes.

Quite a few residents like to go out for a walk or shopping and could take the minibus which also caters for wheelchairs. They have intergenerational activities with the local schools up to once every couple of months.

"The home celebrates all the usual events eg Christmas, New Year, Easter and so on. We also have birthday parties for residents and their families."
(Manager)

We saw a book in the lounge with photos of residents and various celebratory events. We were told the home was soon to have a Christmas lights switch on evening.

When asked how they were kept up to date with what activities are taking place, residents shared the following:

"Weekly activities sheet"

"I need a few more activities. I receive a sheet every Monday morning."

"Could do with more activities."

"I don't get involved with many of the activities as I find them boring. I go out on my own for walks."

"Staff ask for suggestions sometimes."

One resident indicated they do not join the activities on offer or socialise with other resident – *"Don't like the other residents."*

"Timetable is set for the month and distributed to residents and families, special events are advertised on social media/email and families are encouraged to join in." (Relative)

"Does not attend any activities as stays in room." (Relative)

"Newsletter"

Person Centred Experience

We asked the Manager how they ensured residents' experiences were person centred. *"It involves really getting to know our residents and what*

is important to them. Our initial detailed assessment really helps with this. Knowing their likes and dislikes. A simple example of this - upon their arrival they always have a personalised welcome card, we ensure some of their favourite biscuits are in the welcome pack, and we arrange to have their favourite meal on the menu."

If a resident wishes to raise concerns, complaints or provide feedback, we were told they would do this verbally or more formally via the complaints policy. Again, we were informed they tried to ensure any concern was dealt with at the earliest opportunity and encourage the resident or their families to speak to staff as soon as possible.

One resident's daughter told us that queries were dealt with promptly.

Responses from residents on whether they know how to feedback any comments or complaints included:

"Staff/manager"

"Most people are very kind."

"I tell the staff."

"Not really."

Regarding if there was access for religious or spiritual needs, the Manager responded *"In the main no, other than events such as Remembrance and Christmas. A couple of residents are visited by clergy for communion, but those that wish to will attend their churches with family."*

"I never missed church, but since being here I don't go." (Resident)

31% of residents who responded in the survey regarding having their spiritual needs met said this was not required.

The home does not allow pets to live in the home per se but there are regular visits from a couple of travelling zoos.

Other comments received about the home:

"It's very good."

"It's all lovely, just the food is always the same. Need a good change and shake up."

"I was made to feel very welcome when I moved here 9 months ago. The staff are all very pleasant and friendly and we are made to feel like part of a big family."

"Crabwall is amazing."

Whilst Crabwall Hall is a residential care home, it also incorporates therapeutic tools such as a robotic cat and memory cards to comfort residents who may have mild dementia.

A Clinical Development Officer visits the home regularly and gives advice on weight, wounds or medication. She is available also on the phone for staff queries and might signpost the resident for hospital care or physiotherapy. One daughter of a very elderly resident told us that there were occasions when her mother was not referred to the doctor as she was not a priority. The Manager responded that they would never make the decision not to refer any of their residents to external professionals.

The Deputy Manager said that one bed-bound patient is turned every day to try to prevent pressure ulcers.

Communal Areas

Crabwall Hall has one large main area downstairs, encompassing the lounge and 'bistro' at one end, leading into an open plan 'piano area' with seating and dining room, all of which were light and bright and of a good size. We were told a gentleman volunteer comes in to play the piano for the residents.

The 'bistro' was well equipped with fresh hot drinks and cakes available all day for residents and their families.

We were informed the home had had a refurbishment around four years ago, and therefore the furniture was relatively new, modern, and seemed of good quality.



Whilst there are two floors at Crabwall Hall, the Deputy Manager informed us that all the residents mix together.

“There is a mixture of people and ages and abilities.” (Relative)

The corridors have handrails and are long and seemed quite narrow, but wide enough for an electric wheelchair used by a resident.



We saw an attractive modern hair salon which is locked when not in use. A hairdresser comes into the home twice a week.

There is no gym area and we were told that one gentleman chooses to go to the next-door hotel's gym regularly.

On the second floor we were shown a small library which was well furnished with plenty of chairs, books and jigsaws. Residents can use this room if they wish when they have visitors. Music can be played using a smart speaker.



On our visit the Clinical Development Officer was based in there, which she did suggest put some residents off coming in!

Two communal bathrooms with showers and two with baths are on each floor and the ones we saw were very modern and attractively tiled in grey and very clean. We were told most residents prefer a shower.



We found the temperature in the home was comfortable and was generally odour free in most areas.

Residents' bedrooms

There are 38 bedrooms, all of which have an ensuite toilet and sink, and 11 of these also have a shower. Many of the rooms are of a similar size with a couple being larger. They are modern, well-furnished and well decorated. Each room had a name plate and number, and some had a discreet heart sticker to indicate to medical staff no resuscitation.

The ensuites and toilets have medicine cabinets and handy shelving. Residents are actively encouraged to make their rooms feel like their own



with personal items such as pictures, photos and ornaments. However, there was little room for additional personal furniture in a standard room because furniture is provided by the home.

71% of residents said they were able to make their rooms feel like their own.

If a couple wished to share a room, we were told they would be able to if the double room was available. Previously couples have had two rooms and used one as a bedroom and the other as a lounge.

Rooms have either a view of the drive, main entrance or garden. We were shown one room with a lovely view of the side garden.

We noticed a garden bed at the side of the building had rubbish in it and would benefit from a tidy.

“With the furniture already in the room you don't have much room to make it your own.” (Resident)

“My room is comfortable.”

Outdoor areas

There are extensive and accessible attractive patio and gardens with lovely views of the countryside. Also a large pond with Koi carp, various seating with tables and raised planters. All are well maintained.



Residents' comments included:

"Spend time outside with family or when possible. Would like to go out more."

"I don't go outside as much as I'd like. I'm a wheelchair user."

Food and drink



All meals in the home are homemade by staff onsite. Residents are visited in the morning each day by a 'hostess' and choose their meals. Residents are offered three course meals for both lunch and dinner, and there are two options for each meal along with a lighter dish. If a resident does not like what is on the menu, they are able to choose something else to eat.

We were informed they cater for dietary requirement, "*We have residents who are diabetic and those who have specified diets to support their health needs eg high calorific.*" (Manager)

25% of those who responded indicated their dietary requirements were not catered for.

Menus are displayed in the entrance of the home and dining room and on the tables. These were attractively decorated with flowers, tablecloths and napkins, and laid ready for lunch, which we observed being served, dishes plated up and taken to the tables.

One residents' family member did tell us that the food "can get a bit samey".

There was a colourful allergy chart in the dining room that was applicable to the meal being served.

The Manager explained they always encouraged the use of the dining room for the social aspect, however they said it was absolutely fine for residents to choose to eat elsewhere.

"I like the choice of eating in my room or in the dining room."

Biscuits, cake and fruit are all available throughout the day, the Manager explained. In the evenings there is a supper trolley which includes toast and crumpets.

We noticed drinks on trays being taken around in the morning.

The Manager told us that relatives are welcome to join their loved one for any meal and often do.

We received the following comments about being able to access snacks from residents:

"Don't need snacks provided as meals are adequate and have biscuits/sweets in room."

"Only my own I buy."

46% of respondents said they could access snacks at any time.

Other comments received from residents about food:

"The food. It was lovely initially but now seems the chef is stuck in a rut. Could do more seasonal dishes."

"There are times when I would like to have something else to eat."

"Change menu, give it a bit of a shake up - seasonal foods, fresh not tinned food. Choice of snacks, to make available."

"The menus are too repetitive. Limited choice."

"The chef is always very accommodating, if I don't like what's on the menu he will always cook me something different, for example an omelette or baked potato."

"Too much food on plates. Not much option with snacks, cakes or biscuits. Buy my own lemonade."

"There's a comment book in dining room about food."

"Tea is too early, not long after lunch."

"Would like more cups of tea."

When asked how and when they choose their meals, residents responded:

"In morning when asked what I would like."

"When a member of staff comes in and asks me."

"Hostess gives us a choice of 2 in the mornings.

Biggest challenges and biggest success to date

The Manager shared that assessments from the hospital can be a challenge because they are not always accurate, however the home completes their own face to face assessments to ensure they have comprehensive information about the residents.

"I'm really proud of the team, they all are friendly and caring and will throw themselves into all aspects of the home life. In working together they create a lovely environment for residents.

The staff are really good at gently encouraging residents to be mobile and help them maintain their independence.

They go above and beyond, one example of this was when a family had a wedding. One of our team escorted the resident to the wedding, stayed and looked after them for the day. This meant they didn't miss their family event and their loved ones could relax and enjoy the day too."

Care Home Best Practice Initiatives

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

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

Crabwall Hall uses MUST. The home is supported by dieticians, and all care plans have a risk assessment for signs of under nourishment.

Rather than Restore2, the home use News2, which is an electronic programme.

Although the home has not engaged with the End-of-Life Partnership, we were told staff have had training on supporting end of life.

Recommendations

- Look at varying the menu, cooking seasonal food and improving the quality of the food (feedback from residents), and consider moving dinner to later than 5 pm.
- Whilst there are regular trips out, residents may benefit from more notice being provided so they can plan if they wish to join.
- Not all residents were aware of care plans. It would be worth considering introducing these to residents during the resident of the day and explaining what they involve.
- Individual needs may be better tailored for with activities, such as arts & crafts or cookery, even if numbers are small.

What's working well?

- Resident of the Day and the home's holistic approach.
- The 'don't dine alone' initiative which reduces social isolation. Consider how to promote this further, through the GP's Social Prescriber for example.
- Policy of the month – this is good practice to focus on what policies entail and what the staff and home's responsibilities are.
- Crabwall Hall is a beautifully presented home and gardens, with modern furniture, all very well maintained and clean. A comfortable cosy and warm environment.
- The home appears to be well led, organised, person centred and respectful with residents. They appear well cared for and encouraged to talk about their needs.

Service Provider's Response

Recommendation

Look at varying the menu, cooking seasonal food and improving the quality of the food (feedback from residents), and consider moving dinner to later than 5 pm.

Service provider's response

This is currently on our CAP actions and was at the time of this review due to the comment having been made to GM previously during a Resident and Relative meeting, as well as the comment being added to the dining experience comments book. Because of this, action had been taken and it was discussed with head chef regarding the menus and they had been changed according to the seasons as requested as well as introducing some different oriental meals as well as traditional meals. The feedback gained from residents regarding this was that they would like more salad options in the summer and obviously with us still being in the winter season, the food is according to the season at the moment. I have completed a lessons learnt for myself, ensuring that I as the GM check the menus are being changed with the seasons. The residents have the opportunity to comment on the dining experience and meals during every resident meeting which is held monthly and every relative and residents meeting which is held quarterly, this has not changed and is continuously discussed. These meetings are recorded and evidenced and until the recent comment of seasonal menus, all have been very happy with the options and often complimentary.

Action

GM will create a bespoke survey regarding meal times and food options, in order to gain some more specific feedback of things they would like to see more of, or less of, likes and dislikes etc. so the menus can be adapted accordingly.

We will continue to discuss this in every monthly resident meeting and every quarterly resident and relatives meeting, as we have been doing.

There is a comments book in place in the dining area and this will continue to be checked daily with action being taken where necessary. Residents and relatives are reminded of this during every meeting also, as part of the agenda.

Recommendation 2

Whilst there are regular trips out, residents may benefit from more notice being provided so they can plan if they wish to join.

Service provider's response

GM will also be creating a bespoke survey around activities, alongside the survey regarding food and dining so that specific feedback can be gained and actioned.

This is not something that has been mentioned previously. At every residents meeting (monthly) and every resident and relative meeting (quarterly) the subject of activities is discussed. Again this is something that the residents are usually all very happy with and we create our activities planner according to their likes and preferences.

Action

We will consider putting an alternate planner together detailing the outings scheduled for the month, alongside the weekly planner, therefore giving the residents the information more in advance. GM will discuss this with the residents as part of the above-mentioned survey.

Recommendation 3

Not all residents were aware of care plans. It would be worth considering introducing these to residents during the resident of the day and explaining what they involve.

Service provider's response

All of our residents have been explained their care and support plans, this is done as part of the assessment process, where it is explained what the assessment process is for, why we do it and how the information is used. As well as this all residents have signed to agree to their support plans and their assessments, again at the time of signing this is discussed with them.

Action

This will be added to the meeting agendas for both residents' weekly meetings and resident and relatives' quarterly meetings. As a reminder to all that they are in place.

Recommendation 4

Individual needs may be better tailored for with activities, such as arts & crafts or cookery, even if numbers are small.

Service provider's response

We do offer these activities and proof of this can be found on our website and Facebook page, there is a comment in the review that I would like changing please as it is not something I recall stating, or believe may have been understood incorrectly. This is on page 17 and states that 'arts and crafts and cookery did not attract many residents, so they did not take place regularly.' This is not the case and I apologise if that was how it came across, residents are often taking part in cookery / baking classes and have made things like pizzas, cakes, biscuits as well as cake / cookie / doughnut decorating. Arts and crafts is a popular activity and again are regularly scheduled and enjoyed. As mentioned previously our activities are and always have been tailored to our residents and what they like to do and the visits from those they enjoy, such as therapy dog, zoo, singers and other acts, as well as trips out, pub lunches and bespoke 'wishing well' one-to-one activities.

Action

As mentioned previously, the bespoke activities survey that the GM is going to create will include anything raised during this review to identify the areas where the residents wish to see change.