

healthwatch Cheshire East

Enter and View Report

Park Mount Care Home

Macclesfield

10th February 2026



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Report Details

Address	Park Mount Care Home 52 Park Mount Drive Macclesfield Cheshire SK11 8NT
Service Provider	Pallottine Missionary Sisters
Date of Visit	10th February 2026
Type of Visit	With prior notice
Representatives	Lex Stockton Amanda Sproson Liz Lawson (volunteer)
Date of previous visits by Healthwatch Cheshire East	12 th February 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.

Park Mount Care Home

Healthwatch would like to note that although friends and relatives' surveys had been delivered prior to the visit, unfortunately, there were no surveys available for Healthwatch to collect. The assistant manager explained that any completed surveys were not allowed to be kept in the home, and they had to be sent to the CEO of the company. When Healthwatch representatives enquired as to whether there were any residents who had capacity that might be able to complete a survey during the visit, the assistant manager informed us that there were no residents who had capacity to do so. Healthwatch distributed three surveys along with freepost envelopes to friends and relatives that were seen during the visit. Unfortunately, these have not been returned.

Findings

Park Mount Care Home, established in 1984, is owned by the Pallottine Missionary Sisters, and provides accommodation for adults over 65 years who require nursing or personal care, (according to CQC), including those living with dementia and other physical conditions.

Arriving at the care home

Environment

The area nearby to the home is calm with generally low traffic and sits close to main routes into central Macclesfield, making it easy to locate and navigate to. The home is not obviously signposted from the adjoining road. The building appears in good condition, with clear and well-maintained parking at the front. Parking spaces were limited and Healthwatch representatives parked on the nearby road.

The home's entrance is central to the front of the building with a secure lobby where the receptionist greeted Healthwatch representatives who were asked to sign in on a digital screen. In the lobby various certificates were neatly framed and displayed, for example the manager's certificate, insurance and level 5 food safety. The door from the lobby entrance into the home is coded providing a very secure access. The reception area is a recent, new extension that provides ample office space for reception staff and managers and an open plan area which leads to residents' rooms on the ground floor, two disabled toilets, the dining room, the chapel and a wide, open staircase leading to the first floor. There is also some comfortable seating for residents.



Treatment and care

Quality of care

The assistant manager explained that the home is supported by Cumberland House Medical Practice in Macclesfield, whose GP visits the home every Monday. The GP meets all new residents upon admission, helping to establish a consistent and trusting relationship from the outset. The home reports a strong working relationship with the surgery. Between weekly visits, staff can contact the surgery by phone or email with any concerns. When required, the surgery will arrange an emergency GP visit, which typically takes place the same day.

Residents may retain their own GP if their existing practice is within the home's catchment area. However, most new residents choose to transfer to Cumberland House to ensure reliable access to regular and responsive home visits.

Residents who require hospital admission will ordinarily be treated at Macclesfield Hospital. On the whole, hospital discharge is a smooth transition. On occasions discharge paperwork is not always sent with the patient which care home staff have to chase up with the hospital and collect if needed. The assistant manager explained that if a resident becomes unwell and needs additional care, the home will assess the needs of the resident, the wishes stated in their advanced care plan, and a decision is made as to whether the resident can be cared for within the home or needs to be admitted to hospital. Residents, friends and families' wishes are also taken into consideration.

Healthwatch discussed the Urgent Community Response (UCR) service in the Macclesfield area. This is delivered by East Cheshire NHS Trust as part of the national NHS England UCR programme. It provides rapid, two-hour crisis support in a person's home or care home to prevent avoidable hospital admissions. The home was not aware of UCR, Healthwatch were able to leave relevant information about the service.

All residents are registered with a local dentist, Healthwatch were assured that all new residents are also registered at this practice. The home transports residents to dental appointments as required for which there is no additional charge.

The home has a purpose-built hairdressing salon. A hairdresser attends the home on a Monday and Tuesday; having attended for 27 years she has built a very person-centred relationship with residents, learning their life stories, and providing additional one-to-one time. Healthwatch representatives spoke with the hairdresser, and it is evident she very much enjoys visiting the home and spending quality time talking with the residents. There is an additional charge for this service, which comes out of the residents "personal allowance", a fund that relatives can deposit money into, which can be used for additional services. Residents can also use their personal allowance to purchase from the 'Cupboard Shop' which is stocked with items of personal care. A chiropodist visits every six weeks and residents are charged additionally.

Residents use opticians of their choice, and staff will happily accompany residents to these off-site appointments. Other health professionals that visit residents on-site include physiotherapists and occupational therapists as required; district nurses attend weekly; and Speech and Language Therapists (SALT) for residents who have been referred.

The home has a positive working relationship with Prestbury Pharmacy, which delivers monthly medications. When additional prescriptions are issued after a GP visit, staff will collect them later the same day if needed.

During the visit Healthwatch representatives observed that residents were well presented and dressed appropriately for the time of day and season. Some of the residents were mobilising around the home independently, some people were in their rooms with their door open, dressed and sat in a chair watching television or sitting quietly. A few residents were in the dining room, some with their visiting relatives, some were having their hair done in the salon and several people were taking part in Chair Yoga.

Privacy, dignity and respect

The assistant manager explained that staff complete mandatory E-learning training with annual refreshers. Any concerns related to the privacy, dignity, or respect of residents are addressed immediately, and staff repeat the relevant training where necessary.

Some examples of how residents are cared for with privacy, dignity and respect were described by the assistant manager. *“If someone is receiving personal care, doors are always closed and locked from the inside, as sometimes other residents may enter each other’s bedrooms. The carer will ensure that the resident is covered appropriately and curtains are closed. The carer will knock on the door and will always gain consent to go into the bedroom and to carry out personal care.”*

“When medications are given, if a resident does not want to take them at that time, the home will try again and will also try with a different staff member, if they still do not want to take them, it will be noted on their records as a medication refusal, we will respect the residents choice.”

Alternative systems, accessible information and large print information are provided as necessary. Whatever is needed will be catered for. Hearing aids are sometimes charged in the manager’s office, if it has been noted that a resident may tamper with the batteries. The home keeps a stock of batteries suitable for hearing aids and tv remote controls, which are stored securely. Audio books are available. The home will make a referral to audiology if required.

Outside each of the residents’ rooms was a framed photo of the person with their name displayed. Additionally, there were various symbols clearly displayed in the frame to indicate necessary information in the event of an emergency, for example Do Not Resuscitate (DNR), whether Cardiopulmonary Resuscitation (CPR) can be administered, and how many staff are needed to assist the person.

Understanding residents' care plans

The assistant manager explained that residents' care plans are uploaded/reviewed monthly, or as and when required. The home keeps a daily record of visitors, doctors, appointments attended, along with observations and weight. If it is noted that there is a steady weight loss, the resident's diet will be adjusted with the guidance of relevant medical services. Healthwatch noticed the sign in reception indicating that the home now uses a digital platform, Person Centred Software (PCS), to record and update care plans accordingly.

Residents and relatives are involved with the care plan which is discussed prior to admittance to the home. The resident would also be involved with discussions regarding any other services that are required such as specialised physio and the SALT team.

Relationships

Interaction with staff

The assistant manager said that staff get along with everyone; there is a good rapport with everyone. Family members know that they can speak to management about anything, the door is always open.

When describing the interaction between staff and residents the assistant manager said there is lots of laughter... laughs and jokes with some residents...calm with other residents...the carers will dance with residents. There are three ladies who have forged a fabulous friendship and are referred to as the musketeers; they love this title.

Staff should all wear name badges, currently some new staff are awaiting their badges. Healthwatch observed that not all staff were wearing name badges on the day of their visit.

Currently Park Mount is fully staffed. If there is a need to cover shifts the current staff are offered to cover these. If necessary, the home will use the

same agency, and the same staff will normally attend. The agency will provide documentation to prove competency and training.

During the visit Healthwatch observed a small number of residents walking along the corridors independently, one of them approached the receptionist who was giving Healthwatch a tour of the building. The receptionist was very kind, calm and patient as she spoke with the resident who thought it was lunchtime, they assured them lunch was in an hour. Another resident was looking for the toilet, a carer said that she would come and assist them in a moment as she was just completing a task.

Healthwatch chatted briefly during the visit with kitchen and laundry staff and one of the care staff, who were friendly and approachable. Staff wear uniform appropriate to their role and a comprehensive display of the whole staff team with individual photos and names was located on the ground floor, easily visible to residents and visitors. Healthwatch met one of the Pallottine Sisters who volunteers in a pastoral capacity within the home and leads two religious services in the chapel each week. It was clear from our conversation that the Sister knows the residents well and shows genuine care and commitment.

Connection with friends and family

The assistant manager explained that residents keep in contact with family and friends via phone calls, use of iPads, and in-person visits, with some relatives taking their loved ones out in the day. There are no set times for visiting, any time is fine and visitors do not need to book. Visitors are welcome to visit anywhere within the home. All visitors must sign in on entry to and exit from the home. Residents are also signed out and in on this system if they are attending an appointment or going on a trip.

If friends or relatives need to raise a concern or complaint this can be actioned by talking to staff or a manager or emailing the home directly.

The home doesn't hold a specific meeting for friends and relatives however meetings with individual residents and their family are arranged if there are any concerns or upon request of the family. Families are spoken to

each time they visit. In the reception area Carehome.co.uk flyers were readily available for visitors, friends and relatives to give feedback however, the home's complaints procedure was not displayed.

During the visit Healthwatch observed friends and relatives visiting residents in the dining room, in residents' bedrooms and walking outside in the gardens.

Wider Local Community

The assistant manager explained that volunteers regularly visit the home to deliver activities. Additionally, a yoga instructor runs a weekly Chair Yoga class, a Musical Moments group provides a weekly session, and Macclesfield Football Club come in to lead fun physical activities for residents.

The home welcomes visits from pupils at two local primary schools during the Christmas period, when the children perform carols and seasonal songs for residents. These performances are warmly received, with residents demonstrating clear enjoyment and attentive engagement.

Healthwatch informed staff about Multi-Generational Project work being undertaken by Cheshire East to help strengthen partnerships between primary schools and care homes.

Everyday Life at the Care Home

Activities

When describing daily life at the home, the assistant manager explained that they do not currently have a dedicated activities coordinator. Instead, the receptionist, described as "*the heart of the home*", organises and books paid entertainment and suitable external organisations to deliver activities for residents. Staff also support residents by setting up music and singing sessions. In addition, there is a cupboard where residents can freely access board games, puzzles, and jigsaws.

Care plans are used to match residents with similar interests, and if a resident expresses an interest in an activity the home will make it happen. *"On admission, the interests of the residents are gathered, for example, this led to two residents being matched as liking a game of chess, so now they play weekly."* (Assistant Manager).

A weekly activities timetable is displayed on the ground floor, showing scheduled morning and afternoon sessions. Staff also remind residents throughout the day about the activities taking place. For residents who choose to or are unable to participate in group activities staff will sit and chat with the resident if they would like. Staff will also provide nail and hair grooming as required.



The home celebrates a range of events throughout the year, including birthdays, with cake and balloons, as well as religious celebrations of all faiths. They also take part in themed occasions such as Christmas Jumper Day and national events like Wimbledon, the World Cup, VE Day, and Remembrance Sunday.

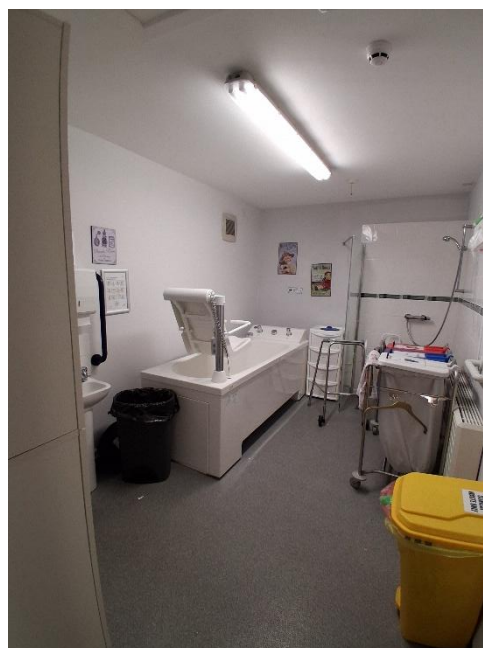
If a resident requests a day out, the home will arrange this; the home has recently started to organise visits for residents off-site. The home has access to a car and an additional vehicle with wheelchair access, which staff use to support residents in attending their appointments.

Healthwatch observed a Chair Yoga session, sourced externally, taking place along to quiet, calm music, in the larger lounge on the ground floor. Nine residents were partaking, responding well to the instructions, and movements were being differentiated according to individual ability. On the ground floor corridor photographs of residents taking part in recent activities were neatly and clearly displayed. A lovely talking point for residents and visitors.

Person Centred Experience

The assistant manager explained that staff deliver care in a way that reflects each resident's individual wishes and preferences, ensuring support is genuinely person-centred. For example, if a resident prefers a particular cup, staff will make sure it is used. Residents are free to have their meals wherever they feel most comfortable, with some choosing to sit alongside friends.

Pets may visit the home but must remain on a lead throughout, unless they are inside a resident's private, locked bedroom. The assistant manager also highlighted the on-site chapel, which is open to people of all faiths and may be used for prayer whenever needed. If residents want to give feedback, raise a concern or a complaint then they can talk to staff at the home or to their family. The home does not hold resident meetings.



Healthwatch asked if the home implements "Resident of the Day" which is a structured, person-centred care practice. It means that each resident is given a dedicated day, on a rotating schedule, where staff focus specifically on their needs, preferences, and wellbeing. Currently, Park Mount do not carry out "Resident of the Day".

Communal Areas

The home benefits from gentle, well-placed lighting and is attractively decorated, clean, and well-ventilated throughout. The temperature was ambient and the atmosphere was calm on the day we visited.



The ground floor includes a large lounge, a smaller lounge, and a dining room, with an additional small lounge on the first floor. The extensive gardens surrounding the home can be viewed from these communal areas, which benefit from large windows that let in plenty of natural light.

Within these communal areas visitors can sit with relatives and scheduled group activities take place. Each floor has a communal bathroom, and two additional disabled toilets for residents and visitors are situated near the ground-floor reception.





Furniture throughout appears well-kept, comfortable, and suited to residents' needs, complementing the overall décor.

Within the home, a small chapel hosts twice weekly services led by the Pallottine Sisters. A recent service was attended by more than 30 residents and visitors. While some residents choose Park Mount for its Catholic roots, the home welcomes people of all faiths or none.

Corridors throughout the main home are fitted with red handrails to support residents, with the colour particularly helpful to those living with dementia. These corridors are also wide enough to accommodate mobility aids and wheelchairs. Except for the information displays in the corridors, with regards to activities and the menu, there are some occasional modern prints, aesthetically hung in the lounges and dining room.

In the recently completed extension, comprising three bedrooms on the ground floor and four on the first floor, all of which are occupied, Healthwatch observed that handrails had not yet been installed. The care home manager explained that these will be fitted soon, and the team is currently deciding whether to use red or blue rails, based on which colour residents find easiest to identify.



Residents' bedrooms

Park Mount Care Home has 46 single bedrooms and two double bedrooms, all bedrooms are ensuite with showers. Residents may request a bath at

any time. Each room is a good size with natural light; those at the back and sides overlook the lawned gardens. Residents can bring personal belongings and furniture that fits safely within the space. The double rooms, suitable for couples, are arranged like small apartments with a sitting area, though kitchen facilities, including kettles, are not permitted for safety reasons. During the visit Healthwatch observed that residents' bedrooms were being cleaned, and the home smelt fresh with no malodours.

Outdoor areas

The gardens at the rear of the home feature a spacious well-kept lawn, mature trees, and an accessible, well-maintained path for residents and visitors to enjoy.

The lower lounge opens onto a patio area through wide double doors. This patio includes comfortable seating, a raised planting bed, and overlooks a coup where healthy chickens roam. Bird feeders positioned nearby attract a variety of birds, offering residents a pleasant

opportunity for bird watching as the weather warms in spring. The assistant manager explained, *"It is soon to be national bird day, so the garden is set up with bird feeders that are stocked up with bird feed, for residents to spot birds."*



From the patio, a gently sloped path with handrails on both sides leads to a summer house. A gate from the patio leads to a path that provides access to a walkway which circles the back of the home, offering views across the lawn and surrounding trees. The assistant manager

plan kitchen. Large windows look out over the attractive, lawned garden and skylights provide further natural light. From the dining area there are two sets of double doors that lead onto a decking area. During the visit lunch was being prepared and smelled delicious.

Snacks and drinks are available several times throughout the day and include fruit, crisps, yoghurt, toast, biscuits, water, tea and juices. Residents always have access to a jug of juice/water in their bedrooms. The assistant manager explained that residents can make requests, for example, *“A resident requested a full packet of rich tea biscuits and was very happy to have them.”* Healthwatch did not observe snacks and drinks being offered during the visit.

Biggest challenges...

The assistant manager responded, *“When residents show aggressive behaviour staff will share concerns and will be supported. No two days are the same.”*

Biggest success to date...

Healthwatch did not meet the care home’s registered manager during the visit however, they sent a written response to share the home’s successes: *“Through effective resource planning and management, we currently offer 50 residential placements in Park Mount Care Home, where we are continuously investing in the staff-to-resident ratio to provide high-quality care, (we) most recently added an extra member to the care team on a 2:10 shift to provide further support for the afternoon leading into the night shift. We are also currently in the process of ensuring that all care staff, from care assistants to management, receive the necessary mandatory training which we have extend(ed) to include Mental capacity & liberty safeguard protection awareness, and to also invest in further training for staff to complete their NVQs, as we welcome personal development.*

We have currently started working with The End-of-Life Partnership, which is also providing staff with more in-depth training, such as end-of-life care, advanced care planning, and dementia care and Cheshire East training office for safeguarding has completing a training session on-site. I have also decided to make Park Mount grounds fully secure. This will allow those living with dementia or living in Park Mount under a liberty safeguard protection authorisation, to be able to go outside of the home and enjoy the garden/grounds and provide the support some need with their mental well-being.

We have also started planning more outside activities for the residents. The most recent outings have consisted of a visit to the zoo, a trip to the pub, and afternoon tea at a spa. We also provide daily activities and entertainment within the home, offering something every morning and afternoon, either from outside professionals or staff who also get involved.

Park Mount has recently been awarded a top 20 care award in the northwest and continues to receive numerous positive feedback and comments about the home and services we provide.

We have also migrated over to the new care management system, "Person centred software". This enables us to make care planning more person-centred for everyone and utilise the system for features such as medication administration, personal emergency evacuation plans, live documentation, digital handovers, and a silent nurse call system."

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
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	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.

Does the care home use any of these initiatives?

Park Mount Care Home uses Malnutrition Universal Screening Tool (MUST). The home uses an equivalent tool to Restore2 to recognise early soft signs such as changes in weight.

Recommendations

- To clearly display the home's complaints procedure so both relatives and residents are aware of how to formally raise concerns and give feedback.
- To ensure the fitting of handrails in the new corridors is actioned imminently.
- Consider the addition of further interactive/personalised, visual displays that reflect the interests and backgrounds of the residents.

- Consider introducing a digital reminiscence therapy tool, particularly suited to assisting those living with dementia.
- Consider introducing 'Resident of the Day' to further enhance person-centred care.
- The home could consider an Activities Coordinator dedicated solely to that role, as this would ensure consistent, structured, and meaningful engagement for residents. A dedicated coordinator would have the time to build relationships, understand individual histories and preferences, and provide both group and one-to-one stimulation, helping to promote wellbeing, reduce isolation, and enhance overall quality of life.
- Make use of the Urgent Community Response (UCR) service where appropriate.
- Make enquiries with the Macclesfield Care Community support manager to consider how to strengthen partnerships with local schools and enhance multi-generational links between residents and pupils.

What's working well?

- The interior of the home is very clean and decorated and maintained to a high standard.
- The outdoor patio, summer house and lawned gardens are excellently maintained and accessible.
- Sufficient access to transport to enable residents to attend appointments, with staff available to accompany.
- The chapel provides a meaningful connection between the home and the wider community, where regular services bring residents, families, volunteers, and local faith groups together.

Service Provider Response

As of 10/04/2026, Healthwatch has not received the service provider's response.