



Enter and View Report



Stone House Residential Home

Chester

23rd February 2026

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Report Details

Address	Stone House Residential Home 55-57 Cheyney Road Chester CH1 4BR
Service Provider	Not Applicable
Date of Visit	23 rd February 2026
Type of Visit	Enter and View with Prior Notice
Representatives	Jem Davies, Tricia Cooper and John Webb
Date of previous visits by Healthwatch Cheshire West	May 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.

Stone House Residential Home

Stone House is a residential care home located just on the outskirts of Chester city centre, amongst some one-way streets and can be found via satnav.

The home has 31 bedrooms and currently has 28 residents. All rooms are ensuite with a toilet and a washbasin.

Healthwatch would like to note that we received four completed surveys (three from friends and relatives and one completed by a resident).

Findings

Arriving at the care home

Environment

Stone House is easy to locate and clearly signposted but could be difficult to approach by car because of the one-way streets in the area. The home is an older building in keeping with the surrounding area and has a small car park for staff and visitors.

The front door is secured, with a bell system for visitors. The reception area was clean and displayed key information, including the latest CQC rating (GOOD) and the complaints procedure.

Healthwatch representatives were welcomed by staff, signed the visitors' book, and were given a tour of the home. This provided an opportunity to observe daily routines and resident interactions. The Manager also answered questions about residents' care, treatment and experiences.



The home was consistently clean. Furniture and décor matched the style of the building; while some furniture appeared worn, it remained fully functional. Staff were frequently observed cleaning and ensuring walkways were clear to support safe movement for residents.

The building has three floors, though residents only use the ground and first floors. Both stairs and a lift are available, and most residents use the lift.

Treatment and care

Quality of care

The Manager told Healthwatch that visitors should see *“happy, well cared for residents.”* All residents observed were well dressed, clean and appropriately presented. Staff were patient, knew residents by name, and supported those using walking frames, with wheelchairs also in use.

Staff across all roles took time to engage with residents. Call bells were answered promptly throughout the visit. Survey respondents reported *“mum has quality care and there are great caring staff”* and *“I feel mum is comfortable, clean and well cared for.”*

The home has a strong relationship with Fountains Medical Practice, including weekly visits. If residents become unwell, the GP is contacted for advice or an additional visit, and Hospital at Home is used when needed (e.g. IV antibiotics, breathing problems, or falls). Out of hours concerns are directed to NHS 111.

A Physician Assistant from the medical practice, who was on site during the visit, praised staff, stating *“The carers are responsive to the needs of the GP and residents”* and that the kitchen team asked about residents' preferences. She added, *“Management go above and beyond.”*

Residents cannot remain with their own GP unless staying for short respite or their GP is based in the same building as Fountains Medical Practice. The home is linked with Clarkes Pharmacy in Liverpool.

The Manager reported that Golden Age Smiles had offered mobile dental services, requiring consent for those lacking capacity. A hairdresser attends weekly, and some residents treat visits to the home's salon as a 'day out.' Foot care is provided every six weeks (or more often if required) and Eye Care on Call visits at least annually.

Additional healthcare professionals visit, including occupational therapists and district nurses. The home plans to start using Hear to Clear for earwax

removal due to the NHS withdrawal of this service. They have noticed residents have had a reduction in hearing and an increase in balance problems.

If a resident becomes unwell, the home aims to keep them at Stone House when appropriate. District nurses support end-of-life medication, and decisions about hospital transfers are made with families and the GP.

Regarding hospital discharge, the Manager reported significant issues: *"Discharge is very poor..."* describing missing discharge summaries, late evening returns, and the effect of late transfers on residents with dementia. They felt the process would improve with accurate information and earlier discharge times.

Privacy, dignity and respect

The Manager explained that staff receive annual training, knock before entering rooms, and ensure curtains and doors are closed during personal care. A staff member has also registered to become a Dignity Champion, and once trained, will promote this across the home.

Residents with impaired sight are supported with speaking clocks, and whiteboards are used to help communicate with those who are hard of hearing.

Survey respondents – residents and family members – reported feeling well cared for, safe, respected, and that their dignity was maintained. During the visit, residents were observed taking part in activities such as chair yoga, a coffee morning and watching TV, with all interactions being respectful and allowing residents to make their own decisions.

Understanding Residents' Care Plans

The Manager stated that Stone House uses digital care plans, updated each month or as required – for example after a hospital admission or a fall. Residents with capacity, and/or their relatives, are involved in developing these plans. The home also uses the *"This is my life"*

document to record residents' personal background, interests and hobbies, and reviews take place during family visits.

Relationships

Relationships – Residents and Staff

The Manager described relationships between residents and staff as positive, noting that residents are familiar with many staff members by name. They added, *"We know all the relatives who visit, and they are always friendly with the team. We have never received a complaint about a staff member."*

During the visit, the Manager was wearing a name badge. Some staff were also wearing badges, and the home is awaiting delivery of additional ones. All staff wear uniforms appropriate to their roles. Stone House does not use agency staff.

Connection with Friends and Family

Residents primarily keep in touch with relatives through in-person visits and use of the landline. The home also provides a mobile phone that can be taken to residents for calls, and an iPad is available for Zoom or Teams communication.

The Manager explained that visits do not need to be booked; however, the home has protected mealtimes, and families are informed of these periods.

In the event of an infection outbreak affecting only one or two residents, families are given the choice about whether to continue visiting. The home

follows Infection Control guidance and offers appropriate advice to relatives.

Stone House has a complaints process displayed throughout the home, and the Manager stated, *"Families know they can come and talk to me."* All the respondents to our survey said they know how to raise a complaint.

Friends and relatives' meetings are held twice a year. The Manager reported they plan to hold a one-off meeting with Portland Care, who are in the process of purchasing Stone House, and family and friends to discuss the future of the home.

Wider Local Community

The Manager shared that the home has links with a local pre-school who visit periodically. Nearby shops have supported the home at key periods such as Christmas by donating raffle prizes. The home has contact with a church in the area who will visit. The Social Prescribing Link Worker from Fountains Medical Practice is due to come to provide the new Activities Coordinator with some links with the community.

Everyday Life at the Care Home

Activities

Stone House has recently appointed a new Activities Coordinator who works Monday to Friday. They are building an understanding of residents' preferences to tailor activities accordingly. During the visit, an armchair exercise session and a coffee morning were observed, both attended by residents. Respondents to Healthwatch's relatives survey stated they would like to be more informed about the activities on offer.

In her first few weeks, the Activities Coordinator has delivered bingo, chair exercises, crafts, balloon tennis and quizzes. For residents who do not join group sessions or who stay in their rooms, she provides 1-to-1 activities such as chats, manicures and reading the newspaper. A Social Prescribing

Link Worker from Fountains Medical Practice is due to visit later in the week to share additional local resources.

The Manager reported that the home celebrates occasions such as Christmas, Easter, Halloween and birthdays. On the day of the visit, a resident was celebrating their 90th birthday, with a cake prepared by the kitchen and a party planned later.

The home does not currently take residents on external trips, though this is being explored for the future. Stone House receives regular visits from therapy dogs, singers and a travelling zoo. The Manager added that one resident enjoys going out independently to meet a friend or attend a meeting and noted that the new Activities Coordinator plans to support future outings.

Person Centred Experience

The Manager said they use the 'This is my life' document to understand each resident and what matters to them. They told us, *"We use the information we have collected about residents. Eg, what time they like getting up in the morning. This detail will be different for each person. We are always adding to care plans as we get to know our residents."* Stone House does not have a resident of the day.

Stone House has a 'Views of our Service Users' survey for residents who have capacity. The Manager said residents know where her office is and that the home follows its complaints policy.

Residents' meetings take place every three to four months. Those able to do so usually participate, and staff encourage all residents to attend.

Communal Areas

The home has three lounges and a dining room. All areas were clean, tidy and uncluttered, though some areas could benefit from updating.

Corridors were narrow but had handrails and were wide enough for wheelchairs.

The furniture was mostly traditional with some soft furnishing appearing tired in places, but these rooms are clearly used and enjoyed by residents. Artwork in the dining room reminds staff that this is the resident's home.



There were no unpleasant odours, and the environment felt fresh. The temperature was comfortable, and the noise level was low, creating a calm atmosphere. Communal bathroom facilities, including a bath and shower rooms, were clean and fresh.

Residents' bedrooms

During the visit, several bedrooms were seen. They were of standard size, had natural light, and all included a toilet and wash basin. Rooms were personalised with residents' belongings, which the home encourages. The handyman visits residents regularly to assist with tasks such as hanging

pictures. Staff reported that residents may bring their own furniture if they wish.

Bedrooms were identified by a number and nameplate to support wayfinding. Rooms are not large enough for couples to share, but the home would place residents in rooms close together if needed.

Outdoor areas



The home has a small patio garden with tables, chairs and raised planters. A resident told Healthwatch how they had helped plant them last year. The garden has well established trees and shrubs and we were told that they plant vegetables such as tomatoes.

Food and drink

Stone House's own catering staff prepare meals on site. Residents choose their meals the day before and are asked again the following morning. Staff reported, "*We make sure we have plenty in case someone changes their mind.*" Alternatives are provided if residents do not like the options available.

At mealtimes there are three hot meal choices which include a vegetarian option. Breakfast options include cooked items, cereals, fruit, crumpets and toasted teacakes.

During the visit, lunch - steak pie, chips and vegetables - looked and smelled appetising. Residents told us they enjoyed the food, saying "*the*

food is lovely, you can have anything you want” and “the breakfast is wonderful, everything you can imagine is there.”

The kitchen caters for different dietary needs to support residents’ health and wellbeing.

The Manager said, *“Residents are encouraged to eat in the dining room because it’s a social experience. However, some stay in the lounge or their bedroom to eat.”*

Biscuits, cakes, chocolate, cheese and biscuits, fruit and yogurt are available throughout the day. Drinks include tea, coffee, hot chocolate, lemonade, squash, prune juice and other fresh juices.

If relatives wish to join a resident for a meal, they are asked to sit in the lounge or bedroom due to protected mealtimes, as residents can be distracted.

Biggest challenges

The Manager described when the home went into administration last year as a huge challenge. Also, they added, that ensuring the residents have everything they need from external professionals to keep them well can be a challenge.

Biggest success to date

“Coming through the administration process. I really thought the home was going to close. It was a very difficult time for everyone.”

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
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	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 told us Stone House uses MUST and further explained they previously used a paper version of RESTORE2 but now use digital person-centred software.

The home does not use an interactive digital activity system such as RITA, but they do use YouTube for interactive programmes on a large TV in one of the lounges. We saw residents using this with the activity coordinator during our visit.

Stone House has a good relationship with the End-of-Life Partnership, we were told *“district nurses administer the medication during this time. We always ensure a staff member is at hand if relatives need to go out.”*

Recommendations

- Consider adopting a 'Resident of the Day' programme, making the day special for the person, providing a chance to discuss food choices, maintenance of their bedroom and anything else relevant to the resident.
- Create a large Activities Timetable board that is visible to residents and visitors.
- Continue exploring potential external trips by building connections with the local community, eg Chester Zoo, cafes, garden centres and with local events taking place in the Chester area.
- The internal environment, including furniture, would benefit from updating.

What's working well?

- Resilient and caring staff.
- Residents are very happy with the quality, taste, and choice of food and drinks.
- A sociable environment across the home with residents enjoying activities.

Service Provider Response

<p>Recommendation 1</p> <p>Consider adopting a 'Resident of the Day' programme, making the day special for the person, providing a chance to discuss food choices, maintenance of their bedroom and anything else relevant to the resident.</p>
<p>Service provider's response</p> <p>This is something that we will look into to see if this will work in our home and for our residents.</p>
<p>Action</p>
<p>Recommendation 2</p> <p>Create a large activities timetable board that is visible to residents and visitors.</p>
<p>Service provider's response</p> <p>Maintenance man is going to look at making a larger board to place in the dining room.</p>
<p>Action</p> <p>Board is nearly complete and laminated pictures of all activities complete</p>
<p>Recommendation 3</p> <p>Continue exploring potential external trips by building connections with the local community, eg Chester Zoo, cafes, garden centres and with local events taking place in the Chester area.</p>
<p>Service provider's response</p> <p>Activity lady is looking into external trips, she was told the zoo are doing the free tickets this year but we will check.</p>

Action
Recommendation 4 The internal environment, including furniture, would benefit from updating.
Service provider's response The new home's owners are currently working on a home improvement plan to redecorate the whole home and replace all furnishing needing updating.
Action