healthwatch Cheshire East

Enter and View Report

Ingersley Court

Bollington

1st June 2026

Contents

Report Details

Address	Lowther Street (Off Church Street) Bollington Macclesfield Cheshire SK10 5QA
Service Provider	Minster Care Group
Date of Visit	1st June 2026
Type of Visit	Enter and View
Representatives	Lex Stockton Amanda Sproson Liz Lawson
Date of previous visits by Healthwatch Cheshire East	27th 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.

Ingersley Court

Ingersley Court is a purpose-built care home in Bollington offering residential, dementia, respite and palliative care for older people. It has 45 bedrooms, with en-suite facilities available on request.

When asked what Healthwatch could expect to see during the visit the Deputy Manager said they would experience a nice environment, with some residents who would still be in bed, as a 'no wake policy' is implemented allowing residents to rise when they wish. They further added that the building is a homely environment with staff providing the best care possible.

On the day of the visit seven residents' surveys and three friends/relatives' surveys had been completed and are referred to within the report.

Findings

Arriving at the care home

Environment

On arrival, the building and grounds appeared well maintained. Signage outside the home itself was clear, additional signage from Church Street would be helpful, as the home is set back from the main road. Parking at the home was limited, so Healthwatch representatives parked on nearby residential roads.

The entrance was welcoming and secure, with controlled access in place. A staff member greeted Healthwatch representatives on arrival, requesting them to sign in using the visitors' book in a small lobby area where information was displayed regarding fire procedures, resident survey results and review cards for carehome.co.uk. A second secure door then led into the main reception area.

Initial entrance

Main reception area

Treatment and care

Quality of care

All residents are registered with Bollington Medical Centre on admission so that GP home visits can be arranged promptly when needed. The Deputy Manager described the relationship with the practice as very positive with a highly supportive team. A GP visits the home once a week to review residents identified in advance, and additional residents can usually be added on the day if required.

When a resident becomes unwell, staff seek advice via NHS 111, increase observation and monitoring, and request an additional GP visit where appropriate. Decisions about whether a resident can remain at the home are guided by clinical advice and take account of the resident's wishes as recorded in their care plan.

The home predominantly uses Macclesfield Hospital. The Deputy Manager reported that a current hospital admission had been managed smoothly and in line with medical advice. Hospital discharge was described as generally satisfactory; however, discharge paperwork does not always accompany the resident on return, which can delay confirmation of medicines requiring care home staff to follow this up. When documentation is received as expected, it is reported to be detailed and informative, including relevant test results.

The Deputy Manager felt that reducing avoidable hospital admissions could be supported by a more responsive alternative to NHS 111, which was described as time-consuming and often resulting in an ambulance being dispatched after numerous questions. Healthwatch were able to share information about the Urgent Community Response Service available for care homes to refer into.

The home is connected with the Cheshire East Falls Lead. The Falls Lead had visited two weeks prior to the Enter and View visit and delivered training across three sessions, which staff reported had been beneficial.

Residents can access dental care through a linked private dentist, with staff arranging appointments and escorting residents when required. This service incurs an additional charge. Residents may also remain with their own dentist, and the home will support attendance in the same way.

A hairdresser visits the home weekly, or more often on request, providing a barbering service for male residents. Whilst fit for purpose, the room is not especially welcoming and appeared to be used in part for storage. A chiropodist visits approximately every six weeks, or sooner if follow-up appointments are needed. Both these services are available at an additional cost.

Hairdressing Salon

With regards to an optician the home is partnered with Eye Care on Call, whose team visits every six to twelve months. Prior to each visit, the provider contacts the home to confirm which residents require an appointment.

The home currently uses Well Pharmacy; however, the Deputy Manager reported ongoing difficulties with inconsistent medicine deliveries. Items can arrive on different days, creating additional administrative work for staff when booking in medication, and there have also been delays in receiving missing items. The home is in the process of considering changing its pharmacy provider.

Additional visiting health professionals include District Nurses, physiotherapists, the Speech and Language Therapy (SALT) team, dieticians, Tissue Viability Nurses, occupational therapists and the chiropodist.

A relative who completed a survey commented on the quality of care,

'I had a few concerns with how Mum would adapt to residential care, but I am very happy with how happy, settled and cared for Mum is at Ingersley Court. It is down to the staff applying the high standard of care.'

Another relative responded, *'Good care staff, great staff. Mum is happy.'*

During the Enter and View visit, many residents were seated in the communal areas downstairs and appeared appropriately dressed for the time of day, season and temperature. Staff were pleasant and caring in their interactions with residents. There was a lovely busy but calm atmosphere and relatives were seen visiting residents.

While seated in the reception area near the main office, representatives observed call bells displayed on a digital screen. One call remained unanswered for more than six minutes. When this was raised with a member of staff, the receptionist explained that it was likely due to the lunchtime period being particularly busy. She went to speak with the care manager on duty and advised that he was in the corridors and was aware of the calls.

Privacy, dignity and respect

The Deputy Manager explained that privacy, dignity and respect are promoted through staff training and day-to-day practice. Staff complete e-learning training to support their understanding of dignity, respectful care and appropriate communication.

Where a resident requires privacy outside of their bedroom, staff use a privacy screen to maintain discretion and preserve dignity. Staff knock before entering residents' rooms, address people using their preferred name, and seek consent before providing personal care.

As an example of dignified care, the Deputy Manager described an incident in which a resident had fallen and sustained facial bleeding. Staff ensured the resident was cleaned and made comfortable before leaving the home by ambulance.

The Deputy Manager was less certain about the full range of alternative communication systems and accessible information available within the home. Representatives observed clear signage throughout the home, with both words and pictures displayed on doors to support orientation and understanding. At mealtimes, residents are also supported using show plates, which provide a visual aid to help communicate meal choices.

Answer Choices	Yes	No
Do you feel ...cared for	100%	0%
...safe	100%	0%
...respected	100%	0%
Is your dignity is maintained	100%	0%
Do you have privacy	86%	14%

Residents survey responses

Understanding residents' care plans

Care plans are reviewed routinely each month, and more frequently where residents' needs change. Senior staff are each allocated a group of residents and are responsible for completing these reviews.

At the time of the visit, the home was using paper-based care plans and preparing to move to an electronic system. Staff were undertaking training, and the service anticipated going live within the following month.

Residents with capacity are involved in developing and reviewing their care plans. Relatives are involved where appropriate, including where there is a Lasting Power of Attorney in place, or where a resident is supported by a social worker or advocate.

Relationships

Interaction with staff

The Deputy Manager described relationships between staff and residents, *'staff engage with the residents and build trust and ensure that the residents have a homely experience. Staff treat residents like their elders.'*

Relationships with residents' friends and family were also described positively. Where concerns arise, staff are said to address them promptly, and the home reported an increase in positive feedback from relatives.

The home plans to introduce a staff team board to help visitors identify staff members and understand the meaning of different uniform colours, subject to staff consent.

At the time of the visit, the home was relying on agency staff due to high levels of sickness absence, although recruitment was underway to reduce this dependency.

To promote continuity of care, the home uses the same agency where possible and requests regular agency workers familiar to residents. The home reviews agency staff profiles in advance to check training and competency and expects staff supplied to have the appropriate skills for the role. New agency staff receive an induction covering key health and safety information, including fire exits, and are shown where essential supplies are kept.

During the visit Healthwatch spoke to a resident who commented that,

'99% of the staff are lovely, they just don't have enough time, there isn't enough staff.' She referred to there being language barriers with some agency staff which can make it difficult to understand and communicate with them.

Healthwatch observed that staff generally appeared cheerful and approachable. The member of staff who showed Healthwatch representatives around the home had worked there for more than 40 years

and spoke positively about her role, indicating a strong sense of job satisfaction and commitment.

Interactions between staff and residents were observed to be caring and attentive. At lunchtime, staff were seen using a hoist to support a resident safely into the dining area. Some staff wore name badges, although this was not consistent across the team.

Connection with friends and family

The Deputy Manager explained that friends and relatives keep in touch with residents primarily through in-person visits. The home also provides wireless handsets so that families can telephone their loved ones. When asked if digital equipment was available for video calls the Deputy Manager said this is something that would be explored.

Visiting arrangements were described as flexible, with the exception of mealtimes. Where relatives wished to share a meal with residents, the home would accommodate this, and spouses/partners were encouraged to do so.

During infection outbreaks, visiting arrangements are guided by infection prevention and control advice. The home implements quarantine measures where required, keeps relatives informed, and encourages telephone contact between residents and their families. On the day of the visit Healthwatch spoke to a relative who praised the home for maintaining regular contact during a three-week period when her mother was unwell with a contagious illness, with quarantine measures in place. Family were kept updated throughout.

With regards to how friends and relatives could raise complaints, the Deputy Manager explained that there is an 'open-door policy', if a significant issue arose they would arrange an appointment to discuss it further, and concerns would be addressed promptly.

Healthwatch observed five relatives/friends visiting residents and spoke with two of them. One relative, who was sitting with her mother in the

downstairs lounge, said there were no restrictions on visiting and that family could attend whenever they wished. She explained that staff, at all levels, had taken time to get to know her mother well and understand her individual preferences.

She spoke positively about the home's person-centred approach, describing how staff had given her mother a doll because she had previously worked as a midwife. Her mother found comfort in holding the doll and had even taken it with her on a local boat trip arranged by the care home, which the relative felt was lovely to see.

Another relative was visiting his mother in her room, he commented how wonderfully caring all staff are, from domestic staff right through to senior staff. His brother had written to CQC on a couple of occasions to tell them how pleased they are with the care their mother has received from Ingersley Court.

Wider Local Community

The Deputy Manager explained that the home has some involvement with the wider local community and gave a recent example of when a group of children from a local school visited to sing for residents, which was very well received.

Healthwatch shared information about multi-generational work promoted by Cheshire East, which involves the local authority supporting care homes to form an ongoing partnership with a local school. Activities such as crafts and games bring children and residents together to share these experiences, developing inter-generational connections. Other suggestions from Healthwatch included inviting local college students to complete volunteering hours through various activities such as reading to residents, reminiscence activities, and gardening. The Deputy Manager welcomed these ideas and plans to ask the Activities Coordinator to action these.

The home currently has one volunteer who spends one-to-one time with residents.

Everyday Life at the Care Home

Activities

The home employs an Activities Coordinator who works 39 hours per week, Monday to Friday.

On the day of the visit the Activities Coordinator was observed leading a music and movement session involving eight residents. Song lyrics were displayed in large print on a screen, enabling residents to join in. One resident was dancing while others sang along and moved to the music from their chairs. Residents seemed to enjoy this session very much.

The Activities Coordinator appeared enthusiastic and committed to maintaining resident engagement. She informed Healthwatch that three MP3 players had recently been obtained from Purple Angel to support one-to-one activity sessions with residents. Purple Angel MP3 players are free, personalised music devices created for people living with dementia, each loaded with a selection of their favourite songs chosen by family or friends. They are designed to stimulate memory, improve mood, and enhance wellbeing by using familiar music to trigger emotional and cognitive responses.

How happy are you with the activities on offer at the home?	Residents Responses
Very happy	0%
Happy	29%
Satisfied	57%
Dissatisfied	14%

Examples of other activities offered to residents include karaoke, chair-based games, time in the garden (weather permitting), word searches, drawing and colouring, crochet, and jigsaws. It was explained that activities do not always follow a fixed plan and are adapted according to residents' needs, preferences and how they

are feeling on the day. An upcoming event is planned where 10 children from a local school will be visiting and 10 pets from a pet therapy organisation are coming in.

Provision is available to support residents' religious and spiritual needs, for example, a priest had recently visited the home, and the service was well attended.

Celebrations currently include residents' birthdays and a VE day party. The home are looking to introduce more cultural events going forward.

Survey responses showed that when asked if there was anything they would like to change about the care home, one resident commented, '*More activities for us all,'* and another, '*More activities suitable for all abilities*.' When asked about the activities provided a resident commented, *'Activities not happening on a regular basis.'*

When asked 'Are you involved in choosing what activities take place?', residents responded:

Answer Choices	Residents Responses
Yes	43%
No	43%
Don't know	14%

Responses in the relatives' surveys showed that 100% of relatives didn't know if their loved one was involved in choosing activities that take place.

Person Centred Experience

The Deputy Manager described the approach to residents' experiences as person-centred and said this was achieved through ongoing communication with residents, avoiding assumptions, respecting individual views and wishes, and building trust.

The home operates a 'Resident of the Day' approach which involves a deep clean of the resident's room, a pampering session, a medication review, discussion about activities linked to the resident's work history and interests, checks for any maintenance needs, and a conversation with the chef about meal choices.

Residents are able to raise complaints, concerns, or feedback directly with staff, and relatives can do so on their behalf. Resident meetings are held every month and are generally well attended.

Pets are allowed to visit the home, although they cannot live there permanently.

Healthwatch observed that a complaints procedure was displayed in the main reception area on an information board. There was also an easy-read copy displayed.

Communal Areas

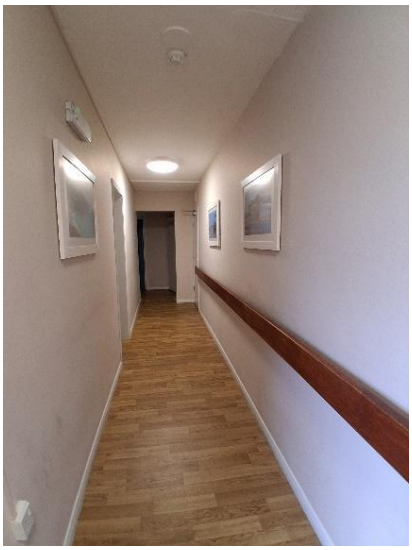
The home has several communal areas across the building with a communal lounge and dining room on both floors, although staff said the first-floor lounge was not often used as residents who like to come out of their rooms prefer to go downstairs. There were communal toilets, bath and shower rooms on both floors.

Dining room on first floor

The senior care staff member who accompanied Healthwatch representatives explained that some residents with capacity choose to dine upstairs, where the environment is quieter and allows them to chat more easily with friends.

The communal areas of the home are spacious, with sufficient room to accommodate residents who use mobility aids. Corridors are fitted with handrails, with clear signage on doors, including toilets, which supports ease of navigation around the building. There is also a good amount of natural light throughout, and the temperature was comfortable during the visit.

Communal areas were generally clean and well decorated, with appealing wall prints and practical furniture in reasonable condition. However, some areas felt more welcoming than others, and although the décor was clean, it appeared tired in places. A few corridors were not well lit. Minimal malodours were noted overall, although occasional unpleasant odours were present near some toilet and bathroom areas.



Residents' bedrooms

Ingersley Court has 45 bedrooms, one of which is a designated funded discharge bed for patients needing respite after being discharged from hospital.

Residents' bedrooms vary considerably in size, with some offering en-suite facilities. Each room benefits from natural light, contributing to a pleasant living environment. Bedroom doors display laminated photographs of residents along with their name, and where appropriate, a small red heart is included to denote a Do Not Resuscitate (DNR) order, as confirmed by staff.

Residents are encouraged to personalise their rooms with their own possessions and furniture, reflecting individual tastes and comfort. The layout of bedrooms differs, with some rooms featuring kitchen areas, and ensuites. Overall, residents have the opportunity to make their spaces feel homely and familiar.

In the resident surveys collated 71% of residents said they are able to make their room feel like their own. One resident said, *'I love my family, I have pictures in my room.'*

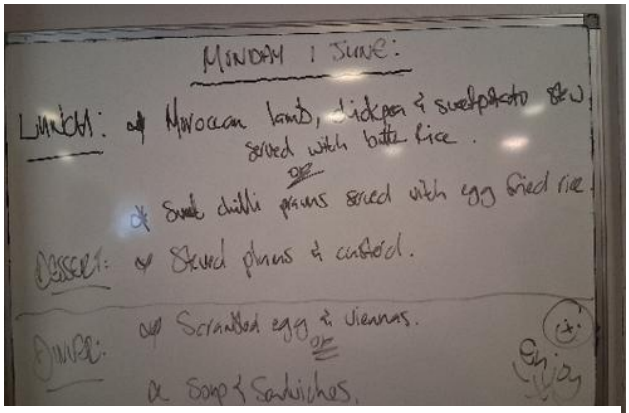
Outdoor areas

The garden has been developed as an additional feature to the home in the last 12 months, providing an inviting space for residents to relax. It features comfortable outdoor seating and accessible planters for gardening. It is well-maintained and fully accessible, ensuring that all residents can enjoy this area, weather permitting. There is also a small patio area in another part of the home for residents to use. Doors leading to these spaces are controlled by a key pad for security purposes.

Food and drink

The Deputy Manager explained that meals are freshly prepared on site by internal catering staff with the exception of fortified diets. Two hot options are offered at lunchtime; one meat and one vegetarian. Residents choose

their meals on the day and are able to dine wherever they'd like. Relatives are welcome to join their loved ones at mealtimes.



Daily menu in dining room on 1st floor

The presentation of the menu for the day was handwritten on a whiteboard, which was a little tricky to read. There was a separate pictorial menu showing breakfast options.

Healthwatch observed staff offering drinks and snacks to residents such as hot drinks, juice, fruit and savoury biscuits. The dining areas were clean, practical and functional. One resident commented in the resident survey, '*Due to being on the top floor not able to access extra snacks.*'

In the surveys that were completed by residents, they were asked about the food in the home…

Answer Choices	Very happy	Happy	Satisfied
quality of food	72%	14%	14%
taste of food	72%	14%	14%
choice of food	57%	14%	29%
quantity of food	72%	14%	14%
availability of snacks	72%	14%	14%
availability of drinks	72%	14%	14%

Biggest challenges

The Deputy Manager identified the transition of care plans to digital record keeping over the next month as a key challenge. This included supporting staff to adapt to change and embrace new ways of working.

Biggest success to date

The Deputy Manager described the home's greatest success as improving residents' lives and striving to provide the best possible care.

Care Home Best Practice Initiatives

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

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

Ingersley Court uses MUST and Restore2. Reminiscence/Rehabilitation and Interactive Therapy Activities (RITA) are not currently used by the home. After Healthwatch explained this resource and the benefits to residents the Deputy Manager was very keen to explore implementing this moving forward.

The home has engaged with the End-of Life Partnership however the Deputy Manager was not aware of the training sessions on offer. They will endeavour to make enquiries about arranging these for staff.

Recommendations

- Access training from the End-of-Life Partnership for appropriate care staff.
- Consider the implementation of Reminiscence/Rehabilitation and Interactive Therapy Activities (RITA), which are particularly effective in supporting those living with impaired memory. Free resources and ideas are available from Dementia UK; Age UK: End Of Life Partnership Reminiscence Interactive Therapy Activities (RITA) - The End of Life Partnership.
- Ensure that communication with residents about timetabled activities is clear, and that residents are actively engaged in choosing the types of activities that are organised for them.
- Develop connections and links with the wider local community such as local schools, colleges, and care community networks to further enrich the lives of residents.
- Consider making improvements to the hairdressing salon in order to provide a more welcoming space for paying customers.
- Consider using a clearer format to present the daily menu to ensure it can be easily read and understood by residents and visitors.

What's working well?

- Healthwatch observed a significant number of residents, along with visiting relatives, utilising the communal areas downstairs in an active yet calm atmosphere.
- Feedback from relatives, both from the surveys and from speaking to visitors on the day, reflected that they felt their loved ones were well cared for with their individual needs understood.
- Although relatively new in post, having been in the role for one month, the Deputy Manager demonstrated a strong understanding of Ingersley Court and a clear commitment to providing high-quality, person-centred care to residents.

Service Provider Response

Recommendation 1 Access training from the End-of-Life Partnership for appropriate care staff.
Service provider's response Contacted Caroline Kirkham at EOLP to discuss training also got session booked in on 13.07.2026 for tool 100 webinar.
Action Session booked on 13.07.2026
Recommendation 2 Consider the implementation of Reminiscence/Rehabilitation and Interactive Therapy Activities (RITA), which are particularly effective in supporting those living with impaired memory. Free resources and ideas are available from Dementia UK; Age UK: End Of Life Partnership Reminiscence Interactive Therapy Activities (RITA).
Service provider's response Spoken to Caroline Kirkhan at EOLP she has informed that the RITA training was implemented/ pilot around 3 years ago and was funded by ICB , however unfortunately no longer funding .
Action EOLP gave a contact details for a company Called The My Improvement Network, will contact and get advice, also contacting Dementia UK and Age concern .
Recommendation 3 Ensure that communication with residents about timetabled activities is clear, and that residents are actively engaged in choosing the types of activities that are organised for them.
Service provider's response Will complete a 1:1 with Activity coordinator to discuss arranging residents meeting with the Agenda being Activities across the board .

Action Will hold a residents meeting to discuss Activities and preferences , also discuss preferences for the Hairdressers and how residents would like this to look for the best salon experience .
Recommendation 4 Develop connections and links with the wider local community such as local schools, colleges, and care community networks to further enrich the lives of residents.
Service provider's response We are committed to exploring opportunities to strengthen our connections with the wider local community, including local schools, colleges, and community care networks. We will actively investigate developing and expanding these partnerships to ensure we do everything we can to enrich the lives of our residents, providing meaningful experiences, promoting social inclusion, and fostering strong community relationships.
Action We will actively investigate developing and expanding these partnerships to ensure we do everything we can to enrich the lives of our residents, providing meaningful experiences, promoting social inclusion, and fostering strong community relationships.
Recommendation 5 Consider making improvements to the hairdressing salon in order to provide a more welcoming space for paying customers.
Service provider's response Will have a 1:1 with the maintenance man and take on board ideas from the residents meeting in terms of what they would like their salon experience to look like.

Action Implement and deliver once residents have voiced how they would like their salon experience to look like.
Recommendation 6 Consider using a clearer format to present the daily menu to ensure it can be easily read and understood by residents and visitors.
Service provider's response We have reviewed this recommendation and are taking steps to improve the presentation of our daily menus. We are looking into printing the menus in a larger, bold font to make them easier to read and understand for both residents and visitors. The menus will be clearly displayed on the menu board to improve visibility and accessibility. We will continue to review the format and seek feedback to ensure it meets the needs of everyone using the service.
Action The menus will be clearly displayed on the menu board to improve visibility and accessibility. We will continue to review the format and seek feedback to ensure it meets the needs of everyone using the service.

Comment from the manager:

We have taken on board your recommendations and implemented an Action Plan.

We feel your report was open, honest, and transparent.

Feedback from the staff and deputy was that they found your visit beneficial to show and provide us with more information to support us with our service users and to ensure we provide a Person-Centred care to the best of our abilities.