healthwatch Cheshire East

Enter and View Report

Newton Court Care Home

Middlewich

29th June 2026

Contents

Report Details

Address	Newton Court 28 St Ann's Road Middlewich CW10 9BJ
Service Provider	Bupa
Date of Visit	29th June 2026
Type of Visit	With prior notice
Representatives	Amanda Sproson Lex Stockton Diane Brown (Volunteer)
Date of previous visits by Healthwatch Cheshire East	First visit

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 (AR) 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 and 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 and 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.

Newton Court Care Home

Newton Court Care Home is a purpose-built care home located in an established residential area on the outskirts of Middlewich. The home offers care for residents on the ground floor and for residents with nursing requirements on the first floor. A Bupa home, it has 60 bedrooms which each have a WC and a basin.

Findings

Arriving at the care home

Environment

The approach to Newton Court Care Home was easy to navigate, located in an established residential area. The home appears in keeping with its age, and has a small, visitor car park, which was well maintained. There is on road parking located around the home.

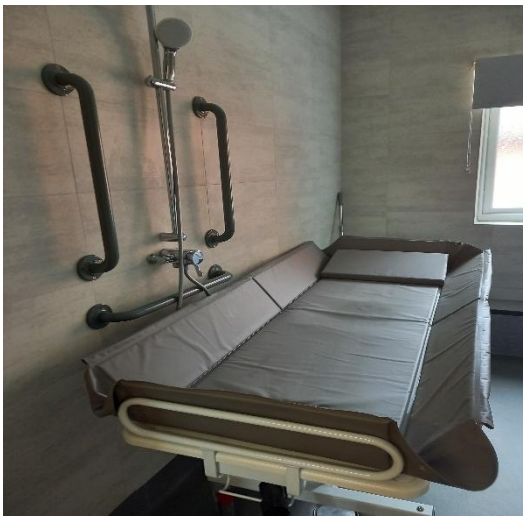
On arrival, Healthwatch representatives were let into the building through a secure door by the gardener and signed into the visitors' book, Healthwatch noted that identification was not checked. The manager was informed of our arrival and greeted us shortly afterwards.

The reception area displayed a wide range of information for residents and relatives, we also noted that the Healthwatch Enter and View poster advertising our visit, which included a QR code linking to the survey, was clearly displayed. Prior to the visit, ten paper surveys were provided for residents and ten for relatives. Two paper surveys were returned by residents and three by relatives. Feedback from completed surveys has been included in this report.

We were taken to the manager's office to introduce ourselves and explain the purpose of the visit. One Healthwatch representative remained with the manager to ask questions about life at the home and the care provided, while another representative and Healthwatch Volunteer were shown around the home by the home administrator.

Newton Court Care Home is arranged over two floors. On the ground floor, there is a dining room and communal lounge which is open plan; this is mirrored on the first floor. Healthwatch noted that the flooring in the dining room was either very worn or dirty.

There are communal toilets for residents' use along with a bathroom and shower room. On the first floor there is also a lie down shower room for residents with less mobility. Residents, if capable, are welcome to shower or bathe independently, and a staff member will wait outside the bathing area. A full risk assessment would be carried out.



Corridors throughout the home are wide enough to support residents who use mobility aids, and handrails are fitted to promote independence. The corridors are carpeted throughout the home and in places this was perhaps the cause of some unpleasant odours.

A relative commented *"Generally the home is warm and clean, with no bad smells, the ensuite toilet is not always cleaned properly after use. Underwear sometimes left haphazardly in drawers. Noise levels in communal areas are high."*

The corridors were well lit, but did not have any natural light. The corridors were decorated in a generic fashion, without any pictures of local interest.

On each floor there was one montage of pictures, depicting things from yester year.

The weather on the day of the visit was hot and Healthwatch observed that there were fans and air cooling units positioned throughout the home, which made the temperature pleasant.

Healthwatch noted that the ground floor had a calm atmosphere, the first floor was very noisy and the atmosphere felt chaotic. Comments from resident surveys received included, "*It can be cold sometimes in the night*." "*Can be too noisy sometimes in the corridors*." and "*Clothes sometimes left piled up.*"

Treatment and care

Quality of care

Newton Court Care Home is partnered with Oaklands Medical Centre, Middlewich. The GP visits weekly.

People who are staying at the home for respite care will remain registered with their own GP for up to two weeks. Longer term, permanent residents are all registered with Oaklands. The Manager commented "*It makes it much easier for triaging and using online services.*"

In the main residents appeared well cared for, were clean and comfortable, and were dressed appropriately for the time of day and weather conditions. Healthwatch did see a resident walking around

dressed in their night clothes and it appeared that they had not received any personal care or their hair brushed.

Comments from the resident's surveys regarding the best thing about Newton Court "*Clean, nice not to have to cook, nice to have company.*" and *"lots of entertainment and activities."*

Comments from the relative's surveys regarding the best thing about Newton Court *"Interaction with other residents." "There are other people around her."* and *"The food is very good, my husband likes his food, and he is happy with it. He has good portions. In the main the permanent staff are caring and kind."*

Residents also shared some things they would like to see improved. One resident commented "*It is not warm enough*." and another commented *"I would like to be taken to the toilet quicker when I need to go, particularly if I need a poo."*

If a resident became unwell the manager shared that they would use clinical assessments, including referral to out of hours, rapid response team, GP from the practice, and district nurses. The resident's family are also central to the decision-making process. The manager was pleased to receive further information about the Urgent Community Response service from Healthwatch.

Newton Court uses Leighton Hospital for admissions. The manager acknowledged that hospital resources are currently under significant pressure and noted that the home has experienced the impact of this when needing to escalate a resident for hospital admission.

The manager shared that most residents who have been to hospital are discharged with compromised skin integrity, particularly pressure wounds which often means extra nursing care is needed at the home and healing can take a long time, restricting the patient's mobility and independence.

The manager was grateful for a contact for the Cheshire East falls lead as they would like to enquire about support and training.

Comments received from relatives "*Falls have happened when left* unattended." and "*It is difficult to be certain, the fact is Mum has fallen and gone to A&E twice in the three months there, having not done so at home on her own in the two years before. I was expecting more support in residential care.*"

Healthwatch noted that residents' beds on the first floor were set at a very low level to the floor, with a falls mat by the side, which would trigger a call bell if the resident was to roll out of the bed.

Call bells were not heard during the visit and the home administrator explained that residents were issued with either a call bell watch or pendant to wear. When these were activated by a resident, the calls showed on an electronic screen on both floors, which linked to the handheld terminals that each staff member always carried with them to alert them that a resident needed assistance. A relative commented *"I would ask for fewer agency staff, they do not know the resident well and don't understand their needs. They are not good at answering call bells, once my husband waited for two hours. I am here every day, so I see a lot."* and *"Staff are often busy using phones (handheld devices) in public areas to record resident information, frustrating for Mum and relatives."*

Another commented "*Call bells are not answered promptly and in fact if agency staff answered sometimes, they would switch them off before attending to the resident, leaving the resident to call again."* This person reported that they had observed this several times.

Newton Court is partnered with a dental practice in Middlewich, and the home can transport and accompany residents to dental appointments. It can be difficult if the resident is not clinically fit to go out of the home. Dentists will come to the home when needed but there are challenges around delivering treatment for patients outside of the dental practice.

Newton Court has a hair salon, and the hairdresser attends on Mondays; there is an additional charge for this service. Sadly, on the day of the visit the hairdresser had not attended the home. Healthwatch were advised that normally approximately ten residents attend the salon and that this is considered to be an activity.

A chiropodist, 'Stride', comes to the home, this is at extra cost to the residents.

Vision Call visit the home to carry out eye tests and will provide glasses that can be purchased.

All Bupa care homes are partnered with Boots pharmacies. The manager explained that, while the professional relationship with the local Boots pharmacy is positive, the service can be inconsistent, particularly in relation to medication deliveries and supply. The GP practice has reportedly experienced similar issues with Boots pharmacy. This has been escalated to the Bupa regional manager, who is liaising with Boots to seek a smoother and more effective service.

A relative commented *"We are often waiting for medications, and with Parkinsons it is time important."*

Newton Court work in partnership with several health services, including SALT, physios, district nurses (have own nursing team as well), Tissue Viability Nurses, Dieticians. A relative commented "*My husband needs to walk more, I have had to employ a private physiotherapist, and he is doing a great job."*

Privacy, dignity and respect

Healthwatch asked the manager, how do you ensure privacy, dignity and respect are promoted?

The manager commented "*All staff complete Bupa mandatory training in accordance with Bupa values of being brave, caring and responsive. Procedures such as closing doors, knocking on doors, person-centred care such as understanding the person's life history, and ensuring modesty all contribute to delivering care that maintains the privacy, dignity and respect of each person. Newton Court also complete 'Sexuality Care Plans'.*"

Comments received stated "*When it is lunchtime too many residents need the toilets all at once, and my husband has been kept waiting. He has had a catheter for too long; they say that he is incontinent in which case there are other methods that could be used. UTI's have developed. The Doctor has not seen me, I need to ask again.*" and "*Staff appear to ignore Mum's requests for help with toileting etc.*" and "*sometimes left in room unable to feed themselves properly. Help is needed. Staff are slow to attend to take to toilet.*"

Healthwatch observed one staff member interacting kindly with residents, kneeling to their level and listening intently. The staff that were in communal areas, such as at lunchtime, appeared attentive. Many staff however appeared to have tasks to do such as delivering snacks and drinks etc, very few appeared to be available just to talk to residents about their needs. Residents appeared to be in need of stimulation. A family member remarked that she had mentioned to the manager that she felt that staff should be visible particularly in busy areas such as the lounge and dining room. There appeared to be a lack of any information that might help staff to identify an individual's background and experience, particularly for those with dementia who would welcome talking about their past. The response was that the staff have chats with residents about their past experiences.

The home administrator explained that consent would be gained for personal care to be carried out, and that residents were encouraged to remain as independent for as long as possible.

Healthwatch noted that on one resident's bedroom door there was a sign instructing staff to seek permission from the resident during the day to enter the bedroom, if they were not inside the room. This was promoting privacy, dignity and respect.

Comments received from relatives, "*There needs to be more attention paid to mobility.*" and "*I don't see personal activities with individuals, often they leave them asleep until 12.30.*"

Healthwatch asked what support is available for alternative systems, accessible information, hearing loops and large print information.

The manager explained "*Large print is provided as appropriate, white boards and prompt charts are used as necessary depending on the individual needs of the residents. If any specific resources such as braille were needed the Bupa marketing team would support in this. The care home does not have a hearing loop.*" Healthwatch asked if the home had any connection with the Deaf and Sensory Network. The manager would be happy to receive a contact for DSN after the visit to enquire about potential support and equipment.

Understanding residents' care plans

The manager explained that the care home uses digital plans in the form of Person Centred Software (PCS). Care plans are reviewed monthly, when clinical needs change or after a discharge from hospital. The PCS digital system provides a very helpful overview for the manager however the manager is aware of the constraints of the technology which can result in a task-orientated approach rather than a person-centred approach to care if left unchecked.

A relative commented "*The care plan is inadequate.*" and "*There is a general lack of staff with a can-do attitude. The systems in place to attend to residents and record things seem to lead to what appears to be an uncaring attitude. The focus is always record keeping and (not) meeting the residents needs becomes secondary. I suspect the home needs more staff.*" Another commented *"Care plans are discussed but the*

care plan does not include issues personal to my husband's mobility and catheter use."

Healthwatch asked if residents had input into their care plans, the manager commented **"***Residents are involved in their care plans as much as possible, depending on their individual level of capacity and ability to communicate their wishes.*" The manager added "*Relatives are involved in their loved one's care plan."*

Relationships

Interaction with staff

Sadly, during the visit, Healthwatch did not observe very much interaction between staff and residents, apart from the one occasion referenced earlier in this report.

The manager feels that the relationship between staff and residents is excellent and doesn't have any concerns. Staff are encouraged to have open communication with managers about any concerns they have which are dealt with confidentially and with empathy.

Comments received from residents "*Get on better with some than others*." "*All staff are lovely and friendly*" and "*I feel lonely sometimes when left in my bedroom."*

Comments received from relatives "*Sometimes fine, sometimes says they are cruel." "There is a lack of visibility of staff in the communal areas, I am often asked by residents to take them to the toilets or to get them a drink. I was told that it needed a minimum of five residents before there could be a member of staff constantly in the room. There are often more than that.* (This was the case on the day of the visit in both communal lounges, however, there was not a staff member) *It is very noisy in this area, but I don't want him to stay in his room. The noise is down to some residents with mental health challenges, but there is nowhere else to go."* and "*They also leave him to sleep, I feel they should encourage him to get up."*

Healthwatch noted that there was a lack of quiet communal space throughout the home.

The manager explained that Newton Court uses agency staff sourced through Ideal Care, with whom the home has established a positive working relationship. Where possible, the agency supports the home's preference for staff who have previously worked at Newton Court to return, helping to promote consistency and continuity of care for residents. All agency staff are required to complete shadow shifts alongside permanent members of staff before working independently. As Newton Court provides nursing care, the home also uses Florence, a nursing agency, when additional nursing cover is required. The agency has very good profiles and ensures all training is completed and up to date.

A relative commented *"I get the impression that the care home is understaffed. Often difficult to find any carers to come and assist."*

Healthwatch asked how a resident would raise a complaint or concern, the manager said *"On the whole residents will speak directly to staff or they will come to the admin team or manager in reception. "*

Connection with friends and family

The home recently held a quarterly meeting for residents and relatives, which generated constructive feedback. This feedback identified challenges in communication, particularly around how messages are shared between residents, relatives, frontline staff and managers. In response, the manager is introducing regular 'Listening Sessions', providing a dedicated weekly opportunity for residents, friends and relatives to speak directly with the manager about any issues, concerns or suggestions they wish to raise without the need to book an appointment.

A relative commented *"I have attended a meeting which I am told will be more frequent. Responsiveness could be better to issues discussed."*

The manager explained how feedback or complaints were received. They explained that the home operates an open-door policy, there is a complaints procedure displayed in the foyer, the home promotes feedback via Carehome.co.uk (flyers were displayed in the foyer), requests for feedback are sent to new admissions and those who have visited for respite are automatically sent a feedback form on leaving. Healthwatch noted that there was also a newsletter displayed in the foyer.

The manager commented *"All staff wear name badges. There are a number of staff who are new, so their name badges are currently being produced."*

Healthwatch asked how the home promoted friends and family to keep in touch with residents, the manager said *"Friends and relatives visit the home in person. For those living further afield staff support communication with residents via telephone and use of iPads for Face Time."* The manager added *"There are no set times for visiting and visitors are welcome to join their loved ones at mealtimes with a small charge for their meal. The home tries to ensure that health professionals do not visit during mealtimes."*

Wider Local Community

The manager explained that Newton Court has well-established links with the wider community, including the local church, library, nursery school, high school and Middlewich Girls Football Club. A recent visit from high school students who were completing the Duke of Edinburgh Award involved a game of Subbuteo with some residents, which was a very joyful occasion. A celebrant has recently started to visit Newton Court to provide sensitive, one-to-one support for residents and their families. This includes offering family members 'listening walks', giving them time and space to talk through future wishes, personal preferences and the emotional impact of preparing for the loss of a loved one.

The manager outlined prospective ideas and plans to begin partnering with a local organisation called 'Maintaining Independence' who provide support with mobility and physiotherapy. The home is also in initial conversations with 'Veterans in Care' to enquire about possible future provision they are able to offer.

Everyday Life at the Care Home

Activities

Newton Court employs three activity coordinators who collectively provide 70 hours of activity support each week, with activities available across all seven days.

A relative commented *"I have only seen one activity coordinator."*

A resident commented *"I have a sheet with activities for the week, and the activities coordinator also comes around to ask if I would like to join in."*

In the foyer it was noted that there was a resident 'wish list', which included audio books and the request for a Bollywood evening. A relative commented *"We did enjoy the Bollywood evening, friends came in."*

The manager referred to the weekly timetable of activities and listed the activities on offer including: a film; quiz; sports (seated exercises); flower arranging; shopping; guest singer/entertainer; music using MP3 players; Bob's Bingo (Saturdays); brain games; and arts and crafts.

Next month therapy dogs are booked to visit the home, and the theme of the month will be 'summer holidays'.

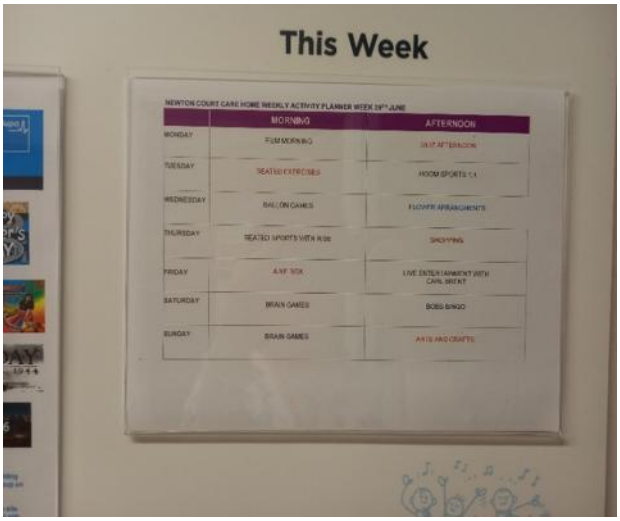
Healthwatch noted that they did not observe any activities taking place during the visit. Healthwatch were advised that the activities coordinator would be doing one to one activities in residents' bedrooms.

A resident commented "*Noise makes it difficult to concentrate on TV or reading."*

A relative commented "*The lifts are new but have been out of action. It means that many of the upstairs residents cannot go out or into the garden. They cannot attend activities which are always held downstairs."* Healthwatch were informed that the lift had been out of order, due to the recent heat wave, and the issue had been reported with a request for a cooling fan to be installed in the lift shaft. Another relative commented *"Lift problem has prevented him from going outside*."

A relative commented *"He has not been able to take part in exercises/group activities as he hasn't been able to attend downstairs because of the lift issues. Exercise in his room is only once a week, and this is not enough."*

Healthwatch noted that the lift was accessible for all staff and residents without the need for a pass or code to be used.



Healthwatch noted that there did not appear to be any activities available that a resident may be able to do independently, such as books, wordsearches, jigsaws or newspapers. In the ground floor communal lounge there was a football table and what appeared to be arts and crafts stored away. A relative commented *"I tend to look at what's on but in the main it doesn't apply to my husband because of his lack of mobility; he isn't stimulated enough."*

The manager commented *"The home will celebrate national sports events such as the World Cup and Wimbledon. Saint days, festivals, birthdays and wedding anniversaries are also celebrated. "*

The ground floor communal area was adorned with flags of the nations participating in the football World Cup along with a large banner. There was no evidence of past celebration or activities in the home.

Healthwatch asked whether residents have involvement in what activities take place.

The manager explained that residents give feedback via surveys that are distributed and also through resident and relative quarterly meetings. The activity coordinators work with residents on deciding upon activities they would like to participate in. One-to-one activity is provided for residents who are unable to leave their rooms which

can reflect the planned group activity or will follow the lead of the resident and their wishes.

The manager explained that there is a weekly local outing planned. Residents' needs are assessed beforehand to ensure safety.

The home has access to a minibus, and two members of staff are currently undertaking minibus driver training to be able to utilise it further. The minibus is shared with six other Bupa homes within the Cheshire area.

A resident commented "*Too uncomfortable to travel in the car to travel further afield currently.*"

Person Centred Experience

The manager explained that person centred care is achieved by staff finding out about each resident through conversations about their likes and dislikes and whether they would like to explore new things.

The home operates a 'Resident of the Day' procedure which involves housekeeping and maintenance staff checking with the resident if anything can be improved or actioned.

Relatives and friends regularly bring pets to visit their loved ones, and the home is due to host a Pet Therapy visit in July. If a resident requested a pet to live in the home, then wider risk assessments would need to be administered and advice sought from Bupa.

The home administrator explained that a resident had been a headteacher and the home had arranged for them to go and visit the school which was enjoyed very much.

Communal Areas

Healthwatch noted that Newton Court has minimal communal spaces.

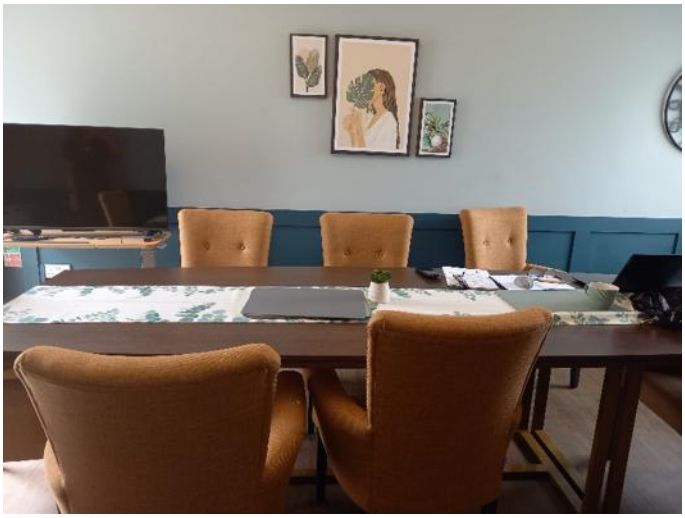
A seating area on the ground floor used to be located where a new office space is now situated. The manager is aware that residents enjoyed using this space and has plans to provide a new small, quiet, sensory area which will have a digital display accompanied by calming sounds. This was

trialled recently and a resident sat there for a significant amount of time relaxing. Throughout the home there was a need for more quiet relaxing space.

Each floor has an open plan communal lounge/dining room. The downstairs lounge has chairs arranged around the perimeter. Healthwatch enquired if the chairs could be grouped together and the home administrator explained that they do sometimes group them together, but they always end up around the perimeter again, they were unsure why. Residents would not be able to move them independently.

Residents were sitting in this lounge and appeared to be resting and dozing in their chairs, Healthwatch did not see staff in this area attending to any of the residents' needs. The communal lounge/dining area on the first floor was very busy and was extremely noisy, and again there was a lack of staff visible.

On the ground floor there is a quiet/family room, which had a large table with chairs that families could use for celebrations. This did not appear to be accessible for all residents, particularly those in larger wheelchairs. The manager further added that they plan to change the layout of this room into a family lounge as you would find at home. A games console will be situated in there to provide children who are visiting relatives with an activity whilst visiting their loved ones.



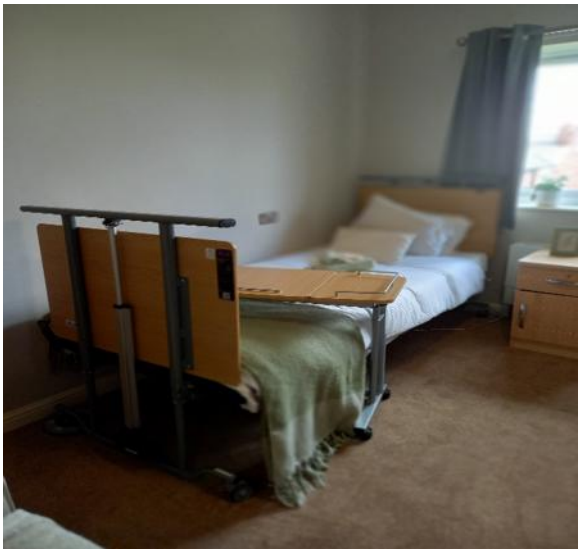
Comments from relatives *"Family room is good for family occasions."* and *"Have been able to use quiet/family room to meet as a family and celebrate birthdays. Mother's Day etc."*

The garden could also be accessed from this room, Healthwatch noted that in this part of the garden there was what appeared to be building/ maintenance supplies.

The local church regularly holds a service of Holy Communion. The main religious faith amongst residents is Christianity.

A resident commented *"I have attended communion held in the home by a local church."*

Residents' bedrooms



Newton Court has 60 bedrooms in total of which 54 are currently occupied. The rooms are of an adequate size and all benefit from natural light. Each room has a single bed, wardrobe, chest of drawers, bedside cabinet and a chair with a WC and a hand basin. Bathing and showering facilities are available on both floors of the home. Residents are encouraged to personalise their rooms.

A resident commented *"I have my own pictures up, my own bedding and my own chair."*

The manager explained if a request was made for a couple to share a room, then adaptations would need to be made which they would be happy to explore.

Outdoor areas

The manager explained that the outdoor environment is used all the time. Each section of the garden is securely gated for safety.

The garden area had very sturdy wooden furniture for residents to enjoy, however most residents would need assistance to access the garden area because of mobility issues and walking frames and would need help to move the furniture to sit and enjoy the garden.

The home administrator explained that the garden was used for parties during the day end evening time.

The garden had a slabbed pathway running through it, and in places this was uneven.

The grass was in need of mowing and some general tidying. The raised planters were overgrown.

Food and drink

Newton Court has its own catering team. Residents can choose their meals on the day and can change their mind at the last minute if they wish. Two hot main meal options are offered at lunchtime, with a lighter meal available at teatime.

Healthwatch observed lunch service in the ground floor dining area. This was very chaotic and disorganised. There were a lot of staff available, however it appeared that there was no clear organisation.

The person serving the hot food was approaching each resident and asking what they wanted, then went and served this and took it back to the resident, not serving the whole table at once. The person was not wearing any PPE or hairnet and carried the plates with ungloved hands. Healthwatch also observed that they flicked a piece of potato with their finger on a resident's plate. The service of lunch was taking a long time because of the lack of organisation.

A resident commented "*I am asked the day before to choose but can change mind on the day.*" and "*When I sit sown to eat, I am offered different choices.*"

The home provides for dietary requirements, currently these are diabetic and coeliac. The home has a four-week menu, and this changes seasonally in the summer and winter.

Residents commented "*Meat is too tough, more soft fish would be better.*" and "*Food needs to be soft enough to chew.*"

Recent feedback showed an overall lower score for food so a 'food focus group' of five residents has been implemented to discuss improvements that could be made.

Residents are welcome to eat their meals wherever they choose. Staff will monitor this and if a resident is physically able to go to the dining room but is choosing not to, they will promote the option of eating communally.

A relative commented "*Preferably not in bed, due to eating position.*" and "*If given breakfast in bed, may be left for a long time in upright position, which becomes uncomfortable and frustrating while waiting for staff to return and wash and dress her.*" and "*He needs help occasionally with food and drink.*"

A specific snack and drinks trolley is offered at 11am and 3pm daily.

A resident commented "*I need to be reminded that they are available.*"

A relative commented "*Plenty of snacks and drinks, may require more assistance eating.*"

Relatives are welcome to join residents at mealtimes.

Biggest challenges

The manager identified the challenge of when interconnected systems do not function as effectively as intended, consequently diverting attention away from delivering the highest standard of care to residents. For example, inconsistencies in pharmacy provision were highlighted, alongside the considerable and unnecessary time spent following up on omissions and delays.

Additionally, while digital care planning systems offer clear benefits, there is a risk that over-reliance on technology can inadvertently shape care delivery. If not carefully managed, this may lead to a task-oriented approach rather than one that is genuinely person-centred. From a managerial perspective, this creates an ongoing challenge to ensure that staff are consistently supported, empowered, and appropriately trained to use these systems in a way that enhances high-quality, individualised care.

Another challenge highlighted by the manager are the financial implications associated with each aspect of care provision. This reflects the inherent reality of operating a care home, where striking a balance between managing costs and delivering the highest possible standard of service for residents remains a continual challenge.

Biggest success to date

Having been in post for just under 12 months, the manager identified their most significant achievement as increasing occupancy levels; a key strategic objective for the home in order to secure financial stability.

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.

Newton Court utilises MUST.

Newton Court utilises Restore2.

The home uses an interactive touch screen during activity sessions.

The manager has had training from the End-of-Life Partnership and said, '*they were amazing*'. Staff have been made aware of the training opportunities.

Recommendations

- Perhaps utilise wall space for displays of events and activities that have taken place in the home. Try to change some of the generic wall art to pictures of yester year to evoke memories and to start conversations.
- Perhaps have memory boxes outside each resident's bedroom, with pictures of their previous work, interests, music, family which could spark conversations.
- Consider having staggered lunch times to ease the pressure of lunchtime service.
- Consider having activities that residents could do independently for stimulation such as jigsaws, puzzles, wordsearches and books.
- To action plans for the development of new quieter, communal areas that are accessible for residents.
- Consider having a feedback box in the foyer that friends and family could leave messages in for management, for call backs if concerns are raised.
- Try to ensure that all agency staff are adhering to the home's standards regarding call bells.
- Encourage a more satisfactory approach to ensuring the residents' toileting needs are met.
- Ensure that outdoor space is safe and accessible to residents, is kept well-maintained with maintenance equipment and resources stored appropriately.

What's working well?

- Staff were pleasant and greeted Healthwatch warmly.
- The manager appeared responsive to feedback and outlined several new initiatives currently being explored, including regular 'Listening Sessions' for residents and relatives to meet with the manager without an appointment and a resident-led 'Food Focus' group.
- The manager showed a commitment to improving residents' experiences when they outlined proposals to adapt the quiet family room, and to follow up initial enquiries that they have made to partner with a regional mobility support organisation and Veterans in Care. Once implemented, these initiatives should further enhance residents' quality of life.

Service Provider Response

All your feedback and recommendations provided have been noted and is greatly appreciated. This includes a meeting with the South-Mid Cheshire Falls Lead whom we are meeting on Wednesday 19.08.26.

Themes have been compiled following review and analysis of your feedback and recommendations.

Interventions to address the identified themes have been captured as lessons learnt in our weekly clinical risk meetings. Following which, the relevant information is accordingly disseminated to all staff.

Spot checks are completed by the unit managers to ensure that the relevant processes are followed.

Clinical Deputy Manager