



Enter and View Report



Vale Court Care Home

Ellesmere Port

7 September 2026

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Report Details

Address	9B Chester Road Whitby Ellesmere Port CH65 9BD
Service Provider	Care Concepts Ltd
Date of Visit	7 September 2026
Type of Visit	Enter and View with Prior Notice
Representatives	Tricia Cooper Lex Stockton
Date of previous visits by Healthwatch Cheshire West	13 September 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 visit.

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.

Vale Court Care Home

Vale Court is a 61 bedroom purpose built home, dating back to 1999. Ownership of the home changed in 2025 and the new service provider is Concept Care Ltd. The home offers nursing, dementia (mild to complex) and respite care. The Manager started working at the care home in 2005 and became the Registered Manager in 2012.

During this Enter and View visit, one member of the Healthwatch team spent time with the Manager asking her questions about the home, residents and staff. The other team member was shown around the home by the Deputy Manager. Three Healthwatch surveys were completed by relatives prior to our visit. Information imparted, observations and photos taken on the day are included in this report.

Findings

Arriving at the care home

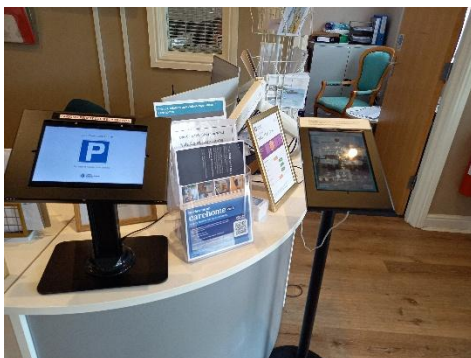
Environment

Vale Court is located off the Chester Road in Whitby and has a large sign that can be seen clearly from the road. There is a good sized car park to the side of the building, with plenty of bays for visitors.

On arrival we found the front door secured and, on ringing the bell, we were greeted by the Manager. Signing in was thorough, via a visitor sign-in screen and a tablet for car registration.

The reception area has been recently refurbished and was contemporary and comfortable. We noted there were various policy certificates and information sheets here and in the first corridor/hall, including 'Raising Concerns, Freedom to speak up and whistleblowing', Cheshire West and Chester Safeguarding leaflets, a Healthwatch 'Share your experiences of care home life' poster and an Easy Read Complaints Policy.

We were informed the home is undergoing a refurbishment programme and this should be completed within the next six months.



When asked what we should be seeing in the home, the Manager said visitors should observe the warmth, friendliness and compassion shown by staff throughout the home. She explained that this caring approach extends to residents, visitors and families alike, and it is something she is particularly proud of. She also noted that many residents now arrive with palliative care

needs and may only remain at the home for around three months, which has become increasingly noticeable in recent years. *"Families are very grateful for the sensitive, person-centred end of life care their loved ones are given."* (Manager)

Treatment and care

Quality of care

The home is linked with Hope Farm Medical Centre and has a very positive working relationship with the practice. A nursing associate attends the home every day and checks in with the nurses each morning to identify which residents may need a GP visit and whether staff require any additional clinical support. The GP visits on Mondays to complete weekly rounds.

Residents can remain with their own GP if they choose to do so, although only a small number currently take this option.

When residents become unwell and require additional support, most are cared for within the home. Vale Court uses the Hospital at Home service to assess residents, after which families are involved in decisions about whether their loved one should be admitted to hospital or continue to receive care at the home. The Manager explained that a significant level of care can be provided on site because of Vale Court's nursing provision, particularly as end-of-life care is delivered to many residents.

If residents are admitted to hospital, they usually attend the Countess of Chester. The Manager described admissions as generally satisfactory. However, discharge experiences can vary, and there have been occasions when important information has been missed, such as medication updates not being included in discharge summaries. Where documentation is incomplete, staff follow this up with the hospital administration team, who usually provide the missing information promptly.

The Manager reported that there is no community dentist that will visit the residents and those that are registered with a dentist, and are able to leave the home, are supported to attend appointments at their dentist's practice.

A hairdresser currently visits Vale Court once a month and this is at extra cost to residents. The Manager explained that the hairdresser now has more availability, so visits will be increasing moving forward. Family members can also take residents to hairdresser or barber appointments in the local area. Where appropriate, the Activities Coordinator can support individuals to



attend these appointments. If a resident has used a mobile hairdresser, they are welcome to visit the home and use the salon, which is located off one of the lounge-diners on the ground floor.

A chiropodist visits Vale Court every six weeks. This service is available at an additional cost to residents.

Vale Court works with Eye Care On Call, who comes in to carry out eye tests and provide glasses when required. This is also at an extra cost. Residents may also continue to use their preferred optician, who can attend the home to carry out private appointments.

The home is partnered with Mediland Pharmacy, which is the pharmacy chosen by Care Concepts (the care provider). The Manager described the relationship with Medellin as very good. Although occasional issues arise, we were told these are usually resolved quickly.

A range of other health professionals and services visit Vale Court when required. These include tissue viability nurses, occupational therapists, the speech and language therapy team and continence nurses. We were informed the Hospital at Home service is provided through Cheshire West and Chester Council and is available to any care home in Cheshire West.

During our visit we observed many residents up and about and dressed, looking ready for the day. We heard call bells and these were answered quite promptly. The Deputy Manager attended one resident in their bedroom during our walkabout when a call bell sounded.

In the lounge-dining areas there was a good presence of care staff. Healthwatch observed medication being administered by staff wearing clearly labelled tabards which were printed with text that explained the role they were undertaking.

Privacy, dignity and respect

The Manager explained that privacy, dignity and respect are promoted through both everyday practice and staff recruitment. If a resident requires personal care in a communal area, staff use a dignity curtain immediately to protect the resident's privacy and to reduce any concern for other residents. When personal care is provided in residents' bedrooms, staff ensure the door is closed, explain what care will be carried out and seek the resident's permission before proceeding. Privacy, dignity and respect are also discussed as a central part of the staff interview process.

However, one comment shared on the Healthwatch survey included:

"General basic nursing care has declined over the last 10 months, residents don't look cared for, the men are unshaven, ladies' hair and nails are not tidy and nails often dirty. Food stains on clothes after meals and faces are often seen with food around mouth etc. Nursing staff administering insulin in front of other residents and visitors in the lounge, lifting clothing to give subcutaneous injections."

Vale Court provides alternative communication systems and accessible information when needed. We noted an Accessible Information Standard poster on a noticeboard, asking to inform staff if a resident requires information to be provided in a different format (large print, easy read etc). The Deputy Manager also shared that someone who is registered blind could be provided with interactive newspapers.

Eye Care On Call has recently introduced free hearing tests and suggested that the home may wish to consider this service. Residents will be able to choose to access this if they wish. Healthwatch explained the support available through the Deafness and Sensory Network, including free equipment that may help improve communication within the home

dependent on individual assessment of needs. This can include equipment to support television listening and conversation by sharpening sound and increasing volume without requiring others to raise their voices. The Manager was interested in receiving further information, and Healthwatch agreed to email this after the visit.

Understanding residents' care plans

Residents' care plans are recorded digitally using Person Centred Software (PCS). These are updated when required and are also reviewed monthly through Vale Court's Resident of the Day process. This involves a detailed review of the resident's care file and care plan, alongside close consideration of their presentation, behaviour, preferences, interactions and current needs. Family members are contacted for their views, and the maintenance team, Activities Coordinator, kitchen staff, domestic team and laundry team all contribute to ensure a comprehensive review of the resident's care and overall provision.

Residents are involved in their care plans when appropriate, particularly as part of the Resident of the Day process, and changes identified are added to the care plan as soon as possible.

We were told families are informed of any incidents and accidents as they occur.

When relatives were asked in our survey what they thought was the best thing about life at the care home, one responded:

"Mum is very comfortable and safe, always very warm."

Another said "24 hour care"

One comment received from a relative when asked on the survey if there was anything they would change about Vale Court:

"Education for staff as some staff don't know how to look after residents. Improvements need to be made for personal hygiene of residents, staffing

levels, manual handling, improvements on privacy & dignity and most of all communication."

Relationships

Interaction with staff

The Manager described the relationship between staff and residents as personal, caring and professional. She explained that staff aim to treat residents as they would want their own loved ones to be treated, while also maintaining appropriate professional boundaries. Teamwork was identified as one of the home's key strengths during a recent staff meeting.

Healthwatch observed the Deputy Manager supporting a resident in the lounge area who had become distressed. She spoke kindly and reassuringly to the resident and knew how to calm them effectively.

We were shown a laminated communication aid used by a resident, whose first language was Spanish, to support them when needed and to help them feel cared for. This had frequently used words and emoji icons to aid the resident in communicating their feelings.

The Manager described the relationship between staff and residents' friends and families as very good, with "a balance of warmth, familiarity and professionalism". She gave the example of one resident's wife who visits every day and often brings treats for staff, including reception and administration colleagues, as she does not want anyone to feel left out.

During our walkabout, we saw a member of staff comforting a resident and stroking their hand. On another occasion a resident mentioned she had a headache and the Deputy Manager spoke with her and asked a nurse to check her blood pressure.

Staff were observed wearing name badges, and the Manager and Deputy were wearing lanyards. We found the staff we met during our visit greeted us with a smile and seemed happy.

The Manager explained that the home very rarely uses agency staff, and they were last used for only 22 hours in June this year. Before that it had been a considerable length of time since agency support was required. If agency staff are used, the home only works with one provider and completes a specific induction to help maintain continuity and safe care for residents and to keep agency staff up to date with training. We were informed refresher training is also provided when required.

There was appropriate banter between staff and between care staff and the Deputy Manager, who commented to Healthwatch that she felt this was a sign of a healthy relationship and a good team dynamic.

The relatives' survey asked: "Are you generally made to feel welcome by the staff at the care home and does the person you're visiting have a good relationship with staff?"

Two respondents said yes, one said sometimes and added *"It does depend who is on duty."*

One relative added *"Staff are very caring and friendly."*

Two of the responses indicated their loved one felt cared for, safe, respected, their dignity and privacy maintained. One response said sometimes to these.

Connection with friends and family

Friends and relatives usually keep in touch with their loved ones through in-person visits to the home. Staff also support residents and family members to maintain contact by telephone when relatives are unable to visit or live further away.

There are no restrictions on visiting times. Mealtimes were previously protected, but the Manager explained that this was reviewed after feedback from visitors, as lunchtime was the main opportunity for some relatives to visit their loved ones. However, some families still choose not to visit during meals if their presence may distract the resident and affect how much they eat or drink.

If there is an infection outbreak in the home, family members and friends are informed immediately. Visitors are then able to make their own decision about whether to visit, with any necessary infection prevention measures in place, including the use of appropriate PPE.

Friends and relatives can raise complaints, concerns or feedback directly with the Manager, through Vale Court's complaints process, or through regular feedback systems. The complaints procedure is displayed in residents' rooms, in the reception area and within the Statement of Purpose provided when a resident is admitted. The home also uses Rombii, a digital feedback platform, to regularly collect feedback from residents and family members. Feedback is referred to during daily staff meetings and concerns are logged even when they are not formal complaints. Quality assurance reports are also completed and shared with regional managers, with monthly reviews of actions and concerns.

When asked if they knew how to feedback comments, concerns or complaints, one relative said they

"Speak with Manager, via email, verbally or face to face contact, safeguarding team or social services if have any concerns."

Friends and relatives' meetings take place every three months. We were informed that attendance is relatively good, although some relatives prefer to speak with the Manager directly and make suggestions in person.

Two relatives indicated they kept in touch with their loved ones by visiting, and they shared on the surveys:

"They [resident] have dementia so they don't keep in touch."

"Mum's dementia makes it hard for mum to communicate, her family visit."

Wider Local Community

The home's involvement with the wider local community is mainly through the local church, the Manager shared, reflecting the faith and beliefs of a number of residents. A choir visits Vale Court, Bible study sessions are held, and church leaders attend to support residents. Local schoolchildren also visit a few times each year, including at Easter, when they bring Easter eggs and cards, and at Christmas, when they come to sing.

Everyday Life at the Care Home

Activities



The home has two Activities Coordinators who each work 30 hours per week, providing 60 hours of activities support in total. This covers both weekdays and weekends. However, we were informed that they do not provide activities to residents every day. There is an activities board outside one of the lounge-dining rooms, on both floors, showing what is on offer during the week.

The home is in the process of recruiting a third Activities Coordinator, as a previous coordinator is currently on maternity leave.

The Manager shared that a range of activities are available, including trips out, films, chair-based exercises and arts and crafts. Recent outings have included a visit to the Boat Museum, which families were also invited to attend, as well as visits to a farm and nearby cafés. Outings are planned around residents' interests, abilities and preferences.

Residents are involved in choosing activities. For example, the recent trip to the Boat Museum was suggested during a residents' meeting, demonstrating that residents' views are used to shape the activities programme.

We were told one-to-one activities are provided for residents who are unable to leave their rooms. These are delivered by the Activities Coordinators and are tailored to the resident's individual needs and abilities.

The Manager informed us that special events are celebrated within the home, including Easter, Christmas, VE Day and other occasions throughout the year.

Vale Court does not currently have its own transport, although this is something they would like to source. At present, they use accessible, wheelchair-friendly taxis when required for outings or appointments.

At the start of the tour of the home, we observed residents and staff playing frisbee and trying to knock down plastic stacking cups in one of the lounge-dining rooms. Staff were very encouraging with those participating.

In the corridor by reception, there was a board showing photos of residents enjoying various fitness activities.

From the three responses we received on how happy the person they were visiting was with the activities on offer and if they were involved with choosing these activities, one respondent reported that the person was satisfied and had been involved in the selection process. The other two respondents stated that they did not know.

One relative said their loved one was not kept up to date with the activities happening and the other two said they did not know.

However, many of the residents living in Vale Court have dementia.

Person Centred Experience

Before admission, the Manager completes a thorough pre-admission assessment to ensure the home can safely and appropriately meet the person's needs. This may involve visiting the person in hospital, speaking with the patient, consulting the nurses involved in their care and reviewing records and relevant hospital paperwork in detail. The Manager explained that, on some occasions, needs have been verbally misrepresented by professionals seeking to discharge a patient to a care home, so the assessment process is particularly important. She also consults with the staff team before making admission decisions to ensure that residents' needs can be met by the skills and capacity within the home.

Vale Court promotes person-centred care from the point of admission whereby staff gather detailed information about each resident, including their life history, preferences, needs and what is important to them. A "This is Me" document is completed within the home's person-centred digital care planning system, and families are also asked to contribute information so that care staff and Activities Coordinators can build a fuller understanding of each individual.

The Deputy Manager gave an example of a resident who very recently came to live at the home. Staff have acknowledged the significance of this transition for them. They explained the resident is not choosing to leave their room, but staff have observed that the individual is content with being greeted by them when they pass their room. Consequently, staff are giving the resident space to acclimatise without putting any pressure or expectation on them.

When showing Healthwatch around the home, the Deputy Manager spoke personally about residents and showed that she had a good understanding of the individual residents, their preferences and needs.

Vale Court's Resident of the Day process supports regular review of care plans, preferences, needs and the overall quality of care being provided.

If residents wish to raise complaints, concerns or feedback, they usually do so by speaking with the nurse in charge, or by asking to speak with the Manager or Deputy Manager.

Resident meetings are held, although attendance is now not as high as it has been previously due to the changing needs and capacity of residents. The most recent meeting included the suggestion to visit the Boat Museum, which was then arranged. The home also holds a Gentlemen's Afternoon, although attendance has reduced because of residents' abilities and capacity.

Provision for religious and spiritual needs is currently mainly linked to the Christian faith, reflecting the beliefs of many residents. The home also supports residents of other faiths where needed. The Manager gave a recent example of a Buddhist resident whose family arranged for a Buddhist religious leader to visit and provide a blessing before the resident passed away.

Pets are welcome to visit the home. Family members and friends can bring pets in to see residents, and the owners' dogs are also welcomed into Vale Court. Pets do not currently live at the home.

Communal Areas

Vale Court has four communal areas, two upstairs and two downstairs, which are used as combined lounge-dining spaces. The Manager explained that staff felt this arrangement supported different combinations of residents and helped them manage interactions more effectively where some relationships or behaviours could be challenging.



Since taking over the service, the new provider has commenced a programme of refurbishment within the home. This has included replacing carpets in communal areas with vinyl flooring. One dining area has also been updated, including the installation of new cupboards and worktops, alongside the replacement of some dining furniture, including tables with rounded corners.

At the time of the visit, refurbishment works were ongoing and had not yet



been completed. The areas which have not yet been refurbished seemed more practical than homely, with practical wipeable chairs. However, we saw the refurbished conservatory which had a lovely feel about it and hopefully this style will be extended to the remaining communal areas of the home.

We noticed during our visit that the home uses PIR monitors, which detect movement, in the lounges and some bedrooms when staff were not present.

We were shown a number of the communal bathrooms and wet rooms, and were told there were three upstairs and two downstairs, plus separate communal toilets. One bathroom we saw had a wheelchair and a couple of walkers stored in it and the Deputy Manager removed them immediately and asked a member of staff to ensure they were returned to their owners.



Corridors were wide and accessible for all residents, including those with mobility issues. One corridor downstairs had a 'bus stop' which is used by some residents waiting to catch their usual bus! Others had colourful murals which brightened up the areas. However, we felt some walls could display more craft/artwork made by the residents – we saw only one personalised piece, a handprint picture, on our walkabout.

We found the temperature was comfortable throughout the building and noise levels were low. Two relatives responded in the survey their relatives were very happy with the cleanliness, temperature, levels of noise and tidiness in the home. However, one said they were dissatisfied with the cleanliness.



Residents' bedrooms

Vale Court has 61 bedrooms, all roughly the same size and all are ensuite with toilet and basin. One room has an ensuite shower too. At the time of the visit, 58 rooms were occupied, and a 59th resident was due to move in the following day.

Bedroom doors are numbered and have either a memory photo frame or a photo of the resident next to the door, with their name. Doors resemble a front door to a home.

The Manager shared that residents and families are strongly encouraged to personalise bedrooms



with furniture, their own belongings and familiar items.

This is particularly encouraged for those living with dementia,



as familiar surroundings and possessions can help them feel more secure and at home.

Bedrooms have different views of one of the gardens, lawned or patio areas.

There are currently no couples sharing a bedroom at the home, and the Manager explained that this is not something they have needed to provide. However, we did observe a bedroom with a connecting door, but currently this is not being used as a 'shared' bedroom.



Outdoor areas



Residents can use the outside environment. One large section of the garden area has recently been renovated and we heard it was used regularly during the warmer summer months. It was explained that this garden is effectively secure and seen as a 'safe zone'.

There is plenty of new seating and new raised beds in the refurbished section, with a lovely water feature at one end.



The side garden has not been re-designed yet and looked quite uncared for in comparison.

Residents are always accompanied and supervised when using the outdoor space.

Food and drink

The Manager shared that the home prepares its own meals on site and, following a recent food safety inspection, was awarded a five-star rating. The lunch served on the day of our visit was pastie, chips and baked beans.



Residents choose their meals on the day they are served. Show plates are used to support residents in making their choices, and pictorial menus are displayed in each dining area.

The Manager explained there are two main meal options each day. In the summer, the main meal is usually served in the evening, while in the colder months it is usually served at lunchtime, with a lighter option provided for the second meal of the day.

Vale Court follows a four week meal planner provided by Care Concepts.

The home caters for a range of dietary requirements, including diabetic, gluten-free, vegetarian, soft and pureed diets. Meals are provided in line with residents' individual dietary needs.

Residents can choose where they would like to have their meals, including in their bedroom or in the lounge and dining areas. Relatives are welcome to join their loved ones at mealtimes.

Snacks and drinks are available throughout the day, every day, including healthier options such as fruit. We noted juice drinks dispensers in a dining area and were informed that relatives, and residents who are able, can help themselves. Healthwatch discussed the Decaf by Default initiative with the Manager, including the potential benefits of reducing caffeine in care settings. Research has shown that reducing caffeine may help limit toileting urgency, support better sleep and potentially lower the risk of falls for residents who are frail or have complex health needs.

We signposted the Manager to 'Steady on Your Feet' too and provided the specific link with advice for care homes: [Care Home Falls Prevention in Cheshire | Steady On Your Feet](#) and left booklets and flyers with the home.

Of the four dining areas, a downstairs one has been refurbished to date, and the tables and chairs replaced. The potential for the remainder of the home is evident.

Comments shared on completed surveys included:

"The home is providing the meals required for mum's dysphagia."

"I like mum to eat, if possible, in the dining room so she is receiving the mental communication of mixing with people."

One relative added the person they visit was dissatisfied with the choice and quantity of food provided,

"My family member loved a milkshake but unfortunately that has now been stopped by the new owners."

In answer to the question when and how their loved one chooses their meals, one relative replied *"They don't, they don't have any input."*

Biggest challenges

The Manager explained recruitment as the home's biggest challenge. She explained that many applicants now have no relevant qualifications or care experience, which makes recruitment more difficult. "We have robust recruitment processes and place importance on identifying applicants who have the right values, compassion and suitability for care work."

The positive working culture within the home was also highlighted to us. "Many colleagues have worked together for a long time, know each other well and share the same motivation to deliver excellent, person-centred care for residents." (Manager)

Biggest success to date

The Manager described one of her biggest successes as leading the home through the transition from the previous provider to the current owner, Care Concepts. This involved significant change, and she felt it was important to support and guide the staff team sensitively throughout the process. She also shared that Care Concepts are "very visible" and just a phone call away.

She also described a further success as the job satisfaction she experiences when she sees smiles from residents and families, which reassures her that "excellent, person-centred care is being delivered to individuals."

Care Home Best Practice Initiatives

During Enter and View visits, Healthwatch observe which NHS care initiatives have been adopted at the care home. The two 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.

The home uses the MUST Malnutrition Universal Screening Tool to help identify and respond to residents who are malnourished or at risk of malnutrition.

RESTORE2 is also used, and this is contained within the digital person-centred care planning system used by the home.

Healthwatch shared information about Purple Angels, who provide MP3 players that can be loaded with familiar songs to support people living with dementia. Healthwatch agreed to send the link to the Manager after the visit.

Have you engaged with the End-of-Life Partnership?

The Manager explained they are involved with the End-of-Life Partnership and receive training through EOLP, which care staff have also attended. Care Concepts also sources and provides refresher training in end-of-life care.

Recommendations

- To provide additional staff training on dignity and privacy when giving personal care to residents, following a comment received from a relative.
- To use the weekly planner white board on the first floor to share information with residents and family. This is not being used currently.
- To consider developing links with the wider community, for example, local Brownies/Cubs groups and toddler music groups.
- Consider connecting with local Further Education colleges to explore opportunities for students to contribute voluntary hours to support appropriate, supervised activities within the home, such as helping with social activities, supporting group sessions, assisting with seasonal events or contributing to projects that enhance residents' day-to-day experience.
- Consider having more residents' artwork on display on the walls in the communal areas and corridors. This was included in a recommendation from our last visit in 2018.

What's working well?

- The team of staff who provide a caring and safe environment for their residents.
- The new garden which has been redesigned to a high standard, providing a safe outdoor space to enjoy.
- The refurbishment project which is being progressed throughout the home.
- Minimal use of agency staff in the home.

Service Provider's Response

**** to be completed by the care home manager and returned via email****

Recommendation 1 To provide additional staff training on dignity and privacy when giving personal care to residents, following a comment received from a relative.
Service provider's response The service already has a comprehensive suite of both online and face to face training for staff presently which meets the needs of the business.
Action Staff will be reminded on handover/staff meetings in respect of dignity and privacy to offset any issues that have been caused to the single relative.
Recommendation 2 To use the weekly planner white board on the first floor to share information with residents and family. This is not being used currently.
Service provider's response This is something we will action
Action RGM to speak to activities team to implement immediately
Recommendation 3 To consider developing links with the wider community, eg with local Brownies/Cubs groups and toddler music groups.

Service provider's response This is something we will action
Action RGM to speak to activities team to implement immediately
Recommendation 4 Consider connecting with local Further Education colleges to explore opportunities for students to contribute voluntary hours to support appropriate, supervised activities within the home, such as helping with social activities, supporting group sessions, assisting with seasonal events or contributing to projects that enhance residents' day-to-day experience.
Service provider's response This is not something we shall be actively considering at this time but may look at in the future
Action None in the medium term
Recommendation 5 Consider having more residents' artwork on display on the walls in the communal areas and corridors. This was included in a recommendation from our last visit in 2018.
Service provider's response This is something we shall consider in the short term
Action RGM to speak to activities to implement as we move forward.