healthwatch Cheshire East

Enter and View Report



Wrenbury Nursing Home

Wrenbury

29th September 2026

Contents

Report Details 3

What is Enter and View? 4

Methodology 6

Findings 7

Recommendations 21

What's working well? 22

Service Provider Response 23

Report Details

Address	Wrenbury Hall Drive Wrenbury CW5 8EJ
Service Provider	Bluecroft Estates Ltd
Date of Visit	29th September 2026
Type of Visit	Prior notice
Representatives	Lex Stockton Mark Groves
Date of previous visits by Healthwatch Cheshire East	1st July 2019

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.

Wrenbury Nursing Home

Wrenbury Nursing Home is a 33-bed care home providing accommodation, personal care and nursing support for adults under and over the age of 65. The service supports people with a range of needs, including those requiring residential care, nursing care, dementia care or support relating to physical disabilities.

The home is located in the rural village of Wrenbury, approximately three miles from Nantwich, and is surrounded by farms and gardens. Some bedrooms have en-suite facilities, and many overlook the Cheshire countryside. Wrenbury Nursing Home accepts people whose care is funded through continuing healthcare and people who fund their own care. Both respite and permanent placements are available, and the provider states that no top-up fees are charged.

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

Findings

Arriving at the care home

Environment

When travelling to Wrenbury Nursing Home there is limited signposting from main roads, but it is relatively easy to find using Google maps. The car park was full on arrival; however, Healthwatch representatives were able to park further up the lane adjacent to the home. A prominent sign displaying the care home name is positioned next to the entrance with attractive, well-maintained flowerbeds either side. The front door is secure and operated with a bell system and all visitors are required to manually sign in using a visitors' book which is data protection compliant (personal data is blacked out).

Treatment and care

Quality of care

When asked to best describe Wrenbury Nursing Home, the manager described a caring and happy staff team who support residents well. All residents are living with dementia, with some at an advanced stage.

Residents are supported by Wrenbury Medical Practice. The same GP visits the home each week, and a monthly palliative care meeting is held with the GP and nurse. New residents are asked to register with Wrenbury Medical Practice, and the home reported that as yet, no one has declined to do so. The home uses the local Wrenbury pharmacy, which is attached to the GP surgery.

Each resident has an individual care plan which records their preferences about whether they wish to be admitted to hospital or remain at the home if they become unwell. Care plans also include details of any Do Not Resuscitate (DNR) decision. The manager explained that hospital admissions are prevented whenever possible as all residents are living

with dementia and leaving the familiar environment of the home is often distressing. Nursing care is provided with close partnership working with the GP and other health professionals as well as utilisation of the Urgent Community Response service when appropriate.

When necessary the home uses Leighton Hospital for hospital admissions. The manager reported that admissions and discharges are usually managed without issue. However, there have been occasional instances where residents returned with pressure sores that had not been communicated to the home. The manager felt that a consistent approach to ensuring patient paperwork and medical records return updated would improve the discharge process.

The manager was aware of the Cheshire East Falls Prevention Team but was welcoming of Healthwatch Cheshire East to provide contact details for the current Cheshire East Falls Leads following the visit. Healthwatch also shared information about the Decaf by Default initiative and Steady on Your Feet website.

Residents can access the Community Dental Team in Crewe by referral for emergency treatment. However, preventative dental care is not currently available through this service.

The home has an on-site hair salon, with a hairdresser visiting every Tuesday. Unfortunately this was locked during our visit and Healthwatch were unable to view it. A chiropodist from Nantwich Clinic visits every six to eight weeks. Both services are at extra cost to residents.

Families can choose a preferred optician for residents. The home is partnered with Visioncall who provide checkups for residents who do not have a preferred optician.

Other health professionals who attend the home to support residents include dietitians, speech and language therapists, tissue viability specialists and occupational therapists.

When asked 'what do you think is the best thing about life at the care home?' in the Healthwatch survey, friends and relatives comments included, *'well cared for,' 'friendly caring staff,' everyone cares about the patients' happiness and wellbeing and the domestic staff have kept her room clean and spotless, thank you all so much,' they (residents) are very well looked after, safe, cared for and well fed.'*

Healthwatch observed a significant number of residents sat in the large lower lounge who were all suitably dressed for the weather and season. Several staff members were assisting residents and two visitors were sat with their loved ones. The manager explained that the small lower lounge was out of use that day due to the lift being fixed which was also temporarily affecting some of the electricity supply for lighting etc. The stairlift was being used to move some residents from the first floor.

Privacy, dignity and respect

The manager outlined that privacy, dignity and respect are promoted through staff training; yearly refresher training; asking the resident's opinion and gaining consent from the family; with consent forms completed for any photographs taken.

With regards to accessible information, residents' individual needs are assessed in order that care is person centred. Examples given by the manager were the provision of audiobooks for a blind resident and also the use of picture cue cards for someone with verbal communication difficulties. It was also noted that hearing aids often get lost or misplaced by residents which frequently presents a challenge. Healthwatch informed the home about the Deaf and Sensory Network who can provide some free equipment to help with listening to the television and having conversations with others nearby, pending an individual assessment. The manager was happy to receive further information from Healthwatch after the visit.

Do you feel the person you're visiting is ...Answer Choices	Yes
cared for	100%
safe	100%
respected	100%
their dignity is maintained	100%
they have privacy	100%

Understanding residents' care plans

Resident's care plans are digital and are updated every month and when there is a change in the resident's situation. Residents and their relatives are invited to contribute to care plans on a six monthly basis. The home does not operate a Resident of the Day initiative.

Relationships

Interaction with staff

The manager outlined that 40 staff are employed at the home and feels the relationship between staff and residents is good. The connection between staff and residents' friends and family is supported by a private Facebook page, a six monthly social event, a survey every six months, occasional newsletters and a suggestions box.

Care home staff wear uniforms according to their role with a magnetic name badge. The management are looking for alternative name badges or embroidered uniforms as magnetic badges get dislodged and fall off.

The use of agency staff is limited and used to cover sickness only. The home utilises the same agency company and makes a request for carers who have previously worked at the home to ensure continuity. Training for

agency staff is recorded by the agent and the home provides induction training for new agency staff with refresher training given to returning carers.

During the visit staff were friendly and greeted Healthwatch as we toured the home. A domestic staff member was happy to tell us she had worked at the home for 12 years and loved working there. Healthwatch observed a resident tidying and straightening the furniture in the dining room. The care home manager explained that the lady used to work in a kitchen, and this activity helps her to feel she is contributing to the daily life of the home and is something she does regularly. A little while later a carer came to gently and reassuringly guide the resident by the hand to join the group for an activity in the lounge.

Connection with friends and family

The home operates an open-door policy whereby friends and family can visit their loved ones at any time with no set visiting hours and are able to visit their relative in their room or any of the indoor or outdoor communal areas. In the instance of an infection outbreak the home implements standard infection control protocols. Family and friends of each resident are contacted immediately to confirm the outbreak, visiting can continue in line with guidance and PPE is provided at the entrance and throughout the home as required.

On the day of the visit Healthwatch observed several friends and family visiting and spoke to one relative who commented that their loved one had moved to the home in May this year, that communication from staff was very good, if staff notice any changes, they contact them to let them know straight away.

With regards to how friends and relatives raise complaints, concerns or give feedback the manager operates an open door policy. With



Sign clearly displayed in Reception

her office located at the entrance to the home, this makes it very easy for people to pop in to chat with her. A suggestion box is located at the entrance, surveys are sent out every six months and friends and relatives meetings are arranged twice a year. On the day of the visit the manager presented written evidence of case studies and messages from relatives which demonstrate effective, person-centred care.

All five respondents who completed the friends and family survey were asked 'do you know how to feedback comments, concerns or complaints?', all answered, *'yes'*. Additional comments included, *'to nursing team,' 'I would speak with home manager,' 'I'd talk with the staff nurse in charge or email the home manager.'*

One participant in the survey said, '*it is a shame there is not enough buses to get to this care home, it is a lovely caring home, staff are brilliant.'* The home manager also referred to challenges with transport, highlighting that the routes for the 'Go Too' bus have been updated and no longer include Wrenbury. This has significantly disrupted transport to the home for both staff and visitors. In response to this Healthwatch have passed on this feedback to Nantwich Care Community to raise it with the local council.

Wider Local Community

The manager shared that pupils from Wrenbury Primary School attend the home to sing Carols at Christmas and bring handmade cards for seasonal events. Healthwatch informed the manager of a Multi-Generational Project resource available from Cheshire East to support schools and care homes to further develop their partnership and assist more regular interactions. This was sent to the manager following the visit.

On occasion residents will visit the café located at The Wingate Centre which is nearby and also convenient for visitors to take their loved ones for a short trip out. The local church visits the home throughout the year.

Everyday Life at the Care Home

Activities

Wrenbury Nursing Home employs a full-time activity coordinator whose hours cover weekdays with occasional work at weekends, although weekend care staff will ordinarily organise and lead activities for residents. A weekly schedule of activities was clearly displayed at the entrance and in the ground floor corridor. Sessions included games and quizzes, physical movement activities, a film afternoon, hairdresser and pampering, and singing. During the visit Healthwatch observed several staff supporting residents in the lounge whilst a 'pampering' activity was taking place. Some residents were having their nails painted and others had colouring sheets of a picture of a hand upon which they were colouring in the nails.





Resident's artwork


Weekly Plan 28th September

Monday	Tuesday	Wednesday	Thursday	Friday
28th	29th	30th	1st	2nd
Am Let's Get Moving Hangman/Noughts and Crosses Music/TV	Am Let's paint nails Design your nails Music/TV/ News	Am Indoor Hockey Music/ TV/ News	Am Balloon games Music/ TV/ News	Am Oktoberfest celebrations Music/ TV/ News
Pm Quiz afternoon	Pm Hairdresser Brodie	Pm Sing along	Pm Jigsaws/games	Pm Film Afternoon Sound of Music

Activities may change due to Circumstances

Photographs were neatly framed and displayed in corridors showing a range of activities that residents have engaged in and people's artwork was used to create a collective picture or display.

External providers are invited to the home such as therapy pets and animals, as well as entertainers. The activity coordinator speaks informally with residents to establish the type of activities they would like to participate in. One to one visits are actioned for those residents who are unable to leave their rooms.

Special events such as Oktoberfest, Christmas, Bonfire Night and a Summer barbeque are celebrated annually often featuring a visiting professional singer, all friends and relatives are welcome to attend. Residents who are able to are offered to attend trips out to Bridgemere Garden Centre and to go on the Wheelie Bus and Boat along the canal. Trips out often take place through the Summer months.

A comment about the best thing about life at the care home in the friends/relatives survey was, *'social interaction, activities.'*

Person Centred Experience

When a resident first arrives to live at the home a 'This is Me' booklet is completed with the person and their family to reflect their hobbies, past working life, likes and dislikes so their individuality is understood by staff to support delivery of person-centred care. If residents need to raise a concern, complaint or give feedback they speak to staff or to management. The home manager's open door policy works well encouraging communication with residents and relatives. Resident and relative meetings occur every six months.

In the reception area of the home Carehome.co.uk cards were displayed along with a permanent sign that welcomes feedback. Healthwatch did not see a complaints procedure displayed.

Communal Areas



Small lounge on ground floor

There are two lounges and a dining room located on the ground floor.

The home has undergone recent refurbishment and paintwork is fresh and clean with several colourful, interactive murals featured along the ground floor corridor such as a flower shop, bus stop and café scene. Residents who are independently mobile live on the ground floor where

there are some handrails installed although due to the layout these are not always continuous, for example where the double doorway is opposite the nurses station. The stairway had stairgates across at the top and bottom, these are opened by staff using a security code.



Flower shop mural



Cafe mural with seating



Bus stop mural with seating

The dining room was clean with attractive prints and plenty of natural light which created a pleasant environment.

The furniture throughout the home was in good condition, functional and upholstered in durable, easy-to-clean materials. Cleaning was taking place as we arrived with a 'cleaning in progress' sign displayed as necessary. There were no malodours and the temperature was warm but not too hot. The atmosphere in the home was active and calm.



Dining room

Residents' bedrooms

The home has 29 single bedrooms and three double rooms across two floors. Five rooms on the ground floor and three on the first floor are ensuite. Communal toilets and bathrooms are located on each floor for those without ensuite facilities. The manager indicated that residents living on the ground floor are those who are able to mobilise independently, those located on the first floor generally need nursing care and support with mobilising.



Due to recent redecoration the manager explained that ordinarily each room has a photo of the resident displayed outside, no personal information is included. These are due to be rehung when work has been fully completed.

Healthwatch were able to view a vacant bedroom on the first floor. This was nicely decorated with practical furniture and fittings with views of neighbouring farmland.

Outdoor areas

Residents can access the outdoor area only if accompanied by care staff due to the higher level of care needs residents have.

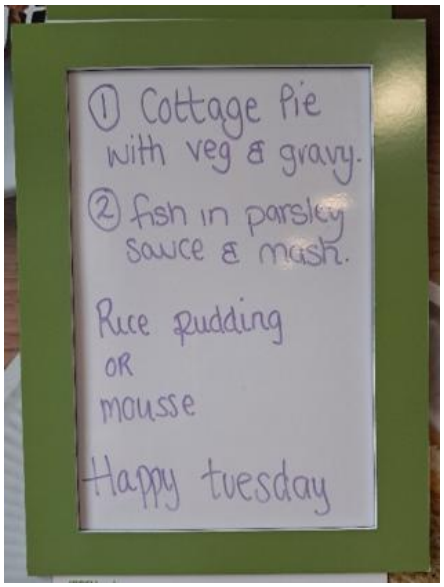




Doors from the home to the garden and a gate from the car park are security coded. The garden is well maintained and largely comprises a lawn broken up by trees and shrubs with outdoor tables and chairs. A tarmacked section adjacent to the building features two or three benches for use if the lawn is wet.

Food and drink

The manager explained that Appetito provided their meals previously however due to resident and relative feedback the home now prepares fresh meals daily themselves and have recently been awarded a five star grading for food safety. Residents choose their lunch meal at breakfast and their evening meal in the afternoon. Two main meals are offered at lunch and tea as well as lighter options such as jacket potatoes or sandwiches. Dietary requirements, including any allergies, intolerances, religious or medical requirements are all provided for. With all residents living with dementia the home are very flexible with regards to changes in meal choices. Snacks and drinks are available throughout the day.



Residents can have their meals in their rooms if they choose. Those that are able to are encouraged to use the dining room. Friends and relatives are welcome to join their loved ones at mealtimes but are asked to eat in the lounges or the resident's room to prevent distraction or disruption to other residents in the dining room.

Is the person you're visiting happy with the ...	Very happy	Happy	Satisfied	Dissatisfied	Very dissatisfied
quality of food	25%	75%	0%	0%	0.%
taste of food	25%	75%	0%	0%	0%
choice of food	25%	75%	0%	0%	0%
quantity of food	25%	75%	0%	0%	0%
availability of snacks	25%	75%	0%	0%	0%
availability of drinks	25%	75%	0%	0%	0%

Biggest challenges

The manager expressed a challenge she has observed over more recent years is the difficulty of a perceived lack of support from outside professionals in relation to supporting those who are receiving End of Life care. She also highlighted the difficulty in sourcing outside specialist support for those living with mental health issues.

Biggest success to date

The overall biggest success for the manager is having a happy team comprised of many staff who have worked at the home for a long time, 'it feels like a large family.'

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.
News2 (*National Early Warning Score 2*) - a standardised scoring system that uses a resident's vital signs to identify early signs of acute illness or clinical deterioration, helping staff to respond appropriately and escalate concerns when needed.	A tool designed to help staff recognise when a resident may be acutely unwell or at risk of clinical deterioration by monitoring vital signs and calculating an early warning score. It supports staff to take appropriate action and escalate concerns according to the resident's care plan to ensure timely assessment, treatment, and ongoing management.

Wrenbury Nursing Home uses MUST and RESTORE2. The home receives training from the End of Life Partnership both in-person and online and also delivers care in accordance with the Gold Standards Framework with support from, and in partnership with, Wrenbury Medical Practice. Wrenbury Nursing Home were a finalist in the Palliative and End of Life Care Awards in the Palliative Nursing Home Provider Award category, 2025.

Recommendations

- Review whether the 'Resident of the Day' initiative could complement existing monthly care plan updates and six-monthly reviews by bringing together feedback from care, activities and housekeeping staff as well as input from relatives, for each resident.
- Display the home's complaints procedure in an accessible location near reception, alongside the existing feedback information.
- When the new ground floor nurses' station is installed, assess whether a handrail can be incorporated along the front of the desk to improve continuity of support along this section of corridor. Consider painting handrails in a colour that contrasts with the wall or background so they are easier for residents living with dementia to identify.
- Review options for improving access to the lawn for residents who use wheelchairs or mobility aids, for example by providing a suitable firm pathway from the tarmacked area to an accessible seating point. Consider whether additional handrails along the edge of the lawn and tarmacked surface could support resident mobility.

What's working well?

- Healthwatch observed a significant number of residents, along with several visiting relatives, utilising the communal areas downstairs in an active yet calm atmosphere.
- Friends and relatives consistently reported that residents are well cared for, safe and respected, with all survey respondents confirming that residents' dignity and privacy are maintained.
- The home provides a varied programme of activities, including one-to-one support for residents unable to leave their rooms, and uses residents' interests and life histories to support person-centred care.

Service Provider Response

Recommendation 1

Review whether the 'Resident of the Day' initiative could complement existing monthly care plan updates and six-monthly reviews by bringing together feedback from care, activities and housekeeping staff as well as input from relatives, for each resident.

Service provider's response

Wrenbury Nursing Home has previously explored and trialled a 'Resident of the Day' approach. However, due to the complexity of residents' nursing, clinical and behavioural needs, alongside the requirement for continual assessment and review, this model was not found to be practical or effective within our setting.

The service already operates a system of ongoing review through daily handovers, clinical meetings, monthly care plan evaluations, six-monthly reviews, regular resident and relative engagement, and multi-disciplinary team involvement. These processes ensure that residents' needs, preferences and outcomes are reviewed continuously rather than on a single designated day.

Whilst we do not intend to reintroduce a formal 'Resident of the Day' programme, we recognise the importance of ensuring feedback from all departments contributes to residents' care and wellbeing.

Action

The management team will review opportunities to further strengthen communication between care, nursing, activities, housekeeping and ancillary staff to ensure relevant observations continue to inform care planning and review processes. Existing resident and relative engagement methods will continue to be monitored to ensure they remain effective in capturing feedback

and maintaining person-centred care.
Recommendation 2 Display the home's complaints procedure in an accessible location near reception, alongside the existing feedback information.
Service provider's response Wrenbury Nursing Home accepts this recommendation. The service actively encourages feedback through an open-door management approach, suggestion box, resident and relatives' meetings, surveys and displayed feedback information. Each resident has the complaints procedure in their room. However, we acknowledge that displaying the formal complaints procedure alongside existing information would further strengthen accessibility and transparency for residents, visitors and professionals.
Action A clear and accessible copy of the complaints procedure will be displayed in the reception area alongside existing feedback information. The procedure will also be highlighted during resident and relatives' meetings and reviewed periodically to ensure it remains visible and accessible.
Recommendation 3 When the new ground floor nurses' station is installed, assess whether a handrail can be incorporated along the front of the desk to improve continuity of support along this section of corridor. Consider painting handrails in a colour that contrasts with the wall or background so they are easier for residents living with dementia to identify.
Service provider's response Wrenbury Nursing Home supports this recommendation and remains committed to creating a safe, dementia-friendly

environment. The home has recently undergone significant refurbishment which includes themed murals and environmental improvements designed to support orientation and wellbeing. We will incorporate consideration of additional mobility support measures into future refurbishment plans.

Action

As part of the installation of the new nurses' station, the feasibility of incorporating a continuous handrail will be assessed. Existing handrails throughout the home will also be reviewed to determine whether colour contrast enhancements could further support residents living with dementia and those with visual or mobility impairments.

Recommendation 4

Review options for improving access to the lawn for residents who use wheelchairs or mobility aids, for example by providing a suitable firm pathway from the tarmacked area to an accessible seating point. Consider whether additional handrails along the edge of the lawn and tarmacked surface could support resident mobility.

Service provider's response

Wrenbury Nursing Home welcomes this recommendation. The outdoor environment is an important part of residents' wellbeing and quality of life. We are committed to ensuring that outdoor spaces are as accessible and inclusive as reasonably practicable whilst balancing safety, maintenance requirements and the character of the grounds.

Action

The provider will undertake a review of the garden area and seek advice regarding practical and cost-effective options to improve accessibility. This will include consideration of a wheelchair-friendly pathway to key seating areas and the potential installation of

additional handrails where appropriate. Findings will be incorporated into future environmental improvement plans.

Additional comment from the manager

Wrenbury Nursing Home would like to thank Healthwatch Cheshire for their visit and for the opportunity to showcase our service. We are delighted that the report reflects many of the positive aspects of life within the home, including the welcoming atmosphere, caring and dedicated staff team, strong relationships with residents and families, and the improvements made to the environment and activities programme.

We are particularly pleased that residents and relatives spoke positively about the care they receive, the friendliness of staff and the overall standard of the home. The feedback provided is a valuable reflection of the commitment demonstrated by our team each day in supporting residents to live fulfilling and meaningful lives.

We welcome the recommendations made within the report and view them as opportunities to further enhance the quality of our service. Wrenbury Nursing Home is committed to continuous improvement and will carefully review each recommendation, incorporating actions into our ongoing quality assurance and development plans where appropriate.

We would like to thank the residents, relatives, visitors and staff members who shared their views and experiences during the visit. Their feedback is invaluable in helping us maintain high standards of care and identify areas where we can continue to develop and improve.

The management team and provider remain committed to delivering person-centred, compassionate and high-quality care, ensuring that Wrenbury Nursing Home continues to be a safe, welcoming and supportive home for all who live here.