healthwatch Cheshire West

Enter and View Report

Sable Cottage

Chester Road, Kelsall

9 June 2025

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Report Details

Address	Chester Road, Kelsall, Tarporley, CW6 0RZ
Service Provider	Sable Cottage Ltd
Date of Visit	9th June 2025
Type of Visit	Prior Notice
Representatives	Jodie Hamilton Jem Davis Diane Brown
Date of previous visits by Healthwatch Cheshire West	18th December 2018

This report relates to findings gathered during a visit to the premises on specific dates as set out above. The report is not suggested to be a fully representative portrayal of the experiences of all the residents, friends and family members or staff, but does provide an account of what was observed by Healthwatch Cheshire Authorised Representatives (ARs) at the time of the visits.

What is Enter and View?

Healthwatch Cheshire is the local independent consumer champion for health and care services, forming part of the national network of local Healthwatch across England.

Under the Local Government and Public Involvement in Health Act 2007, local Healthwatch have the power to carry out Enter and View visits as part of their scrutiny function. This legislation places a duty on health and social care providers to allow Authorised Representatives of Healthwatch to carry out an Enter and View visit on premises where health and social care is publicly funded and delivered. This includes:

- Health or care services which are contracted by local authorities or the NHS, such as adult social care homes and day-care centres.
- NHS Trusts
- NHS Foundation Trusts
- Local authorities
- Primary medical services, such as GPs
- Primary dental services, such as dentists
- Primary Ophthalmic services, such as opticians
- Pharmaceutical services, such as community pharmacists.

The list of service providers who have a duty to allow entry is set out in section 225 of the Local Government and Public Involvement in Health Act 2007 and supplemented by Regulation 14 of the 2013 Local Authorities regulations.

At Healthwatch Cheshire, the Enter and View programme is conducted by a small team of staff and volunteers, who are trained as Authorised Representatives to carry out visits to health and care premises.

Following an Enter and View visit, a formal report is published where findings of good practice and recommendations to improve the service are made. These reports are circulated to the service provider, commissioner, the CQC and relevant partner organisations. They are also made publicly available on the Healthwatch Cheshire websites:

- www.healthwatchcheshireeast.org.uk/what-we-do/enter-and-view
- www.healthwatchcwac.org.uk/what-we-do/enter-and-view.

Purpose of the Visit

- To engage with residents, friends and relatives of the named services and understand their experiences
- To capture these experiences and any ideas they may have for change
- To observe residents, friends and relatives interacting with the staff and their surroundings
- To make recommendations based on Healthwatch Authorised Representatives' observations and feedback from residents, friends and relatives

Methodology

This Enter & View visit was carried out with 'Prior Notice'.

A visit with 'Prior Notice' is when the setting is aware that we will be conducting an Enter & View visit. On this occasion an exact time and date were not given.

Prior to the Enter and View visit the service was asked to display both the letter announcing our visit and a Healthwatch Cheshire poster in a public area. The service was also asked to share surveys amongst residents, friends and relatives. Members of the Healthwatch team visited the service prior to the Enter and View visit to deliver paper copies of the surveys.

To enable us to check that there are no health outbreaks at the premises that would prevent the visit taking place for infection control reasons, this Care Home was made aware that we would be coming on the morning of the visit.

Preparation

In preparation for an Enter and View visit the Authorised Representatives who will be carrying out the visit conduct research that involves reviewing:

- The latest CQC report from a routine inspection of the service

- Any previous Healthwatch Cheshire Enter and View reports
- The Care Home's information held on the Carehome.co.uk website
- Entries on social media platforms
- Comments held on Healthwatch Cheshire's feedback centre
- Information received by Healthwatch Cheshire as a result of undertaking surveys.

On the day of the visit the Authorised Representatives hold a briefing to discuss findings from their individual preparation, and decide as a team how they will carry out the visit, and any specific areas of focus based on this prior knowledge.

Sable Cottage

Sable Cottage Care Home is a residential care facility located in Kelsall, Cheshire. It provides care and support for up to 39 residents, many of whom are living with dementia, learning disabilities, autism, or complex needs. The home is operated by Sable Cottage Ltd, and aims to offer a safe, person-centred environment that promotes independence, dignity, and inclusion. The home is set in a residential area with local amenities such as a coffee shop, pub, local supermarket and park all just a short walk way.

Residents and Relative's feedback

Prior to our visit, Sable Cottage Care Home was provided with surveys for both residents and their relatives. We received a total of nine completed resident surveys and seven from relatives. The feedback gathered through these surveys has been used to inform this report.

At the time of our visit, there were 36 residents living at the home.

Findings

Arriving at the care home

Environment

Sable Cottage Care Home was easy to locate and clearly visible from the roadside. A sign displayed on the exterior made it identifiable to visitors. The building appeared to be well maintained and presented to a good standard.

There was a small car park on site; however, during the visit, Healthwatch representatives parked at the nearby pub across the road due to limited space.

The home had a secure front entrance with a bell system in place to alert staff to the arrival of visitors, contributing to a safe and controlled environment. The entrance was small but functional. The hallway and entrance area featured a variety of posters and notices providing useful information for visitors. These included materials encouraging people to "Speak Up," a clearly displayed CQC rating of *Good*, and a Healthwatch Cheshire poster and information regarding our visit.

Healthwatch representatives were greeted by the care home's Administrator, who asked us to sign the visitors' book and then introduced us to the care home Deputy Manager. The Deputy Manager responded to a series of questions about residents' care, treatment, and experiences at

the home, the responses to which are referenced throughout this report. Healthwatch was given a tour of the home by the Administrator, providing an opportunity to observe daily life within the care setting.

Treatment and care

When asked what Healthwatch representatives should expect to see during the visit, the Deputy Manager stated: *"Happy residents who are well cared for in a clean environment. Activities taking place. Hopefully some visits from friends and family."*

Residents were asked in the surveys what they felt was the best thing about life at Sable Cottage. Responses were positive, with many residents highlighting the friendly environment, the sense of safety, and the companionship they experience at the home. Several residents also appreciated the support with daily tasks, as well as the opportunity for independence.

One resident shared, *"Nice and friendly and you get taken out."* Another commented, "It's better than living on your own." A resident said, *"The kindness—and I feel safe."*

Companionship was a recurring theme. *"There's always someone there for you,"* one resident said, while another added, *"All the company I have makes a big difference."* One remarked, *"No need to worry about food, laundry or cleaning-it all gets done for you. I've always got company."*

A newer resident shared, *"I've only been here a few months, but I like it here. I'm not hurried; I get lots of attention. We have a natter here; they really look after you."* Another added, *"It's close for visiting - my niece visits regularly. I've only been here five months, but I'm happy here. The staff are great. Independence is important to me - I like to walk when I can and get up and about."*

Relatives were asked what they felt was the best thing about life at Sable Cottage Care Home. The responses highlighted feelings of appreciation for the care provided, particularly praising the staff's kindness, professionalism, and attentiveness.

One relative said, *"Well looked after and secure,"* while another commented, *"How kind the staff are."* A number of responses focused on

the compassion shown to residents, with one relative saying, *"The love and care from the staff,"* and another adding, *"My mum is cared for extremely well - the quality of the nursing knowledge and care is excellent. All the staff are friendly, loving, and listen to us."*

Another relative shared, *"The quality of the care, both mental and physical, provided by the staff is excellent."* One family member noted, *"A healthy environment with friendly staff."*

Longer-term experiences were also mentioned. One relative said, *"My mother was here for four years. The staff are so friendly and warm - nothing is too much trouble. Staff are always present and there is little or no staff turnover. We can bring in the grandchildren. The staff appear to really love the residents."*

Another added simply, *"Very friendly staff are pleasant, and it is homely."*

Quality of care

When asked about the quality of healthcare services provided at the home, the Deputy Manager shared the following:

"We work with Kelsall Medical Centre and have a very good relationship with them. The GP visits at least once a week," they explained. While residents are able to remain with their own GP if they wish, the Manager noted that, *"Most choose to transfer to Kelsall because of the regular weekly visits."* The home also benefits from having the Kelsall Wellbeing Hub located just across the road, which some residents make use of.

With hospital care, the Manager said, *"We use both the Countess of Chester and Leighton hospitals. On the whole, our experience has been good." However, they shared one concern: "We did have a resident recently discharged without any belongings, just wearing a hospital gown."* On a more positive note, hospitals usually provide two weeks of medication upon discharge.

When asked about avoiding hospital admissions, the Deputy Manager said, *"We always discuss with the resident, their family, and the GP what's best for them. But generally, we try to keep them here in the home, as we have 24-hour nursing care."* They added that, fortunately, they do not have frequent admissions or discharges. The home does not have any designated discharge beds.

Accessing dental care remains a challenge. *"We don't have a regular dentist and it's very difficult to get one. A couple of residents still have their own"* the Manager said.

Regarding additional services, they shared: *"We have a hairdresser who comes in once a fortnight, and a chiropodist who visits every three months."* Optician services are provided by Eye Call Opticians. *"They visit regularly and we have good contact with them,"* the Manager noted.

The home uses HBS Pharmacy for its regular monthly medication supply. *"They provide a good service and we've had no issues,"* the Manager stated.

Other visiting health professionals include speech and language therapists (SALT), dieticians, physiotherapists, district nurses, and tissue viability specialists, all of whom contribute to supporting residents' individual health needs.

During our visit to the home, we observed some residents using the communal areas. They appeared well cared for, with good attention given to personal care. We also noted that a number of residents remained in their rooms. The Administrator explained that some residents are bedbound due to the nature of their health conditions. Further information about how the activities team supports residents who are bedbound or choose to stay in their rooms is included later in the report under the activities section.

Privacy, dignity and respect

Most residents who responded to the survey reported feeling well cared for, safe, respected, and that their dignity is maintained. Most also felt they had privacy. Out of 13 responses, 11 residents answered "Yes" to all questions, indicating a sense of well-being and positive experiences within the home.

One resident answered "Sometimes" to feeling cared for and respected, and "No" to having privacy. Another noted "Sometimes" regarding privacy.

The survey feedback shows that most relatives feel their loved ones are cared for, safe, respected, have their dignity maintained, and have privacy. One relative noted that their family member had an alarm mat for falls and received all medical care and medication from the nurses without

extra charges, only paying for additional services like hairdressing. Some responses indicate uncertainty about privacy or dignity in a few cases.

When asked how the home ensures that residents' privacy, dignity, and respect are upheld, the Deputy Manager said, *"All of our staff receive mandatory training in these areas, and this is updated regularly."* They added, *"It's the simple things that matter - using the resident's preferred name, knocking on their door before entering, and explaining what we're doing if it involves personal care. We always aim to take a person-centred approach."*

In terms of accessible information and support for communication needs, the Manager explained, *"Some of our residents wear hearing aids, but we don't currently have a hearing loop system in place*." They added, *"We can provide large print information when needed."*

While being shown around the home, we did not see any personal information on display. Some residents living with dementia had their names on their bedroom doors, but no other personal details were visible.

Understanding residents care plans

We asked the Deputy Manager about residents' care plans and were told that care plans are updated monthly and are kept digitally, with staff able to update them using iPads located on each corridor. Residents are involved in their care plans from the start, with an emphasis on understanding what's important to them, including their likes and dislikes. Relatives are also involved when appropriate, as this helps provide a fuller picture of the resident's needs.

Relationships

Staff Relationships and Interactions

When asked about the relationship between staff and residents, the Deputy Manager explained, *"We have always had a good reputation. Residents and their families have told us it's very good and that the home has a family feel to it*." They also noted that this is supported by having *"a lot of long-standing staff"* who contribute to a consistent and familiar environment.

Out of 13 responses, 11 residents said they have a good relationship with staff, while 2 said the relationship is good *sometimes*. Comments included, *"They are easy to talk to, I like chatting to them and others,"* and *"I am not often on my own, they keep me company. They listen to you."* Overall, the majority of residents expressed positive and friendly relationships with staff.

The relationship between staff and residents' friends and families was also described as very positive. The Deputy Manager shared, *"We hold regular coffee mornings for family and friends. Obviously some residents don't have any visitors and they tell us that we are like their family. They are welcome to join any of our activities."*

During the visit, Healthwatch representatives observed that staff appeared warm, approachable, and amenable. Staff were welcoming and open in their interactions, and we were informed that staff turnover at the home is low.

Relatives shared similar sentiments, with one commenting, *"The staff listen to you. My mother was here for four years. The staff are so friendly and warm, nothing is too much trouble. Staff are always present and there is little or no staff turnover. We can bring in the grandchildren. The staff appear to really love the residents."*

Another resident added, *"It is close for family visiting; my niece visits regularly. I have only been here for five months, but I am happy here, the*

staff are great. Independence is important to me - I like to walk when I can and get up and about."

Staff Identification and Use of Agency Staff

Staff do not currently wear name badges but do wear uniforms appropriate to their roles.

In terms of agency staff, the home uses them occasionally, primarily through a single agency, 'South Croft'. The Deputy Manager explained, *"We try and use the same people and they are always buddy'ed up with a permanent member of staff."* Training for agency staff is managed via profiles maintained by the agency, ensuring staff are up to date with required competencies.

Connection with friends and family

In the surveys completed by residents at Sable Cottage, individuals shared how they keep in touch with friends and relatives. A number of residents reported that they use their mobile telephones to make contact, while others mentioned using iPads or laptops. Several residents noted that staff support them in contacting loved ones, and the majority stated that their friends and family come to visit them regularly. One resident shared that staff assist them with using their mobile phone. Overall, survey responses suggest that residents feel well supported in maintaining contact with their family and friends.

The Deputy Manager explained that friends and relatives most commonly keep in touch with residents through in-person visits. Staff are available to assist residents with telephone contact using a shared residents' phone, and it was noted that one resident maintains their own Facebook page to stay connected with others.

There are no set visiting times at Sable Cottage, although most visitors tend to come during the daytime. Visitors are asked to sign in and out when they arrive and leave. While there are no formal restrictions around meal times, families generally avoid visiting during these periods unless their presence helps to encourage the resident.

In the event of an outbreak, the home contacts infection control for advice and follows the guidance provided. Personal Protective Equipment (PPE) is made available for visitors, and staff do not mix between floors as a precaution. The Deputy Manager shared that most visitors would choose to postpone or rearrange their visit under these circumstances.

The management shared that friends and relatives can raise concerns or provide feedback by speaking directly to staff, making contact via email or phone, using the comments book, or completing a formal complaints form. In addition, the home holds friends and relatives' meetings quarterly to support open communication and involvement.

When we asked relatives whether they knew how to provide feedback, raise concerns, or make a complaint, all relatives who responded to the survey answered *yes*. Most felt confident in how to do so, and several shared their views on the process.

"Not needed to"
"Home management is very approachable. The official bureaucratic complaints procedure is approachable too."
"We can speak openly to staff, everything is acted upon, we have great connections with GPs and other services."
"Talk to staff in the office"

These responses suggest that relatives who completed the survey feel well-informed and comfortable giving feedback when needed, and that there is a strong culture of openness and responsiveness at the home.

Wider Local Community

The Deputy Manager shared that while community involvement is currently a bit limited, there are some positive connections in place. The home has established a good link with the Kelsall Wellbeing Hub, where residents attend weekly bingo sessions. At Christmas, local schools come to visit, helping to bring a sense of celebration and intergenerational connection to the home.

The home is located opposite a large park, and residents are supported to go for walks when the weather allows. During the Healthwatch visit, some residents were out with the Activities Coordinator, enjoying a trip to a local

café. The Manager also noted they are in the process of trying to establish a link with a local vicar to strengthen community ties further.

Everyday Life at the Care Home

Activities

The Deputy Manager shared that activities at the home are coordinated by a dedicated Activities Coordinator who works Monday to Friday from 10am to 4pm. A wide variety of activities are on offer, including arts and crafts, bingo, board games, music, and entertainment visits. Residents also have the opportunity to go on trips to places such as the zoo, garden centres, and local parks. Those who are unable or prefer not to join group activities are offered one-to-one sessions, often using RITA (Reminiscence Interactive Therapy Activities), to support their individual interests and needs.

We were told residents are involved in shaping the activity programme and we saw an activity planner on display throughout the home. They are asked about their preferences, and activities are adapted accordingly. One resident shared, *"There are lots of trips to go on and activities if you want to join in,"* while another mentioned having recently visited the zoo. During the Healthwatch visit, two residents were observed going out to the shops for a walk with the Activities Coordinator, reflecting the home's commitment to enabling regular outings. While the home does not have its own transport, outings still take place at least once a week.

There was a clear emphasis on celebrations and seasonal events. While there was no evidence of a celebration taking place during the visit, both residents and relatives confirmed that birthdays and other events such as Christmas, VE Day, Easter, and afternoon teas are celebrated. A large pictorial display of monthly activities was seen in the corridor, and an A4 printed timetable for the month was also shown, which included exercise,

yoga, art, crafts, music, and more. The Activities Coordinator was described as enthusiastic and focused on providing regular one-to-one engagement, particularly for those less inclined to take part in group sessions and who are unable to leave their beds due to the nature of their health conditions. The home's Administrator shared that the activity coordinator prioritises time to engage with residents who may benefit from more one-to-one interaction. These personalised sessions may include activities such as reading together, providing hand massages, or simply offering companionship and meaningful conversation. This individualised approach reflects a strong commitment to resident wellbeing and emotional support.

Person Centred Experience

Person-centred care was evident during the visit, with both staff and residents describing a culture that respects individual preferences and supports open communication. Information on how to give feedback or raise a complaint was displayed in the home, including a leaflet encouraging people to speak up. Staff confirmed that a complaints policy is in place, and both residents and relatives expressed confidence that any concerns would be listened to and acted upon. One relative shared, *"We can speak openly to staff, everything is acted upon, we have great connections with GPs and other services."*

Residents told us they felt comfortable and well cared for. One resident commented, *"I have only been here a few months, but I like it here. I am not hurried; I get lots of attention. We have a natter here — they really look after you."*

The Manager explained that person-centred care begins with asking lots of questions and getting to know residents as individuals — including preferences for daily routines such as what time they like to get up or go to bed. Although the home does not currently operate a 'resident of the day' system, they are aware of the approach and its use in other settings. Conversations about care and preferences are held monthly through "This

is Me" chats, offering residents regular opportunities to share their thoughts about life in the home.

Quarterly resident meetings are held to support involvement in decision-making, and a comprehensive information pack is provided to both residents and their families upon arrival. Medication was observed to be stored securely in a locked unit with limited staff access.

At the time of the visit, there was no formal provision for spiritual or religious support, although efforts are underway to establish links with a local vicar. Residents benefit from regular visits by therapy dogs, and the Manager also brings her own dog into the home, something which was warmly received by those living there.

Communal Areas

The communal areas of the care home appeared generally clean but could benefit from updating and refurbishment. The décor was noted to be quite dated, with numerous floral pictures that, while colourful, felt repetitive and not especially engaging, particularly for residents living with dementia. One corridor, decorated with wallpaper resembling bricks, felt more welcoming by comparison.

The corridors appeared long and narrow, and some areas were rather dim, suggesting a need for improved lighting to enhance visibility and overall ambiance. Accessibility for mobility aids was not entirely clear. There was only a handrail on the top floor in the corridors. The lower floor corridors felt very dark and uninviting.

Furniture throughout the communal areas was largely traditional and somewhat old-fashioned, with the exception of the dining rooms, where lighter teak-like furniture created a more modern and brighter feel compared to the darker mahogany-style furniture seen elsewhere. The lounge could be described as fairly dated, furnished with high-backed chairs arranged in a U-shape around a television. A large fireplace with a surround added to the traditional atmosphere. A notable feature was an organ brought in by a resident, which he plays. There were, however, no small group tables or seating areas that might better support more intimate or social interactions. This may be why some residents chose to gather in the communal space located just outside their bedrooms, which appeared to be a popular area for informal socialising.

There were no noticeable unpleasant odours, and the environment felt fresh. The temperature during our visit was comfortable, and the overall noise level was low, contributing to a calm atmosphere.

Communal bathroom facilities - including bath and shower rooms - were clean. All resident rooms have access to a toilet and basin, but there are no en-suite showering facilities.

Residents' bedrooms

During our visit to the care home, we observed that the bedrooms varied in size. Several residents were seen in bed throughout the morning, and it was unclear whether this continued into the afternoon.

Most rooms benefited from natural light. Many rooms were decorated with personal items such as photos, ornaments, and plants. One resident had filled their room with a variety of houseplants, which added a homely and personal touch. The furniture provided in bedrooms appeared outdated, but the Manager noted that residents are encouraged to bring their own furniture and furnishings if they wish, to make the space feel more like home.

Outside each bedroom, we noted that rooms were identified by both numbers and nameplates, helping residents to navigate their environment. Some bedrooms had views of the garden, while others looked out onto the pub green and playground across the road.

The Deputy Manager confirmed that all but two rooms in the home have their own toilet and basin. Couples are able to share a bedroom if they wish and if both individuals require nursing care.

With regard to outdoor access, residents can make use of a pleasant and accessible garden, as well as a comfortable garden room, both of which contribute positively to the overall environment and wellbeing of those living in the home.

Outdoor areas

The care home benefits from a medium-sized outdoor garden space, which includes a large patio area used for events and gatherings. In addition to the patio, there is a grassed area and a variety of pot plants that contribute to a pleasant and relaxing atmosphere. Several benches are available throughout the garden, providing residents with comfortable seating options.

Residents are actively involved in maintaining the garden, including caring for the hanging baskets, which are ordered in advance. This involvement supports resident engagement and helps foster a sense of purpose and ownership. There is also a garden summer house on site, which can be used by visitors spending time with their relatives or by staff members.

The garden includes accessible planters that encourage participation from residents, including those with mobility needs. Overall, the outdoor space is well-maintained and accessible.

Food and drink

The home provides meals through a combination of pre-prepared hot meals from Appetito and in-house catering from kitchens located on each floor. These kitchens support the preparation of cold meals, fresh vegetables, and cooked breakfasts, allowing for some flexibility and variety in the food offering. Residents are given a 4 week menu which will be renewed if the menu changes. We didn't see any menus around the home but were given a welcome pack that includes the menus. All residents moving into the home will receive this.

Residents are generally given the opportunity to choose their meals each day during the morning tea and drinks round. At mealtimes, there are always a minimum of two choices for hot meals, with a warm main meal typically served at lunchtime. Dessert is always offered. Evening meals tend to be lighter and may include items such as sandwiches, soup, or sausage rolls.

Resident feedback on food and drink at the home was positive. The majority of respondents stated they were very happy with the quality, taste, choice, and quantity of food, as well as the availability of snacks and drinks. A smaller number of residents described themselves as satisfied or happy, but no one expressed any dissatisfaction.

Comments shared in the survey by residents were:

"There is plenty of food we are never short. I like the different menus."
"Good choice at lunch but not as good at supper time. I prefer my meals in the evening. I can get some things I like from the Coop only down the road."

The Manager confirmed that the home is able to cater for special dietary requirements, though there are no specific needs among current residents. The home is prepared to accommodate such requirements as they arise.

We were told residents are encouraged to dine in the dining room to promote social interaction, though they are free to choose where they eat. During the visit, Healthwatch observed a meal being served and noted that residents appeared happy and comfortable. Assistance was provided where needed, and the atmosphere in the dining room was cheerful and sociable. Staff were seen engaging warmly with residents, contributing to a positive dining experience. The pre-prepared meals are heated in the kitchen and then brought to the dining areas using a hot trolley, ensuring meals are served at the appropriate temperature. Staff wore appropriate PPE while serving meals,

following hygiene protocols. A clear menu list was available for staff to refer to, detailing the options being served. It was observed that, before serving each meal, staff checked with residents to confirm that the option chosen earlier was still what they wanted. This approach was seen as very person-centred and respectful of individual preferences, contributing to a positive dining experience. A pictorial menu provided by Appetito was available and was noted to be detailed and user-friendly, supporting residents in making informed meal choices.

Snacks and drinks are readily available throughout the day, including biscuits, cakes, and fruit. Relatives are welcome to join residents at mealtimes, helping to maintain important family and social connections. Durning our visit we observed the drinks trolley going around to the residents.

Biggest challenges... The Deputy Manager shared "The system that is used for the funded places – the Brokerage System. It asks that homes accept residents without even meeting or visiting the resident or the home to really understand if it's a good fit for both parties."

Biggest success to date... The Deputy Manager shared "I feel we have a good reputation; families have used us numerous times. We are able to retain staff, and carers are really involved in residents' lives."

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	A tool designed to help staff recognise when a resident may be deteriorating or at risk of physical

Observations, Respond, Escalate)	deterioration and act appropriately according to their care plan to protect and manage the resident.
RITA (Reminiscence /Rehabilitation & Interactive Therapy Activities)	A digital reminiscence therapy with user-friendly interactive screens and tablets to blend entertainment with therapy. It assists patients (particularly with memory impairments) in recalling and sharing events from their past through listening to music, watching news reports of significant historical events, listening to war-time speeches, playing games and karaoke and watching films.

The Manager shared that the care home use Rita and Must initiatives.

Recommendations

- Recommendation to use Restore2 - RESTORE2 helps care home staff spot early signs of a resident's health deteriorating by combining soft signs (like changes in behaviour or appetite) with basic health checks. It improves communication with healthcare professionals through structured reporting, enabling quicker, safer responses. Using RESTORE2 can reduce unnecessary hospital admissions, support better in-house care, and build staff confidence in recognising when something is wrong.
- Building links with the wider community - this helps care homes reduce isolation, create meaningful connections for residents, and promote a sense of belonging. Involving local groups, schools, and volunteers brings new energy into the home and strengthens its role as part of the community.
- Consider adopting a 'Resident of the Day' to provide a more holistic approach to the monthly review of the care plans.

- The internal environment, including corridors and lounges, would benefit from updated décor and modernised furnishings. Consider introducing more dementia-friendly artwork and creating smaller seating clusters to encourage social interaction and comfort.
- Consider expanding social use of lounge spaces.The lounge setup was traditional, with a U-shaped layout focused on the television. To enhance the social atmosphere, consider incorporating smaller tables and flexible seating to support games, hobbies, and group discussions

What's working well?

- Resident satisfaction with food and drink – Most residents reported being very happy with the quality, taste, choice, and quantity of food, as well as the availability of snacks and drinks.
- Sociable and positive dining environment – Meals are served in a cheerful dining room where staff engage warmly with residents. A pictorial menu was available and noted as helpful.
- Well-maintained and accessible garden – The garden includes a patio, seating areas, pot plants, and hanging baskets. Residents are actively involved in its upkeep, supporting wellbeing and engagement.
- Personalised bedrooms – Rooms are decorated with residents' own photos, ornaments, and furniture, helping to create a homely and familiar environment.
- Natural light and pleasant views – Most rooms have natural light, with views of the garden or nearby green spaces, contributing to a positive living space.

- Informal social spaces – The area outside residents' bedrooms is used as a gathering place, indicating that residents feel comfortable socialising beyond formal communal rooms.
- Engaged and caring staff – Staff were observed to be respectful, supportive, and interacting positively with residents, particularly during mealtimes.
- Staff have a good relationship with both residents and family.

Service Provider Response

Healthwatch received below responses to our recommendations made from the Manager at Sable Cottage.

Recommendation 1 Recommendation to use Restore2 - RESTORE2 helps care home staff spot early signs of a resident's health deteriorating by combining soft signs (like changes in behaviour or appetite) with basic health checks. It improves communication with healthcare professionals through structured reporting, enabling quicker, safer responses. Using RESTORE2 can reduce unnecessary hospital admissions, support better in-house care, and build staff confidence in recognising when something is wrong.
Service provider's response We have tried using RESTORE and RESTORE 2 but the digital care planning system we use has its own health alert system which our nurses and care staff are happy with and we feel is working effectively.
Action We will look at RESTORE 2 again and compare with our own system.

Recommendation 2 Building links with the wider community - this helps care homes reduce isolation, create meaningful connections for residents, and promote a sense of belonging. Involving local groups, schools, and volunteers brings new energy into the home and strengthens its role as part of the community.
Service provider's response We are currently doing a project with Delamere school, pairing up residents and school children to be pen pals.
Action We are having a meeting with a representative of Kelsall Primary school this month to see what link work we can plan.
Recommendation 3 Consider adopting a 'Resident of the Day' to provide a more holistic approach to the monthly review of the care plans.
Service provider's response We have tried this in the past.
Action We will discuss reinstating this at staff huddles.
Recommendation 4 The internal environment, including corridors and lounges, would benefit from updated décor and modernised furnishings. Consider introducing more dementia-friendly artwork and creating smaller seating clusters to encourage social interaction and comfort.

Service provider's response Sable Cottage is about to be sold and the new owners have stated that they will make considerable investment in the home.
Action
Recommendation 5 Consider expanding social use of lounge spaces. The lounge setup was traditional, with a U-shaped layout focused on the television. To enhance the social atmosphere, consider incorporating smaller tables and flexible seating to support games, hobbies, and group discussions
Service provider's response We are hoping we will get new furniture etc when new owners take over and we will then rearrange our communal areas.
Action