healthwatch Cheshire West

Enter and View Report

Loxley Hall Care Home

Frodsham

19th June 2025

Contents

Report Details	Page 3
What is Enter and View	Page 4
Methodology	Page 5
Findings	Page 6
Recommendations and what's working well	Pages 23 and 24
Service Provider Response	Page 24

Report Details

Address	Lower Robin Hood Lane Helsby Frodsham WA6 0BW
Service Provider	Minster Care Group
Date of Visit	19th June 2025
Type of Visit	Enter & View with Prior Notice
Representatives	Amanda Sproson Jodie Hamilton
Date of previous visits by Healthwatch Cheshire West	2nd August 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.

Loxley Hall

Loxley Hall is a residential nursing home and is part of the Minster Group.

The Home is set in a rural location in beautiful countryside and was easily found using satnav. It is located next to a supported living building and is clearly signposted.

The Home has 40 bedrooms, of which nine have ensuite facilities. On the day of the visit 39 rooms were occupied.

Healthwatch would like to note that we received five completed surveys (two from relative/friend of a resident and three completed by residents). The comments contained in these surveys will be referred to throughout the report.

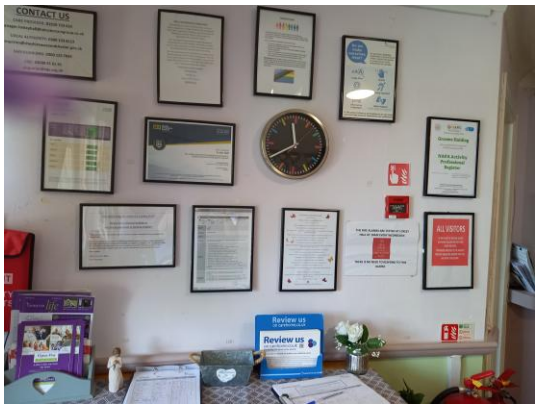
Findings

Arriving at the care home

Environment

The Home looked in keeping with its age; the approach to the front was well maintained. The car park, adjacent to the building, was not generous in size and was shared with the neighbouring building with spaces allocated to each.

The reception area is full of displays of information, such as the Homes' complaints process, a suggestion box, information for agency staff and details of The End-of-Life Partnership Six Step Programme.



"They have got posters about how to make a complaint in the foyer, but they are so friendly and approachable that I can just pop up into the office." (Relative)

"All of the staff are very proactive and always let me know of any incidents concerning my loved one. I am more than comfortable seeking them out, should I have any concerns." (Relative)

The entrance to the Home is easily found via steps, there is also a ramp for accessibility, and during the winter months the steps are not used, and the ramp is gritted for safety. The Home was secure, and all visitors had to be admitted by a member of staff.

The Healthwatch representatives received a warm and friendly welcome, ID badges were checked, and we were asked to sign in. The Home has two signing in books, one for residents' friends and family and another for professionals.

The Deputy Manager showed a Healthwatch representative around the Home, whilst a colleague spent time asking the Manager various questions about the care in the home.

Treatment and care

Quality of care

The Manager shared that we would see a normal, yet busy day at the Home.

"*You will see residents taking part in activities, there are two singers in this morning, and we are having a picnic day. Staff will be interacting with residents; we are like a family*." They explained that they were a nursing home so "*there will be many residents in bed who are very poorly, but our activities are adapted accordingly*".

The residents we saw during our visit were well dressed in clothing appropriate for the time of day and appeared to be clean and tidy.

"*The staff are always friendly and engaging, creating a warm and homely atmosphere.*" (Relative)

Residents commented the best things about the Home were -

"*Security*"

"*Near local shops and the countryside*"

"Beautiful place to be"

Loxley Hall is linked with Helsby Health Centre and the Manager expressed that they had a good relationship with them. GPs will visit weekly, either on Tuesday or Wednesday, for a walk-around. Outside of these visits if the Home needs to contact the GPs at any point, they will call the surgery, and the GP will call back within half an hour.

"Residents can stay with their own GP, but most residents are from the area and are already with Helsby Health Centre." (Manager)

Healthwatch asked if a resident became unwell and needed additional care, were they able to try and keep them at the home or would they normally go to hospital?

The Manager explained that Loxley Hall used the ceiling of care where residents' wants and preferences regarding hospital admissions were discussed prior to admission with residents and family. They try to keep residents who are unwell at the Home where they can be cared for by a 24-hour nursing team to prevent hospital admission and the possibility of residents ending up in hospital corridors. The Home has access to the Hospital at Home team, who can provide residents with IV drips and antibiotics instead of needing to be admitted to the hospital for this. Obviously if a resident were to break a bone, then they would need to be admitted to hospital.

The Manager shared that recently, there was an incident where the Home called for an ambulance as a resident needed to go to the hospital, but the ambulance team would not take the resident. The ambulance team told the Home to call the GP and if the GP said the resident needed to go to the hospital, then they would take them. The Home was positive that the resident needed to go to the hospital, so they insisted that this was to happen.

When asked about their recent experience of hospital admissions and hospital discharge, the Manager said *"The discharge brokerage system is broken. We will look at the assessments for residents in the hospital. We*

will apply to accept a resident depending on the assessment and it takes two weeks for a response back from the brokerage. During this time, we could have been out to assess the resident and have them transferred over to the home., This system causes delays."

"My loved one can get confused and does not ask for help. They keep her safe and comfortable and always update me when she is not well." (Relative)

"It is most re-assuring to me that my loved one is in the best place possible and that she is very happy with the situation." (Relative)

The Home does not have any discharge beds.

Regarding dental services and whether they can get sufficient dental care for residents when needed, we were told,

"We are not directly linked with a dentist, there was a time we were linked with a university in Wales that came out and carried out dentistry trials within the Home but since then we have had no links. Residents used to be able to get appointments at Helsby Dentist, but this has recently not been easy to do as there are never any appointments. Many of our residents are unable to go to the dentist as they are bed bound. We could do with a mobile dentist that could come and visit residents; we have many who lose weight, and their dentures become loose. To have a mobile dentist that visited the home to take a mould for new dentures would be great for the residents. "(Manager)

The Manager explained that the Home uses a specific optician, and would advise us later of the details, however, at the time of writing this information has not been supplied.

Regarding links with a pharmacy, the Manager explained that they use Pharmalogic for monthly medication and for interim medication they use Ferns Pharmacy in Frodsham. A chiropodist attends every eight weeks.

Other health services who visit the home include Tissue Viability, District Nurses, OT, Physio, Podiatry, SALT Team, Dieticians, CPNS, Advocates and Social Workers.

Privacy, dignity and respect

When Healthwatch asked how privacy, dignity and respect are ensured and promoted in the home, the Manager explained staff are trained to a high standard to ensure that residents' privacy, dignity, and individual needs are always respected.

Staff are expected to knock on a resident's door before entering and, where possible, wait for a response. When personal care is being provided, staff ensure that all necessary items are taken into the room beforehand, so care can be delivered discreetly and efficiently.

A resident said, "*If I wasn't happy, I would move.*" And another said "*There isn't anything that I would change.* "

Residents are never rushed; they are given the time and support they need. Every resident is different, with their own preferences and needs, and staff are trained to recognise and respond to these differences.

Healthwatch observed lunch service in the Home; the staff demonstrated efficient and professional teamwork with each other, and kindness and compassion for the residents throughout. The staff explained that lunch was ready, they gained consent from the residents at all times and asked where they would like to sit.

Healthwatch observed one staff member ask a resident if it was alright to move a mobility aid, the resident said no, and the staff member was extremely caring and polite.

Healthwatch observed person-centred attention throughout lunch service.

Regarding accessible information, the Manager said, "*We have a hearing loop and large print. If we need anything in a different language or braille, head office would provide us with this.*"

Understanding residents care plans

When we discussed residents' care plans, we were informed, "*Care plans are paper-based and reviewed monthly unless there has been a change or update. A full new care plan is written out yearly for residents.*" (Manager)

Initially, the Manager will meet with a resident in their own home prior to admission to Loxley Hall. This enables them to check that the Home will be able to meet the person's needs.

On admission, residents are asked if they want to be involved with their care plans. If they wish to do so, a nurse will sit with a resident and talk them through everything and if there are any changes that the resident wishes to make talk these through with the resident.

The Manager added "*On admission, there is a formal document which residents who have capacity can sign if they wish relatives to have involvement with their care plans Those who have power of attorney automatically have involvement.*"

Relationships

Interaction with staff

The Manager commented that the relationship between staff and residents was really good and added "*Professional but family*".

"*My loved one always has company and is monitored 24/7 and all her needs are catered for.*" (Relative)

"*They do such a good job for my loved one.*" (Relative)

"*My loved one was never happy having carers at home, but she loves the staff here. She knows all the gossip and loves to tell me about the staff and their families.*" (Relative)

Healthwatch observed that some staff were dressed in uniform, the Manager, Deputy Manager and Admin were dressed in casual clothes.

During our visit, we observed the staff we met were friendly, happy and approachable. Staff were not wearing name badges, "*We have magnetic badges on order, the staff found that lanyards were not practical and got in the way and tangled up.*" (Deputy Manager)

The Home mainly uses agency staff in the evening as there is a member of staff off sick currently.

The Home asks to see the agency worker's profile to check they are suitable for the position, with all training up to date. They will use the same agency member of staff for familiarity and the Manager stated that they have a good relationship with the agency. If they were to have an agency worker who was not familiar with the Home and needed some extra training, the Manager explained that this worker would shadow a member of the permanent staff for a couple of shifts.

Connection with friends and family

During the visit Healthwatch saw several visitors coming and going. The visitors were all greeted like friends, in a warm and friendly way.

"*As the Manager I like to be the first person to get up and open the door to the family and friends visiting so they know I am here. Family know it is an "open door here" and they get on very well with the staff within the home.*"

The Home uses different methods for keeping in touch with friends and families such as visits, telephone, Zoom, Facetime and WhatsApp.

We asked about how visiting works, and the Manager commented that "*The Home allows visits at any time, however there are protected*

mealtimes where we encourage mealtimes to be avoided. If the relatives' visit takes place in their room, then visitors can visit during mealtimes."

During an infection outbreak, the Manager explained *"If there was on outbreak of just a couple of residents, we would barrier nurse and we would close visiting to those areas following the guidelines from Infection Control. If there was a bigger outbreak the Home would close visiting, only making exceptions for people on end-of-life care to receive visitors who would have to wear full PPE."*

We enquired as to how friends and relatives raise complaints, concerns or feedback. "*The Home operates an open-door policy. Friends and relatives know that they can speak to the Manager or staff at any time. There is a complaints and compliance board and policy notice on display within the Home, and information on how to escalate complaints, concerns, and feedback. Issues can also be raised in relatives' meetings*." (Manager)

Healthwatch noted that there was a post-box located in the reception area, asking for suggestions and feedback.

Wider Local Community

When we asked what involvement the Home had within the wider community, the Manager shared, "*the local Minister from Elton visits every two weeks. We have a good relationship with Helsby High, and the Primary School come in to sing and visit us at Christmas*."

The Deputy Manager also explained that the Home has some Volunteers and some of the activities that they are involved with are singing, chatting

and companionship. A young Volunteer compiles a podcast of local good news stories for the residents to enjoy.

During the visit Healthwatch enjoyed hearing two Volunteers singing to residents in the lounge. The singing was fabulous and looked to be enjoyed by all.

Everyday Life at the Care Home

Activities

There is one Activities Coordinator, who works 39 hours and one Volunteer who works five hours. The Deputy Manager explained that the Activities Coordinator splits some shifts to enable them to cover more days in the Home, and the Volunteer assists when required.

The Manager said "*There are activity boards throughout the Home and staff will tell residents what is going on each day. There are activities such as Monday Dominos Championships, tabletop bowls, and Horse racing quiz (our Activity Coordinator adapts the questions in the quiz to suit individuals' capability), scrabble and art classes.*" Healthwatch only observed one activity board located in the lounge area.

A resident said, "*I look on the board to see what's on.*"

"*My loved one has a weekly leaflet in her room, and there is an activities board in the lounge.*" (Relative)

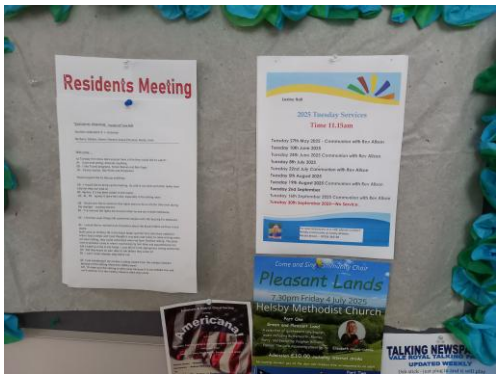
A resident said, "*I can't see very well. I am informed by staff what is on the activity board.*"

"*When I visit my loved one, she very often is engaged with others in a game or an activity supervised by the Activities Coordinator.*" (Relative)

"My loved one is always well cared for. She is clean, appropriately dressed, comfortable and they get her to join in with activities. It is so nice to see her engaging again." (Relative)

"They help my loved one to take part in all of the activities even though she can get confused and does not always know what she is doing." (Relative)

The Manager explained that activities are discussed during residents' meetings, and residents can have input into what activities take place in the Home.



They told us that there were many residents who are nursed in bed who were unable to leave their rooms due to being unwell, these residents receive one to one activities such as being read to, movies played on the projector, sensory lights played on the ceiling from the projectors, games played on the tablets, one to one time and so on.

The Home celebrates special events such as Mother's Day, Father's Day, Pride, National Cheese and Wine Day, Christmas, and some residents have asked for a beer butler day. These are just a select few things that are celebrated.

Healthwatch observed that birthday celebrations took place within Home. There was a birthday banner on a resident's bedroom door, and the Deputy Manager said *"We always celebrate birthdays, there are balloon and banners in the resident's room as well."*

The Manager said, *"At Christmas, we used to have a dinner at the Forester Pub, since many residents aren't physically able to go Forester's staff bring the Christmas dinner to us now to have at the Home and celebrate with residents, family and staff."*

The Home takes residents out on trips, and has links with a local taxi firm, that will take the residents out on a Volunteer basis, so no payment is necessary. "*Recently we were going to the zoo, but it was requested that we went to M&S for bra fitting and cake instead. We do have plans to visit the zoo soon though. We have also taken some residents recently to the Blue Planet Aquarium.*" (Manager)

Healthwatch noted that there was a display of upcoming outings.

Person Centred Experience

"*We ensure all our residents receive person-centred care; it is about getting to know the residents on a personal level. All residents are different, and their wants and needs are different. What a resident once liked at home they might not like it at the Home, so getting to know a resident is very important. We will talk to residents and residents' families, ask questions, and adapt care where needed.*" (Manager)

The Home also has an area of wellbeing for staff, with lots of information available.

The Home does not have a resident of the day.

Methodist and Church of England services are conducted regularly. The Home will make provision for other Faith leaders to attend the Home if required.

"*They have a service every week, but the staff look after my loved one as an individual and she tells me he feels welcome and loved.*" (Relative)

Healthwatch asked "Do you allow pets to visit and or live in the home?"

"*Yes of course, we had a resident who brought their cats, we have chickens and therapy rabbits living in the home in the garden.*" (Manager)

Communal Areas

The Home has a large lounge area, where the seating was arranged in groups to encourage chatting, and provided the space for relatives to have privacy with their visitors if required. The lounge also encompasses the Activities Coordinator station and a large activities table, which was set out ready for colouring and bubbles to be enjoyed. There is also a fishtank and another television located within this area. The kitchen is located off the lounge area, and the dining area is located to the left of this.

The furniture throughout the communal areas was adequate to the residents' needs. The chairs had high backs and looked comfortable. There is a brightly decorated wall in the lounge area, that adds an attractiveness to the space. The dining area was quite sparsely furnished, however, when Healthwatch observed lunch being served, it became apparent that this was to be able to accommodate wheelchairs. Some residents stay in their comfortable chairs from the lounge area, and the staff move these with ease and efficiency.

Healthwatch noted that although the weather was extremely hot on the day of the visit, the temperature within the Home was very pleasant, with large fans located within the corridor areas. The Home had a pleasant aroma, although the air freshener within the reception area was extremely powerful in scent.

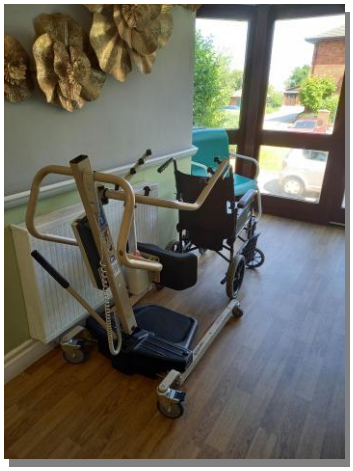
The Home had a very calm atmosphere, the only call bells heard during the visit, were from visitors wanting to access the building.

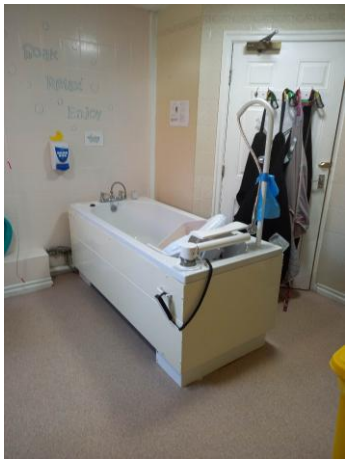
Corridors were wide enough to accommodate residents with mobility aids. We observed a few residents moving around the care home independently

and safely. The corridors had been artistically decorated with local scenes and quotes from residents.

Healthwatch did observe that equipment was stored in the corridors.

We were shown a couple of communal bathrooms with rise and fall baths, a wet room and toilets on both floors of the Home.





Residents' bedrooms

Residents are encouraged to bring their personal items to Loxley Hall, to make their bedrooms feel like their own. Each bedroom door has a room number only, with no further resident details.

The Manager expressed that they encourage residents to bring in whatever they want to make their room feel like their own, "*They can put anything up on the walls, many have put shelves up, they are welcome to paint the rooms. These rooms are the residents' homes, so we welcome any personal items.*"

"My loved ones' room now looks like their flat, and she thinks that she is still at home. The staff help her to decorate for Easter, Halloween, Christmas etc." (Relative)

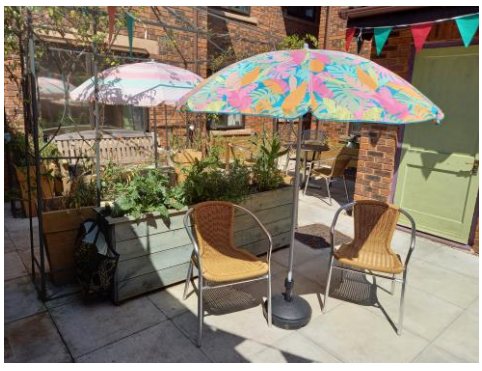
Healthwatch asked if couples were able to sleep in the same bedroom? The Manager said, "The Home does not currently have any couples, but in the past, there has been - each individual would need to have their own room, and they would try to place them as close to each other as possible."

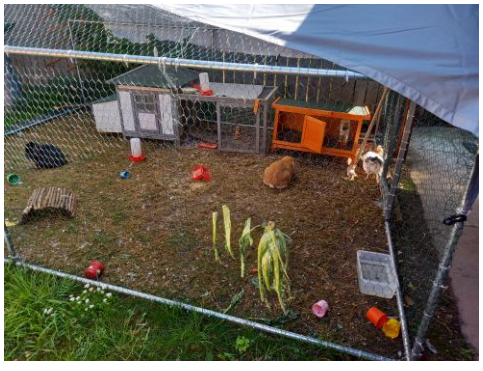
The bedrooms within the Home are of varying sizes, and all have a view of outdoor space. The Deputy Manager explained that if a resident has a small room, and a larger room becomes available, the Home is happy to move a resident to a larger room. There is no price difference applied to the size of the rooms.

Of the 40 bedrooms, nine rooms have ensuite facilities. The facilities were dated in design but functional.

Outdoor areas

There are various seats, tables and parasols, so the residents can enjoy being outside. Raised planters are in different positions, which contain a mixture of flowers, vegetables and herbs. This area is paved. There is also a grassed area, that has a large pen with two therapy rabbits and chickens. The garden can be seen from the dining room.





Food and drink

The Home has its own chef and catering team, *"We are very lucky to have our chef."* (Manager)

The Home provides home cooked meals, and residents can choose where to eat their meals. Although mealtimes are protected at visiting times, the Manager added *"We ask if they are joining that they help assist their loved ones.".*

"My loved one wanders a lot. She has meals in the dining room, lounge, foyer, bedroom depending on her mood and where she wants to eat at the time." (Relative)

"My loved one has always had a small appetite and tells people she has ate and drank when she hasn't. The staff keep an eye on her and can always get her to have something. She always has drinks and snacks near her." (Relative)

"After breakfast, the chef will go around asking residents what meals they would like." (Manager) Healthwatch observed that there was a large chalkboard menu located in the dining area. There was a menu board located outside the lounge area, however, on the day of the visit, this was empty.

"The cook comes and asks her, but her memory is not good, and she forgets before the meal arrives. They are always so good and make her anything that she wants." (Relative)

"My loved one picks from the various choices." (Relative)

There is one main option, alongside light bite options such as jacket potatoes, omelettes, and sandwiches. The Home will always cater for what the resident wants if they don't want what is on the menu.

"My loved one can be fussy. The staff always give her options and find what she likes." (Relative)

There are several drinks available such as tea, coffee, Horlicks, lemonade, cordial, fortified milk/shakes and there are a range of snacks, such as biscuits, cheese, crisps, chocolate, mini cakes and ice lollies for the warmer weather.

The Home caters for special dietary requirements but currently do not have any residents with special requirements except soft options.

Healthwatch would like to note that during lunch service we observed some meals were carried out by hand and others were on a tray. Meals leaving the kitchen for residents were not covered between leaving the kitchen and the residents eating away from the dining room.

Biggest challenges...

"*The transition from Care Assistant to Manager and making the Home homely and less clinical. Along with building the staff to trust themselves and building their confidence that they don't have to seek my approval on everything and they can trust their own judgement.*" (Manager)

Biggest success to date...

"Everything, the whole of it! The staff are great and the brilliant reputation that we have for end-of-life care; we have hospices calling for beds as they know how good our reputation is. The staff do a really good job." (Manager)

Care Home Best Practice Initiatives

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

MUST (Malnutrition Universal Screening Tool)	A tool used to identify adults who are malnourished, at risk of malnutrition(undernutrition), or obesity. It also includes management guidelines which can be used to develop a care plan.

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

Does the care home use any of these initiatives?

MUST is used at Loxley Hall.

When asked about Restore2 the Manager said *"No – "we have to use our own clinical judgment as we are a nursing home, so in a way it is similar to Restore2."*

When asked about RITA the Manager said "*No, but we do have similar functions- the projector and tablets."*

When asked about the End-of-Life Partnership the Manager said "*Yes, we have previously carried out six steps training. The End-of-Life Partnership liked our profile; they anonymized it and used it for future training."*

Recommendations

- When serving meals, all staff should ensure meals are carried on a tray to the table and covered with a plate cover when being taken to a resident outside of the dining area to reduce the risk of cross-contamination.

What's working well?

- Staff working as a team.
- Planned outings and listening to the residents' needs.
- Links with the wider community and Volunteers attending the Home.
- Person centred treatment at mealtimes.

Service Provider Response

Recommendation 1 When serving meals, all staff should ensure meals are carried on a tray to the table and covered with a plate cover when being taken to a resident outside of the dining area to reduce the risk of cross-contamination.
Service provider's response This has been passed over to staff and kitchen staff, more plate covers have been ordered, and it is now on the meal time audit to check.
Action Ordered more covers and mentioned this recommendation in handover to all staff .