



# Enter and View Meadowview Care Home

Announced Visit 25<sup>th</sup> April 2025

#### What is Enter and View?

Part of Healthwatch Warrington's remit is to carry out Enter and View visits. Healthwatch Warrington Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families, and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so that we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Warrington's Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Warrington's Safeguarding Policy, the Service Manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

#### **Details of the Visit**

Details of Visit	
Service Address	Meadowview Care Home Penketh
Date and Time	25 <sup>th</sup> April 2025 1:30 – 3 PM
Authorised Representatives undertaking the visit	Lisa Fidler  Norman Holding  Dot Holding  Jim Sinnott
	Carol Ann Kelly

#### **Acknowledgments**

Healthwatch Warrington would like to thank the Registered Manager, staff and all the residents for their co-operation during our visit.

#### Disclaimer

Please note that this report is related to findings and observations made during our visit on 25<sup>th</sup> April 2025. The report does not claim to represent the views of all service users, only those who contributed during the visit.

#### Who we share the report with

This report and its findings will be shared with the Manager of Meadowview, Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Warrington website.

#### **Healthwatch Warrington's details**

Address:

The Gateway

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Warrington

WA1 ISR

Website: www.healthwatchwarrington.co.uk

Telephone: 01925 246 893

#### **Healthwatch principles**

Healthwatch Warrington's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

- 1. A healthy environment: Right to live in an environment that promotes positive health and wellbeing.
- 2. Essential Services: Right to a set of preventative, treatment and care services provided to a high standard to prevent patients reaching crisis.

- **3.** Access: Right to access services on an equal basis with others without fear of discrimination or harassment when I need them in a way that works for me and my family.
- **4.** A safe, dignified and quality service: Right to high quality, safe, confidential services that treat me with dignity, compassion, and respect.
- **5.** Information and education: Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system.
- **6.** Choice: Right to choose from a range of high-quality services, products and providers within health and social care.
- 7. Being listened to: Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received.
- 8. Being involved: To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

#### **Purpose of the visit**

The visit was announced and was part of the ongoing work programme of Healthwatch Warrington.

#### **Details of the service**

Meadowview Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration. Meadowview Care Home is a care home with personal care.

#### **Provider Service and Staff**

Meadowview Care home has 41 beds (at the time of the visit 35 were occupied).

Chris Wilcock is the registered manager (in post 5 weeks).

The home has a multitude of staff including:

- Manager
- Deputy Manager
- Administration
- Maintenance Manager
- Gardener
- Team Leaders
- Care Assistants
- Head Chef
- Assistant Chef
- Kitchen Assistants
- Domestic staff
- Laundry staff
- Activity and wellness lead
- Activity Assistant

### Results of the Visit:

#### **First impressions**

Signage was limited to one sign on the road approaching the home. At the time of our visit the Meadowview sign was not clear as it was blocked by works vehicles. However, if the area remained clear the signage was adequate. The home has very limited parking. There is further parking just outside the care home car park, but this is reserved for the two primary schools located in close proximity.

There was work being carried out on the roof and gutters of the main building, some nails, and general rubbish were observed by ARs (Authorised Representatives) left on the floor on the walkway to the main reception. This area should be managed to avoid any injury to both residents and visitors.

The building Is secure with access gained via a doorbell where we were 'buzzed' in. The Authorised Reps (ARs) were met by the Manager Chris Wilcock and Deputy Manager and asked to sign in.

On entering the building there was a small reception area, it was clean, bright, and well-decorated. A Healthwatch poster was displayed in the reception area. There were no unpleasant odours.

#### Well Lead

On entering the home, ARs were met by the Manager and Deputy Manager, they gave an overview of the home and gave the ARs a tour. It was noted that a new management team was in post and several changes had already been made. There were renovation works being completed during our visit and there is a plan of enhancements scheduled.

Staff stated that there were opportunities for training, and a programme was in place for them. The home is 100% compliant with dementia awareness training and 30 members of staff are due to become trained fire marshals. In addition to mandatory training, additional training is available and encouraged.

Management have worked closely with staff to build morale following previous management failures. Chris conducts regular staff 121's. Staff spoken to liked working in the home and stated that the new management were supporting them. Staff were wearing name badges and wearing appropriate clothing for their roles.

#### **Access to Services**

Residents at Meadowview are registered with Penketh Health Centre. Currently there is not a domiciliary dentist attending Meadowview however, Chris stated that they are in the process of obtaining one. Other services include podiatry, opticians, frailty team, and weekly nurse visits.

The home has hairdressing facilities with a hairdresser visiting weekly. There are plans to introduce other services such as nail treatments.

#### Safe

The building was secure; visitors are required to ring the doorbell to gain entry. Car parking was small but congested and there is a small entrance to the car park which could cause issues for emergency services. It was noted that an action around this issue is in place and it is to be extended. The outside fence is very low and easy for someone to get on to the site without communicating with reception.

Fire alarm points were visible, and all fire zones identified. Some fire doors observed did not close fully which must be addressed urgently. Resident rooms observed had alarms, these sound throughout the building and in all staff areas. Alarm monitors were observed in the corridors which alert staff.

ARs observed a cable loop trailing by the reception area main entrance door which is a trip hazard. It was observed that there were two armchairs that residents used in the small reception area, this too is a potential hazard to visitors and residents in such a small area and provides no privacy.

Bathrooms are adequate and well equipped; they have alarms; however, some alarm cords were too short and would not be accessible if a fall occurred. The toilet seats are not dementia friendly as they are not of a distinctive colour.

Access to outdoors areas is safe and cater for all with ramp access. There were a few trip hazards in the outside spaces, these areas need a tidy up, there were trailing cables in a couple of areas that need removing.

ARs found that some storage cupboards were not locked, neither was the main electrical cupboard, this is accessible to unauthorised people.

The home has recently appointed a full-time maintenance officer to ensure repairs are actioned and maintenance standards are met.

#### Caring

Staff were observed speaking to residents using their preferred name. There appeared to be a good relationship between residents and staff. Noise levels were appropriate, and residents stated that they are not regularly disturbed by noise. There are several lounge areas, these provide quiet areas, television lounge and activity areas.

Jugs of water and juice had been set out for use by residents. There was also a water fountain available in the dining room.

A thank you board was on display which had several thank you cards to staff and the home.

#### Responsive

The home has a Head of Wellbeing who produces a monthly programme of varied activities which residents participate in, the activity schedule is displayed in the reception areas. During our visit we observed a singer entertaining residents, lots of residents were singing and dancing with some playing tambourines! The home has a very good relationship with the local church and schools. ARs were informed that the local school children often visit the home which the residents enjoy. Other activities that the home provides include:

- Craft classes
- Exercise classes
- Local walks
- Residents taken to community events
- Musical entertainment
- A variety of games, including a large interactive screen that the residents mainly enjoy doing puzzles on

- Local school children visits
- Days out are arranged to various locations
- Pet therapy sessions

The home is supported by many volunteers that help with activities. There are plans to provide an area designed as a pub to encourage residents to socialise.

Residents stated that there were plenty of activities to get involved in and that they were able to speak to staff and management if they had concerns.

#### Food

The menus observed provided a variety of choices for each course and covered a four-week period. There were only two choices for evening meal and no vegetarian choices on the menus. The menus showed that the main meal on Sunday was lunch with a roast dinner. Residents spoken to stated that if there was nothing they liked on the menu they only had to ask and an alternative was provided. Residents spoken to were very happy with the food quality, selection and amounts provided. The dining area was small (approximately setting for 20) clean, bright and all tables were clean. Residents can have their meals in the dining room, in the lounge areas or in their rooms.

Special occasions were well catered for, and relatives were always welcome at these events.

#### **Effective**

The home was converted from an old school building and that layout has resulted in underutilisation of the space (now being addressed by the improvement works). Generally, the home was clean and bright.

The resident rooms were looking tired and requiring a refresh, none of the rooms are ensuite. All resident rooms were numbered and there was a mix of names and photos on the doors. The common areas comprise of a few lounges of varying sizes and provide a variety of chair styles for residents. The bathroom observed was large and had room for a wheelchair. It was clean, had hoists fitted and an alarm. The corridors are quite narrow in places. Light fittings in some corridor areas required cleaning as flies and dust were present. The outdoor areas contain both hard and small soft areas with easy access. The floor is varnished wood in most locations and some areas need attention; the floor could become a hazard if wet. Linen stores are not adequate; we were informed that more appropriate linen storage will be added.

There is an extensive monthly programme of activities. There is an informative notice board available to all residents at reception.

#### Conclusion

Meadowview presents a well-managed and evolving care environment with a commitment to resident well-being, staff development, and ongoing improvements. The new leadership team's proactive approach has contributed to

enhanced morale. Residents benefit from a variety of activities and community engagement.

However, there are areas requiring attention, including fire safety concerns and accessibility hazards. While steps are in place to resolve these issues, continued focus on safety and facility upgrades is essential to ensure the home remains a secure and comfortable place for its residents.

Overall, Meadowview demonstrates a positive trajectory, with thoughtful enhancements underway to optimise its environment and services.

## Recommendations

Recommendations made from findings	
1	Address fire door deficiencies to ensure they close fully and comply with fire safety regulations.
2	Ensure all storage cupboards, particularly the main electrical cupboard, remain locked at all times.
3	Remove trip hazards, including trailing cables near the reception entrance and outdoor areas.
4	We recommend adjusting alarm cords in bathrooms to ensure they are accessible in case of falls and installing toilet seats in a distinctive colour to ensure they are dementia friendly.
5	We recommend introducing an additional evening meal choice and including vegetarian options.
6	We recommend that ongoing plans of renovation works, internally and externally are completed.

Provider Response		

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