

healthwatch

Cheshire East

Enter and View Report

Twyford House Care Centre, Alsager



4th December 2023

Contents

Report Details	Page 3
What is Enter and View	Page 4
Methodology	Page 5
Findings	Page 7
Recommendations and what's working well	Page 25
Service Provider Response	Page 26

Report Details

Address	Richard Woodcock Way Alsager Stoke-on-Trent Staffordshire ST7 2D
Service Provider	Lovett Care Limited
Date of Visit	4 th December 2023
Type of Visit	Enter & View visit with prior notice
Representatives	Alison Langley Amanda Sproson
Date of previous visits by Healthwatch Cheshire East	First visit

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.

About Twyford House Care Home

Twyford House is a modern and well-presented 70 bedded, purpose-built care home set in mature, landscaped gardens and consisting of four wings, each with their own extensive facilities and communal areas. The home provides services including residential, dementia, respite and day care, and a wide range of daily activities for residents to enjoy.

The home is currently being temporarily managed by the Regional Support Manager until a permanent Manager comes to post in January 2024.

Healthwatch received six responses to our feedback survey about living in Twyford House from friends and family, and four responses from residents

Please Note - on the day of the Healthwatch visit, the Residents and Friends and Families surveys that we had previously left for completion, prior to our visit had not been completed. Healthwatch returned two days later to collect these. In this report when we refer to responses received, the reference is to these numbers only.

Findings

Treatment and care

Quality of care

The Interim Manager told Healthwatch that residents receive care for their health and wellbeing via a variety of visiting services. This includes weekly visits from two local GP surgeries, Merepark, and Cedars which are situated in the same Medical Centre in Alsager. The Interim Manager added that “We find the GP to be very helpful, and that ad-hoc appointments can be arranged if necessary.” Of the surveys received eight responses indicated that access to a doctor or nurse was available, one response indicated the respondent felt they did not have access to a doctor or nurse and one response indicated that the respondent did not know.

Should a resident become unwell and need additional care, the Interim Manager told Healthwatch that depending on the individual plan of care and the resident’s wishes that residents could be cared for in the home with support of district nurses if preferred rather than hospital admission.

Further health care services that visit the home include a Chiropodist who attends every six weeks; some residents also receive visits from an NHS Chiropodist. The home is also linked with a local Dentist but the Interim Manager was unsure of the name. Eye care is delivered by Iris Opticians who visit and ring the home direct when appointments are due which is usually every six to 12 months. Of the surveys received nine responses indicated a positive response to access to a Chiropodist, one response indicated that the respondent did not know. Seven responses indicated a positive response to access to a dentist, two responses indicated that they did not have access to a dentist and one response indicated that the respondent did not know. Eight responses indicated a positive response to access to an optician, one response indicated that they did not have access to an optician and one response indicated that the respondent did not know.

Regarding medication, the Interim Manager also told Healthwatch “We use Inspire Pharmacy in Newcastle-Under-Lyme, and are linked to Atlas for our electronic medication.”. In addition, Occupational Therapists, Physiotherapists, District Nurses and Dieticians all attend the home to care for residents. The home also has two visiting hairdressers who come every week, and a salon is available for pedicures, manicures, massage and aromatherapy at an additional cost. Healthwatch received a comment that it is such a lovely home.

The home offers several additional facilities for residents including a hair salon, bar, bistro, cinema room, fine dining room, library, resident kitchenette, serenity quiet room, additional lounges, and an upstairs balcony. All survey responses reflected that the additional facilities were well promoted and used.



During our visit we noticed that many residents were up and about and enjoying the facilities within the home, talking to visitors or taking part in activities. Residents were comfortably and smartly dressed in day wear, and we spoke to a lady who had just had her hair done by a relative using the on-site hair salon. When a call bell alerted it was noticed that a member of staff responded straight away.



Privacy, dignity and respect

The Interim Manager told Healthwatch “Each resident is treated as an individual, and we find out what is important to them, and this is then written in the resident’s care plan.” The Interim Manager also added “We have low staff turnover, so build up good relationships with the residents.” Healthwatch received a comment stating that staff are all really helpful.

Healthwatch witnessed a member of staff sat with two residents helping them to make food choices in an unhurried and encouraging manner, and other members of staff helping residents with lunch. We also witnessed the Activity Coordinator helping residents to make Christmas cards, and staff members speaking to residents and family members in a polite, friendly and respectful manner.

One resident and her family spoke to Healthwatch during our visit and commented that sometimes it can feel like there are not enough staff and that on occasion they have had to wait longer than desired for help to get to a bathroom. Also, that a maintenance issue in the bedroom took a while to fix as the home’s own maintenance staff had left and they were waiting to recruit, and therefore there was a wait for regional staff to arrive and resolve the problem.

Before showing Healthwatch into any bathrooms it was observed that the Interim Manager knocked on the door before admitting us to ensure privacy and dignity, and that we were shown only into an unused bedroom



to see the facilities rather than a bedroom which was occupied.

All of the surveys received indicated a positive response that the respondents felt that residents were cared for, safe, respected, treated with dignity and had privacy.

When Healthwatch asked if we could chat to any residents, friends and family, staff asked residents, friends and family if they would like to do so and told them who we were.

The only personal information seen on display was on residents' doors which bore their names in small writing.

When discussing systems and accessible information, the Interim Manager told Healthwatch "There are hearing loops around the home and we can print in large print, though our printer is currently broken, and a new one is due today or tomorrow." Healthwatch noted that menus and activity information were currently displayed in small print.

Understanding residents' care plans

When asked if residents have care plans in place the Interim Manager told Healthwatch "Yes they do, they are person-centred (PCS), an electronic handset is used by the carers to update care plans instantly if required." The Interim Manager further explained "A review is done on each resident's care plan every month, along with a risk assessment and a mobility care plan." They added that "The resident's family history is also added to the care plan, so that staff can chat with the resident about their family."

Residents are also involved in care planning to identify likes, dislikes and preferences, and the Interim Manager said "If residents are unable to sign their care plan, it will be noted on the care plan that the resident has verbally agreed." The Interim Manager further commented that friends and family are also involved with their loved one's care plan where appropriate.

• Relationships

1. Interaction with staff

The Interim Manager told Healthwatch “Staff know the residents very well and staff remember all of their families’ names and will ask the residents about their families.” They added “We have recently completed our own residents and relatives’ surveys, with really good feedback.” Healthwatch received the following comments-

- “All the care team make my Mum Happy.”
- “There is general good care.”
- “I like to be able to interact with others in the home.”
- “I am well cared for and the food is good and there is a good atmosphere in the home.”
- “Have more staff please, so spend time, quality time with me.”

Healthwatch observed interactions between staff and residents and their friends and family during the visit and found that these appeared to be friendly, welcoming and helpful. Staff spoke respectfully and pleasantly and seemed to have good relationships with residents and their visitors. The Interim Manager also commented that they ask how people like to be addressed and make sure that they use those terms, for example addressing one resident as Doctor. One resident commented “Being disabled, having someone to care for me and look after my needs is good.”

When asked about name badges the Interim Manager said “All staff have a name badge, these are not necessarily worn at all times.” The Interim Manager was seen to be wearing a badge but other members of staff were not.

Connection with friends and family

Healthwatch observed several friends and relatives attending the home throughout our visit, and also noted that not all signed the visitor’s book. The Interim Manager told Healthwatch “We keep in touch with friends and

relatives via telephone communication. If there is an event or meeting, we would communicate this via email or by post”, and further added “We find out which is the preferred method of communication with each resident’s friends and family.” All the survey responses were positive in regard to good relationships with the home and that the staff were welcoming. Healthwatch also received a comment that the staff are helpful.

The Interim Manager told Healthwatch “Visiting is welcomed at any time, though we do ask that mealtimes are avoided if possible. Relatives are welcome to have a meal with their loved one, and relatives can book in to have Afternoon Tea or Christmas Lunch.” A fine dining area is also available in the home for special occasions.



When asked how infection outbreaks in the home impact on visiting, the Interim Manager told Healthwatch “Outbreaks no longer impact visiting, if the home has an outbreak, the other relatives and visitors will be notified of the risk.”

Wider Local Community

The Interim Manager told Healthwatch that the “U3a are very active in the home and attend every two weeks to do lots of different activities with the residents.” The Interim Manager also added “Two of the local churches have

strong links with the home, as does the Rotary Club, who have recently donated some trees at the front of the home.” They added “The local tennis club has also attended and the residents really enjoyed this.”



Healthwatch also heard from the Activity Coordinator about residents visiting the local tennis club themselves and the home being

involved with a local memory café.

Everyday Life at the Care Home

Activities

Healthwatch observed the Activity Coordinator engaging residents in an arts and crafts session, making Christmas cards for their upcoming Christmas Fair. In the afternoon bowling was taking place in the bar, a Christmas film was being shown in their small in-house cinema, and the U3a were visiting to play Mahjong in the retreat quiet room. From the completed surveys received, the following was indicated, seven residents read or watched TV in their room, three residents did not do this. Five residents read or watched TV in the lounge, four residents did not do this and one resident sometimes did this. Four residents participated in exercise classes, three residents did not participate and three sometimes participated. Six responded positively that they participated in group activities, two did not participate and two sometimes participated. Six residents responded positively that they participate in one-to-one activities, one did not, two did not know and one sometimes participated. All responses indicated that residents socialised with each other.



Healthwatch also heard about a resident walking group, a recent travelling pantomime group which visited the home, planned school choir performances and the home's own choir who recently set up and are planning a concert for their friends and family. In addition, the home is hosting a Christmas fair selling crafts which residents have made. The Home also has a mini bus that is used for outings

and the residents had recently been to a local garden centre. One resident commented "The activities are very good."



The home also works closely with two local churches who visit regularly to see residents and deliver holy communion. Additionally, the Activity Coordinator hosts a service and hymn singing on Sundays to cater for residents' spiritual beliefs. Of the surveys received one

resident responded that they went out locally on a day trip, four responded they sometimes went out locally, four responded that they did not go out locally and one did not know. When asked if participation in day trips further afield occur, the following responses were gathered: three responded sometimes, five responded no, one responded yes and one did not know.

Residents who prefer not to join in group activities are informed of what is going on and invited to attend. The Activity Coordinator said she goes around to see all the residents and spends one to one time with anyone who would like to do this with activities such as chatting, looking at newspapers and hand massages. The Interim Manager told Healthwatch "We recently had a Christmas card competition and the Activities Coordinator spent time with residents individually, so that everybody was included."



"We have one Activities Coordinator who works 33 hours per week, and we are currently recruiting another to do the same hours again."

Residents are made aware of activities by being given a weekly activities booklet listing all of the events taking place. There was also a display of A4 sized posters with upcoming activities on the wall in normal sized print.

Friends and family that we spoke to commented that the Activity Coordinator was fantastic, spoke to residents in a lovely manner and



provided a lot of good activities for residents that friends and family could join in with as well.

Healthwatch asked about visits from petting dogs. The Interim Manager told us "Lots of people bring their dogs to the home to visit, we do not have a specific petting dog that comes in." The Manager added "No residents currently have their pets living with them, but if requested it would be discussed and a risk assessment carried out."

Healthwatch noted Christmas trees and decorations throughout the home to celebrate the upcoming festive season. We were told that the home also celebrates residents' birthdays with a gift and a cake. A resident and their family members also told Healthwatch about their planned birthday celebrations, hosting a small family party with food in one of the lounge areas in the home of which they said staff were fully supportive. One resident commented "We have great parties." Nine surveys reflected that special events were celebrated, with one negative response.

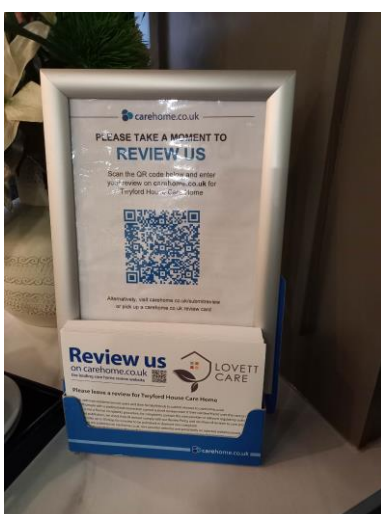
Healthwatch noted that during our visit the electronic signing in and out system was inoperative. Healthwatch staff noted that visitors were entering and leaving the premises without signing in and out.



Person Centred Experience

The Interim Manager told Healthwatch “We ensure residents’ experiences are person centred by completing their care plans. We have four residents of the day, one from each wing of the home where we focus on those residents.” They added “We have recently implemented at 3pm each day that Alexa plays ‘Magic Moments’ and all staff stop what they are doing for ten minutes to go and chat to a resident.”

The Interim Manager also told Healthwatch that they listen to feedback and that “There are Residents and Friends and Family meetings every two months which are held by The Activities Coordinator.” Any individual concerns, complaints and feedback can further be shared by directly speaking to care staff who would report this to management.



The Manager's office is situated in the reception area near the main entrance making them accessible, and Healthwatch were told that residents, family and friends are welcome to come and share their experiences at any time, and that Managers like to act as quickly as possible to resolve any concerns. Healthwatch also noted an A4 poster in a frame, inside the foyer of the home, outlining how to make a complaint or give feedback.

Environment

The home is situated just less than a mile from Alsager town centre and is signposted from the main road. The A500 and M6 are close by, providing good transport links. It is then approached via a quiet road which accommodates a new housing estate to the left and the home to the right which is screened by mature trees.

Upon arrival, a good sized, flat and accessible car park was immediately in front of the home allowing easy parking and access to the home itself. The front of the home was well presented and welcoming, and access was via a secure door. Healthwatch were greeted by staff into an attractive reception/bistro/bar area who checked our identity badges before asking us to sign in using their visitors' book, and providing a tour and answering questions about the home.





Healthwatch noted that a selection of information folders, including how to make a complaint, were available.

The Interim Manager told Healthwatch “Our policies are on display regarding raising complaints, concerns or feedback. On our digital signing in screen, relatives can leave a comment or compliment. If any comments are left, The Manager would contact the person and ask them to come in for a chat straight away.” The offices for the Management team are located adjacent to the entrance/exit and there is an open-door policy.



The Interim Manager also added “Residents would approach staff directly.” Activities taking place were on display in the main entrance, and also a moving display screen with photos and information about the home. It was noted that our Enter and View care home poster informing residents, friends and family about how they could share their feedback was not on display as requested. Healthwatch received a comment that the management are so helpful.





Communal Areas

The home is modern, well presented and decorated to a very high standard throughout. The interior is bright and well-lit via attractive light fittings, and further enhanced by plenty of natural light which streams through the large windows.



The corridors within the home are carpeted, have hand rails running along their length, and are of a spacious proportion to allow residents with mobility aids to move along them with ease. The furniture in the home appeared to be clean, comfortable, in good condition and of good quality.



The environment was odour free, well-ventilated and clean smelling. The home was of a comfortable ambient temperature, and the environment was peaceful and quiet with no televisions playing in the background. Gentle music was heard playing in some of the communal areas.

The Interim Manager told Healthwatch "There are several



communal areas, there are four lounges, a bar, libraries, cinema rooms, serenity rooms, a bistro, resident kitchenettes, balcony, and a fine dining room.” Residents were seen to be enjoying the facilities during our visit for socialisation with friends and family or other residents, for entertainment purposes, and relaxation.

The décor is not themed but is attractive throughout, and a variety of pictures are on the wall depicting reminiscent movie stars from time gone by, local landmarks and buildings.



Residents' bedrooms

The Interim Manager told Healthwatch “There are 70 bedrooms in the home, of which 61 are currently occupied, and they are all ensuite. Residents are encouraged to make their rooms as homely as possible, with their own decorations and furniture. Couples are able to sleep in the same bedroom, we currently have two couples with us.” All respondents indicated that they are able to personalise their bedrooms, three residents commented that they had their pictures on the walls of their bedrooms.



Healthwatch noted that bedrooms were of a good size with pleasant décor and fixtures and fittings which included a television, small fridge and a call bell. Views from the windows over looked gardens and a nearby housing estate, and some on the ground floor opened onto a patio area. Residents have their name written in small writing on their front doors; these did not appear to be personalised. The doors were reminiscent of residential front doors with panelling and a door knocker. The Interim Manager also mentioned the use of discreet sensors in bedrooms should a resident be deemed to be at risk from falls.



In addition, each of the four wings within the home have two bathrooms with baths and bathing aids, and three separate toilets. The bathrooms were pleasant and homely with modern decorative tiling.

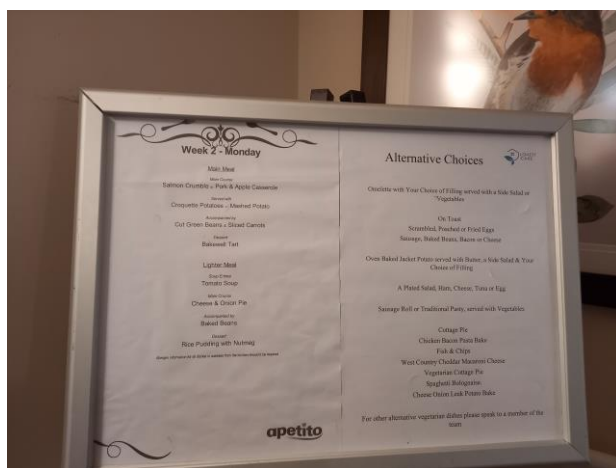
Outdoor areas

The Interim Manager told Healthwatch “The residents are welcome to use the garden area; there is garden furniture available and some of the rooms have small patio areas, where the residents have put their own plants.”



There are also bird feeders and some residents had formed a walking club around the garden. The Activity Coordinator also told Healthwatch that there are raised pots for residents who enjoy gardening. Views of the garden can also be enjoyed from the upstairs balcony. The responses from the surveys indicated that one resident spent time outside, five residents did not spend time outside and four sometimes spent time outside.

Food and drink



Menus were on display in the kitchenette areas where residents eat. This was in written format on A4 paper in a menu style and were not pictorial. We also saw staff talking through menu choices one to one with residents.

All dining areas were attractive, spacious, with well laid tables with linen serviettes, condiments and table decorations.



The home has four kitchenettes with tea and coffee making facilities and a fridge containing a variety of cold drinks which residents can help themselves to at

any time.

However, one resident commented "I would like to be offered a drink more often, mid-morning and mid-afternoon." There was also a bowl of individual packets of crisps in the kitchenette



areas which was full, and a bowl of fruit with a small amount of fruit in it.

In addition, the Interim Manager told us that regular drinks rounds take place and that biscuits and cake are also available. Of the responses to the survey we received the following comments about the availability of snacks, one respondent was very happy, four respondents were happy, four respondents were satisfied and one respondent was dissatisfied. With regards to the availability of drinks, three respondents were very happy, six respondents were happy and one respondent was very dissatisfied.



Healthwatch were offered a hot drink but not food. However, we did observe food being served. We saw dishes, such as salmon crumble with a variety of vegetables and croquet potatoes, which looked appetising. The Interim Manager told Healthwatch that the home has an in-house chef and that they also serve pre-prepared food. There are two main choices of food at meal times plus an additional choice of items such as an omelette, sandwiches, salad, soup, baked potato. Of the responses Healthwatch received six respondents were

happy with the quality of food, one respondent was very happy, two respondents were satisfied and one respondent was dissatisfied.

One resident told Healthwatch that she is vegetarian and whilst the food was quite good that she has to rely on the additional menu and have baked potatoes, omelettes, etc. as there weren't vegetarian choices as a main option on the menu. Of the responses that Healthwatch received, two respondents were very happy with the taste of the food, four respondents were happy, three respondents were satisfied and one respondent was dissatisfied.

The Interim Manager told Healthwatch "The residents choose their meals whenever they want. Some choose the day before, some choose on the morning, some choose at service. It is not a problem if a resident changes their mind, there are always alternatives available." They added "We cater for special dietary requirements as needed, gluten free and vegetarian are recent examples, and that residents can eat their meals where they choose, if staff notice that a resident has stopped wanting to join the

dining room, they will try to encourage them.” Of the responses Healthwatch received two respondents were very happy with the choice of food, five respondents were happy and three respondents were satisfied. Also, one respondent was very happy with the quantity of food, five respondents were happy, two respondents were satisfied and two respondents were dissatisfied.

We were informed that the home keeps protected meal times where possible, but that friends and family are welcome to eat with residents if requested. All of the survey responses received reflected these comments. All respondents stated that they chose their meals the day before and staff would bring the menus to them and that there was never an issue if they had changed their minds on the day of service.

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.

The Interim Manager told Healthwatch that they use the MUST screening tool and commented “All residents need monitoring and support, this is reviewed constantly. Residents are weighed on admission and then monthly, and if the resident is deemed at high-risk, they are weighed weekly and referred to a dietician.”

“We use Restore2 as part of our electronic care plan and are currently waiting for staff training on this”.

“We use RITA; however, residents need to be encouraged to use it. It is set up in the lounge area.”

“We engage with the End-of-Life Partnership and have recently completed the 6-step programme”.

Healthwatch asked the Interim Manager what were the biggest challenges in the home and the reply was “Recruitment of care staff, sickness is covered by agency staff if it cannot be covered in house. Agency staff always come from the same company.”

The Interim Manager told Healthwatch their biggest success to date was “Interaction with the local community, and that one of the house Managers had recently won an award for encouraging residents to live fulfilled lives”.

Recommendations

- Offer more main meal options that cater to residents’ dietary preferences and needs
- Display information for residents in large print including activities and menus
- Ensure adequate staffing levels wherever possible to make sure that residents receive prompt and timely responses to maintenance issues in their rooms
- Ensure visitors sign in and out when visiting if the electronic system is not functioning

What's working well?

- A beautiful environment with plenty of social spaces, quiet spaces and outdoor gardens for residents to enjoy
- Friendly, helpful staff who were observed to be caring, kind and attentive to resident's needs
- Team approach of staff who work well together
- An extensive, daily activities programme for residents, delivered by a highly regarded Activity Coordinator, to promote activity, participation and wellbeing, which friends and family are welcome to attend
- Excellent connections with the local community to support resident wellbeing, including a local tennis club, U3a, local schools, churches, a local memory café and external entertainers
- Use of the home's own 12-seater mini bus for trips to local garden centres and other venues
- Resident kitchenettes for ease of independent access to drinks and snacks throughout the day
- Inclusive environment for friends and family, offering flexible opportunities for family and friends to join in activities, dine with residents, make hot drinks and plan family get togethers and private celebrations in lounge and fine dining areas.

Service Provider Response

Twyford House have a digital signing in system for all visitors who enter the home. Visitors and visiting professionals are able to complete a brief survey about their experience at the home following each visit. This means that in cases where there is negative feedback the GM can address this immediately to prevent escalation and potentially mitigate any identified risks. Digital reception links with the home's electronic care planning system and each visit is electronically transferred into the resident's individual care plan.

Twyford House has successfully recruited a maintenance operative, during the interim period the home was supported by the Group Property Manager and a Maintenance Operative from another Lovett care home.

Twyford House always ensure staffing levels are in line with our residents' dependencies. We use a dependency tool which is reviewed regularly. This was evidenced during the visit from Healthwatch when a resident, who was in their own room, pressed the call bell and a care team member answered promptly and offered assistance.

Twyford House offers a range of main meal options that cater to residents' dietary preferences and needs, including a vegetarian option. Each mealtime these are discussed as part of the residents' initial assessment before moving into the home and reviewed as part of the plan of care. Twyford House also offers a menu to meet residents' dietary needs which can range from a fortified diet, allergies, or food intolerances.

On the day Healthwatch visited, Twyford House was waiting for the new printer to be delivered, this arrived the following day. Menus and activity planners, as they were previously, were reprinted in large print for residents; all this information is also displayed on the large information screen in the Bistro area.

Twyford House Interim Manager 15/01/24