



Enter and View Report

Sandon House Care Home

November 2025

Report details

General information about the service

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|------------------------------------|--|
| Name and address of the Care Home: | Sandon House Care Home, Market Street, Mossley, Ashton-under-Lyne OL5 0JG |
| Type of Care: | Residential and dementia care |
| Number of Residents: | 42 |
| Description of Facility: | Situated in a residential area of Mossley, Sandon House is a 42 bed care home with lounges, dining areas, conservatory and gardens. All living areas are easily accessible by wheelchair. The home is ran by HC One Ltd. |
| Care Quality Commission Rating: | Good. Report can be viewed; Sandon House – Care Quality Commission (cqc.org.uk) |

Details of visit

| | |
|---|---|
| Visit date and time | 05/11/25 – 10:30am |
| Healthwatch Tameside Enter and View Representatives | Ayesha Khatun Imogen Shortall Linda Kent Karen Whitworth |

Acknowledgements

Healthwatch Tameside would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

Disclaimer

This report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



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“Our Enter and View visits offer a vital opportunity to see services in action, hear directly from those receiving and delivering care, highlighting both good practice and areas for improvement. This work ensures that the voices of Tameside residents are not only heard, but also help shape more person-centered compassionate, and effective care environments.”

Alex Leach, Healthwatch Tameside Manager



Introduction

About us

Healthwatch Tameside is the independent consumer champion for health and care. It was created to listen and gather the public and patient's experiences of using local health and social care services. This includes services like GPs, pharmacists, hospitals, dentists, care homes and community-based care.

Emerging from the Health and Social Care Act 2012, a Healthwatch was set up in every local authority area to help put residents and the public at the heart of service delivery and improvement across the NHS and care services.

As part of this role Healthwatch Tameside has statutory powers to undertake Enter and View visits to publicly funded health or social care premises. These visits give our trained Authorised Enter and View Representatives the opportunity to observe the quality of services and to obtain the views of the people using those services.

What is Enter and View?

Local Healthwatch representatives carry out Enter and View visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act 2012 allows local Healthwatch 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 we can learn about and share examples of what they do well, from the perspective of people who experience the service first hand.

Healthwatch Tameside 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 our safeguarding policies.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.



Purpose of the visit

The purpose of the visit was to:

- Observe the environment and routine of the venue with a particular focus on how well it supports the dignity of residents and their independence.
- Speak to residents, family members and carers about their experience in the home, focusing specifically on the care and any treatments provided.
- Give staff an opportunity to share their opinions and feedback about the service.

The questionnaires and observations were based on eight care quality indicators developed by the national charity, Independent Age. These were:

| | |
|----------|--|
| 1 | Have Strong, visible management |
| 2 | Have staff with time and skills to do their job |
| 3 | Have a good knowledge of each individual resident and how their needs may be changing |
| 4 | Offer a varied programme of activities |
| 5 | Offer quality, choice and flexibility around food and mealtimes |
| 6 | Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists |
| 7 | Accommodate residents' personal, cultural and lifestyle needs |
| 8 | Be an open environment where feedback is actively sought and used |



Executive summary of findings

Sandon House benefits from a strong community identity, supported by its unique position as the only care home in Mossley. Many residents and families already share local connections, and the home benefits from well-established partnerships with schools, faith groups, and community organisations, which help residents feel locally connected.

The home environment is pleasant and personalised displays throughout the home, add to the warm and welcoming atmosphere. Residents appeared happy and well cared for and spoke positively about the care they receive and said staff worked hard and understood their individual needs. We found that thorough assessments are undertaken to develop care plans to help ensure staff have the information needed to deliver person-centred care.

The home offers a vibrant and engaging programme of activities, which residents told us they enjoy. Regular visits from entertainers, themed events and day trips help create variety and enjoyment, reflecting the home's continued commitment to providing stimulating experiences.

Residents and relatives have regular opportunities to share their views. Monthly meetings, the resident committee and involvement from house champions, supported by annual surveys and online feedback systems help ensure that people's voices are heard, reflecting a culture that values openness and ongoing improvement.

Management presence within the home was clearly recognised by residents and staff. Ongoing training, reflective practice sessions and competency-based development are undertaken to help staff feel confident in their roles.

The meal provision supported residents hydration and nutritional needs, and the food was enjoyed by residents, although one resident commented it can feel repetitive and that the spacing between meals were too close together and one relative felt his family member didn't receive adequate support to help him at meal times.

Overall, Sandon House presents as a warm, community-focused care home with a committed staff team and strong resident involvement. Residents feel well cared for and enjoy a lively programme of activities, supported by visible leadership and an open approach to feedback. Some areas for improvement were identified, which are detailed in the recommendations page, but the overall atmosphere and quality of care observed were positive and supportive.



Methodology

Prior to the Enter and View taking place

We informed the care home of our intention to conduct an Enter and View visit five weeks in advance. An intention to visit (though not the date and time), the purpose and structure of the visit were clearly shared with the provider in writing.

A key contact was identified from the service provider and a schedule for the day was put together with their input, taking into consideration mealtimes, visiting times for carers and families etc.

The provider was contacted to see if there were individuals who should not be approached or were unable to give informed consent and a comprehensive risk assessment was completed.

We asked the provider to display a poster with details of the Enter and View visit and copies of Family, carers and friends questionnaires were left at the home to return via FREEPOST.

During the visit

The visit was carried out over the course of two hours. The visit date and times are shown on the front cover of this report. During the visit Healthwatch Tameside representatives spent time talking to the staff and residents using an agreed set of questions.

15 Interviews and observational methods were used to give an overview of this service from a layman's perspective. This data was recorded using standard observation sheets and questionnaires developed by Healthwatch Tameside.

Authorised representatives spoke to 8 residents and conducted short interviews about their experiences of the service using guided questionnaires. 5 members of staff and management were also interviewed. 2 relatives completed online surveys.

Following the Enter and View Visit

Initial findings were shared with the provider at the end of the visit. This report was completed within 20 working days of the visit, with a draft sent to the provider for comment. The provider was given 20 working days to respond, and their response is included at the end of this report.



Results of the visit

Observations

Location and external environment

Sandon House is a purpose built care home located in a quiet residential area of Mossley and is close to local amenities and town centre and is a short distance from the train station and a regular bus route. There was clear signage that can be seen from the road at the front of the building with designated parking for visitors. On the day there were multiple parking spaces, with marked disabled parking bays.

The Garden area has safe access and is well maintained, with a patio and lawns. A variety of seating areas provide comfortable spaces for residents to relax and socialise and a landscaped area with flower beds and planters provides residents opportunities to do gardening. A designated smoking area is available.



Figure 1: Signage main entrance



Figure 2: Garden



Figure 3: Garden



Figure 4: Garden seating

Internal environment

On arrival representatives were asked to sign-in and welcomed by the manager, Lynn, who provided representatives with a quick tour of the building and facilities. Healthwatch Tameside posters were displayed advertising the 'enter and view' visit in the reception area alongside our postcards.

The building is on two floors and all areas are wheelchair accessible, the upper floor is accessible via a lift and a stairlift. The reception area was warm and inviting with a seating area and pleasantly decorated for Remembrance day. Hand sanitiser and masks were



Figure 5: Reception area

available for use. There was a homely ambience with music playing in communal areas.

All areas of the home appeared well maintained and very clean, with no obtrusive smells or noises. The home was decorated in neutral tones and pleasant artwork could be seen displayed throughout. The temperature inside the home was pleasant and all areas were well lit and radiators covers were covered for safety.

Corridors were accessible and wide enough for wheelchairs and walking aids with dementia friendly grabrails in situ. All areas of the home were secure and a staff pass code is required to enter or exit the building.

The communal areas of the home include two lounges, dining room and conservatory. The lounges were furnished with sofa's, comfortable armchairs, coffee tables and a large widescreen TV and board games, books and magazines available to residents to use at their leisure. There is a quiet area if residents wanted to meet with visitors. The home has onsite facilities such as a salon and a shop.



Figure 6: Corridor

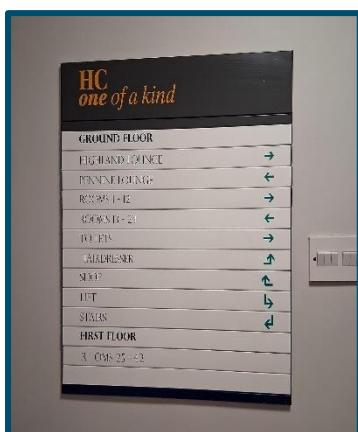


Figure 7: Building layout



Figure 8: Books



Figure 9: Notice boards

Notice boards and signage

Several notice boards were displayed throughout the care home, providing a variety of information for visitors and residents. Representatives were impressed by the displays highlighting birthdays, resident committee updates and celebrations such as anniversaries. The reception area contained newsletters, brochures, feedback forms and a notice board displayed policies, CQC report, certificates and awards and Health and safety information.

Representatives did not see a list of staff names and photos displayed. A photo album was available for visitors, showcasing recent activities and events involving residents.



Figure 10: Notices



Figure 11: Reviews

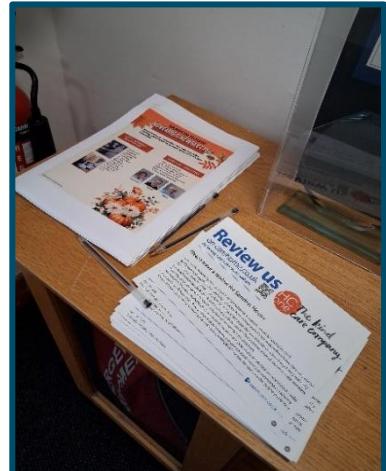


Figure 12: Newsletters and feedback forms

Residents

Residents were appropriately dressed and well-presented and were observed engaging in various activities such as watching TV, reading, walking around the home independently and conversing with others. Residents were friendly and keen to talk to representatives about their past. During the visit a poetry writing activity was taking place.

Residents seem to be comfortable with staff, engaging with them easily and staff interacted with residents with care, patience and warmth. A staff member was observed knocking on a residents door before entering to offer them a beverage, demonstrating respect for the residents privacy.

A resident was observed asking a member of staff for assistance to use the bathroom. The staff member responded that they would need to wait a few minutes as they required support from a colleague. When a representative reviewed this later with the resident, the resident did not recall making a request. This observation was discussed with the manger during the de-brief and the manger reported that a resident is known to make frequent requests to use the bathroom, including after just going to the bathroom, but confirmed that she would look into this further.

Food

The home operates a weekly menu with a broad selection of nutritionally balanced meals and accommodates individual dietary requirements. A daily menu was seen positioned on dining tables, however, its readability is reduced due to the double sided format allowing text to show through. All meals are freshly prepared in the on-site kitchen, with residents receiving three meals a day in addition to mid-morning snacks and afternoon tea. Relatives are welcome to sit with their family member during mealtimes. A dining experience champion carries out monthly audits to monitor and maintain the quality of residents' mealtime experience. Due to time constraints of the visit, representatives did not have the opportunity to observe lunch time.





Figure 13: Menu of the day

| This Week's Menu | | | | | |
|--|--|--|--|--|--|
| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| Breakfast served with choice of cereal Main Meal served with choice of 2 vegetables Dessert | Breakfast served with choice of cereal Main Meal served with choice of 2 vegetables Dessert | Breakfast served with choice of cereal Main Meal served with choice of 2 vegetables Dessert | Breakfast served with choice of cereal Main Meal served with choice of 2 vegetables Dessert | Breakfast served with choice of cereal Main Meal served with choice of 2 vegetables Dessert | Breakfast served with choice of cereal Main Meal served with choice of 2 vegetables Dessert |
| Scrambled Egg with Bacon and Tomato Bacon and Tomato Bacon and Tomato Bacon and Tomato Bacon and Tomato Bacon and Tomato | Scrambled Egg with Bacon and Tomato Bacon and Tomato Bacon and Tomato Bacon and Tomato Bacon and Tomato Bacon and Tomato | Scrambled Egg with Bacon and Tomato Bacon and Tomato Bacon and Tomato Bacon and Tomato Bacon and Tomato Bacon and Tomato | Scrambled Egg with Bacon and Tomato Bacon and Tomato Bacon and Tomato Bacon and Tomato Bacon and Tomato Bacon and Tomato | Scrambled Egg with Bacon and Tomato Bacon and Tomato Bacon and Tomato Bacon and Tomato Bacon and Tomato Bacon and Tomato | Scrambled Egg with Bacon and Tomato Bacon and Tomato Bacon and Tomato Bacon and Tomato Bacon and Tomato Bacon and Tomato |
| French Fries with Tomato Ketchup French Fries with Tomato Ketchup | French Fries with Tomato Ketchup French Fries with Tomato Ketchup | French Fries with Tomato Ketchup French Fries with Tomato Ketchup | French Fries with Tomato Ketchup French Fries with Tomato Ketchup | French Fries with Tomato Ketchup French Fries with Tomato Ketchup | French Fries with Tomato Ketchup French Fries with Tomato Ketchup |
| Small Dessert Dessert Dessert Dessert Dessert Dessert |
| Light Meal served with choice of drink |
| Assorted Sandwiches Unsweetened Yoghurt with Banana and Orange | Assorted Sandwiches Double Chocolate and Orange | Assorted Sandwiches Lemon and Almond | Assorted Sandwiches Strawberry | Assorted Sandwiches Banana and Caramel | Assorted Sandwiches Creme Caramel |
| Milk Drink and Biscuits |

Additional Breakfast, Porridge, Cereal and Fruit Juices served daily
Information: Main Meal prices available daily
A maximum of 1/2 pint of cold drink will be served throughout the day
Meals can be adjusted to suit dietary and religious requirements

Figure 14: Weekly Menu

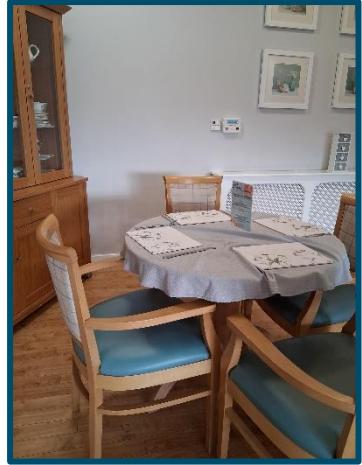


Figure 15: Dining room

Bathrooms

Bathrooms on both floors were clean, well-lit and fitted with appropriate adaptations, including seat risers, hoists and bath and shower chairs to meet resident's needs. Safety measures such as non-slip flooring, grab rails and emergency pull cords were in place and handwashing guides were placed above taps. However, the bathrooms could be further enhanced to support residents with dementia by adding clear hot and cold labels to taps and using contrasting colours for toilet seats and grab rails to improve visibility and reduce potential confusion. There are an adequate number of bathrooms on each floor to meet the needs of the residents and a cleaning schedule is in place.



Figure 16: Bathroom



Figure 17: Bathroom

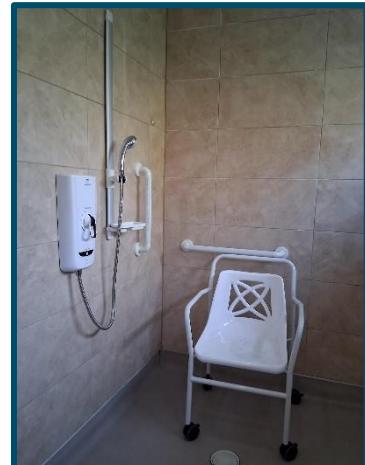


Figure 18: Bathroom

Resident rooms

As part of the observations, the manager showed us a sample of residents bedrooms, which were unoccupied at the time. Rooms were identifiable with numbers and names and some had photographs on doors. Due to the high number of residents with dementia at the home, the care home may wish to consider introducing memory boxes to support residents in identifying and locating their bedrooms.



Some bedrooms have an ensuite, all the bedrooms were clean, tidy and although limited in size, were well equipped with a television, radio, chair, wardrobe, bedside tables and adjustable beds with adequate space for mobility aids. Windows allowed natural light and ventilation and personal touches such as labelled drawers, photographs of families, flowers, clocks, fruit bowls, trophies helped to make it feel personalised and homely. The manager informed us that redecoration of bedrooms have been approved and work is due to commence soon.

The home observed a number of dementia friendly indicators in areas used by residents including floor and door colour contrast with walls and signs approximately 4ft from floor level.



Findings from speaking to staff, residents, family, friends and carers

1: Have Strong, visible management

Staff and management feedback

During the visit we spoke with four staff and the manager. Staff length of service ranged from three months to three years. The manager has been at the home for over eight years. She made particular mention to being well supported by HC One. She enjoys the challenges her role brings and through her role she can make valuable contributions to making residents lives better, removing barriers and enjoys seeing a success story through meeting the needs of residents. She has a 'hands on' approach, making regular observations around the home to ensure a high standard of care is maintained. She can be seen on the floor regularly speaking to residents and relatives and maintains an open door policy.

Staff reported that the manager is approachable and supportive, noting her consistent visibility around the home and her willingness to address concerns promptly. One staff member told us that staff lateness could be managed better. Staff comments included:

- *Can ask for support, we can get what we want*
- *Door is always open, will solve problems if she can*
- *Manager is around a lot*

Resident, family, friends, and carer feedback

Of the eight residents we spoke with, four reported that they did know the manager, two reported they didn't know the manager and two were unable to say. Those who were familiar with the manager provided the following feedback:

- *Lynn is the manager*
- *Know the manager, but can't remember her name*

Two relatives who submitted an online survey told us they did not know who the manager was, and one commented that it can be difficult to speak to someone at times.

2: Have staff with time and skills to do their job

Staff and management feedback

The manager confirmed that new staff go through an induction process and all staff use the HC One portal to complete mandatory training as well as classroom based training such as Dementia coaching, Oral health care, the Swan model of end of life and bereavement care, handwashing and medication administration. The manager also maintains a staff competency toolkit, which is reviewed annually whereby supporting staff to understand how their training



works from theory to practice. Staff can discuss training needs with the manager at any time, and professional development is discussed in quarterly supervisions and annual appraisals. Team meetings are held monthly and a daily handover 'flash' meeting is held at 11am and 1:45pm, and at the end of shifts.

A dependency tool is used monthly, or sooner as required, which directs the level of care required for each resident and determines staff ratio levels. Currently 6 staff cover a morning shift, 5 staff in the afternoon and 4 staff at night. The manager ensures there is a thoughtful and well-balanced skill mix when making staff allocations; for example new employees are paired with more experienced team members. The care home rarely uses agency staff due to the flexibility of its existing team and the ability to draw on additional HC One staff when needed.

Staff demonstrated a strong commitment to their roles and reported high levels of job satisfaction. They told us they felt competent in the care they deliver and have access to a broad range of online and practical training opportunities, and that available resources are sufficient. However, three of the four staff members we spoke with reported that they would benefit from an additional staff member following the reduction in staffing levels at 2pm.

Staff comments included:

- *I enjoy everything about my role*
- *I find joy in helping residents*
- *I like helping people, socialising, sometimes we are the only people residents see*
- *I enjoy speaking with residents*

Resident, family, friends and carer feedback

Residents consistently expressed positive views of staff, describing them as friendly, caring and hardworking. Overall, residents comments reflected strong trust and appreciation for the staff and the care they receive. However, one resident told us that he felt staff 'don't like him and don't chat to him'. Comments included:

- *I like the staff*
- *Staff are very pleasant*
- *Quite good, enjoy banter with them*
- *Staff are alright, they have a lot to put up with and they do put things right*
- *Most staff are nice, they know me, they don't like me and don't chat to me*

Both relatives felt that the care home was often short staffed, and gave the following feedback about the care their family member receives:

- *Staff care and do their best but are often short staffed.*
- *I think they are short staffed on many occasions. Not always clean when we visit.*



3: Have a good knowledge of each individual resident and how their needs may be changing

Staff and management feedback

The manager explained pre-admission checks are completed with residents and their families, and the deputy manager carries out moving-in assessments to support a smooth transition into the home. Care planning includes gathering information on allergies, dietary needs, risk assessments, and personal care requirements, which is then used to develop a formal plan outlining how the home will meet the resident's desired outcomes. Life story books are also created to support residents in recalling past experiences.

Staff reported that they regularly spend time with each resident, and new residents receive additional assessments to ensure their needs are fully understood. Changes in a resident's needs are reported to management and discussed at staff handovers and daily huddles. Care plans are updated as required with periodic monthly reviews and staff have access to residents' information via the digital Nourish system.

Resident, family, friends and carer feedback

It was evident from residents feedback they felt staff are well-informed about their individual preferences, which was consistent with the feedback staff provided about the support they deliver. We observed staff reminding a resident of an upcoming birthday and a relative visit later that day. Residents gave the following comments:

- *Staff know I dont like fish*
- *Staff know I like to wear casual clothing*

One relative commented:

- *They have been brilliant with dad in many ways.*

4. Offer a varied programme of activities

Staff and management feedback

The home employs a well-being coordinator, who has been in post for over ten years and has a strong understanding of residents' activity preferences. She organises a varied and engaging programme, repeating popular events, such as a recent drag performance, which residents continued to talk about the next day. Outings include weekly visits to a luncheon club, trips to see the Blackpool lights and visits to local garden centres. The home maintains strong connections with community groups and regularly welcomes visits from Schools, Choirs, a Brass band, Churches and Rainbows. Residents who prefer not to join group activities are offered alternatives. Feedback on activities is gathered through resident and relative meetings.



Staff reported the wellbeing coordinator organises an excellent programme of activities to promote residents' social engagement. Staff encourage and support residents to participate, and will arrange alternative activities to meet individual preferences. However, one staff member noted that when the wellbeing coordinator is not on duty, care staff do not always have sufficient time to facilitate activities and suggested additional staffing would help ensure activities remain consistent.

We found that residents are encouraged to maintain personal hobbies and interests. For example, one resident who is an Elvis fan has an Elvis cutout in her room, another attends dance classes and football fans are supported to watch matches and stay updated on results. Music is also used to prompt singing and reminiscence.

Resident, family, friends and carer feedback

Residents spoke positively about the activities on offer, and they enjoyed dancing, singing, Elvis themed activities, trips out, luncheon club visits, acting, going on walks and bingo. Some residents told us they prefer to be on their own and this is respected. An activity timetable, with picture elements was displayed in a communal area, showed a varied weekly programme of events offering two activities a day. Posters about upcoming events were also seen displayed on a notice board.

One relative gave the following feedback:

- *They only seem bothered about the people who want to join in. Trips have never happened even though we were told they would. Dad has lost his confidence since getting dementia and I don't think the home has helped him enough to join in.*



Figure 19: Events posters

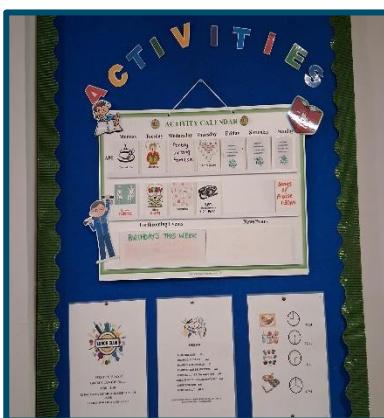


Figure 20: Activity timetable



Figure 21: Activity on the day

5: Offer quality, choice and flexibility around food and mealtimes

Staff and management feedback

The manager reported that the home has two long-standing cooks, whose lengths of service range from seven to twenty five years. All meals are freshly prepared in the on-site kitchen, and



the HC One menu operates on a six week rotation to support balanced nutrition. Residents are offered three meals a day with two choices at each sitting, along with a range of snacks available throughout the day. Alternatives to the set menu can be requested, and residents are able to help themselves to drinks and snacks or receive support from staff. The kitchen remains accessible all day, enabling residents to eat in quieter areas, in their rooms, or outside of usual mealtime schedules. Regular resident feedback and observational checks are used to monitor the meal service and ensure the dining experience remains person-centred. Menu items are adjusted where feedback indicates mixed views.

Staff reported that the menu offers a good range of choices and they aim to create a positive and sociable dining experience by playing background music and seating residents together, while also respecting individual preferences for eating alone. Staff explained that they remain mindful of residents' routines and will provide meals at alternative times, such as serving lunch when a resident wakes up.

Resident, family, friends and carer feedback

We found that residents were pleased with the choice, the social setting and the overall standard of meals. They are shown plated options to help them choose and many said they enjoyed dishes such as vegetables, fish, roast and apple crumble. Residents can also request food that is not on the menu. One resident noted that although they enjoyed the meals, the food can feel repetitive sometimes and that the spacing between mealtimes was too close together. Residents commented:

- *Food is good, can have anything you want*
- *We have a laugh at mealtimes*

A relative reported that their father may not be receiving the appropriate support he now requires during mealtimes including being left alone, having his meal removed before finishing and given tea that was too hot. They noted that this involved a staff member they had not seen at the care home before.

6: Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists

Staff and management feedback

The manager explained that residents are able to see the same GP who is familiar with their needs and can attend the home outside of routine visits when required. A Chiropodist visits monthly and optician visits as required, with annual eye tests carried out. A district nurse visits daily and referrals to the dietitian and SALT team are arranged when needed. Families assist residents to attend external appointments, with additional support from the home provided where necessary. Staff commented:

- *We can take residents to appointments*
- *Doctors call every Tuesday*



Resident, family, friends and carer feedback

Residents reported being satisfied with the access they have to medical professionals. One resident told us they have seen a dentist and a GP visits the home. Another resident told us staff contact healthcare providers when needed.

A relative commented:

- *The home are amazing at that. They have regular Tuesday calls to the doctors for any needs.*

7: Accommodate residents' personal, cultural and lifestyle needs

Staff and management feedback

Staff explained they tailor care for each resident in a way that respects residents beliefs, customs and personal preferences. This includes meeting specific dietary requirements, helping residents to attend Church services and visits from a faith leaders as well as having access to an onsite salon and the installation of an Alexa sound system for a resident with visual impairments to continue listening to Hymns. Staff gave the following comments:

- *We provided Chinese cuisine for a Chinese resident*
- *One resident doesn't like fish and we always accommodate this*
- *Details are in care plans, we speak to family and friends*

Resident, family, friends and carer feedback

Residents reported the care home respected their individuality, supporting their religious practices, hobbies and dietary preferences. They felt the environment was inclusive and responsive to their needs, with the following comments:

- *I have my own independence and will attend different Churches*
- *I like joinery but can't do that here*

A relative told us:

- *They call every few months to see how we feel. They also have a monthly meeting but as it is during the working week, you can only attend if you don't work full time.*

8: Be an open environment where feedback is actively sought and used

Staff and management feedback

Management informed representatives that residents and relatives have regular opportunities to share their views through monthly meetings, annual satisfaction surveys, and the service's online review platform. Staff are encouraged to raise concerns directly with the manager or the area director, and further opportunities for discussion are available through supervision sessions, reflective practice discussions, and flash meetings. The manager demonstrated a folder of best-practice reviews, which documents suggestions received and the actions taken in response. She described an open culture that supports honesty and learning from



experience. Compliments are recorded on the system, and a monthly summary is displayed on notice boards. A 'You Said, We Did' record is also produced to evidence how feedback has been addressed. The manager maintains an open-door approach, making herself accessible to staff, residents, and relatives.

Staff told us they feel able to approach senior colleagues and that, in most cases, they feel listened to. However, one staff member felt their suggestions were not always acted upon, and another reported that they do not have opportunities to provide anonymous feedback. When asked what they would change, staff suggested introducing a staff suggestion box, creating an upstairs lounge, adjusting break arrangements from four 15-minute breaks to two 30-minute breaks, and increasing staffing levels by adding an additional carer.

Resident, family, friends and carer feedback

When residents were asked if they get opportunities to feedback about the home, two residents agreed, five residents were unable to answer and one resident said they would speak to staff. If they had a complaint, residents told us they felt comfortable speaking to staff. We asked if there was anything residents would change about the home, one resident suggested more day trips out as there are none at the moment. A relative told us the care home could offer more help to families to understand a residents Dementia, as they don't know how best to help or be with their family member.





Recommendations

Priority: High – within 1 month

1. Improve Menu readability

The daily menus placed on dining tables could be made clearer by adjusting the current double-sided format, as text showing through the paper reduces readability. Consider enlarging this and incorporating picture elements to help residents, especially those with sight impairments or Dementia in understanding and making meal choices.

2. Relative engagement

Increase opportunities for relative involvement by holding resident and relative meetings outside standard hours to improve accessibility and engagement. This will allow greater leadership visibility and strengthen communication with families, as both relatives reported they did not know the manager.

3. Review Staffing Levels

It is recommended that the home reviews current staffing levels, particularly at peak times in light of staff feedback. Both relatives also reported that the care home 'often appears short staffed'.

4. Mealtime support

Review current arrangements for supporting residents who need assistance at mealtimes to ensure safe and properly supervised dining is consistently maintained.

Priority: Low – within 6 months

5. Enhance Dementia-Friendly Bathroom Features

Bathrooms could be further adapted to support residents living with dementia by adding clearly marked hot and cold tap labels and incorporating contrasting toilet seats and grab rails to improve visibility and reduce confusion.

6. Introduce Bedroom Memory Aids

Given the high number of residents living with dementia, the introduction of memory boxes or similar personalised identifiers outside bedrooms may help existing and new residents more easily recognise their own rooms.

7. Anonymous staff feedback opportunities

Staff expressed interest in having an anonymous way to share their views. Introducing a suggestions box in the staff area may encourage more open and honest feedback.

8. Display current staff team with photographs.

A staff display board can help residents and visitors easily identify the team at Sandon House, promoting familiarity and trust.



Response from service provider

Thank you for the feedback on your visit to Sandon House. We are proud that the homely, community feel of our home was evident during your visit as this is something that is very important to us.

One of our passions is to continuously look for ways to improve the quality of care and increase positive outcomes for our residents, relatives and staff. We value all feedback and are happy to share that we have already made some changes from the recommendations in the report.

This includes replacing toilet seats and grab handles in communal bathrooms with ones of a contrasting colour, improving the readability of the daily menu boards, varying times of the monthly resident and relative meetings and implementing a staff feedback box in the home.

Considering the response from the care home manager, Healthwatch Tameside notes the following recommendations to be implemented:

- 1. Improve Menu readability**
- 2. Relative engagement**
- 7. Anonymous staff feedback opportunities**

With progress made towards the full implementation of the following recommendation:

- 5. Enhance Dementia-Friendly Bathroom Features**



Contact Us

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