The Court Care Home

Enter and View Visit Report

17 June 2026

healthwatch Wirral

Contents

Acknowledgement

Healthwatch Wirral would like to thank The Court Care Home's staff, residents and families for their cooperation during our visit.

Foundations of Quality

"'Foundations of Quality Improvement should always have what people tell us about their treatment and care at the heart of everything, as a system, that we plan and do. We must be able to evidence that all actions and decisions made come back to this, making certain that everyone feels respected, involved and valued at each and every part of the journey. We should all feel confident that we are either giving or receiving quality care."

Healthwatch Wirral, Age UK Wirral, NHS England and ECIST, Wirral System.

What is Enter and View?

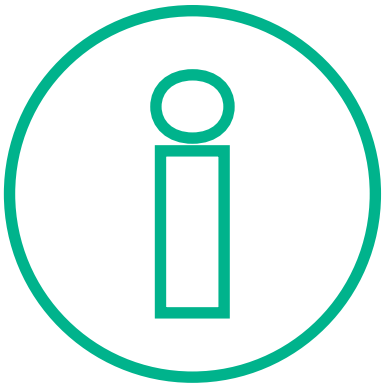
Healthwatch has statutory powers and duties to carry out Enter and View visits to any site where regulated care is given. Local Healthwatch Authorised Representatives carry out these visits to health and social care services to find out how they are being run and can make recommendations where there are areas for improvement.

Section 221 of the Health and Social Care Act 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 use, or provide, the service first-hand.

Healthwatch can also be invited in by providers to seek a 'fresh pair of eyes' on their service and gain some external assurances that they are on the right track prior to their CQC inspections.

Disclaimer

The contents of this report are based on what the residents, staff and Manager told Healthwatch Authorised Representatives. The information within this report does not recommend or advocate on behalf of any service. Individuals should use a variety of information, such as CQC reports, when making a decision on where to reside and/or where to obtain care.



E&V visits are risk assessed and planned well in advance. Where situations occur such as unannounced CQC visits, Infection Prevention and Control issues (IPC), bereavement, safeguarding or suspension of the service for whatever reason – HWW's visit and, ultimately, reporting processes may be affected.

Every endeavour will be made to provide balanced feedback before departure from the premises. If reflections from the HWWARs raise issues that were not addressed at the end of the visit, then a follow up call to advise the Provider will take place before the report is published.

Wording within the report which references a response from an individual may not be verbatim (word for word). The Provider comments at the end of the report is added unedited.

Purpose of Visit

This visit is not designed to be an inspection, audit, or investigation, rather it is an opportunity for Healthwatch Wirral to get a better understanding of the service by seeing it in action and talking to staff and service users and carers /relatives. The visits are a snapshot view of the service and what we observed at the time of the visit.

Healthwatch Wirral seeks to identify and disseminate good practice wherever possible. If during a visit, Healthwatch Wirral considers there may be a serious concern then this will be referred to the appropriate regulator. This also applies if we have safeguarding concerns and these will be referred to the Local Authority or Commissioner for investigation, and our visit will cease with immediate effect.

Once the report has been drafted by Healthwatch Authorised Representatives it will be sent to the provider which is the provider's opportunity to add their comments, and which will be added verbatim to this report. After twenty days the report will be published.

Site Introduction

Care Home Address:

The Court Care Home
2 Barton Road
Hoylake, Wirral, CH47 1HH

Setting Provider:

Ryding Care Services Limited

Date of Visit:

Wednesday 17th June 2026

Care Home Manager:

Joanne Jarvis

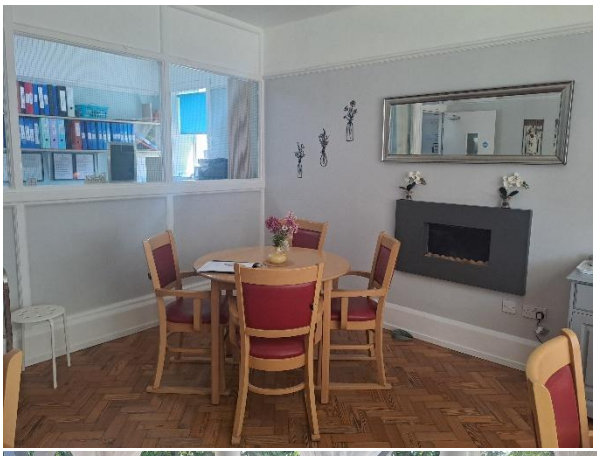
Care Home Email and Phone Number:

0151 632 2220

Healthwatch Wirral Authorised Representatives

Laura Peter
Georgie Higgins
Stephen Ali

About The Court Care Home



The Court is a residential care home providing accommodation and personal care to 17 people, housing younger and elderly adults with dementia. At the time of the visit there were 13 residents.

The Court is run by Ryding Care Services Limited. Ryding Care Services Limited runs two other care homes registered with the CQC; The Lodge and Palm Court Residential Home, which are in neighbouring buildings.

The Visit

Environment

The outside of The Court Care Home appeared tidy, well-presented, and looked well-maintained, with a small car parking area by the entrance. The exterior approach area was paved and level, with planting and landscaping.

On arrival at The Court Care Home, HWWARs noted that the Manager's surname had not been updated on the large painted exterior sign.

There was a keypad lock on the doorway for staff to use and a doorbell for visitors, and a keypad lock on an exterior gateway access for the rear/side garden.

General

We were welcomed into the Home by a member of staff, who took our names and informed the Deputy Manager that we had arrived. We were asked to sign in and, although hand sanitiser was available, we were not prompted to sanitise our hands.

The Deputy Manager made us feel welcome and took us into the small office to talk before showing us around. The Deputy Manager notified us that the office contained their controlled drug cupboard and a medications fridge, both of which were lockable, and a first-aid kit was available.

HWWARs were told by the Deputy Manager that the Manager was on duty in the neighbouring care home, The Lodge, which had 20 residents.

Information boards located outside the office and in the main hallway displayed dates for visits from a pianist, singer and hairdresser and, also, displayed the CQC registration details and liability insurance certificate.

HWWARs observed staff on duty attending to residents' needs, in the communal areas and kitchen.

The Deputy Manager told us that a private chiropodist visits the home to support residents who need foot care.

We noted dementia-friendly signage around the home and were told that picture menu cards were used to support residents with their food choices.

Environment

The two communal day rooms appeared clean, tidy and fresh, with adequate lighting, heating and ventilation. HWWARs noted there was a variety of comfortable seating for residents and their visitors. The larger of the day rooms was light and airy, with doors opening onto the rear/side garden area, and the second day room was located closer to the kitchen and had no exterior windows. Televisions were available in both day rooms for residents to watch, and both rooms appeared free from trip hazards.

The corridors, hallways and stairs appeared clean, tidy and fresh, with adequate lighting, heating and ventilation.

The corridors and hallway floors appeared even and free from trip hazards.

HWWARs noted that there was no handrail on the first two lower steps of the staircase, although a tall bolted wooden safety gate was in place after the second step. The Deputy Manager told us that residents who had upper floor bedrooms usually use the lifts and not the stairs. We were told that only residents who were mobile and able to walk live in the upstairs rooms.

At the top of the stairs, it was noted that there was no evac chair for this staircase; however, there was an evac slide at the rear of the same floor by the fire escape.

Fire extinguishers were present in corridor areas and we observed these had been checked and tested, with the next inspection due in 2027. In the areas we visited we noted that radiator covers were fitted, including in bedrooms. We were informed by the Deputy Manager that a new full fire alarm system had been installed throughout the home within the previous six months, and that a fire alarm test occurred every Wednesday at 11 am.

On the ground floor by the entrance to the laundry room, there was an area in the hallway used by the visiting hairdresser so residents can have their hair done. Notice boards in this area displayed Infection Prevention Control (IPC) information. There was also a locked cupboard in this area used as the COSHH cupboard, although there was no signage on the door. A wheelchair was also stored in this area; we were told that Medequip supplied wheelchairs and that equipment was checked monthly.

There was one lift in the building. It appeared fully-operational, had an alarm button and could hold a maximum of five people at a time. HWWARs were advised that it was

checked and maintained every three months. The contact details for the lift maintenance company were visible. There was a keypad outside the lift to help ensure residents did not use it alone.

A wheelchair was available for any residents who may have need of it, and we were informed it was cleaned regularly and checked and deep-cleaned monthly.

The bedrooms

HWW was informed there were 11 single bedrooms, 3 shared bedrooms, and that ten of the bedrooms have ensuite WC.

The bedrooms we were able to view were clean, tidy and fresh, with ensuite facilities. Each bedroom door had been painted to resemble an individual front door of a house. We were told by the Deputy Manager that this helped designate the resident's own room to make them feel more like it was their own space. Each room had a wardrobe, chest of drawers, easy chair and additional chair for visitors. HWWARs were told that residents can bring their own furniture, bedding and decorations if they wish to personalise their rooms.

Each room has a television and was fitted with security/call bells. One of the rooms viewed had a patio window that was locked shut, with no other windows available to open for ventilation. This made the room feel quite warm and airless, and there was no fan available. HWWARs suggested that provision of a fan may be useful to a resident, which was duly noted by the Deputy Manager.

The ensuite bedrooms all had paper towels available for visitors to use, and we were advised that resident's hand and bath towels were changed daily. We observed, in the bedrooms we visited, that the beds were electric to help support comfortable positioning, and we were informed that residents' needs were reviewed as required, for example, airflow mattresses could be provided if required.

HWWAR noted that one of the bedrooms viewed had a badly stained chair. There was also some trailing electrical wires near the radiator, which could pose a hazard – this was pointed out to the Deputy Manager who advised that their electrician was aware of this.

We noted that there were lockable medicine cabinets in each room and we were advised that these were mostly empty and not usually used to store medications.

Where they were used, for example for items deemed low risk such as inhalers, a risk assessment was in place for each bedroom to support the safe administration of medicines.

The communal bathroom that we saw downstairs had a call bell inside and adequate lighting. At the time of our visit, it appeared well-maintained but could have been fresher, there was also no toilet roll available. We advised a staff member, and the toilet paper was replaced immediately.

The kitchen had a hygiene rating of 3. The Deputy Manager told us that the main meals for residents were prepared and provided by The Lodge Care Home next door.

Meals were brought through from The Lodge into The Court in a heated trolley, placed in the kitchen area and then served to residents.

We observed that the décor of the kitchen in The Court appeared worn and the HWWARs felt that the kitchen would benefit from a deep clean. There was cracked tiling seen next to drawers that needed attention.

We were told that only light snacks, breakfast and hot drinks were prepared in the kitchen. We were informed that residents had their main meal at lunchtime and a lighter meal in the evening, with a choice of snacks on rotation. Dementia-friendly cards were used to show residents the menu choices.

There was a keycode entry on the door and a doorway leading through to the fire exit. There was also a first-aid kit available.

In the hallway next to the kitchen, locked cupboards contained long-life ingredients for lighter snacks, including breakfast cereals, tinned items and biscuits. We were told that these were date-rotated when new stock was brought in, with newer food placed behind older items to support stock rotation.

The dining room was situated downstairs by the office. It appeared well presented, clean and fresh, with smaller round tables and chairs seating four people at a time. There was also a cushioned window seat area with view into the rear/side garden. We observed there were no call bells in place, and when HWWARs enquired about this, we were advised that a member of staff was always present during mealtimes to support and observe residents.

The laundry room was located at the rear of the building behind the smaller lounge. We were informed by the Deputy Manager that the entrance was kept locked with keypad entry. We were told that there was no specific staff room in the home, and we observed that staff kept their belongings in the laundry room. There was a door at the end of this room leading out into the garden.

Outside the home the main garden area, which residents could access through the patio doors located in the larger communal lounge area, was situated towards the side and rear of the property. It appeared well maintained, with a paved patio area and several garden tables and accompanying chairs for residents and visitors to use. It was noted by HWWARs that one table in the garden was not clean. We were told that the home holds barbeques in garden in summer months. There was a keypad-locked secured gate leading to the exterior entrance of the property.

Health and Wellbeing

The staff we observed appeared to treat residents and their visitors with dignity and respect. Throughout the visit, staff interactions appeared professional and focused on resident care. We did not observe any non-work-related conversations or discussions involving confidential resident information.

We were told by the Deputy Manager that the Home has its own transport, which can accommodate wheelchairs and can be used to take residents to health appointments.

GP and Dental Access

The Deputy Manager informed HWWARs that their nominated GP Practice was Marine Lake Medical Practice, and that a representative from the Practice undertook weekly rounds in the home. The Deputy Manager added that if there were any issues to report about residents, the staff complete a Care Home Support Sheet and send it to the GP Practice.

The Deputy Manager stated they were very happy with their nominated pharmacy, McKeevers, Egremont, and most of the medications were delivered by McKeevers already in blister packs, and that loose medication was audited by staff twice weekly on Mondays and Fridays.

We were informed that new residents could either retain their own dentist or be referred to the Community Dentist and would be assisted to attend any appointments and their families would be informed of any concerns.

Safeguarding

HWWARs were informed that the number of residents' falls have increased in the last year.

We were informed that falls risk assessments were reviewed, the Safe Steps falls App was updated, and staff and Management look for trends in falls. Referrals to the appropriate professionals falls team were made, such as to Occupational Therapists, GPs and Mental Health Teams.

We were informed that falls were initially recorded on a falls report form and then transferred onto the Safe Steps App records.

HWWARs were informed that staff at the Home receive support from the Falls Team who advised on how to support any residents that had been referred.

Care Plans

HWWARs were advised that oral assessment were included in pre-assessment of care needs, prior to admission, and residents had an "Oral Care Plan", which was reviewed monthly.

HWWARs were informed that those residents who were able to, would inform the staff how they were normally cared for and what they could manage for themselves. We were told that family also informed staff of their relatives' needs and what they would like or required. We were informed by the Deputy Manager that any food allergies and preferences were noted, and this information was also available in a folder in the dining room.

HWWARs were informed that the Home can put into place the care and assistance required as well as preferences and wishes of the residents, following discussions between staff, residents and families and via assessments through carrying-out care.

HWWARs were informed that Care Plans were updated electronically and reviewed monthly, unless there had been any earlier changes.

Infection Prevention Control

HWWAR's were told that the processes in place for testing residents for infections who were travelling to/from hospital include to isolate the residents for 2 – 3 days, noting

that this could sometimes prove quite difficult due to the nature and diagnosis of some of the residents.

The Care Home said that they ensured residents undertook good hand hygiene care and a programme of cleaning was in place to maintain a good standard of IPC. HWWARs noted there were hand hygiene stations, posters outlining correct use of PPE. Single use PPE and gloves placed strategically throughout the building. We were informed that staff had received training on IPC.

We were informed that UTI's were identified through changes in residents' behaviours, which may indicate there could be an infection, and urine samples were collected appropriately and sent to the GP for testing. HWWAR's were told that staff have not attended the *To Dip Or Not To Dip* training.

Complaints

HWWAR's were told that residents, relatives and staff were made aware of the complaints procedure which we noted was displayed in the main entrance, and that staff were made aware of this and other policies on their induction.

HWWAR's were advised that the Manager informed commissioners and/or stakeholders if complaints were upheld and informed them of the outcomes as required.

Resident Engagement

During our visit, residents appeared well cared for, with homely touches about the Home. At the time of our visit, it was a hot sunny day, and the patio windows were open for residents who wished to sit outside and enjoy the sunshine in the garden.

HWWARs were not able to engage in depth with many residents, as some were not able to tell us about their experience of living at the home. One gentleman told us that he liked the food and enjoyed living there. Another told HWWARs they had a nice room and enough to eat.

Family Engagement

We were informed that Managers speak with and update residents' families, either in person, either on their own away from the resident, or with the resident present. Depending on the conversation, they may also speak on the phone or communicate by email.

A delivery driver was overheard by HWWARs saying "Your staff are always wonderful here".

We spoke briefly with two family members of a resident during our visit. They said their son had only lived at the home for a short time and that they were happy with the care he had received so far.

Staff

The Deputy Manager informed us that staff appraisals were completed annually, and supervisions were completed every three months. The Deputy Manager added that their staff retention was good, with a low turnover of staff.

The Deputy Manager informed HWWARs that they hold staff Quality and Safety (Q & S) handovers daily.

The Deputy Manager informed us that during the day, Monday to Friday, a Care Co-ordinator oversaw care, and there were 1 Senior Care staff and 2 Junior care staff on duty per shift, and that at night, there were 2 Junior care staff on duty per shift.

We were informed that mandatory training for staff was completed and refreshed annually, and included:

- Fire safety
- DoLS
- Safeguarding
- IPC
- DSPT
- Medication
- Dementia
- MCA

Workshops were held for staff which include PPE, hand hygiene through observations, watching videos, staff meetings, etc.

Six Steps to Success in End-of-Life Care training was completed on 13the April 26.

The Data Security and Protection Toolkit (DSPT) had been newly completed.

Staff Engagement

We were able to speak with the Deputy Manager during the visit. We were told that staff mostly lived locally to the area and many had worked at the home for a long time. We were informed that the Home regularly used a WhatsApp group to share information, messages and tasks with staff, helping to keep everyone up-to-date.

We were advised that an independent HR company was used to support with staff-related matters. We were also told that all staff have up-to-date DBS checks and that references were fully checked before employment commenced. Staff received health and safety training, and the home used the Data Security and Protection Toolkit (DSPT). We were informed by the Deputy Manger that confidentiality agreements had been signed by all staff.

Community or Other Support

The Deputy Manager told us they used Medequip for supply of Mobility aids and other equipment.

Plans Moving Forward

HWWAR's were told that they had introduced a Senior WhatsApp group (under UK GDPR guidelines), where all senior staff members were informed and equipped with the knowledge of changes to residents' health and well-being, H&S and IPC processes, etc., prior to arriving for their work shift.

A programme of refurbishment and redecoration had been undertaken throughout the premises to enhance the environment for residents, visitors and staff. Improvements have been completed both on the ground and first floor, internally and externally, and will continue, moving forward. There are plans: -

- to replace the stair carpet in the near future.
- to replace garden furniture with a more comfortable and modern set of furniture has been implemented.
- to strengthen staff training and development; ensuring all mandatory training is completed.
- to increase family involvement, making sure feedback forms are given to visitors, and reviewed – with responses shared with the families of residents.
- To improve residents' dining experience, is scheduled, with a review of menus.
- to increase social events with family, including organising an open day for family and friends to visit.

Recommendations

Recommendations

- The Manager's name on the external sign should be updated to reflect the manager's current surname.
- Visitors should be routinely prompted to use hand sanitiser on arrival.
- An additional handrail should be considered near the lower steps of the staircase to support safety.
- An evac chair should be considered for the staircase, alongside existing evacuation equipment.
- Clear signage should be added to the COSHH cupboard door.
- Bedrooms should have suitable ventilation arrangements, particularly where windows are locked shut.
- Stained furniture should be cleaned or replaced, and trailing wires to sockets near radiators should be addressed.
- The communal bathroom should be checked regularly to ensure toilet paper is available and the area remains fresh.
- The kitchen should be deep cleaned, and areas of tiling requiring attention should be repaired.
- The garden dining table should be cleaned regularly, particularly during periods when residents use the outdoor space.
- *Dip Or Not To Dip* training should be undertaken.

Conclusion

Overall, Healthwatch Wirral found The Court Care Home to be a welcoming environment, where residents appeared well cared for. HWWARs observed positive interactions between staff, residents and visitors, and noted areas of good practice including friendly staff, dementia-friendly approaches, ongoing refurbishment plans, and a commitment to supporting residents' health and wellbeing.

The visit also identified several areas where improvements could further strengthen the safety, comfort and experience of residents, including environmental checks, infection prevention prompts, ventilation, maintenance, cleanliness and staff training. These

points are reflected in the recommendations within this report and are shared with the aim of supporting the Care Home for the benefits of residents, families and the staff team.

Glossary

CD	Controlled Drug
COSHH	Control of Substances Hazardous to Health
CQC	Care Quality Commission
DoLS	Deprivation of Liberty Safeguards
DTSP	Data Security and Protection Toolkit
ECIST	Emergency Care Improvement Support Team
Evac-chair	Specialist equipment that allows staff to help people with mobility issues safely exit a building during an emergency evacuation.
GP	General Practitioner
HWW	Healthwatch Wirral
HWWAR	Healthwatch Wirral Authorised Representative
IPC	Infection Prevention Control
MCA	Mental Capacity Act
NHS	National Health Service
PPE	Personal Protective Equipment
UTI	Urinary Tract Infection.

Distribution

Healthwatch Wirral submits the report to the provider for comment, and once comments are received and added to the report, the report will be sent to the Commissioner and CQC. Healthwatch Wirral publishes all Enter & View reports on its website and submits to Healthwatch England in the public interest.

Manager's Comments

Comment Box

Many thanks for your visit and your valued assessments and recommendations.

We have taken notes and commenced making improvements, working and maintaining a safe environment for our residents, visitors and staff.

Many Thanks

Deputy Manager

Social Value

Measuring Social Value

Social Value is a broader understanding of value. It moves beyond using money as the main indicator of value, instead putting the emphasis on engaging people to understand the impact of decisions on their lives. The people's perspective is critical.

Organisations will always create good and bad experiences, but on balance should aim to create a net positive impact in the present and for a sustainable future. They should measure their impacts and use this understanding to make better decisions for people.

Social Value UK, 2024

How Healthwatch Wirral demonstrates Social Value

Healthwatch Wirral (HWW) is dedicated to ensuring how Providers meet Social Value standards. Our social value commitments aim to put people's perspectives first when

supporting vulnerable individuals, economic pressures, and promoting environmental sustainability.

Vulnerable People, Economic Pressures, and Environmental Sustainability

People experience vulnerability at different points in their lives, which can increase and decrease over time. During our Enter and View (E&V) visits, we aim to understand the needs of vulnerable people who live in Care or Residential Homes.

During our visits, we discuss with the Providers their training practices, how they support both staff and families, and where they would signpost or refer to when supporting a person's clinical or non-clinical needs. We offer suggestions and recommendations to help ensure the Provider is utilising all available care and support resources. Our aim is to ensure that residents are allocated the right care at the right time, and to avoid unnecessary trips to A&E if the situation can be managed effectively for the person where they live.

By utilising our knowledge of the care system, we can assist Providers and members of the public in navigating what can appear like a complicated system. This includes directing them to the appropriate services like the Urgent Community Response Team, or GP Enhanced Access appointments, et cetera.

Providing the correct care in the right place and time can ensure a positive experience for residents while reducing pressures on the health and care system. Effective communication between providers, carers, and residents (such as promoting available clinical and non-clinical services) enables Care Providers to utilise the support they need more effectively.

HWW promotes Wirral InfoBank https://www.wirralinfobank.co.uk/ which provides an online directory of provisions available across all sectors (clinical and non-clinical). We also promote HWW's Feedback Centre https://speakout.healthwatchwirral.co.uk/ to ensure people can leave feedback about their experiences. This helps influence the design, commissioning, and deliverance of care to better reflect the needs of the community.

HWW ensures it is as paperless as possible. However, it is vital that everyone gets information in a format that is suitable to them. Our website is available in different languages and audio, and we share Public Health's commitment to addressing inequalities by providing documentation in different formats and languages.

We have adopted a culture of seeking assurances in relation to:

- Quality and Equality of care.

- Clinical and non-clinical support and treatment.
- Equality Impact Assessments.
- Coproduction and integrated commissioning.

We engage health and care Commissioners and Providers in discussions about how effectively they collaborate to deliver integrated, seamless care and support for people, families, carers, and the workforce. Coproduction is integral to achieving meaningful social value.

We prioritise using local services and providers for all our administration, office and operational needs, ensuring that our finances are spent locally. Whenever possible, we utilise free premises and have sponsored local sports clubs for women and children. Additionally, we support HWW staff by being Mindful Employers and providing equipment to meet the needs of individuals.

Healthwatch Wirral CIC 2026

healthwatch Wirral

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