

Norton Lodge Care Home

12th May 2026

Norton Lodge Care Home

Date of Visit: 12 May 2026

Authorised Representative: Kathy McMullin, Barbara Patrick, John Fagan.

Service Type: Residential and Dementia Care

About Healthwatch Halton

Healthwatch Halton is the independent champion for people using health and social care services across Halton. Our role is to listen to the experiences of local people and use this feedback to help improve services within the community.

We gather the views of residents, patients, families, carers, and staff to help shape and influence local health and social care provision. We work closely with care providers, commissioners, local authorities, NHS organisations, and community groups to ensure people's voices are heard.

Healthwatch Halton has statutory powers under the Health and Social Care Act 2012 to carry out Enter and View visits to publicly funded health and social care services. These visits allow authorised representatives to observe services, speak with residents, staff, and relatives, and identify areas of good practice as well as opportunities for improvement.

The purpose of an Enter and View visit is not to inspect or regulate services, but to understand people's experiences of care and to support services in delivering safe, effective, caring, responsive, and well-led care.

Healthwatch Halton is committed to promoting:

- Dignity and respect
- Person-centred care
- Independence and choice
- Safe and effective services
- Community involvement and engagement
- Continuous improvement in health and social care services

Our reports are shared with providers and relevant organisations to support learning, transparency, and service improvement for local people.

Introduction

Healthwatch Halton carried out an Enter and View visit to Norton Lodge Care Home on 12 May 2026. The purpose of the visit was to observe the environment and speak with residents, staff, relatives, and the management team to understand people's experiences of care and identify areas of good practice and opportunities for improvement.

The visit included:

- A walk around of the home and grounds
- Observation of the care environment
- Conversations with residents, staff, and a visiting relative
- A structured interview with the registered manager
- A review of information displayed within the home

The manager was welcoming, open, and transparent throughout the visit and demonstrated a clear awareness of both the strengths and challenges currently facing the service.

About the Home

Norton Lodge Care Home is a mixed residential and dementia care home registered for 29 residents. At the time of the visit, 22 residents were living at the home, with one resident in hospital and further admissions expected.

The staffing structure included:

- 14 care staff
- 1 chef
- 2 cleaners
- 1 maintenance worker
- Agency senior staff
- Agency chef cover when required

District Nurses, the LLAMS team, podiatry services, and GP support provided by Murdishaw Medical Centre also support residents.

The registered manager commenced in post in January 2026. Her previous experience includes roles as Deputy Manager, Medication Coordinator, and carer, alongside a degree in Health and Social Care.

The manager described the ethos of the home as having a positive open-door culture where staff work well together as a team. She explained that her main priorities over the next 12 months are to recruit staff with the right attitude, ensure residents and families feel safe and happy, strengthen the open culture within the home, improve community involvement, and improve the home's CQC rating.

The home is currently rated **Requires Improvement** by the Care Quality Commission (CQC) following concerns identified under previous management and ownership arrangements. Since taking over the service, the current provider has been working to address these issues and implement improvements.

Staffing, Training and Support

The home currently operates with:

- Three carers and one senior during the day
- Two carers and one senior overnight

Agency staff are used to support sickness, annual leave, and vacancies. Two senior roles are currently provided by agency staff, and chef cover is also supported by agency workers through Lifeways Medics.

The manager explained that recruitment and staffing had initially been a significant challenge but stated that staffing stability had improved.

Training provided includes:

- Face-to-face moving and handling
- PBS training
- Medication training provided by Atlas
- Care Certificate training provided by TJ Solutions

The manager advised that staff receive supervisions every eight weeks, alongside team meetings and staff surveys. However, there is currently no additional wellbeing support available for staff.

The management team was described as supportive, approachable, and in daily contact with the manager. The local authority Quality Assurance Team was also described as supportive.

Resident Admissions and Care Planning

The manager explained that new residents are welcomed by senior staff and the Quality Assurance lead. Meetings are normally arranged with families prior to admission, and residents and families are shown around the home on arrival.

For residents admitted from hospital, body maps are completed where appropriate and fire procedures are explained if suitable for the resident's needs and understanding.

Residents and families are involved in care planning and reviews through telephone contact and face-to-face meetings. At the time of the visit, no formal resident or family meetings had yet been introduced; however, the manager advised these were planned.

Residents are encouraged to make choices regarding clothing, food, snacks, and daily routines. Fresh meals are cooked daily and menus are displayed throughout the home. Different dietary requirements are catered for individually.

Activities and Community Involvement

Activities currently available within the home include:

- Gardening
- Painting
- Bingo
- Games
- Crafts
- Occasional singers and entertainers

One resident independently accessed the community, and another resident was supported by a personal assistant.

The manager expressed a strong desire to improve community involvement and establish closer links with local schools, colleges, churches, and fundraising activities. Plans were also discussed regarding cookery sessions and improving wider community engagement.

Residents are encouraged to contribute to decisions about activities through the activity's coordinator where appropriate.

A hairdresser service was due to commence shortly after the visit, although there is currently no designated salon area within the home and hair appointments are planned to take place in the conservatory.

Location, External Appearance and Access

Norton Lodge Care Home is situated in a pleasant leafy rural location. The home has a small car park with limited parking availability; however, parking bays were not clearly marked and no visible designated disabled parking bays were identified.

A large sign identifying the home was clearly visible at the front of the property. The external grounds and gardens required maintenance, including grass cutting and general upkeep.

The car park and front approach to the building were uneven and contained several potholes which may present a trip hazard to residents, visitors, and staff.

The main entrance was located to the side of the building and opened directly into the main corridor, with no designated reception or entrance hall area. Hand sanitiser, gloves, and a visitor signing-in book were available at the entrance.

Initial Impressions

On entering the home, the environment felt welcoming, warm, and clean with no unpleasant odours noted. A dementia-friendly clock displaying the correct date and time was visible in the main corridor.

Daily activities, Healthwatch information, “You Said, We Did” notices, thank-you letters, and fire safety information were displayed throughout the building.

One observation noted was a life-sized mural of a traditional telephone box displayed on the wall. Whilst visually appealing, this could potentially cause confusion for residents living with dementia, as it may appear to be a functioning object.

Internal Physical Environment

Overall cleanliness throughout the home was good and communal areas appeared tidy and maintained. Health and safety notices were clearly displayed throughout corridors and communal spaces.

However, the building is an older listed property and significant refurbishment, and updating are required in several areas. Windows, décor, flooring, and furnishings throughout the home appeared dated and in need of attention.

Only one small sensory board was observed within the home and there were limited dementia-friendly environmental features, colours, or sensory stimulation throughout the building.

Positive observations included:

- Clearly signposted bathrooms and toilets using both words and pictures
- Fire exit signage throughout the building
- CCTV coverage in communal areas
- Call alarms in all bedrooms
- Window safety catches fitted

A loose banister was identified on a sloped corridor area and may present a safety hazard if not repaired promptly.

Lounge and Communal Areas

The lounge area contained comfortable seating, games, puzzles, books, DVDs, and residents’ artwork displayed on the walls. A large television was positioned where it could be viewed by residents.

There were also a recliner and massaging chair; however, the recliner function was not operational during the visit.

Although seating was comfortable, there were no bariatric chairs or varied seating heights available, although cushions and raiser blocks were being used to support residents’ needs.

No dementia-friendly clocks were observed in either the lounge or conservatory areas. Access to the garden was available via a ramp.

Bedrooms and Empty Rooms

Occupied residents' rooms had personalised features including pastel-coloured front doors, door knockers, and framed photographs of residents, helping to support familiarity and recognition.

Several vacant rooms were viewed during the visit. Whilst clean, much of the furniture, mattresses, bedding, and furnishings appeared worn, dated, or marked and would benefit from replacement and refurbishment. Original windows within the listed building also appeared to require repair and maintenance.

Representatives also observed:

- A toilet aid chair that did not appear secure and could pose a trip or fall risk
- Pull cords that appeared dated and may require inspection, testing, or replacement

Staircase and Lift Access

The staircase was accessed via a coded door and consisted of two large staircases supported by a stair lift running the full length of the stairs. The stairwell appeared dated and in need of refurbishment, including carpeting and banister maintenance.

Walking frames and chairs were being stored within the stairwell area. A damp or musty smell was noted and overall, the space did not appear particularly user-friendly for elderly residents.

The passenger lift to the upper floor was reportedly out of service and had been non-operational for a considerable period. Multiple "Do Not Use" notices were displayed on the lift doors.

Garden and Outdoor Areas

The garden area was secure and included a summerhouse along with outdoor seating and tables. Families were also able to access the outdoor area with residents.

However, the overall outdoor environment required significant maintenance and gardening attention, with several areas appearing overgrown and unkempt.

Bathrooms and Maintenance Issues

During the visit, a leak was identified from Bathroom 3 into the corridor area. This was immediately reported to staff and responded to promptly by the cleaner, with the issue escalated to maintenance for assessment.

Bathroom 2 did not have an emergency pull cord present, which may present a safety concern and should be reviewed urgently.

Dining Experience and Nutrition

The dining room was clean and well organised with menus displayed and tables laid with tablecloths. A birthday display was also present within the kitchen area.

The kitchen itself was observed to be exceptionally clean, although a dripping tap requiring repair was noted.

Staff were seen assisting residents appropriately with drinks, snacks, and meal support where needed. Two anti-choking emergency boxes were clearly displayed in the dining area alongside additional signage identifying their locations.

The manager explained that residents were able to choose where they wished to eat, including the dining room, lounge, conservatory, or their bedrooms, and that dietary requirements were catered for individually.

The food hygiene rating was recorded as 4.

Staff Interaction and Resident Welfare

Interactions between staff and residents throughout the visit were consistently caring, respectful, and responsive.

Staff demonstrated patience and compassion, particularly when supporting residents experiencing distress or requiring reassurance. Staff were observed regularly checking on a resident receiving palliative care and responding appropriately to another resident who was repeatedly calling out from their room.

Residents appeared happy, healthy, appropriately dressed, clean, and nourished.

The cleaner was also observed interacting warmly with residents and responding quickly to maintenance concerns raised during the visit.

Resident and Family Feedback

Healthwatch representatives spoke with four residents during the visit. Two residents who appeared to have capacity stated they were happy living at the home, while the remaining residents also appeared comfortable and content within the environment.

Residents in communal areas were observed interacting socially and communicating positively with one another.

A visiting family member stated that their relative had been living at the home for three months and that they had “no complaints at all.”

Families were also able to access the garden area with residents.

Governance, Safety and Quality Monitoring

The manager described several systems in place to monitor quality and safety, including:

- Spot checks
- Daily walkarounds
- Staff handovers
- Personal care documentation
- Nutrition and fluid monitoring
- Falls monitoring
- Safeguarding referrals

The home also had:

- CCTV in communal areas
- Call bells in bedrooms
- Fall mats where required
- Door security systems

The manager advised that safeguarding concerns are escalated immediately through appropriate safeguarding procedures.

Overall Findings

Healthwatch observed a caring and compassionate staff team committed to supporting residents and improving the culture within the home. Residents appeared comfortable, well cared for, and supported by kind and responsive staff.

The registered manager demonstrated openness, awareness of the service's current challenges, and a clear commitment to driving improvement following previous management concerns.

However, the environment and building require substantial refurbishment and modernisation. Several maintenance, safety, accessibility, and dementia-friendly environmental improvements were identified during the visit. The home would benefit from continued investment, enhanced community engagement, and strengthened resident and family involvement structures.

Recommendations

Healthwatch Halton recommends that Norton Lodge Care Home consider the following actions:

- Review and repair potholes and uneven surfaces within the car park and external pathways to improve safety.
- Improve external grounds maintenance and garden upkeep.
- Review accessibility arrangements, including consideration of designated disabled parking spaces.
- Prioritise repair and refurbishment of the internal environment, including décor, flooring, windows, bannisters, and stairwell areas.
- Review dementia-friendly environmental features throughout the home, including signage, sensory stimulation, clocks, colour schemes, and orientation aids.
- Repair or replace non-functioning equipment, including the recliner chair and lift where possible.
- Review safety concerns identified during the visit, including the loose banister, missing emergency pull cord, unsecured toilet aid chair, and dated pull cords.
- Consider creating a dedicated private family visiting space away from communal areas.
- Introduce regular resident and family meetings to improve involvement and communication.
- Continue developing community links and meaningful activities for residents.
- Review staffing deployment overnight, particularly regarding laundry responsibilities and their impact on direct resident care.
- Continue to strengthen recruitment and staff retention arrangements to reduce reliance on agency staffing.

Provider Feedback

Provider Response – Norton Lodge Care Home

Thank you for visiting Norton Lodge and for the detailed feedback provided. We greatly appreciate the time taken to review our service, and we welcome the recommendations shared. I would like to outline the actions already completed since your visit, as well as our planned improvements.

Actions Completed Since the Visit

Environmental Improvements

- The potholes and uneven pathways have now been repaired.
- The lawns and gardens have been improved, with ongoing maintenance scheduled weekly.

- A designated **disabled parking area** has been created near the front door, alongside a clearly marked emergency vehicle parking space to support safe and easy access.
- Internal refurbishment has begun: our maintenance team has completed fresh painting in key areas and repaired the loose banister.
- The missing emergency pull cord has been replaced, and all pull-cord systems are currently being reviewed to ensure they meet safety standards.

Safety Improvements

- The loose banister has been fully secured.
- The emergency pull cord has been reinstated and tested.
- The unsecured toilet aid chair has been reviewed and replaced where required.

Planned Improvements

Refurbishment & Dementia-Friendly Enhancements

- Further décor and flooring improvements are scheduled over the coming weeks.
- We are reviewing dementia-friendly signage, colour contrast, and environmental cues to enhance orientation and independence for residents living with dementia.
- We are currently waiting on the delivery of dementia friendly clocks and sensory boards.

Resident & Family Engagement

- I am in the process of arranging a **resident and family meeting**, which will take place at the end of June. This will support open communication, shared decision-making, and collaborative planning.

Community Engagement & Wellbeing

As Manager, I am committed to creating a positive, stimulating, and inclusive environment. We are working closely with the local authority and community partners to ensure residents have access to a wide range of meaningful activities. This includes:

- Charity events and fundraising activities
- Garden parties and family social events
- Strengthening links with local churches and community groups
- Expanding opportunities that promote independence, wellbeing, and fulfilment for all residents

Recruitment & Staffing

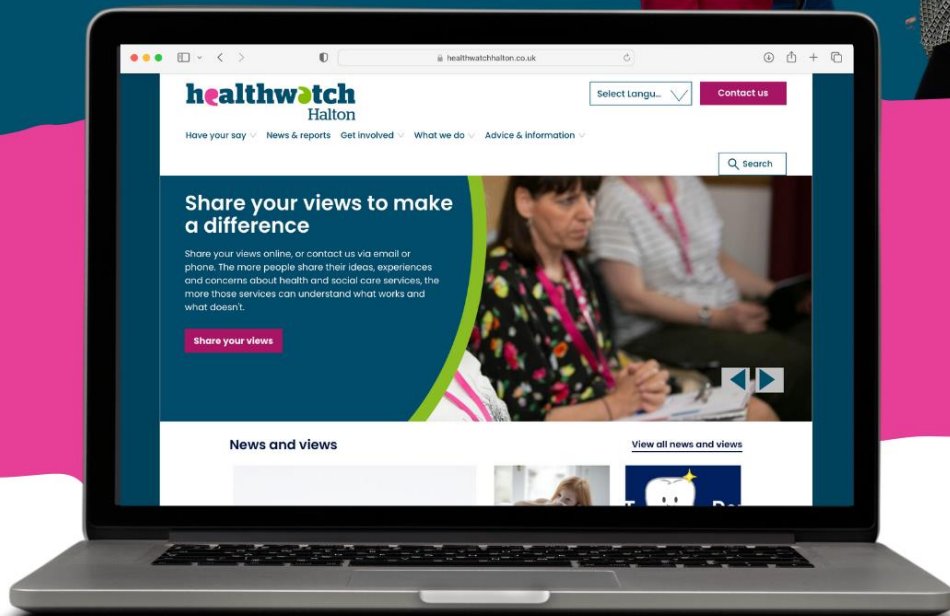
Recruitment has been highly successful, and we are confident that Norton Lodge will be fully staffed by **mid-July**, following the completion of onboarding and training. We continue to review overnight staffing deployment to ensure safe and effective coverage.

We would like to sincerely thank **Healthwatch Halton** for visiting Norton Lodge and for providing valuable feedback. Your observations have supported our ongoing improvement journey, and we remain committed to maintaining a safe, welcoming, and person-centred environment for all residents. We look forward to continued collaboration and future engagement.

Have Your Say

Share your experiences of health & social care services in Halton on our website or with your mobile phone.

Visit our webpage:
www.healthwatchhalton.co.uk
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We are committed to the quality of our information.
Every three years we perform an in-depth audit
so that we can be certain of this.

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