

Enter & view Report:

healthwatch
Trafford

Heathside Retirement Home

74 Barrington Road

Altrincham

WA14 1JB

Tel: 0161 941 3622

Owner: Mr Andrew Meehan &

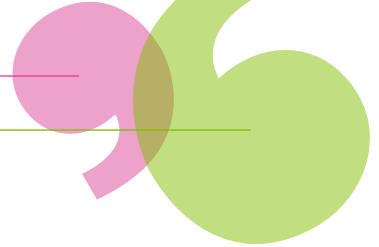
Mrs Frances Ann Meehan

Manager: Clair Talbot

Date of visit: 25th July 2018

Date of publication: September 2018





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What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these 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 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. The aim of the Healthwatch Enter and View visits is to give relatives and carers a perception of what daily life it is like for residents living at a care home and whether the home is somewhere they would place their family member.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. 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.



Acknowledgements

Healthwatch Trafford would like to thank the Manager, staff and residents of Heathside Retirement Home and the relatives of the residents for their contribution to the Enter and View programme.

Disclaimer

Please note that 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, only an account of what was observed and contributed at the time.

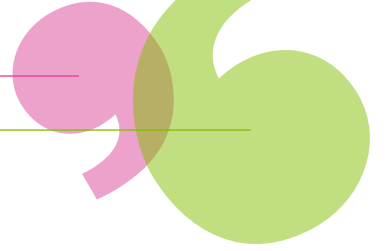


Executive Summary

Findings and Recommendations

Findings

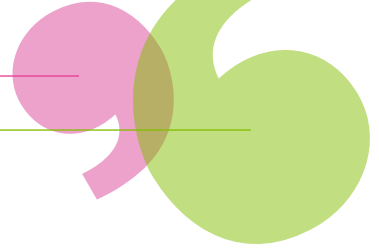
- Heathside Retirement Home provides care for up to 30 older people, over 50% of the residents are living with varying degrees of dementia. At the time of the visit there were 26 people living at the home.
- The home is a large detached house with accommodation provided over three floors. All bedrooms are single rooms; 21 bedrooms are ensuite. There is a large accessible garden area to the rear of the property.
- The home offers long-term residential care and short-term respite care a day care service.
- At the time of the visit the Manager had been employed at the home for nine years. The home does not use agency staff and are able to cover any shifts required from within the staff team. This means there is continuity of staff supporting people.
- The Manager kindly agreed to mail out 26 questionnaires to relatives of residents living at the home, 7 completed questionnaires were returned to us. All questionnaires informed us that they felt their relatives living at Heathside Retirement Home were treated with kindness and compassion, see full results here:
- On approaching the home, we observed notice boards in the porch showing the large variety of activities that take place and the trips planned for the forthcoming month. At the time of the visit 'pamper sessions' were taking place, we observed several residents having their hair and nails done. Television sets were on in the communal lounge areas but did not dominate the rooms enabling people to hold a conversation.
- On the day of the visit we observed all staff, including the Manager and owner interacting with residents in a caring and kindly manner.
- Staff we spoke to told us that they were very happy working at the home and felt supported by the Manager and the home's owners.
- Costs are in the order of £550 - £750 per week.
- A CQC inspection of Heathside took place in July 2018. Following the inspection, the home was given a 'Good' rating. Please go to: <https://www.cqc.org.uk/location/1-117483647> to access the CQC full report



Recommendations:

- *Consider incorporating into the Heathside newsletters or correspondence with residents' relatives the "you said, we did", to demonstrate the action taken by the home regarding issues and suggestions raised.*





Good practice identified:

Internet access and the use of technology to connect residents with family members, through Skype 'face to face' technology.

The Manager's weekly buzzer test to monitor staff response time.

Cover is provided by in-house staff eliminating the need for agency cover and maintaining continuity of care for residents.

Consider adoption of the other good practice initiatives:

<http://www.bbc.co.uk/rd/blog/2017-02-bbc-rem-arc-dementia-memories-archive>

A programme to encourage reminiscence in people with dementia.

<https://www.carehome.co.uk/news/article.cfm/id/1574414/paper-armband-care-workers-malnutrition>.

This is a paper armband, which can be routinely used to identify changes in nutrition or hydration.

<https://www.nice.org.uk/guidance/ng48>

A link to the National Institute for Health and Care Excellence [NICE] for 'Oral health for adults in care homes'

Purpose of the Visit

The visit to Heathside Retirement Home is part of an ongoing planned series of visits to care homes to discover what residents and their families think about the health and social services that are provided and examples of good working practice by:

- Observing and identifying best practice in the provision of care homes for vulnerable older people requiring social care or nursing care.
- Observing residents and relatives engaging with the staff and their surroundings
- Capturing the experience of residents and relatives



An Enter and View visit is not an inspection.



Strategic Drivers

We are using all/some of the following criteria for the timing of our visits.

- Ageing population in Trafford requiring care homes
- Good practice
- Length of time since the last Care Quality Care [CQC] visit so that we are not placing an unfair burden on care home management and staff by having two visits in close proximity.
- Where any issues of concern are raised with Healthwatch either by a resident or their carer. Residents' family/carers will be asked to complete a questionnaire anonymously.
- If there are specific questions of quality of care raised by Trafford Council, Healthwatch [as an independent body] will consider whether a visit is warranted.
- When invited by care homes to publicise good practice or points of learning.
- CQC and partners 'dignity and wellbeing' strategy:
- <http://www.cqc.org.uk/content/regulation-10-dignity-and-respect>
- Changes in management of the home.

These visits are a snapshot in time, but our reports are circulated widely and can be used by care homes to acquaint the public with the services offered.

Methodology

This was an announced Enter and View visit.

Contact was made with the home explaining our reasons for the visit. Posters were supplied to alert our visit to staff, residents and family members.

We sent a questionnaire to the Manager of the home and received responses prior to the visit (Appendix A).

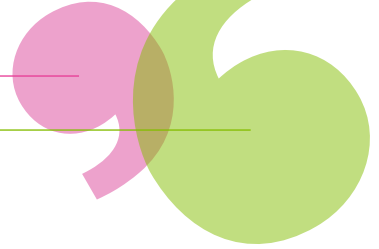
We sent a questionnaire to residents' family and carers for them to respond anonymously (see Appendix B).

We looked at local intelligence including CQC reports. The CQC inspected the home in May 2017 and gave a 'requires improvement' rating, please follow link to access the full 2017 report: <https://www.cqc.org.uk/location/1-117483647>

We were guided by staff on the residents we could approach to answer our questions. We talked to five residents, one relative and seven members of staff. It should be noted that many of the residents had dementia.

Healthwatch Trafford Authorised Representatives

- Susan George
- Marilyn Murray [Lead Representative]
- Jean Rose



The visit

Introduction

Healthwatch Trafford visited Heathside Retirement Home on 25th July 2018.

Healthwatch Trafford undertake Enter and View visits of any care home, GP surgery, hospital or other health or social care facility which is publicly funded either in part or in whole. These visits aim to paint a picture of residents' and patients' experience and we hope that our reports will be used to inform the public and potential users of the service on what they can expect.

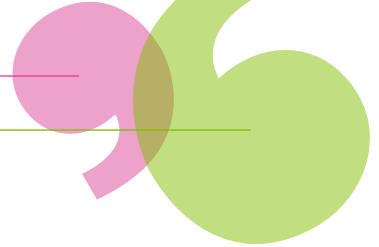
These visits are not inspections; they are a snapshot of what we observed on the day of the visit. As these visits are not inspections, we have framed our questions in such a way that they reflect how residents and their carers feel about the quality of service on offer. We have also observed governance arrangements to see how the home is run and assessed whether we feel it meets standards the public should expect.

Before our visit, we sent questionnaires out to the Manager of Heathside and to the residents' families/carers who were asked to anonymously provide their views. The questionnaire for management and the Manager's response is provided at Appendix A and the questionnaire for residents can be found at Appendix B. The responses to Appendix B are summarised on page 13.

Profile of Heathside Retirement Home

Heathside is a care home registered to provide personal care, the home also provides respite accommodation and a day care service. The home is privately owned by a Mr & Mrs Andrew Meehan.

Heathside is a large traditional detached house, that has been extended to accommodate up to 30 residents. It is situated on a busy main road in the Altrincham area of South Trafford, there is limited car parking space at the front of the home. Accommodation is over three floors and consist of 28 single bedrooms and one shared double bedroom. The home has kitchen area, three lounges and a dining room. Twenty-one bedrooms have en-suite facilities. There is a lift to all floors. At the time of the visit there were four vacancies at the home. The home has access to an enclosed well-maintained garden that is wheelchair accessible. There are very good public transport links to Altrincham town centre which is close by.



General Observations

In the porch leading to the front door of Heathside, there is a notice board displayed informing visitors of the activities on offer at the home along with a diary of events, including trips out that had been planned for July and August. We observed the food hygiene rating for the home and the CQC registration notice displayed at the front of the home.

Access to the home is security coded, staff activate the door release to let visitors in and out of the building. On entering the home there is a large, bright hall. Access to the Manager's office is from the entrance hall making it easy accessible for staff, residents and visitors. There is a visitors' book strategically placed for people to sign in on entering the home. We observed various information notices for visitors visibly displayed on the walls. The large secure garden is set up with gazebo, metal table and chairs and the home had organised a garden party for August.

A large stairway situated in the entrance hall leads to the upper floors of the home. There are lifts available to all the floors. The communal lounges are light, well decorated, and homely. We observed plenty of seating in the communal areas for residents and visitors. At the time of our visit residents finishing off their breakfast in the dining area and we witnessed several residents serving themselves to extra toast and drinks. We were told by a member of staff that residents are encouraged to do this as it helps to maintain independence.

The home boasted several activities such as, gardening, computer, painting, book club, cake making, photography, pottery making film and DVDs. One resident informed us that she enjoys doing the 3D collage activity at the home. On the morning of the visit we observed 'pamper sessions' taking place where residents can have their hair done and nails painted. We were informed by staff, residents and relatives that the pamper days that take place every Wednesday at the home are very popular. All residents appeared well groomed with many of the female residents displaying well-manicured finger nails.

When speaking to residents we learned that several had landlines in their rooms, one resident enjoyed ordering a Tesco delivery and listening to music in his room. He also had a friend who visited him on a regular basis. We learnt that the home has internet connection for residents and this has enabled one resident to face-time her relatives in New Zealand keeping her in contact with family and friends.

One resident told us that he had been at the home for 12 months and that he likes to watch TV and do a bit of gardening. He stated:

"It's very good [the home], the best of the last three I have been in. I speak to most people, I would like to get out to the shops more, but I am unable to move around and would need to be accompanied when going outside. I used to use the public transport, I miss going on the public transport".

Another resident told us:

"I have been here for six years, I must like it. Good meals, I go in the garden sometimes".

When we asked one resident if there was anything that could be improved for him at the home, he replied:

"I just want a walk in the countryside".



We noted that the home has recently taken residents out on trips to Dunham Massey and to the Lake District, which were very popular with those who took part.

The relatives we spoke to on the day of the visit appeared keen and sincere in their praise on the care their loved ones received at the home, comments such as:

“My mother has dementia but wouldn’t have come into Heathside if she thought it was a care home. She is very happy here, staff are always talking to her, they are so friendly. The dining room is set out beautifully with napkins for meals times, my mother thinks it is an hotel. My mother’s mobility has improved since coming to live at Heathside and she looks amazing!”

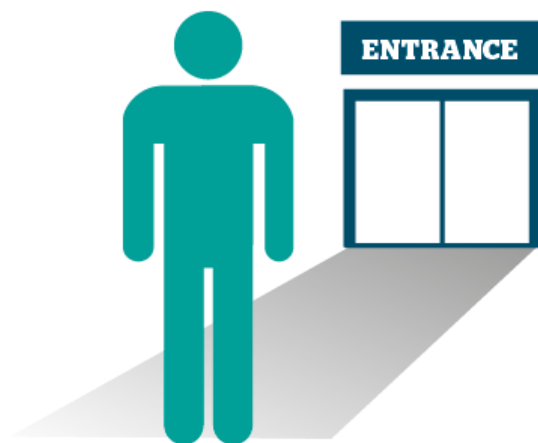
Another relative told us:

“...the home is fantastic, staff provide quality care to the residents and my father-in-law has gained weight since moving here”.

The home’s main cook works Monday to Friday with the home providing weekend cover for cooking duties. Staff informed us that the home provides a cooked breakfast every morning for all residents, followed by morning coffee, lunch, afternoon tea, tea-time and supper. The cook emphasised that there is always a choice for residents if they wish to have alternative to what is on the menu that day and that residents can eat in the dining room or in the own rooms if they desire. One resident we had previously spoken to when asked about the meals stated:

“I enjoy the meals, particularly hash browns”

We observed drinks readily available and within easy reach of residents and on the day of the visit which was a warm day we observed several residents in the communal lounges eating a medley of fruit, grapes, pineapple and water melon. We were informed by staff and residents that during the hot weather residents have been enjoying eating ice cream delivered to the home by a local ‘ice cream vendor’.



The ambience throughout the home appeared very relaxed and friendly. The home smelt clean and fresh with no odours. One visitor stated:

“I attend the home regularly on different days and at different times, on the odd occasion when I have detected a slight odour in the home it has gone when I come to visit the following day, the home is kept very clean”.

All communal areas and corridors of the home were uncluttered. On the day of the visit we had the opportunity to observe some residents’ bedrooms, which were odour free, clean and

appeared comfortable for the resident. One resident who is blind told us that he was very happy at the home and spends most of his time in his room but does have concerns about a resident that wanders and come into his room. To address this, the home has erected a curtain over his doorway to deter the dementia resident from entering the room.

We observed buzzers in residents’ rooms and were told by one resident that she waits a while for staff to respond to her buzzer when she wants to go to the toilet. The Manager



informed us that she carries out an unannounced weekly buzzer test from various locations within the home to observe how long it takes a member of staff to respond and that staff are responding quickly every time.

Signage to facilities such as WC/bathrooms was clearly visible. We observed fire extinguishers situated around the home and staff informed us that alarms are checked Tuesday every week. All staff are trained on fire evacuation and the home has three evacuation sledges to ensure residents are transferred out of the home safely. [see link: <http://www.medsled.com/hospitals-nursing-homes/> In case of evacuation, residents would be taken to Claremont Care Home. However, negotiations are currently taking place with Altrincham Methodist Church, which is in the immediate vicinity.

We asked about laundry and how the home ensures that residents' clothes are labelled and returned correctly. The Manager stated, that there is a persistent problem with the labelling of clothes, for example, some iron-on labels do come off, however we are constantly trying to improve this matter. On the day we visited, the residents looked well cared for in their surroundings and appeared very comfortable with all the staff working at the home.

During the visit we witnessed an array of picture cards that care staff use to communicating with residents whose first language is not English and others who have difficulty in communicating verbally.

The staff members told us we that they were happy in working at the home and caring for the residents whom they appeared to know very well. All staff felt supported by the Manager and owners of Heathside Retirement Home.

Profile of residents

The residents we observed on the day of the visit were elderly, of mixed gender and ethnicity, with over 50% living with various levels of dementia. The people we saw on the day of the visit were a combination of residents who lived at the home and those who used the home's day care service.



Management of the Home-

The following comments should be read in conjunction with **Appendix A** which was completed by the Manager of the home on the day of the visit. The Manager of has been employed at the home for nine years.

When we asked how residents and their families provide feedback or raise any concerns, the Manager informed us that the home has a complaints procedure that is made available to all residents and relatives. The home has monthly resident/relative meetings and those relatives who do not wish to attend the meeting will receive all relevant information from the home. The Manager stated that the home also sends out quality assurance surveys to residents, relatives, staff and outside agencies on an annual basis.

When we asked about accessing GP Practices, we were told that currently 14 Heathside residents are seen by one GP practice [named] the Manager stated: "*there are no problems with the GPs Practices that serve the home as we know them all very well*". When we asked how often the home calls the 999-emergency ambulance service, the Manager told us, *virtually never*, however, during the current heatwave we have called upon the service three times.

Prior to our visit, we asked what measures were taken if a resident has a fall, the Manager informed us that all falls are recorded. When auditing falls we will put into place required action to prevent falls. The Manager added that the home has sensory mats in bedrooms and response buzzers.

On enquiring about residents' food and liquid intake, we were informed by the Manager drinks and snacks are readily available for residents and that residents intake of meals is discussed at staff meetings. If we have any concerns referrals can be made to the Trafford dietician.

The Manager informed us that the all staff at the home are using the CareDoc system to input accurate up to date records of the care and wellbeing of the individual residents they are looking after. The system is working very well, giving a 'real time' account of the care being delivered to the individual. For further information please go to: <https://www.caredocs.co.uk/>

We did not ask the Manager about dental services; however, we were informed by a resident at the home that he accesses the dentist that is situated across the road from the home for his dental care, which is very convenient and is accompanied by a member of staff when his appointment is due.

When enquiring about staff retention, we were informed that the home has a good record of staff retention. The Manager stated that there are no special problems with staffing and no agency staff are used at the home. The home's registered staff members will provide all staff cover when required even at a last minute's notice.

The Manager informed us that all staff must complete the home's mandatory training and all staff appraisal take place on a quarterly basis, please *see page 19 of this report for further information*. The Manager praised all the staff at Heathside for their excellent work.

The home has advance directives, and these are discussed when a person enters the home. A resident last wishes section is included in their care plan.

Deprivation of Liberties [DoLs]¹

We were informed by the Manager that there are significant waiting times for full authorisation from Local Authority for DoLs. However, the Local Authority currently issue pending authorisation of DoLs monthly to the home and this is working well.



¹ The *Deprivation of Liberty [DoLs] Safeguards* are an amendment to the *Mental Capacity Act 2005*. They apply in England and Wales only. The *Mental Capacity Act* allows restraint and restrictions to be used but only if they are in a person's best interests.

Deprivation of Liberty Safeguards. The (DoLS) are part of the Mental Capacity Act and aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

Summary of relatives' responses to questionnaire

(see relative questionnaire in appendix B)

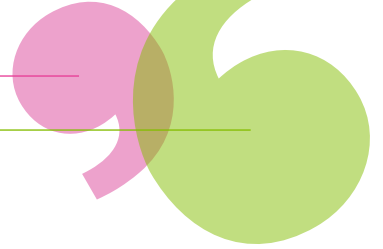
We left 26 relative questionnaires with the management of Heathside Retirement Home to send out to relatives of residents living the home. We received seven completed questionnaires from relatives. All the relative questionnaires informed us that they felt that their family member is treated with kindness and compassion.

Below are the comments we received from relatives and carers. The comments are taken verbatim from the relatives and carers questionnaires. Please note that, whilst we received seven completed questionnaires from relatives and cares not all choose to complete the comment box section.

1. *"My father is very contented in the home, staff very friendly and they let me know straight away if he is poorly etc. We are happy, and we know he is being looked after properly".*
2. *"My loved one is very negative about life in general and always has been. I am satisfied that she is well cared for, but she is also difficult to manage and will refuse aspects of care and most activities that are offered. I do know that she would hugely welcome trips out to the local shops and/or a trolley offering confectionary, magazines etc provided in the home. At the moment I am the only person who takes her to the shops".*
3. *"A lot of extra money is required for spends on fruit juice, fruit, tissues, outings etc".*

Response from Management: The Home's does not charge for fruit juices.
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4. *"If I ask about my relative I know that I would be informed re: medications etc. But it is on a need to know basis. I have absolutely no qualms about the commitment of all the staff at Heathside and I am so glad that by serendipity, I found the home".*
5. *"I am happy with the care my loved one receives at Heathside, the staff are caring and compassionate and there is a good range of activities".*
6. *"I feel my mum is looked after with care and compassion".*





Appendix - A

Management questionnaire and responses

Please note that responses are listed as they were received.

Pre-visit questionnaire for the Manager of Heathside Retirement Home, Altrincham -

Q1. How do you facilitate your residents and their families in raising any concerns they may have? Do you do this on a routine basis and, if so, how often?

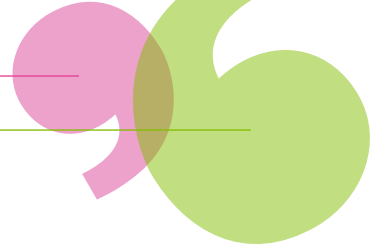
The home has a complaints procedure for people to access.

Q2. Do volunteers come into the in the home? If so what type of activities do they do?

From Trafford College students and carers.

Q3. Do other organisations come into the home? If so who are they and what do they offer?

We have a physiotherapist visiting the home and a lady who provides chair exercises.



Q4. Do residents have fresh fruit and vegetables on a daily basis`?

Yes, available as part of their meal.

Q5. Are drinks available and within easy reach? Are drinking levels monitored and recorded in care plans where there are concerns?

Yes, and there are water foundations situated in the home for residents' use. Individual residents are monitored when it has been recorded in their care plan to do so.

Q6. Do you seek advice from nutritionists where there are concerns (residents losing weight or experiencing any level of pain)?

We will refer to Trafford dietitian.

Q7. How do you gauge that residents enjoy their food and drink?

Residents intake of meals is discussed at staff meetings. Residents have a choice of meals. Everybody has a cooked breakfast every day, which residents enjoy.



Q8. Does a single GP practice cover the medical needs of the home or do residents retain their own family doctor?

There are 26 residents currently living at Heathside, 14 are registered with the GP Practice on Barrington Road. There are no problems with the GPs Practices that serve the home as we know them all very well. For example, if we have a resident with a urinary tract infection [UTI] we can use a dip stick test to assess the severity of the infection and contact the relevant GP by phone. If it is a mild case, the GP will arrange for a prescription to be made up or attend the resident if the condition is more severe. This procedure works very well.

Q9. Which healthcare professionals visit the home at your request e.g., chiropody/podiatry, physiotherapy, district nurse, dentist or social worker?

District Nurse and podiatrist. The home has a hairdresser attending on a weekly basis which residents pay for.

Q10. If professionals do not come into the home, how do you access their services?

As and when needed, the District Nurse is contacted by the home before contacting a GP.

Q11. Are residents likes and dislikes recorded in care plans?

Yes.



Q12. Are residents encouraged to talk about their past lives and how do you encourage this? Examples might include local history books, old photographs or films.

The home always takes past history in the “this is me” section on residents’ care plans.

Q13. Do residents have choice over what they wear each day?

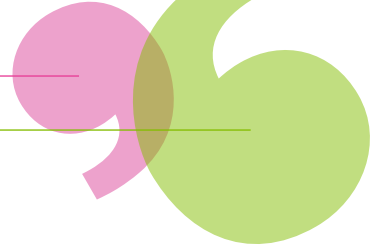
Yes.

Q14. How do you cope with making reasonable adjustments in relation to residents with dementia, learning disability or other special needs such as autism or challenging behaviour?

There are no residents with special needs and challenging behaviour at the moment. We have two residents that are under the dementia crisis team.

Q15. How do you address the needs of people from minority ethnic groups or of different cultures and faiths?

The home has a “key ring” that holds a selections of picture cards that helps residents to communicate their needs and desires to staff members.



Q16. Do you have visiting faith leaders in the home?

It is recorded in residents' care plans and some faith leaders come every week if this has been requested by the resident.

Q17. Do you encourage family and friends to think about having advance directives?

Yes, on entry to the home. A resident last wishes section is included in their care plan.

Q18. Do you invite the community to bring in pets?

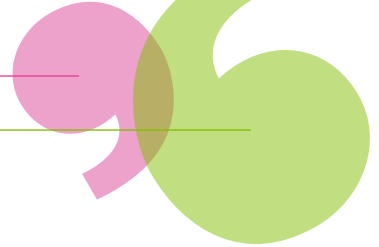
A member of staff will visit with her dogs.

Q19. Do you have regular meetings with residents' families?

Yes, monthly.

Q20. Do you take residents out into the community?

Yes, shopping, to church, to coffee shop. Residents are accompanied by a member of staff.



Q21. If a resident falls, what measures do you follow? Do you call a GP, the ambulance service or utilise other measures? Do you record falls in every care plan, however minor or major?

The fall is recorded on an accident form and a 48 hours observation period is put into place. We carry out a monthly falls audit to access if there are any patterns or trends are appearing.

Q22. What preventative action do you utilise to prevent falls? Have you access to a falls advisor?

We have sensory mats in bedrooms and response buzzers. The home's handyman checks and cleans zimmer frames, and walking stick every week.

When auditing falls we will put into place required action to prevent falls, for example, one resident was experiencing falls around the tea-time period and we put extra staff during this period to watch the resident and prevent any further falls.

We have access to the falls team in Trafford and staff members attend falls prevention awareness training.

Q23. What feedback have you had from residents in the last three months which have resulted in change?

The home has organised trips and outing for residents to the Lake District and Dunham Park and have increased the range of activities provided at the home for residents.

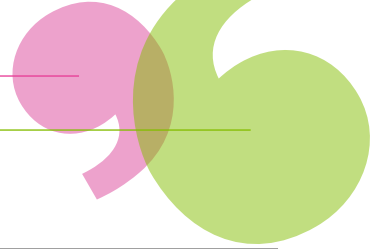
One resident requested a brighter light in bedroom and this was carried out.

Q24. How do you keep abreast of good practice? Examples might include e-learning packages, formal training, mentoring, staff appraisal?

Staff complete mandatory training.

End of life awareness training, dementia and mental capacity training and the ECDL [*Europe Computer Driving License*] programmes levels two and three.

Quarterly staff appraisals take place and are recorded. We also arrange for speakers, such as Parkinson's nurse to speak to staff working at the home.



Q25. How do you prevent residents' feelings of loneliness or isolation?

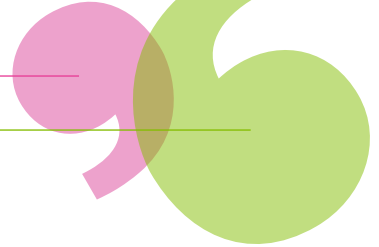
All staff know the residents very well and would notice if a person shown any signs of depression.

The home has an activities coordinator who encourages residents to participate in activities.

Q26. What are the practical everyday things that would help you to provide the best possible care for your residents? Please describe?

Feel free to continue any answers onto a separate piece of paper if necessary, but please add the question number to the answer.

For more information, please contact us at:



Appendix - B

Relatives' questionnaire

1. Do staff talk to you regularly about your loved one's:-

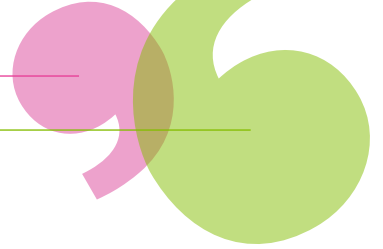
General Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Bathing and personal care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Hobbies/interests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

2. Do you think that your loved one;-

Is happy with the care received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Has plenty to occupy them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Enjoys their meals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Enjoys the company of other residents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Is lonely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

Do you know whether:-

Staff know about the work or family interests of your loved one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Take them out into the community (shops/libraries, local events etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Are they treated with kindness and compassion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know



Are you:-

Consulted on changes needed to care plans? Yes No Don't know

Are you kept informed about the home's developments/plans etc. (i.e. Carers/residents meetings)? Yes No Don't know

Please add in any other comments or observations you would like to make in the box below.

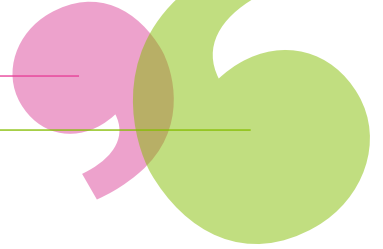
Would you recommend this home to anyone else?

Yes No Maybe

Overall, on a scale of 1 to 10, how would you rate this home?

(with 1 being very poor and 10 being excellent)

out of 10



Distribution

This report will be sent to the following organisations:

The Care Quality Commission (CQC)

Trafford Council:

- Trafford Health and Overview Scrutiny Committee
- All Age Commissioning Team

Trafford Clinical Commissioning Group (CCG)

Healthwatch England

Chief Nurse, NHS Trafford CCG and Corporate Director of Nursing Trafford Council

The provider visited

It will also be published online on the Healthwatch Trafford website

[\(https://healthwatchtrafford.co.uk/our-reports/\)](https://healthwatchtrafford.co.uk/our-reports/)

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