

Enter & view Report:

healthwatch
Trafford

Bradley House Nursing Home

2 Brooklands Crescent,

Sale

Greater Manchester

M33 3NB

Tel: 0161 973 2580

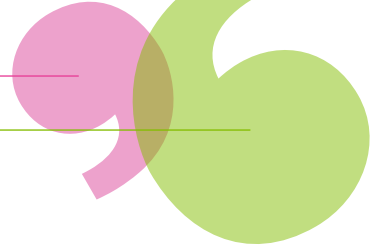
Owner: Bange Nursing Homes Limited

Manager: Mrs Helen Bange

Date of visit: 12th December 2018

Date of publication: April 2019





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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 Bradley House Nursing 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

- Bradley House Nursing Home provides nursing and residential care for up to 34 elderly residents. At the time of the visit there were 28 residents living at the home.
- Bradley House is a private nursing home owned by Bange Nursing Home Limited. The Manager is also the owner. On the day of the visit we were met by the Manager, and her husband the co-owner of the home.
- The home specialises in dementias and supports people with dementia who have additional nursing and/or behavioural needs.
- Bradley House is a large detached Victorian house that has been extended to provide support for people over three floors. The home offers a mix of single and shared bedrooms. There is a large conservatory which looks out onto a small green space to the rear of the property.
- The Manager agreed to mail out 28 questionnaires to relatives of residents living at the home, 11 completed questionnaires were returned to us. All questionnaires informed us that they felt their relatives living at Bradley Nursing Home were treated with kindness and compassion, see full results here: <https://healthwatchtrafford.co.uk/wp-content/uploads/2019/01/Bradley-house.pdf>
- On entering the home, there are a variety of notice boards on the walls with information for residents and visitors.
- The home employs a dedicated Activities Coordinator. An activity board is displayed in the entrance hall that shows all the weekly activities on offer to the residents.
- Discussions with the owners and staff found a high level of understanding of the needs of people with dementia in terms of their environment and how to maintain their physical and emotional wellbeing.
- Members of staff we spoke to told us that they were extremely happy working at the home and that the Manager was very approachable and supportive.
- Costs are £760.00 per week, plus FNC [Funding Nursing Care] contribution.
- A CQC inspection of Bradley House Nursing Home took place in February 2018. Following the inspection, the home was given a 'Requires Improvement' rating. To access the CQC inspection report please go to: <https://www.cqc.org.uk/location/1-118462477>



Recommendations and Good Practice

Review the source of the odour that persevered through the home. Please see page seven under the heading General Observations.

Good practice identified:

The home has incorporated a good use of colour throughout the building for people living with dementia to support them to navigate the home.

Bradley House operates an electronic system that shows when, how long and what activity staff were undertaking in each residents' bedrooms. Ensuring that they received the regular night checks and support required to keep them well and safe.

The home uses a display emergency call system rather than audio alarms to reduce the risk of causing distress to residents.

The home uses a finger print recognition system to allow staff to exit the building, reducing the risk of vulnerable residents leaving the building.

Consider adoption of 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 Bradley House Nursing 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



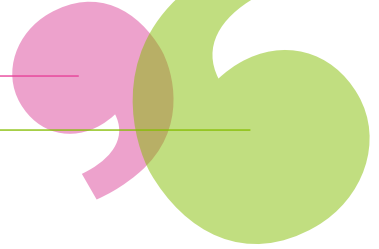
An Enter and View visit is not an inspection.

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 Bradley House 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). 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, *[the responses to Appendix B are summarised on page 13]*.

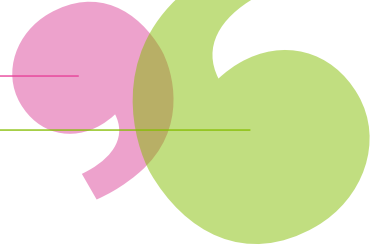
We have also observed governance arrangements to see how the home is run and assessed whether we feel it meets standards the public should expect.

We looked at local intelligence including CQC reports. The CQC inspected the home in February 2018 and gave a 'Requires Improving' rating. *Please see page 3 of this report.*

We were guided by staff on the residents who we could approach to answer our questions. We talked to five residents, two relatives and five members of staff.

Healthwatch Trafford Authorised Representatives

- Georgina Jameson
- Marilyn Murray [Lead Representative]
- Steve O'Connor



The Visit

Introduction

Healthwatch Trafford visited Bradley House Nursing Home.

What is the difference between care home and nursing home?

Both types of home provide accommodation, supervision from staff 24 hours a day, meals and help with personal care needs, but nursing homes also have registered nurses on duty at all times. This means that they can provide care for people with more complex needs and those who need regular nursing interventions.

Bradley House Nursing Home a residential nursing home registered to provide nursing and residential care. The home is privately owned by Bange Nursing Homes Limited. For further information see link: <http://www.bangenursinghomes.com/about-us/>

Bradley House is a traditional Victorian detached house that has been extended to provide a nursing environment, it is registered to provide care up to 34 residents. The home is situated on a small quiet crescent off a main busy road. The home's accommodation is over three floors. The ground floor has single bedrooms and a shared bathroom, a communal lounge and dining area, there is also a quiet lounge.

There are bedrooms with shared bathroom, communal lounge and dining area on the second floor. On the attic floor there are five bedrooms and a shared toilet. Residents on the top floor use the communal bathrooms and lounge/dining room on the other floors. All floors are accessed by a lift.

The Manager's office, staff room and laundry facilities are housed in the basement of the home. The outdoor garden space is limited, however, there is a green area with a large wooden pergola where residents can sit when the weather is good. The front garden of the home has several mature trees and a large tarmac area providing car parking for several cars. Bradley House is situated near to Brooklands tram station and close to Sale town centre, which has good amenities and good transport connections to Manchester City Centre and surrounding area.

General Observations

Access to the home is through the front entrance door, fronted by wide steps and a ramp. The doorbell notifies staff of visitors and staff allow entry. On entering the home, the reception area is clean, tidy and warm. A slight odour can be detected on entering the home. The home has clean flooring; however, the odour continues to linger a little as you move through the home. There is a staff photograph board situated in the entrance hall and a large, clear activities board displaying all the weekly activities offered to residents. We observed the visitors signing-in book and noted that sanitizing gel was available on entry and throughout the building. We observed fire extinguishers throughout the building and the evacuation procedure was on display. We were informed that fire checks are carried out every week.

We were greeted by care staff and the Manager. The Manager gave us a short tour of the building, which enable us to understand the building and what it might be like to have Bradley House as your home. The home does not feel clinical. The Manager was supportive



and happy to answer our questions. We were encouraged by the Manager to go around the home and talk to residents, relatives and staff. At the time of the visit the home was busy with staff, visitors and residents but the ambience remained calm and welcoming.

All corridors and communal areas were clear and uncluttered. We noted that the home displayed twiddle boards¹ for residents to use. The communal areas felt homely, comfortable and warm. There is plenty of seating in the communal areas for residents and visitors.

Bedrooms and bathrooms are spread over three floors. There is clear visible pictorial signage to bathroom/toilet and other areas of the home. We observed different baths to accommodate the needs of the residents. The home has colour coded handrails to help direct people around the home. On each floor the residents' rooms are distinguished by a different coloured door with its own door knocker and letter box. Each resident has their own personalised display case by their room. These contain photos, small items, newspaper clippings and other objects that relate to the person's whole life and family.

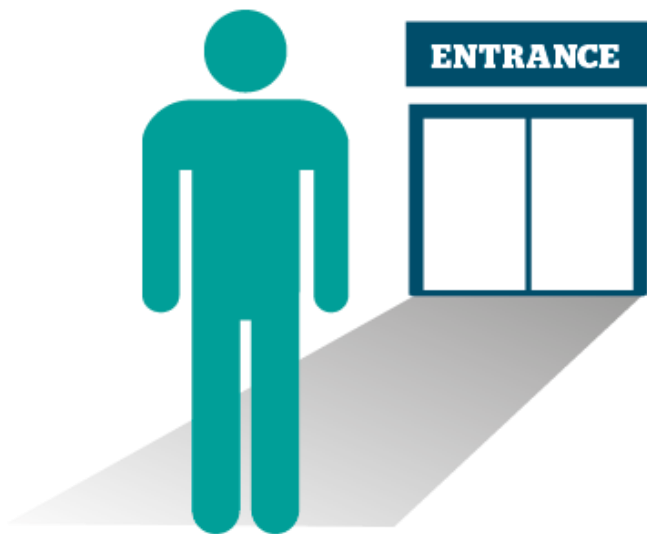
The top floor of the building had a distinctly different décor and feel than the other floors. The decoration was simple and muted colours used. It appeared that residents' who benefit from a calmer environment occupied these rooms.

The home has a dedicated reminiscence room with items and decoration from the 1940s and 50s.

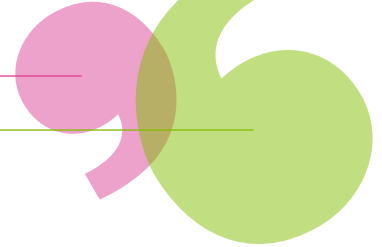
The home has a large conservatory at the rear of the property looking out onto raised garden banks that are currently bare; the owners stated that they are considering a variety of options to maximise and green-up the raised bank area.

Activities

The home employs a dedicated Activities Coordinator, who informed us that she has been working at Bradley house for six years and enjoys working with the residents. During the visit the Activities Coordinator appeared to be extremely aware of the needs of people with dementia to be able to socialise and be active. The activities at the home included; armchair exercise, table games, craft sessions, movies and music, encouraging conversation about current affairs, knitting group, book and poetry reading. At the time of our visit the home was richly decorated for Christmas. We observed one resident making Christmas decorations who stated:



¹ The definition of a Twiddle Board is a basic, it is a square of wood attached with locks, bolts, hook and eye, chain lock, stopcock, light switch and anything else that be easily manipulated and toyed with repeatedly. It is suggested that this activity may not just be occupational but also help to stimulate a memory of past usage.



“I enjoy being involved and making things”

The Activity Coordinator was extremely enthusiastic about her role at the home, she appeared keen and genuine in her desire to ensure that residents of Bradley House were actively involved in the activities and outings that take place. We were told the home organises an annual barge trip on the Bridgewater Canal for residents during August. We learnt that the home hires a small mini bus for three hours once a month to take residents out to local locations; next month’s [January 2019] trip is to Bents Garden Centre, Glazebury, Warrington. The Activity Coordinator specified that she feels fully supported by the owners of Bradley House. We received several comments from relatives via the relative questionnaires, one relative comment stated:

“All my mother’s family love Bradley House. We have few criticisms, staff are extremely dedicated. Activities with the Activity Coordinator [named] are great”.

Another relative informed us:

My father has dementia, so no longer seems to enjoy being away from Bradley House. He gets anxious when I bring him to my home or take him out, so I rarely do this anymore. For this reason, he doesn’t any longer go out with staff. The staff are kind and caring, he has no hobbies or interest, though he enjoys the occasions when singers come, and he likes to dance and sing along to the music”.

On the day of the visit we spoke to the home’s hairdresser who has recently taken up her post at Bradley House and visits on a weekly basis.

Care

As we moved around the home we observed the use of stairgates to reduce risk of residents falling on stairs and noted that all store cupboards were locked, and that the home uses a display emergency call system rather than alarms to reduce the risk of causing distress to people.

We witnessed staff members regularly using hand sanitiser before and after providing personal support to residents. All the staff we saw during the visit communicated to residents in a warm, friendly and respectful way. All the interaction was conversational rather than simple requests. We observed that drinks were within reach of residents.

From all the comments received from relatives through our relative questionnaire the consensus is, that people are happy with the care that their loved ones are receiving at the home. When speaking to relatives during the visit we were told that their loved ones were well looked after. One relative who visits daily told us:

“... I visit every day and I am always welcomed at any time of the day. The staff are caring, so good to my loved one, I love this place...”

Another stated:

“My loved one was previously in another home, Bradley House is superior. The staff are exceptional, they are warm, friendly, kind and compassionate”.

We informed the Manager of a negative comment we had received via the relative questionnaire, we were made aware by the Manager that any concerns raised about the standard of care at the home, then the home has procedures in place to deal with concerns including cooperating with the Care Quality Commission and the Local Authority.

The Manager informed us that the management of Bradley House encourages relatives to be involved with their loved ones' care plans.

Fundamentals

When we enquired about residents' access to bathing, we were informed by the Manager that residents usually have a bath or a shower once a week, residents like routine. Some residents who resist bathing or showering sometime require two to three members of staff to help the resident to complete the task.

When we asked about laundry, we were told that there is a dedicated member of staff for laundry and that clothes are labelled, however, clothes sometimes do go astray.

All residents were dressed appropriately and looked clean and tidy. One relative told us that her loved one would dress himself if his clothes are laid out for him.

The kitchen area is small, and the home has recently recruited a new chef who is expected to be in post in the next month. Two care staff members who are comfortable in the kitchen are currently providing the meals at the home. We learned that several residents are on soft diet menus and that the home monitors residents' meal times and works closely with the Speech and Language Therapist [SaLT] team and the Trafford dietician.

One relative told us:

"...the meals offered were of a good quality and that a choice of lunch and evening meals was always available".

During the visit we observed that there were plenty of drinks available for residents.

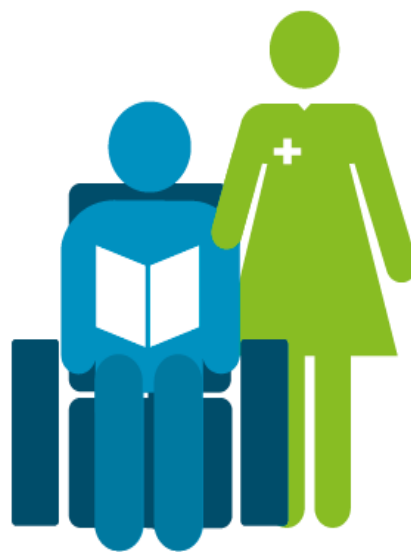
Staff we spoke to during the visit told us that they were very happy working at Bradley House and emphasised the comprehensive support given to them by the Manager.

Profile of residents

On the day of the visit the people living at Bradley House were elderly male and female residents. All residents are living with various levels of dementia, some residents have challenging behaviour.

Management of the Home

The following comments should be read in conjunction with **Appendix A**. The Manager is a qualified nurse has been and has worked at Bradley House Nursing Home for over 15 years. The Manager appeared passionate about the delivery of nursing and personal care to people living with dementia. This was noticeable as we observed her communication and interaction with staff and residents on the day we visited.





The Manager informed us that Bradley House is a dementia home and the home supports people with dementia who have additional nursing and/or behavioural needs. The Manager added that; that those residents' who needed to be kept safe due to their behaviours are assessed and clear plans are in place on how to support them.

We asked how often the home uses the 999-emergency ambulance service. We were told that the home does not routinely call the GP or ambulance, unless required, as the home has registered nurses who use their clinical judgement.

When we asked about accessing GP Practices and were informed that home have access to three GP Practices. The Manager was complementary about the GP Practices apart from one [named] where she encounters rudeness from the receptionists when trying to book appointments or get further information.

When we asked about accessing a dentist, the Manager told us; *“there is not a problem with dentistry, as we [Bradley House] use the community dentist at a local GP Practice [named], which is very good”*.

Prior to our visit, we asked what measures were taken if a resident has a fall, the Manager informed us that all falls are monitored and recorded in electronic care notes.

On enquiring about residents' food and liquid intake, we were informed that drinks are readily available and diet and fluid monitoring take place when concerns are raised.

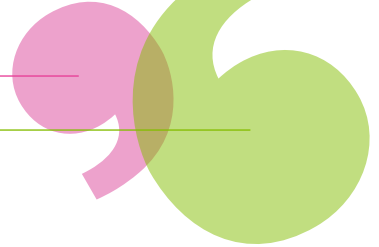
When we asked how residents and their families provide feedback or raise any concerns, the Manager informed us that the home operates an 'open door' policy and one-to-one meetings are held regarding concerns and complaints. We were told that the management would get very little from resident meetings but are considering reinstating relative meetings.

The home has employed an in-house Training Coordinator, staff undertake, social care training, TV e-learning, staff supervisions and appraisal. All new staff are closely monitored.

When asked about advance directives, the Manager told us; *“not all residents have advance directives, there are detailed care plans”*.



Please note that any issues raised by Care Home Managers will be taken to the monthly Joint Quality Improvement meetings, to whom this report will be submitted.

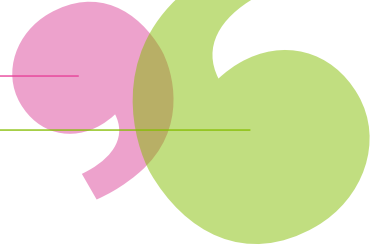


Deprivation of Liberties [DoLs]²

When we asked about accessing DoLs, the Manager informed us that the home has had some DoLs that have been outstanding for several months, however, they have seen an improvement with the speed in processing current DoLs requests.

² *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

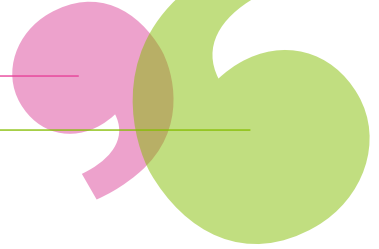
(see relative questionnaire in appendix B)

We left 28 relative questionnaires with the management of Bradley House Nursing Home to send out to relatives of residents living the home. We received 11 completed questionnaires from relatives. All the relative questionnaires informed us that they felt that their family member is treated with kindness and compassion.

To see the full results of the residents' questionnaire we received back, you can find them at: <https://healthwatchtrafford.co.uk/wp-content/uploads/2019/01/Bradley-house.pdf>

Below are a sample of the comments we received from relatives and carers. Please note that, whilst we received 11 completed questionnaires from relatives and carers not all choose to complete the comment box section.

- 1. My husband has dementia and is sometimes unable to communicate. I know he is happy here as he is not upset when i leave. All the carers in this home are very gentle and caring with every one of the residents. I go to this home every day to see my husband and i would certainly recommend anyone considering putting their loved one into this home.*
- 2. All my mother's family love Bradley House. We have few criticisms, staff are extremely dedicated. Activities with Monica are great. Food seems bland, but that's probably normal. Having spoken to people with relatives in other care homes, we recognise how lovely Bradley House is and how lucky we are.*
- 3. Staff are nice, a lot of time it seems understaffed.*
- 4. As my husband is in the late stages of Alzheimer's it is very difficult to gauge what is going on in his head, but he always smiles at the staff which to me is an indication he is happy and settled.*



Appendix - A

Management questionnaire and responses

Please note that responses are listed as they were received.

Pre-visit questionnaire for the Manager of Bradley Nursing Homes Limited

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?

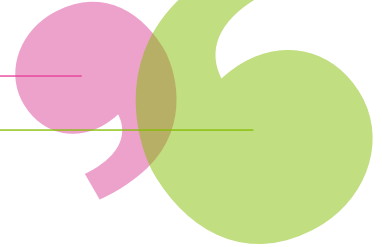
Display copies of complaints procedure at entrance hall. Plans to create complaints box at entrance hall. One-to-One meetings held regarding concerns/complaints. Relative meetings to be planned.

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

No volunteers at present.

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

Entertainers - various singers on a regular basis, nursery children visit to talk to residents. Chiropody, hairdressing, church visitors, pulse [gentle armchair physio]



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

Yes, new chef to commence - awaiting DBS checks.

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

Drinks readily available and regularly offered to residents by staff. Diet and fluid monitoring takes place when concerns raised

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

Yes, regular input from dieticians.

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

Mealtime audits. Staff monitor enjoyment of food, wastage of food etc.



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

Residents unable to retain GP if out of area. No single GP, we have the option of three GP Practices, which we have to alternate registration of new residents.

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

All of the above apart from District Nurses. District Nurses are reluctant to communicate with us, due to being a nursing home. Speech and Language also visit, at our request.

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

Services are accessed via single point of access.

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.

Can be difficult due to later stages of dementia. Memory boards in place. Rely on relatives and friends for information. Photograph albums, books etc used. Full time Activities Coordinator employed.

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

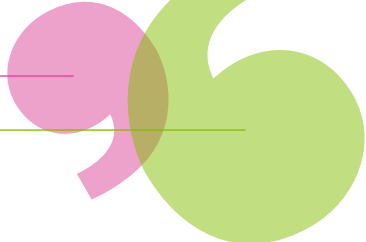
Yes, Residents are encourage to choose clothing on a daily basis, when being assisted with personal care.

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?

We are a dementia nursing home. All residents are assessed individually, creating care plans and risk assessment to meet individual needs.

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

We employ a workforce consisting of a variety of ethnic groups. Visits from the Church.



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

Yes.

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

We would support family and friends to think about having advance directives. Discussions held regarding DNAR decisions - Best interest meetings are conducted.

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

Yes. We have had a visit from Donkey Sanctuary. We encourage families to visit with their pets. We are currently in the process of leasing tropical fish and tank.

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

Currently have one-to-one meetings with families. Plans to arrange resident's family meetings in the New Year. Open door policy.

Q20. Do you take residents out into the community?

Yes. Barge trips and visit to pub in Summer. Christmas meals, for example, Britannia Hotel, local pubs, use of a mini bus on a monthly basis [transport and conductor] for resident outings.



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?

Do not routinely call GP or ambulance, unless required. Registered nurses use clinical judgement, falls monitored and recorded in electronic care notes.

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

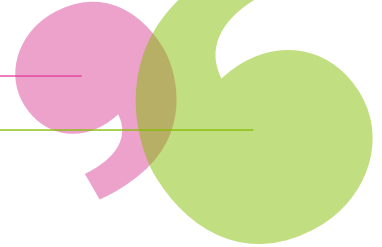
Use of moving and handling equipment. Ensuring environment is clutter free.

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

Placement of safety gate on bedroom door to discourage fellow residents from entering.

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

Social care, TV e-learning. Training Coordinator employed in-house. NCFE training. Staff supervisions/appraisals. Monitoring for new staff.



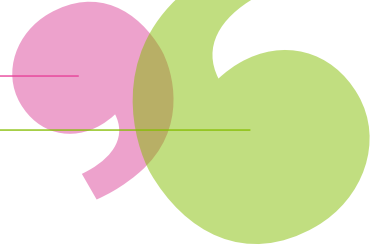
Q25. How do you prevent residents' feelings of loneliness or isolation?

Encourage residents to spend time in communal areas, whilst respecting requests to spend time alone. One-to-one time spent with residents. Full time Activities Coordinator.

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

Staff training, employ caring, compassionate staff. Activities Coordinator. Appropriate, safe environment. Attractive and nutritious meals. Open visiting times, access to appropriate health care professionals. Appropriate care planning and risk assessing.

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



Appendix - B

Relatives' questionnaire

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

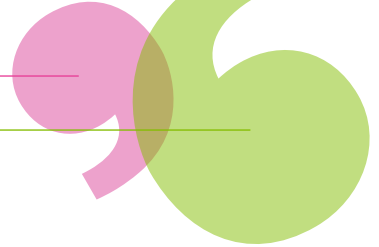
General Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Bathing and personal care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Hobbies/interests?	<input type="checkbox"/> Yes	<input type="checkbox"/>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

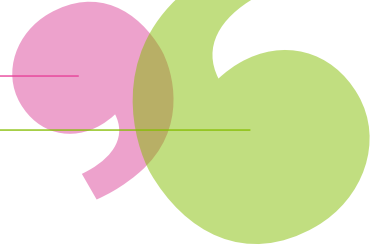
Would you recommend this home to anyone else?

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 Overview and 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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