

Enter & View report

Haylands Residential Home for Gentlemen

Address:

93 Crofts Bank Road
Urmston
Manchester
M41 0US

Telephone:

0161 749 8887

Owner:

J.E.M. Care Ltd

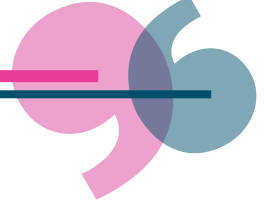
Registered Manager:

Ms Stacey Niven



Date of visit: 31st January 2019

Published: May 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 owner, Registered Manager, staff and residents of Haylands Residential 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

- J.E.M Care Limited have owned Haylands Residential Home since 2010. The home provides accommodation and personal care for up to 24 elderly male residents. At the time of the visit there were 22 residents living at the home with care being provided on the ground and first floor of the home.
- The home specialises in residential, respite, palliative and dementia care. We were informed that most residents living at Haylands have low levels of dementia and that some residents exhibit higher levels of dementia.
- At the time of the visit the Registered Manager had been in post for over 10 years.
- Haylands is a large detached Victorian three story house with accommodation provided over two floors. The home has 24 single rooms.
- There is a large secure garden area to the rear of the property and large garden area to the front and sides of the home.
- Although the Manager agreed to mail the Healthwatch Trafford relative questionnaires to relatives of residents living at the home. Only one completed questionnaire was returned to us, which informed us that they felt their relative living at Haylands Residential Home were treated with kindness and compassion.
- On gaining entrance to the home, it was bright, warm and odour free, with a variety of notice boards displaying information for residents and visitors.
- On the day of the visit we observed staff members working and engaging in a kindly manner with residents.
- Members of staff we spoke to told us that they were very happy working at the home and that the Manager was extremely approachable, and they felt fully supported by the Management.
- Average costs are £550 per week.
- A CQC inspection of Haylands took place in August 2017. Following the inspection, the home was given a 'Good' rating. The CQC has yet to inspect the home since the change of ownership. To access the CQC inspection report please go to: <https://www.cqc.org.uk/location/1-145257554>



Recommendations:

1. Consider providing daily newspapers to enable those residents who are interested to keep informed on current affairs.
2. Name badges for staff members to enable visitors to identify staff members quickly and the roles they hold within the home.

Good practice identified.

The Manager does not advocate a 12-hour shift pattern for the staff working at Haylands. The longest shift duty carried out by staff is a nine-hour period, which is the night shift with two members of staff on duty between 11pm to 8am.

Response from Manager regarding staff working 12-hour shifts:

“I don’t feel staff can work well in 12-hour shifts, they are too long, and it puts undue pressure on the staff, in turn this can reflect on the capability of staff to ensure the needs and requirements of our residents are met to the highest standard expected. The wellbeing of the team is paramount to the wellbeing of our residents”.

Good practice initiatives for consideration:

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

A programme to encourage reminiscence in people with dementia.

Response from Manager regarding the above good practice: “Activity organiser offers reminiscence therapy through music and specialised books from Active Minds [a product sales company specialising in dementia care”

<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 Haylands Residential 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



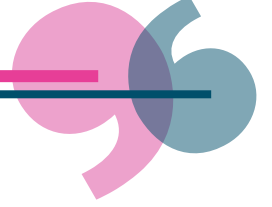
An Enter and View visit is not an inspection.

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 prior to the visit (*please see Appendix A for Managers responses*).

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, [*we received one response from relatives, see Appendix B on page 13*].

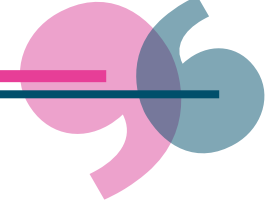
We have also observed governance arrangements to see how the home is run and assessed whether we feel it meets standards the public should expect.

We looked at local intelligence including CQC reports. The CQC inspected the home in August 2018 and gave a 'Good' 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 nine residents, no visitors and seven members of staff.

Healthwatch Trafford Authorised Representatives

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



The visit

Introduction

Healthwatch Trafford visited Haylands Residential Home for Gentlemen in 31st January 2019.

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.

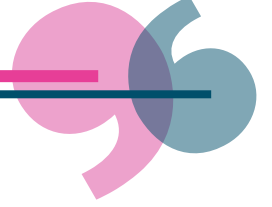
Haylands is a residential care home registered to provide personal care and support for up to 24 elderly male residents. The home is privately JEM Care Limited. For further information see link: <http://www.jemcareltd.co.uk/>

Haylands residential home is a large three storey detached Victorian house set back in substantial grounds located on a busy main road close to Urmston Town Centre. The house has been adapted to function as a care home. The front garden of the home has a large grassed area with several mature trees, with a broad driveway leading to the house. There is a large tarmac car parking area within the grounds of the property. The residents' accommodation is over two floors with a mix of double and single bedrooms, there are no ensuite facilities, there are toilets and bathrooms on each floor. The top floor of the home is a self-contained flat that provides accommodation for the Manager. The Manager is on call 24-hours, five days a week. The home has two large communal lounges and a spacious and bright dining room. Within the dining room there is a replica of a public bar, where residents can access their favourite alcohol and non-alcohol beverage. The dining room is used as an activity room. The home has a stairlift to resident's bedrooms on the first floor. The home has access to the large gardens surrounding the property. Haylands is situated close to the centre of Urmston, where there are good amenities and good transport connections to the surrounding areas.

General Observations

On approaching the front of the home, we witnessed that a number of the fencing panels stretching along the side garden boundary needed repair. However, the Manager informed us that the outside area was scheduled for renovating this year. Access to the home is through a large Victorian door fronted by wide steps and a ramp. The doorbell notifies staff of visitors and staff allow entry. On entering the home there is a large bright lobby area with plenty of information on display, such as: the home's CQC registration, the home's complaints procedure and the home's weekly activities rota. We observed several notice boards around communal areas with a variety of information for visitors. There was also a staff notice board with useful topics such as: *Dementia-seeing the individual. What can be difficult. What I can still do.*

Response from Manager regarding fence panels: "All fence panels have now been replaced".



In the entrance hall was the visitors signing-in book and the home's compliment and suggestion box. Sanitizing gel is available on entry to the home and throughout the building. On the wall of the entrance hall that is a motif of a large tree with the photographs of all members of staff working at the home displayed upon it for residents and visitors to see.

We were greeted by care staff and introduced to the senior care assistant and Manager. All staff wore different coloured uniforms, we noted that care staff did not wear name badges to show what their role is within the home. We were encouraged by the Manager to go around the home and talk to residents and staff. We found all staff friendly and welcoming and all staff members and the Manager open and helpful in their response to questions we asked.

The entrance hall and common areas of the home were comfortable warm, and all areas that we observed appeared clean and free from hazards. The home smelt fresh and odour free.

The communal lounges are situated on the ground floor, one lounge is designated as a 'quiet' lounge, both rooms had televisions sets playing.

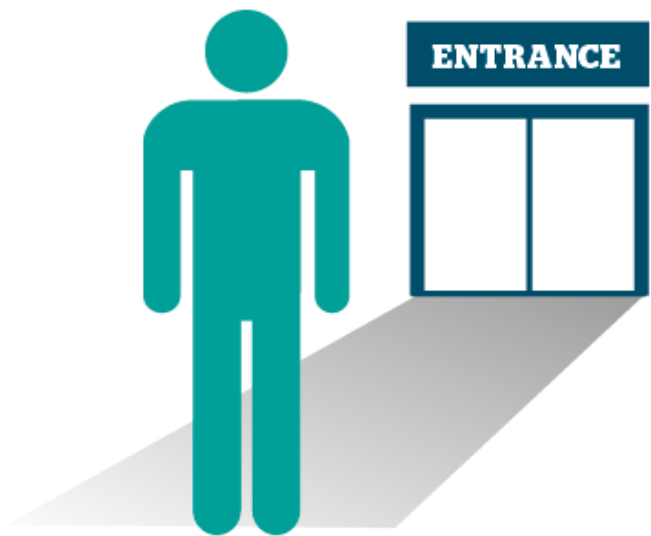
We noted some areas of the home appeared tired and well-worn. The Manager informed us that a schedule of redecoration is on-going throughout the home. We witnessed that redecoration work had already begun in the dining area of the home. During the time we spent at the home it felt warm and cosy.

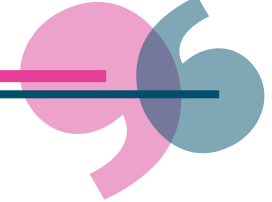
We observed plenty of seating in the communal areas for residents and visitors. We noted that a number of residents in one communal lounge asleep in chairs that were placed around the walls of the room. Others were watching the TV, we witnessed very little interaction between residents who were fully awake at the time of our visit.

One resident informed us that he was not able to have a conversation with most of the residents due to their dementia. All residents appeared relaxed and comfortable in their surroundings, with one gentleman we spoke to told us:

"This is a happy home, I have been here for 12 years, there has been lots of changes. There is a lovely atmosphere, everyone helps. It's good".

The second lounge was spacious and comfortable with plenty of seating. The lounge was a quiet area for people to sit, although the television set was also on in this room. We noted there were no daily newspapers or magazines available around the home. One resident told us that he used to read the Mirror newspaper but didn't any longer, and





when asked if there were any newspapers about the home he answered 'no'. We were informed by the Manager that the home does have delivery of the Daily Sparkle¹.

We observed a notice board advertising upcoming trips out for residents such as, a narrowboat trip, a trip to the seaside, to Rivington Barn and to the Royal Northern College of Music [RNCM] in February. With the exception of the RNCM which had February time slot, none of the trips had dates attached to them. One resident we spoke to told us that one of the things he enjoyed was listening to classical music. When he was asked if he would be going on the proposed trip to the RNCM he replied 'no', as it is too dear.

We observed some bedrooms at the invitation of their occupants, rooms appear spacious and some have the feel of individual bedsit/studios. Each room has its own television set, and some have lounge type furniture, such as a settee. Each residents' bedroom door had a self-photograph on the door with their name. We were informed by the Manager that one resident did not want his photograph on his door as he didn't like pictures of himself. The resident agreed to a picture of his wife being placed on his door to help him find his own room. There was no uniformity in this signage, with some residents' names being written on papers, while others were typed and plastic-coated. The Manager pointed out that there are plans to laminate all the bedroom doors to enhance their appearance, making them more aesthetically appealing for residents. Manager told us that each resident has a memory box and that these are kept in the residents' room.

On moving around the home, we noted that some corridors appeared dull, all corridors were uncluttered and hazard free. We observed signage positioned on walls directing residents to toilet and bathrooms in the home. Fire extinguishers and evacuation procedures were visible throughout the home and we were informed that the fire alarms are tested every week and the evacuation procedure every three months.

Activities

We noted that activities such as musical armchair exercises and singing were displayed on the activity rotas. At the time of the visit 10am-12pm we did not witness any activities taking place at the home and were told that most activities take place during the afternoon when the Activity Coordinator comes on duty.

One resident told us that his son lives nearby and visits him regularly and takes him out in the local area. When asked about activities in the home, he stated that he liked going on trips and that the Activities Coordinator ran the bar [imitation bar in dining area] most evenings. He added, that he particularly liked the music nights at the home and was a fan of big band jazz.

Another resident told us that he liked to read and listen to the radio, especially '5 live', but he couldn't get a reception on his radio in his bedroom. Another resident informed us that he is quite independent, and regularly going out of the home to the village for his favourite tipple, a milky coffee that he buys at his favourite café or one of the four churches where he attends their coffee mornings.

¹ The Daily Sparkle is a reminiscence newspaper specially developed to provide daily stimulation, interest, enjoyment and fun for older people and people living with dementia. For more information please go to the website link: <https://dailysparkle.co.uk/>



The Manager informed us that group activities and group days out are organised by the home and that several entertainers visit the home so that there is something going on every week.

Care

The residents we spoke to said that they were well looked after by the staff and if they had a problem they would speak up and ask for help. One gentleman informed us that he liked the home and felt comfortable and safe. Another resident said:

“I have been here years, I am well looked after, if there was a problem I am happy to ask staff.....”

The relationship between residents and staff appeared friendly and caring, there is a sense of staff engaging well with residents, although much of the interaction on the day we visited was functional and task related. However, we did observe one member of staff taking time to massage a resident’s hands, while exchanging friendly banter.

When speaking to staff it became apparent that the core of the staff has been in post for over a decade. There seemed to be a sense of teamwork with everyone engaging in a range of tasks to support each other. One member of staff who has been at the home for over 16 years declared:

“...we [staff] all help each other, I love it here it is like a family. I know the residents very well and know if a resident is upset”.

Fundamentals

The food menu is written up on a white board each day in large easy to read lettering. At the time of the visit [10am] some residents were having breakfast in the dining room. The menu on offer on the day we visited was:

Breakfast: Cereal, toast, jam, boiled egg, tea and coffee. **Lunch:** Beans on toast, spaghetti hoops on toast, Angel Delight. **Dinner:** Chicken Chasseur, vegetables and mash followed by a dessert. **Supper:** tea and biscuits and fresh fruit.

Currently the home is catering for two residents who are on soft diets. When speaking to residents about their meals, we received a number of comments such as:

“the foods ok”, “the food is quite nice” and “... I am satisfied with the meals”.

Two other residents summarised their meals as:

“sufficient, but simple and basic”.

We learnt from staff that the home uses local food suppliers for meat and dairy where possible, the Manager informed us that menus are created with residents’ input and that menus have recently been updated following residents’ feedback.

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

When we asked if residents choose what they wish to wear. We were told that each resident chooses their clothes, and this is recorded in their care plan. A member of staff informed

us that the laundry is carried out on a daily basis. We received no negative comments from residents we spoke to regarding the laundry.

When we asked about showering and bathing, one gentleman told us that he could have a bath everyday if he wanted.

Many of the staff we spoke to during the visit have been working at Haylands for many years and all were complimentary of the continuous support given to them by the Manager.

Profile of residents

On the day of the visit all the residents living at Haylands were elderly male, many residents were living with various levels of dementia.

Management of the Home

The following comments should be read in conjunction with **Appendix A**. The Manager has been in her post at the home for over 10 years and enjoys her work looking after the care and wellbeing of residents and staff at the home.

When we asked the Manager, what is the percentage of residents at Haylands living with dementia, we were told that the majority of residents were living with various degrees of dementia.

The Manager informed that she does not advocate 12-hour shifts and that Haylands longest shift duty is a nine-hour period, which is the night shift, with two members of staff on duty between 11pm to 8am. On the day of the visit were informed that the home is fully staffed, employing 22 people and that many staff members have been employed at the home for over a decade or more.

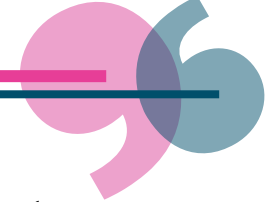
The Manager lives on top floor of the home in a self-contained flat and has done for the last seven years, and is on 24-hour call out, five days a week.

We asked how often the home uses the 999-emergency, the Manager informed us that the home has used the emergency services several times.

On accessing GP Practices, we were told that residents do retain their own GP if within the area, currently the home has access to five different GP practices. The Manager told us that she has a good relationship with all the GPs but does not get a good service from one [named] who continually issues prescription after prescription rather than come out and see the resident.

When we asked about accessing a dentist, we were informed that residents have access to a private dentist practice in the local area [named], which is marvellous with the residents. The dentist practice doesn't do home visits but as it is situated a short distance away from the home it is accessible for the residents.





A private chiropodist attends residents at the home, as an NHS chiropodist will not come out to residents at the home within a three-month period.

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, and a 48-hour observation is put in place. The Manager emphasised that when accessing the Trafford Falls Team they have been brilliant. *Please see page 19 in Appendix A for Manager's full response.*

On enquiring about residents' food and liquid intake, we were informed that all nutritional intake is recorded for each resident. If there is a need for the Speech and Language Therapist [SaLT] then there is usually a six week wait, however, we do have access to immediate advice over the phone from the team. A dietician visit is a longer wait, usually eight weeks. During a waiting period the home follows the Malnutrition Universal Screen Tool² [MUST] guidelines.

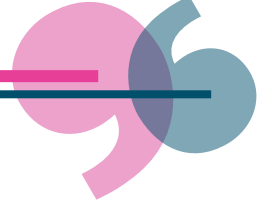
When we asked how residents and their families provide feedback or raise any concerns, the Manager informed us that the home complaints policy and procedure is displayed on the walls of the home. The Manager added, that home operates an open-door policy and encourages all residents and families and visitors to come and meet and speak to her. A residents meeting takes place every month. A resident and relatives meeting in the form of a 'social get together' takes place quarterly. The Manager told us that the 'social get togethers' have been far more successful in obtaining feedback than sending out questionnaires and survey to relatives.

The Manager informed us that all staff, including the handyman are fully trained in care. This includes, e-learning, in-house courses, training in first aid, fire awareness and moving and handling. *For Manager's full response see Appendix A of this report.*

When asked about advance directives, the Manager stated that the home has a preferred priority of care and advance decisions in all care plans, that have been discussed with the resident and their family and recorded.



² **MUST** is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management **guidelines** which can be used to develop a care plan. It is for use in hospitals, community and other care settings and can be used by all care workers.



Deprivation of Liberties [DoLs]³

When we asked about accessing DoLs, we were informed that the response from Trafford Local Authority can take a long time.

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

The response received from the relative questionnaire

(see relative questionnaire in appendix B)

We left 22 relative questionnaires with the management of Haylands Retirement Home to send out to relatives of residents living the home. We received one completed questionnaire from a relative. This informed us that they felt that their family member is treated with kindness and compassion.

To see the results of the resident questionnaire we received, please go to:

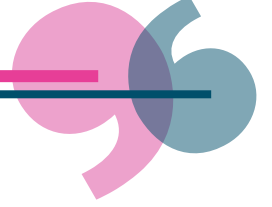
https://healthwatchtrafford.co.uk/wp-content/uploads/2019/02/Data_All_190221.pdf

Below is the one comment we received from the relative questionnaire.

“Still early days but settling in quite well”

³ 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.



Appendix - A

Management questionnaire and responses

Please note that responses are listed as they were received.

Pre-visit questionnaire for the Manager of Haylands Residential Home for Gentlemen

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?

We carry out residents' meetings every three months, a quality assurance evening every six months, this is where we have a relaxed evening with a little buffet and chat about what we can change, what's working well etc.

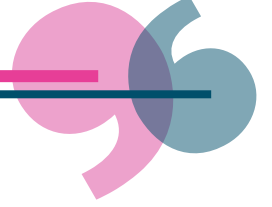
Our complaints policy and procedure is on the walls and we encourage all our residents and families/visitors to come to us.

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

Not presently

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

We have a physiotherapist that visits twice a month to do an exercise class, two singers that visit monthly and our full-time activity organiser.



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

Yes, fruit is available 24 hours a day and all our food is home cooked with vegetables every day.

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

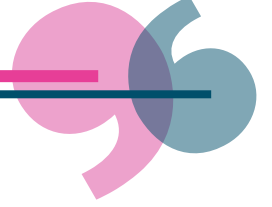
Yes, we offer hot and cold drinks 24 hours a day, these are provided by staff when required and jugs of water and juice are located in the dining room. All nutritional intake is recorded for each resident.

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

Yes, we refer to the dietician if any concerns arise on the weight/must chart.

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

We ask them, we also create our menus with the residents' input



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

Each resident has their own GP

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

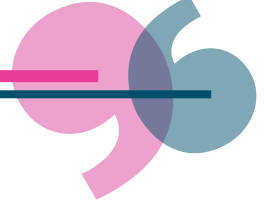
All professionals will visit when required, whoever is required at the time.

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

n/a

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.

Each resident has a past history story in their file.

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

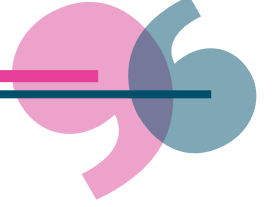
Each resident chooses their clothes this is recorded in their care plan

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 have a dementia friendly atmosphere and all our staff are trained in dementia awareness and other related requirements.

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

Every individual has a person-centred care plan that states all needs, wishes and requirements, it then instructs staff how to meet those need, wishes and requirements to ensure each resident lives how they wish to.



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

Currently a priest every week

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

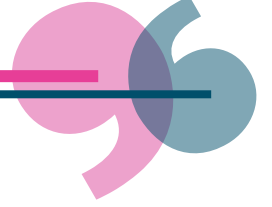
We have preferred priority of care and advance decisions in all care plans, we discuss with the resident and their family and record the wishes

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

We have a therapy dog that comes in 20 hours a week and home safari once every 2 months

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

We have a quality assurance meeting every 6 months



Q20. Do you take residents out into the community?

Yes, we go to the monthly church lunch and offer one to one care for anyone needing assistance to go out.

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?

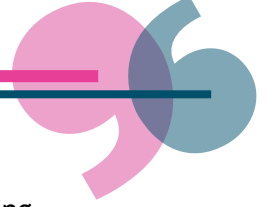
Minor falls that have been witnessed are recorded and a 48-hour observation is put in place, polaroid taken of any injury, so we can accurately body map it. Unwitnessed falls - we call an ambulance or GP depending on severity.

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

We refer to the falls team if we identify a resident as per our falls risk assessment tool, we use bed and chair sensors if required and follow advice from the falls team.

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

Menu change, we have updated our menu



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

All staff are fully trained in care - including the handyperson. We use an e-learning company for all training and have in house training for first aid, fire awareness, moving and handling, infection control, oral health and dysphasia awareness.

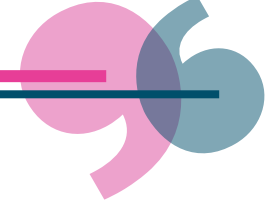
Q25. How do you prevent residents' feelings of loneliness or isolation?

Group activities and group days out, we have several entertainers so there is something every week, either a singer, exercise class. The activity organiser works one to one with residents, staff observe record and report any issues

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

[Empty text box for answer to Q26]

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:-

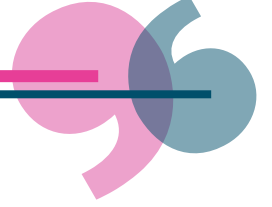
General Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Bathing and personal care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Hobbies/interests?	<input type="checkbox"/> Yes	<input type="checkbox"/>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

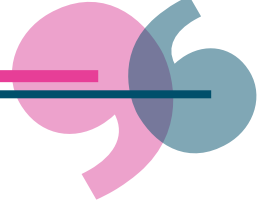
Would you recommend this home to anyone else?

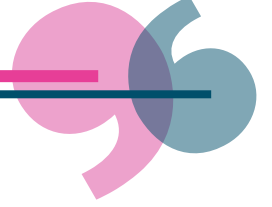
Yes No Maybe

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

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