

Enter and View Report

Kara House Residential Care Home



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Sale
Cheshire
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Owner:

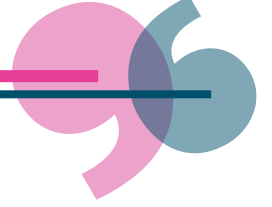
Trinity Merchants Limited

Registered Manager:

Ms Claire Batham

Date of visit: 11th September 2019

Published: October 2019



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What is Enter and 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 View visits 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.

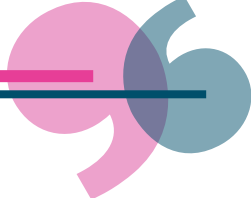


Acknowledgements

Healthwatch Trafford would like to thank the owners, Registered Manager, staff and residents of Kara House Residential Care Home and the relatives of the residents for their contribution to the Enter and View programme.

Disclaimer

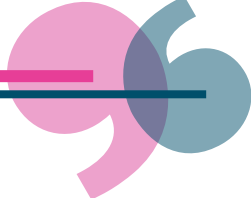
Please note that this report relates to findings observed on the specific date of the visit. Our report is not a representative portrayal of the experiences of all service users, only an account of what was observed and contributed at the time.



Executive Summary

Findings

- Trinity Merchants Limited are the owners of Kara House Residential Care Home. The home provides accommodation and personal care for up to 39 elderly residents. At the time of the visit there were 27 residents living at the home.
- The home provides personal and dementia care. We were informed by the Registered Manager that 95% of residents at Kara House are living with dementia, with some residents with dementia that is severe.
- At the time of the visit the Registered Manager had been in post for over six years.
- Kara House is a large, detached, Victorian four-storey house that has been adapted to provide accommodation for people over three floors. The basement area of the home is where the staff offices and storage areas are located.
- The home has a large enclosed garden with a level paved area with seating that can be accessed via steps and a ramp.
- We left 27 relative questionnaires with the home for mailing out to the residents' relatives; 10 completed questionnaires were returned to us. These informed us that relatives felt their loved ones at Kara House 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.
- Staff members we spoke to told us that they were very happy working at the home, the Registered Manager was extremely approachable, and they felt fully supported by the Management.
- Average costs are £700 per week.
- A CQC inspection of Kara House Residential Care Home took place in June 2018. Following the inspection, the home was given a 'Good' rating. To access the CQC inspection report please go to: <https://www.cqc.org.uk/location/1-125174664>



Recommendations

1. Review care staff rotas to enable more time to be given to residents requiring one-to-one attention.
Please see relative comments on page 14.
2. Continue to highlight the dental needs of residents with the commissioners responsible for community dentistry in Trafford.
Please see Management comments on page 11.
3. Consider sourcing cue cards, to help residents whose first language is not English to communicate their wishes to staff members.
Please see page 9 of this report.
Please go to link below for information on cue cards:
<https://www.goldencarers.com/cue-cards-for-dementia-care/4744/>

Managers Response to the above recommendation:

“we have picture cards in the dining room as well as key words for the team to use”

4. Consider using name badges for all members of staff to enable instant identification for visitors to the home. *Please see page 7 of this report.*

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.

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

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 Kara House Residential Care 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 share 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 either some or all 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 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 and/or carers will be asked to complete a questionnaire anonymously.
- If there are specific questions of quality of care raised by Trafford Council, Healthwatch Trafford [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 respect 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.

We contacted the home explaining our reasons for the visit. We supplied posters to alert our visit to staff, residents and family members.

We sent a questionnaire to the Registered Manager prior to the visit (*please see Appendix A for Manager's responses*).

We sent a questionnaire to residents' families and carers for them to respond anonymously (*please see Appendix B*). As these visits are not inspections, we 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 10 responses from relatives*).

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

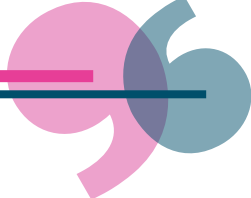
We looked at local intelligence, including CQC reports. The CQC inspected the home in June 2018 and gave a 'Good' rating. *Please see page 3 of this report.*

We were guided by staff on the residents whom we could approach to answer our questions. We talked with six residents, two visitors and 10 members of staff.

Healthwatch Trafford Authorised Representatives

- Georgina Jameson
- Marilyn Murray (Lead Representative)
- Catherine Barber





The visit

Introduction

Healthwatch Trafford visited Kara House Residential Care Home on 11th September 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.

Kara House is a residential care home registered to provide personal care and support for up to 39 elderly residents. The home's providers are Trinity Merchants Limited; see link: https://www.carehome.co.uk/care_search_results.cfm/searchgroup/36153509TRIA

Kara House Residential Care Home is a large, four-storey, detached Victorian house located on a leafy suburban road in the Sale area of Trafford. The house has been adapted to function as a care home. The home has access to a large, wrap-around, fully-enclosed garden area. The front of the home has a car park for a limited number of cars, but there is plenty of off-road parking close by. The residents' accommodation is over three floors with 33 single bedrooms and three shared bedrooms; 28 bedrooms have ensuite facilities. On the ground floor there are three communal lounge areas and a spacious and bright dining room that looks out onto the garden. The home has a stairlift to residents' bedrooms on the first and second floors. Kara House is situated close to the centre of Sale, where there are very good amenities and transport connections to all surrounding areas, including Altrincham and Manchester City Centre.

General observations

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, including the home's CQC registration and weekly activities rota. We observed several notice boards around communal areas with a variety of information for residents and visitors.

In the entrance hall were the visitors' signing-in book and the home's compliment and suggestion box. Antibacterial hand gel was available on entry to the home and throughout the building.

We were greeted by care staff and introduced to the Registered Manager. All staff wore different coloured uniforms denoting their roles within the home, we noted that staff did not wear name badges. We were encouraged by the Registered Manager to go around the home and talk to residents and staff. We found all staff friendly and welcoming and all staff members, the Registered Manager and the Operational Manager open and helpful in their responses to questions we asked.

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

The communal lounges were situated on the ground floor, we observed a large print calendar on the wall of one lounge that was designated as a 'quiet' lounge area; we noted that there was no noise intrusion from a TV monitor in this lounge.

The other lounges were large. In one lounge, we observed a number of residents sitting quietly in chairs, some were in communication with care staff, some were sleeping or napping. This lounge housed a piano and a TV set, which was switched on but did not dominate the room. During the visit the other large lounge was being used by the Activities Coordinator who was providing a medley of songs that residents appeared to be enjoying and joining in with.

One resident informed us *"...I enjoy the singing, and the external entertainer who is coming to sing this afternoon is very good."*

The dining room contains round dining tables, the room is nicely decorated, bright and inviting, and we noted menus displayed on the wall. Inside the dining room there is a weighing machine and residents are weighed every week and their weight is recorded by care staff.

During the time we spent at the home it felt warm and peaceful. We observed plenty of seating in the communal areas for residents and visitors. All residents appeared relaxed and comfortable in their surroundings. We were informed by staff that the garden is used by residents, who have input regarding planting. One resident we spoke to informed us that he goes out into the garden two or three times a week and stated:

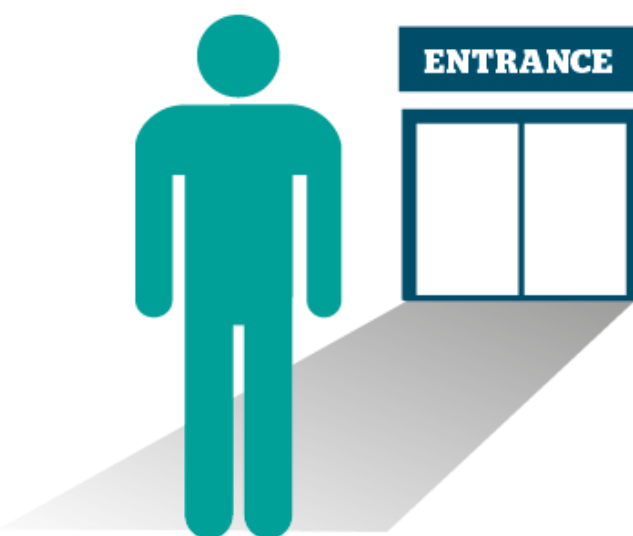
"It is as good as anywhere, food good, I will speak up, and I am involved in activities sometimes."

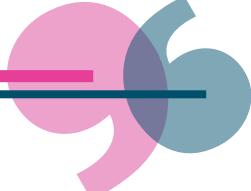
We observed one of the bedrooms, which appeared spacious and personalised with photos and pictures. We were informed that bedrooms are decorated to residents' choice. We observed that all bedroom doors had the resident's name and photograph displayed. Each bedroom has mobile phone and television points.

On moving around the home, we noted handrails on corridors throughout, and all corridors were uncluttered and hazard free. We observed signage positioned on walls directing residents to toilets and bathrooms in the home. The fire extinguishers on the ground floor were placed in special casing to further protect people with dementia. We were informed that the home's handyman is on the premises every day and he carries out tests on the fire alarms every Friday.

Activities

We noted that the home had organised outings for residents to venues such as Barge trips, Tatton Flower Show, Harry Ramsden's, various parks and shopping and coffee shop visits. In the communal areas of the home we observed the home's activity board, which displayed





activities taking place that week such as musical armchair exercise, bingo, dominoes, bowling, chair Zumba and aqua painting. At the time of the visit we witnessed music being played in one of the communal lounges as staff encouraged residents to participate in a large-scale game of snake and ladders, which appeared to be enjoyed by all. During the activity we observed that one resident whose first language is not English was able to follow the game as it was highly visual. We were informed by a member of staff that communication can sometimes be difficult because of the language barrier. We felt that the home could consider cue cards to help residents who need more visual prompts to help understanding.

The home has an Activities Coordinator who works Monday to Friday from 9:30am to 5:00pm and has worked at the home for three years. When we spoke to him he informed us that he will tailor both individual and group activities to the wishes of the resident(s). He also reads the daily newspapers with residents.

One resident who is visually impaired informed us that she enjoys the ‘*talking books*’ that the home has made available to residents.

We learnt from the Activities Coordinator and Registered Manager that a number of external visitors come to the home, including various singers, guitarists and ukulele players. The home receives visits from local churches and the St Vincent De Paul Church visits on a Friday to give Holy Communion to those residents who wish to receive.

One resident was very chatty and told us that her daughter visits weekly and added:

“...mainly happy here but I don’t like being watched all the time, and I don’t like to hear other residents distressed and have a screaming fit...”

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 resident told us that she likes the food, the TV and has breakfast in the dining room and stated:

“I like the staff, they chat to me and I would ask the carers for anything I wanted. I am happy here.”

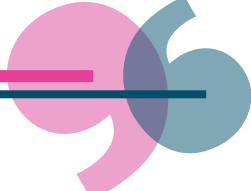
The relationship between residents and staff appeared friendly and caring, and there was a sense of staff engaging well with residents. Although much of the interaction on the day we visited was functional and task related, we did observe staff taking time to chat to residents.

When we spoke to relatives visiting on the day one of them informed us:

“My loved one seems well looked after, clean, her personal care clean. I was informed of a bruise by the home, the home always tell me of any concerns that arise. The home is good about x-rays, they arrange transport and sometimes accompanies me as my loved one doesn’t always comply. Loved one get her hair done regularly.”

The relative told us that he thought his loved one is eating now that her food is being pureed. He stated:

“She is not losing weight. She has fresh fish, fruit and vegetables, I trust the staff, I would feel happy about approaching the staff about any concerns, I have lots of conversations about my loved one’s care plan, likes and dislikes, she enjoys her personal space, her bedroom is personalised with photos and flowers.”



Another visitor informed us that her loved one had been at Kara House for three years and that she was happy with the care her loved one is receiving at the home.

When speaking to care staff we learnt that several staff members had worked at the home for a number of years. When we asked them about training and development at the home, we were informed that staff training is continuous. We learnt that the majority of staff had achieved their Level 3 in Health and Social Care, with one member of staff informing us that she is currently working towards her Level 4. All staff we met told us they were happy working at Kara House. There appeared to be a sense of teamwork within the home and support for each other. All staff we spoke to said they were happy with the continuous support given to them by the Management of Kara House.

Fundamentals

The kitchen area of the home is spacious, bright and clean with large, modern, stainless-steel appliances. During the visit we spoke to the two members of staff working in the kitchen. The cook informed us that all food is cooked on the premises from fresh, and residents will be offered an alternative option to what is on the menu that day if requested. We were told that all dietary needs of residents are met, including baking cakes for residents who are diabetic. The cook and assistant appeared very comfortable and confident in their roles and spoke enthusiastically about listening to what residents and relatives say, and suggesting menus and adhering to requests made. We were informed that the home receives a large delivery of food each week from a local supermarket.

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

“I am well fed”, “the food is good”, “I like the food” and “we have lovely cakes”

From the comments received by relatives who completed the relative questionnaires, the majority informed us that their loved ones enjoy the meals at Kara House.

The Registered Manager informed us that menus are created with residents’ input and that they have recently been updated following residents’ feedback. For example, residents stated they would like ‘curry’ on the menu and this was done.

During the visit we observed that there were plenty of drinks available for residents. The Registered Manager told us that drinks are available at any time and that fluid charts are completed on a daily basis.

We asked the Registered Manager if residents can choose what they wish to wear and were told yes. All residents we observed during the visit looked clean and well-groomed. One resident told us: *“...I choose my own clothes to wear the night before.”*

We received no negative comments regarding laundering of residents’ clothes.

Profile of residents

On the day of the visit all the residents living at Kara House were elderly, and many were living with various degrees of dementia. We were informed by the Management that some residents were living with severe levels of dementia.

When we asked what the percentage of residents at Kara House is living with dementia, we were told that 95% of the residents were living with various levels of dementia.

Management of the Home

The following comments should be read in conjunction with **Appendix A**.

The Registered Manager has been in her post at the home for over six years and enjoys her work looking after the care and wellbeing of residents and staff at the home.

On the day of the visit we met and spoke to the Registered Manager and the Operational Manager simultaneously and for this section of the report I will refer to comments as being received from the 'Management'.

The Management stressed that Kara House is registered as an Elderly Mentally Infirm (EMI) residential home, and that they [Kara House] are seeing an increase in referrals from hospitals of people who are at the limit of their dementia diagnoses, that is, people whose dementia is extremely severe. The Management stressed that Kara House has no clinical input and that they feel that there is no process of understanding from the hospitals on the criteria of an EMI residential home.

On the day of the visit we were informed that the home was fully staffed.

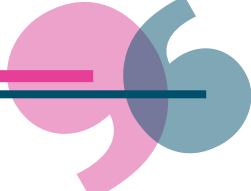
Access to Services

We asked how often the home has used the 999-emergency in the last six months, and we were told that the home has used the emergency services on several occasions and not all have resulted in a resident being taken to hospital.

On accessing GP Practices, we were told that residents do retain their own GP if within the zoning area. Currently the majority of residents at the home are seen by the same GP Practice [named] and the doctors from this Practice are extremely helpful and attentive to the needs of Kara House residents. The Management informed us that staff at the home have access to Trafford District Nurses whom they can contact at any time with any concern regarding a resident, and that the District Nurses always respond with helpful information.

When we asked about accessing a dentist, we were informed that it was extremely difficult to access an NHS dentist, and that the home has no success when trying to access support through Trafford Community Dentist based at Seymour Grove, Old Trafford. Currently residents are being taken to a private dentist when in need as a dentist will not come out





to the home. We were informed that some of the residents living with high levels of dementia can become quite agitated and frightened and the dentist can find this difficult to deal with. The Management told us that they felt that if dentists had a greater understanding of patients living with dementia this might inform their approach when administering treatment, and subsequently help reduce anxiety for everyone involved.

When we asked what measures are taken if a resident has a fall, we were told that all falls are recorded, and the situation would be assessed to decide on a course of action, whether a GP or the ambulance services was required. The home has a number of preventative measures in place to minimise falls, such as chair alarms and telecare sensors. The home has access to the Trafford Falls Team.

Nutrition

On enquiring about residents' food and liquid intake, we were informed that all nutritional intake is recorded for each resident. The home would always seek advice from a nutritionist and contact a GP with any concerns. The Speech and Language Therapist (SaLT) visits a number of residents at the home.

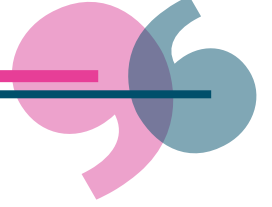
Feedback for the Management

When we asked how residents and their families provide feedback or raise any concerns, the Management informed us that the home has a complaints policy and procedure and they encourage people to come and speak to them if they have any concerns. We were told that regular staff meetings are held to discuss any concerns or issues raised.

We were informed by the Management that the residents' meetings take place every two months.

The home does not hold regular relatives' meetings as in the past they have been poorly attended or dominated by one or two relatives who made it difficult for others to have a voice. We were told by the Management that the home operates an open-door policy where people are welcome to speak to the Management or staff members at any time. In addition, the Registered Manager holds a regular time-slot from 1:00pm to 2:00pm on a Wednesday afternoon to accommodate any person wishing to discuss a specific subject. It was emphasised that the home's open-door policy is working very well. We were told that the home sends out questionnaires and surveys to residents and their relatives.





Staff Training

The Management stated that all staff complete mandatory trainings such as moving and handling, fire awareness and dementia awareness training. We were informed that all care staff at the home have obtained their Care Certificate. [The Care Certificate is a nationally recognised qualification for people working in the caring sector. It provides essential knowledge for care workers to equip them with the required skills and competence to care for people safely and effectively.] All care staff providing personal care have achieved a minimum of Level 3 NVQ in Health and Social Care. The home uses Embrace e-learning to further staff development. The Management informed us that all new staff are monitored and shadowed. No new staff are allowed to provide personal care to residents until the Registered Manager and senior staff are satisfied that they are fully competent.

The Management stated that Kara House is fully staffed, it does not use agency staff and that all the staff are emotionally invested in their job working with the residents at the home.

Advanced directives

When asked about advance directives, the Management stated that within each individual care plan there is a condensed section holding information that will relate to a resident's end of life wishes, that have been discussed with the resident and their family and recorded.

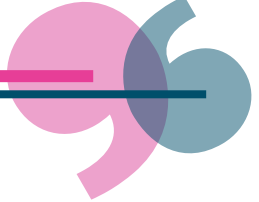
Deprivation of Liberty Safeguards [DoLS]¹

When we asked about accessing DoLS, we were informed by the Registered Manager that the majority of Kara House residents are on DoLS and most are outstanding. However, the response from Trafford Local Authority to safeguarding issues is very good. The Registered Manager did express concerns that the change from DoLS to Liberty Protection Safeguards (LPS) will transfer responsibility from the Local Authorities onto the providers, further increasing the paper workload of Managers.

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.

¹ The **Deprivation of Liberty Safeguards (DoLS)** 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.



The response received from the relative questionnaire

(see relative questionnaire in Appendix B)

We left 27 relative questionnaires with the Management of Kara House Residential Care Home to send out to relatives of residents living at the home. We had 10 completed questionnaires returned to us all informing us that relatives felt that their family members are treated with kindness and compassion.

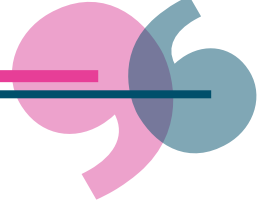
To see the results of the resident questionnaire we received, please go to:

<https://healthwatchtrafford.co.uk/wp-content/uploads/2019/10/Kara-House-responses.pdf>

Below are two of the comments we received from relatives and carers. Please note that, whilst we received ten completed questionnaires from relatives and carers, not all chose to complete the comment box section.

“Kara House has excellent staff and Management. We are very lucky.”

“Staff could spend a bit more time on one-to-one with certain residents.”



Appendix - A

Management questionnaire and responses

Pre-visit questionnaire for the Manager of Kara House Residential Care Home

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?

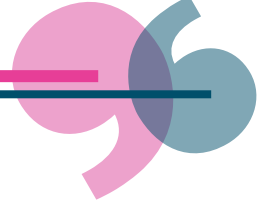
WE HOLD REGULAR MEETING TO DISCUSS ANY CONCERNS OR ISSUES WE ALSO HAVE A OPEN DOOR POLICY ON A WEDNESDAY AFTERNOON BETWEEN 1AND 2PM

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

YES, CHURCHES AND LOCAL SCHOOLS WILL COME IN HAVE A CHAT OR A SING ALONG.

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

PODIARIST, DENTISTS NURSES



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

YES, FRUIT AND VEGETABLES ARE OFFERED DAILY AND ALWAYS INCLUDED ON THE MENU

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

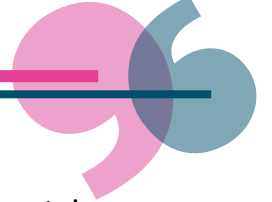
DRINKS AVAILABLE ANY TIME OF DAY AND NIGHT. FOOD AND FLUID CHARTS FILLED IN DAILY

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

WE DO SEEK ADVISE FROM NUTRITIONISTS AND WILL ALWAYS CONTACT G.P WITH ANY CONCERNS

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

THIS QUESTION WILL ALWAYS BE ASKED IN THE RESIDENTS MEETINGS AND THE COOK/CHEFS WILL REGULAR ASK THE RESIDENTS IF THEY ENJOY THEIR LUNCH/TEA.



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

95% OF THE HOME IS COVERED BY THE SAME G.P THE OTHER 5% HAVE CHOSEN TO STAY WITH THEIR OWN G.P

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

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

WE WOULD CONTACT THEN BY TELEPHONE/FAX OR THROUGH A G.P REFERRAL

Q11. Are resident's 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.

YES, THEY ARE ENCOURAGED TO DO THIS WE HAVE An ACTIVITIES COORDINATOR WHO SITS DOWN WITH THE RESIDENTS EITHER AS AN INDIVIDUAL/GROUP AND EVEN DO QUIZS ABOUT THE PAST.

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

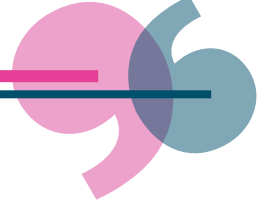
YES

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?

ANY ADJUSTMENTS WOULD BE DOCUMENTED WITHIN THE CAREPLAN

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

THIS WOULD ALL BE INCLUDED IN THEIR INDIVIDUAL CARE PLAN



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

YES, SEVERAL TIMES A WEEK

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

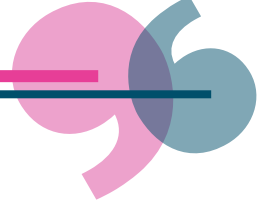
YES

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

WE HAVEN'T AS YET HOWEVER WE DO HAVE VISITORS WHO BRING THEIR DOGS IN REGULARLY

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

WE HAVE AN OPEN-DOOR POLICY. FAMILYS ARE WELCOME TO SPEAK TO US AT ANY TIME



Q20. Do you take residents out into the community?

YES, SHOPPING,LUNCH,PLAYS,GARDEN CENTERS ,ECT

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?

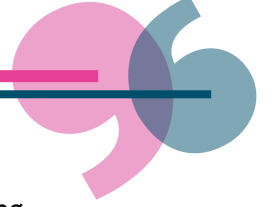
FALLS WOULD BE DOCUMENTED HOWEVER MINOR OR MAJOR.
WE WOULD HAVE TO MAKE A DECION ON THE DAY IE TO CALL A G.P OR AMBULANCE

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

YES

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

MENU SOME RESISENTS STATED THEY WOULD LIKE CURRY ON THE MENU THIS WAS THEN ADDED



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

E LEARNING, APPRAISALS,SUPERVISIONS,FORMAL TRAINING,INDUCTIONS

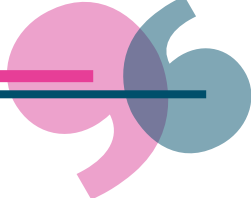
Q25. How do you prevent residents' feelings of loneliness or isolation?

WE INVOLVE THEM IN ALL ASPECTS OF THEIR CARE

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. Email: info@healthwatchtrafford.co.uk
telephone: 0330 999 0303



Appendix - B

Relatives' questionnaire

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

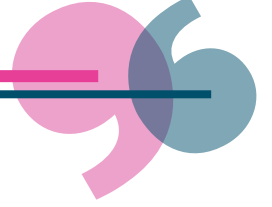
General Health?	☐ Yes	☐ No	☐ Don't know
Bathing and personal care?	☐ Yes	☐ No	☐ Don't know
Hobbies/interests?	☐ Yes	☐ No	☐ Don't know
Medication?	☐ Yes	☐ No	☐ Don't know

2. Do you think that your loved one-

Is happy with the care received?	☐ Yes	☐ No	☐ Don't know
Has plenty to occupy them?	☐ Yes	☐ No	☐ Don't know
Enjoys their meals?	☐ Yes	☐ No	☐ Don't know
Enjoys the company of other residents?	☐ Yes	☐ No	☐ Don't know
Is lonely?	☐ Yes	☐ No	☐ Don't know

3. Do you know whether:

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



4. Are you:

Consulted on changes needed to care plans?	☐ Yes	☐ No	☐ Don't know
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Are you kept informed about the home's developments/plans etc. (i.e. Carers/residents meetings)?	☐ Yes	☐ No	☐ Don't know
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Please add in any other comments or observations you would like to make in the box below.

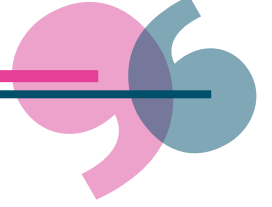
Would you recommend this home to anyone else?

☐ 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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