

Enter & view Report:

healthwatch
Trafford

Lady of the Vale Nursing Home

Grange Road

Bowdon

Cheshire

WA14 3HA

Tel: 0161 928 2567

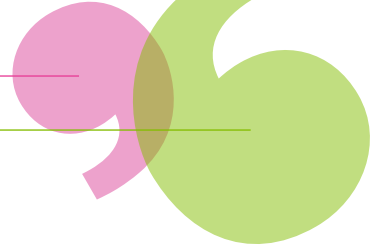
Owner: Order of The Sisters of St Joseph
of the Apparition

Manager: Hazel Croston

Date of visit: 23rd March 2018

Date of publication: 6-7-18





Contents

What is Enter & View?	2
Acknowledgements.....	2
Disclaimer	2
Executive Summary	3
Findings and Recommendations	3
Recommendations:	4
Good practice identified:.....	5
Purpose of the Visit	5
Strategic Drivers	6
Methodology.....	6
Introduction	7
Profile of Lady of the Vale	7
Management of the Home.....	10
Deprivation of Liberties [DOLs]	12
Summary of relatives' responses to questionnaire	13
Appendix - A.....	14
Management questionnaire and responses	14
Appendix - B.....	21
Relatives' questionnaire	21
Distribution.....	23

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 Lady of the Vale and the relatives of the residents for their contribution to the Enter and View programme.

Disclaimer

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



Executive Summary

Findings and Recommendations

Findings

- Lady of the Vale provides care for up to 39 older people, many of the residents are living with varying degrees of dementia and many need nursing care. The Manager stated that all residents at the home are on the 'end of life' pathway. On the day of our visit there were 35 people living at the home.
- The entrance to the home is warm and welcoming. The home has a Roman Catholic chapel on-site where mass is held daily and is open to residents and the wider community.
- The home has a large well-maintained garden that has recently been adapted to enable easier access for wheelchair users.
- Residents we observed on the day appeared comfortable in their surroundings.
- Lady of the Vale management agreed to mail out 35 questionnaires to relatives of residents living at the home, 13 completed questionnaires were returned to us. 12 questionnaires informed us that they felt their relatives living at Lady of the Vale were treated with kindness and compassion, one response stated they didn't know. See full results here: <https://healthwatchtrafford.co.uk/wp-content/uploads/2018/03/Lady-of-the-Vale-1.pdf>
- The Manager informed us that volunteers assist in group activities with residents and that a number of the volunteers are the Sisters of St Joseph who live in the adjoining convent. We observed no activities taking place at the time of our visit.
- On the day of the visit we observed staff attending to residents in a calm and caring manner, however, we observed little casual conversation taking place between staff and residents.
- Staff we spoke to told us that they were happy working at the home and enjoyed caring for the residents.

Recommendations:

- **Consider increasing the time that residents spend outside in the garden.**
Please refer to points 1,2,3 of relatives' responses on page 13.

Research led by the University of Warwick has found that although the physical environment alone is unlikely to negatively affect the mood of residents, poor access to gardens and outdoors spaces could: <https://academic.oup.com/gerontologist/advance-article/doi/10.1093/geront/gnx041/3848859>

- **Consider promoting communicative interaction between staff and residents.**
Please refer to points 3 & 4 of relatives' responses on page 13.

According to social care institute for excellence [SCIE], the implications of reduced opportunities for older people living in care homes to engage in positive social interactions are serious. They have been shown to impact negatively on residents' quality of life and are thought to increase the frequency of behaviours such as signs of agitation and distress. For further information:

<https://pdfs.semanticscholar.org/92c1/442f61099ac6ceb307434bbdb0e264eec8c1.pdf>

- **Consider improving communication between Management and relatives**
Please refer to points 4 & 5 of relatives' response on page 13.



Good practice identified:

The Manager has produced a booklet titled 'No one dies alone' similar to that of a 'living will'.

The Manager informed us that the booklet has been well received by both residents and relatives at the home and is helping people to have a conversation on preparing for the end of life. The booklet is adhering to that of a living will in as much as it helps residents and relatives to personally input on what they would like and what they would like to happen when a person dies.

Consider adoption of the following 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'

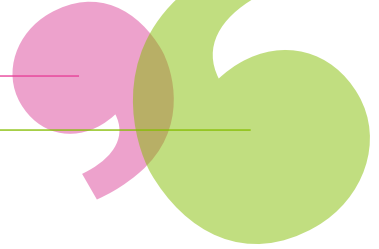
Purpose of the Visit

The visit to Lady of the Vale 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 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. Resident's 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 management of Lady of the Vale explaining our reasons for the visit. Posters were supplied to alert our visit to staff, residents and family members.

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

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

We looked at local intelligence including CQC reports.

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

Healthwatch Trafford Authorised Representatives

Susan George

Marilyn Murray

Sandra Griesbach [Lead Rep]



The visit

Introduction

Healthwatch Trafford visited Lady of the Vale on Friday 23rd March 2018.

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

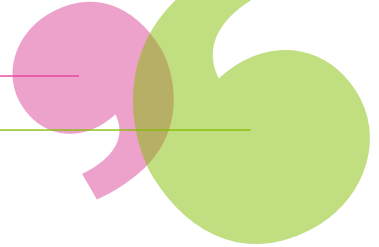
These visits are not inspections; they are a snapshot of what we observed on the day of the visit. As these visits are not inspections, we have framed our questions in such a way that they reflect how residents and their carers feel about the quality of service on offer. We have also observed governance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

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

Profile of Lady of the Vale

Lady of the Vale was built in the 1930's and is owned by The Sisters of St Joseph of the Apparition who have appointed the company Careport based in Matlock, Derbyshire to oversee the running of the home. For more information please follow the link: <http://www.careport.co.uk/advisory>

Lady of the Vale nursing home is situated in the leafy suburb of Bowdon, Cheshire, there is a Roman Catholic chapel attached to the home and large convent situated nearby. The home has been refurbished to a high standard and boasts modern facilities. Accommodation is over two floors accessible by a lift. The home has two lifts, one passenger, one for wheelchair users. Each floor has a lounge and dining area and residents can choose to eat in either location when they are able to do so. Most bedrooms are single rooms, 16 with en-suite facilities, there are two double bedrooms. Sensory mats are placed in rooms to alert staff when a resident is out of bed and may be liable to a fall. The home has access to a large spacious garden that has recently undergone a refurbishment that will enable wheelchair users easier access. There is a good-sized car park at the front of the building. Public transport links to the home are limited.

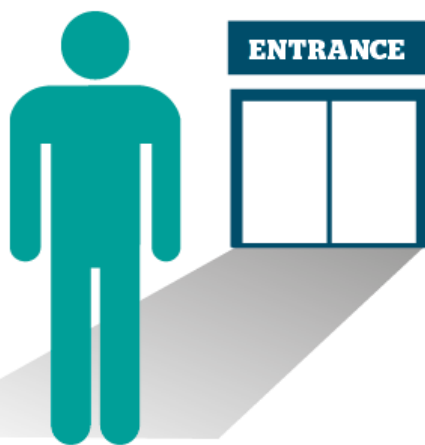


General Observations

The home was bright, odour free and very clean. The ambience throughout the home appeared relaxed and welcoming. Access to the home is security coded, the front of house receptionist is in full view of the entrance and activates the door release to let visitors in and out of the building. On entering the home, the home's visitors book is prominently placed for people to sign in. There are various information notices, including the latest Care Quality Commission [CQC] findings displayed on the walls of the foyer and a large notice board with the names and photographs of staff working at the home. A comprehensive copy of the home's Policy and Procedures, which includes information such as complaints handling for residents and carers, is also available to read in the foyer.

A large activity rota is displayed on the walls adjacent to the communal areas informing people of activities such as, craft, board games and movement to music sessions that take place in the home throughout the week. The Manager stated that the home's activities co-ordinator provides a variety of activities including individual one-to-one activities for residents who are unable to move out of bed, adding that residents complete the home's booklet '*Nothing without Me*' which covers all aspects of a resident's history, likes and dislikes.

We were informed by the Manager that the Nuns from the nearby convent visit the home on a regular basis to spend time speaking and interacting with residents. The Manager added that she is hoping to recruit more volunteers from the local community to come into the home.



The interior of the home is extremely spacious and light. The corridors are long, wide and warm. The interior décor throughout the building is of a good standard. All communal areas are uncluttered. On the day of the visit we had the opportunity to observe a few bedrooms, which were odour free, spacious, clean, bright and appeared comfortable for the resident.

Handrails were located on the walls of corridors. Signage to facilities such as WC/bathrooms was clearly visible and those bathrooms we observed were large and roomy. We observed fire extinguishers in prominent positions situated throughout the building and fire regulations clearly marked on each floor.

The communal lounges were warm, well-lit and welcoming, with plenty of seating for residents and their visitors. We observed the television playing in the background in the communal lounges but it did not dominate the rooms. There is a small sitting room area decorated and furnished in the retro style of the 1970s for residents to enjoy. There are good views of the outside gardens and surrounding area for residents using the communal lounges.

During the visit we observed drinks and call bells within easy reach of residents. During the morning session a selection of cakes were available to residents with their morning drinks. The Manager informed us that the home has a robust system of monitoring fluid and food intake and that charts are completed by all staff and maintained and signed off by the nurse. The Manager stated that all residents have a named nurse.



When we asked if residents are encouraged to go out into the garden, we were told that access to the garden has recently been upgraded to improve wheelchair access and weather permitting residents are able to go outside. One resident we spoke to told us:

“I cannot move and would need to go in my wheelchair to into the garden, my relative takes me into the garden when the weather is fine”.

We were informed by the Manager that residents trips outside to the local community are organised by the residents’ family members.

The home has an excellent kitchen facility which was clean, uncluttered with plenty of natural light from the garden and managed by a head and assistant chef and kitchen assistants. Meals for any dietary requirement is produced for all residents and transported to the dining areas in hygienic, heated facilities at appropriate times. The Manager informed us that residents received fresh fruit and vegetables daily and that residents feedback on meals influences menu changes. In the Manager’s opinion there was a need for more staff around the meal times and this was implemented as many residents require assisted meals, subsequently meal-times were quite lengthy taking too long to complete.

The Manager stated that she walks around every day and goes into every resident’s room. She also makes a point of observing residents at meal times.

At the time of the visit we witnessed care staff responding calmly to the needs of residents. We received several comments from residents on living at the home, such as:

“I am happy as I can be”

“I cannot live in my own house so this is the best alternative”

“Staff are very good”

One relative visiting his mother said of the home, *“I am happy with the care my mother is receiving at the home”.*

All residents that we observed looked well cared for, smartly attired and relaxed in their surroundings. Many of the residents appeared alert and at ease with other residents. All residents appeared comfortable with the management and members of staff working at the home.

Two members of staff we spoke to during the visit told us that they had worked at the home for two and three years respectively and enjoyed their working with residents and working at the home.

‘Prior to and during our visit to Lady of the Vale we were made aware of some potential safeguarding issues and these have been raised with the relevant bodies and are being dealt with’.

Profile of residents

The residents we observed on the day of the visit were elderly and of mixed gender. All residents required various levels of nursing care and all residents were on the 'end of life' pathway.



Management of the Home

The following comments should be read in conjunction with Appendix A which was completed by the Manager of the home prior to the visit. On the day of the visit the Manager unreservedly provided us with the information we requested.

When we asked how residents and their families provide feedback or raise any concerns, the Manager informed us that home's complaints policy is on display and there is an 'open door' policy Monday to Friday, the home also has regular residents' meetings for people to raise comments.

Prior to our visit, we asked what measures were taken if a resident has a fall. We were told that residents who fall are examined by a qualified nurse, accident forms and falls risk assessments are completed. To see Manager's full response please go to page 21 of this report.

When we asked about the action the home takes to prevent falls we were informed that the home provides 'falls prevention training' to all staff, that observation and monitoring of residents is essential and that the home produces good care plans to minimise risks.

When we enquired about monitoring residents' weight, the Manager specified that she personally monitors and records the weight of each individual resident at the home. We were told that dietician services referrals are made for all resident with weight loss concerns.

Several local GP practices attend Lady of the Vale to see residents, however, one GP practice [named] is very good and attends every Tuesday to see their patients at the home. The Manager makes request for district nurses, physiotherapists, chiropody, tissue viability nurse and social workers to attend Lady of the Vale.

When we asked the Manager if the home has used the 999 number, we were informed very rarely and would use 111 for information and this has only been done six times in the last two years. The home's own nursing staff change residents' catheters and blood tests and other procedures are carried out by district nurses who attend the home.

When we asked about access to dental services we were given the example below of the difficulty the home has in obtaining a dentist to attend their residents:

"it is very difficult, recently a resident at the home was experiencing toothache and required treatment. On contacting the resident's GP practice the home was instructed by the GP practice to contact the community dentist in Seymour Grove based in Old Trafford. The response from the community dentists was that someone would visit the home in a few months".



We asked what treatment has the resident received while awaiting the community dentist? We were told 'pain killers'. The Manager stated that staff training on oral health has/or will take place facilitated by [named] from Pennine Care NHS Trust.

We asked about staff training and were informed that the home accesses internal and external training and that staff have regular meetings with Trafford Clinical Commission Group and other provider forums.

The Manager informed us that she is a qualified nurse and stated that she has had lots of experience of 'end of life' care having worked at St Ann's Hospice before taking up her position as Manager at Lady of the Vale, she is fully versed and registered in the Six Steps programme¹. As part of the Six Steps the Manager has produced a booklet/pamphlet for residents and relatives called 'No one dies alone'. The booklet is adhered to that of a 'living will' in as much as it helps residents and relatives to personally input on what they would like and what they would like to happen when a person dies. She added that it has been well received by residents, relatives and staff at the home.

We asked the Manager about using agency staff and we were told that that agency staff are used as a last resort and that staff retention is high at the home. However, the Manager told us that it can be difficult to attract new staff to the home due to the poor public transport links to the home.

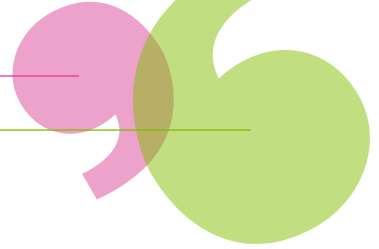
If residents need to attend medical appointments and relatives cannot attend, the home does charge a fee if a staff member is required to escort a resident to their medical appointment. We asked how much the home charges and what happens if the resident cannot afford it? The Manager stated, 'that the home charge for the cost of an additional care assistant to be brought in, this is at £10 per hour and that they have never had a situation where the resident could not afford it, however, they would look at alternative funding options for this if needed'.



¹

The programme aims to improve end of life care provided by a care home or a domiciliary care organisation (and its workers) while encompassing the philosophy of the host organisation. It enhances end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care.

For further information please see: <http://eolp.co.uk/SIXSTEPS/>



Deprivation of Liberties [DoLs]²

The Manager stated that there are problems in processing DoLs and this includes urgent request from the Trafford Local Authority [LA]. The home has three outstanding DoLs from August and Sept last year [2017]. Trafford LA is extremely slow at responding to DoLs and also, if a DoLs assessors attends the home, which might be during a weekend, information is given to the nurse on duty but there is no communication from the Trafford LA with the Manager of the home.

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 received 13 completed questionnaires from relatives of residents living at Lady of the Vale. 12 of the relative questionnaires informed us that they felt that their family member is treated with kindness and compassion, one relative stated that they 'didn't know'.

Below are a sample of the comments we received from relatives and carers. The comments are taken verbatim from the relatives and carers questionnaires. Please note that, whilst we received 13 completed questionnaires from relatives and carers not all choose to complete the comment box section.

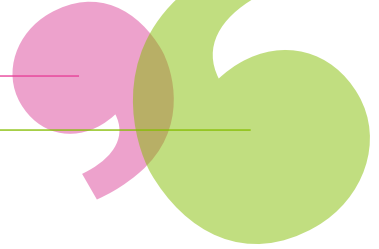
1. *"This is a wonderful nursing home with professional and caring staff and a high standard of care. If residents could be taken outside from time to time in the warmer weather to get fresh air this would be a big health benefit, and also provide happiness and mental stimulation".*
2. *"Visits have been made into the community but only small groups were possible. A new development of garden around the home is in progress. We look forward to the spring. It is very good having nuns around they make regular visits to residents. The staff are all very good with the residents".*
3. *I would like my mother to have more communication with the staff carers, i.e. chats. The staff are lovely but don't seem to have time for this. Also, there is a lovely garden but unless a residents' family take my mother to sit outside when the weather is good, there isn't anyone on staff that can do this.*
4. *"Staff excellent when available. Management not interested in residents. Never visit or enquire about resident with relatives. No care or compassion shown from anagement".*
5. *"The day staff are outstanding. Night staff need to improve [some of them] The management is very weak which is disappointing".*
6. *"We are very happy about the care my mother receives. Staff are caring and show compassion and commitment. Following problems with previous management and so many staff losses we now feel the home is a more settled and happy place".*
7. *"Lady of the Vale nursing home have been great with my father. Staff are lovely, kind and caring. My father is happy and settled".*

Response from Manager is verbatim

The Manager responded to two negative comments receive by Healthwatch Trafford by stating:

"The background of the whole wider complaint from these 2 relatives was discussed with the Healthwatch Team on the day of the visit and the outcome shows we have all listened as a management team and taken concerns very seriously but they were unfounded".

Please note that comments received by Healthwatch Trafford as part of the relative's survey are anonymous.



Appendix - A

Management questionnaire and responses

Please note that responses are listed as they were received.

Pre-visit questionnaire for management of Lady of the Vale Nursing 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?

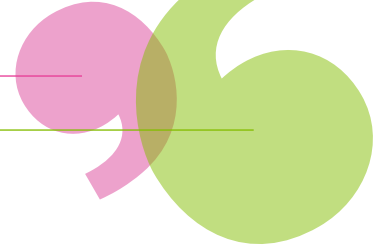
Regular meetings for residents and relatives.
Six monthly care reviews.
Six monthly questionnaires.
Complaints procedure on display.
Open door policy.

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

Yes.
Volunteers assist in group activities, such as arts and crafts, movement to music, games and organised special events.

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

Physiotherapist has a weekly session for all residents who wish to join in with armchair exercises and movement to music.



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

Yes.

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

Drinks are available throughout the day and night. There are cold drinks available in the lounges all day. Hot drinks are served five times a day and are available at any time. Fluid charts are maintained and monitored. Care Plans are robust and evaluated.

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

Dietician services/referrals are made for all residents with weight loss concerns. Homely remedy Complian is available to all. Supplements are prescribed by dieticians and GPs.

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

Questionnaires, meal time experience audits. Food wastage audits. Daily feedback from residents. Monthly weight audits. Residents assist us to plan menus.



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

Residents can retain their own GP if accessible for the home. We have several surgeries but one main surgery covering the home.

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

Physiotherapists.
Tissue Viability Nurse [TVN].
Chiropody and Podiatry.
Social Workers.

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

Referrals.

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

Yes. All Care Plans are person-centred.



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.

Memory Boxes are made and kept on the wall by residents, families and staff. Reminiscence sessions/quizzes are undertaken by the Home's activities co-ordinator. These include, old photos, old songs, old newspaper articles. Residents complete our booklet 'Nothing about me without me' which covers their history, social/family life, likes and dislikes.

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

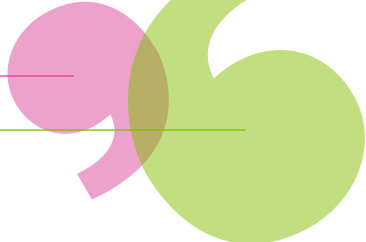
Where they are able to choose, yes. Advice from staff is given as well.

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?

RMN's work in the home who can support staff and have specialist knowledge, skills and experience. Staff complete dementia training. Staff build up a trusting relationship with residents and knowledge of their preferred routines.

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

Through building up knowledge and details of their preferences, cultural routines, faith/spiritual needs. We have our own chapel, residents priest and daily mass. We welcome all and non-faiths into our home.



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

Resident Roman Catholic priest. A visiting clergy from local parish church.

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

Advance directives are discussed with families and GPs for our residents.

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

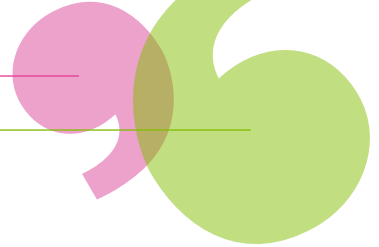
We welcome pets. A pets' policy is in place to maintain safety. We have regular visiting dogs.

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

Six monthly planned meetings. Care reviews with families with families are planned and held by the nurses who are 'Named Nurse' for each resident.

Q20. Do you take residents out into the community?

Our residents spend a lot of time in our lovely gardens. Trips into the local town centre are usually organised by family members.



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?

Residents who fall are examined by a qualified nurse. GP or ambulance will be called if injury requires further medical attention. Accidents forms, falls risk assessments are completed, mobility care plans included falls risk actions. Accident analyses is monthly.

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

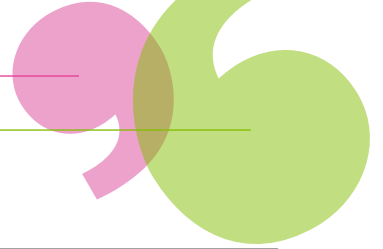
Fall prevention training.
Sensor mats.
Observation and monitoring of residents.
Good care plans to minimise risks.

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

Menu changes from resident feedback. Activities changes are made frequently from feedback. Bedroom re-decorating to resident's choice.

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

Regular meetings with the CCG. Other provider forums.
CQC website/news.
RGN, Skills for Care updates.
Internal and external training.



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

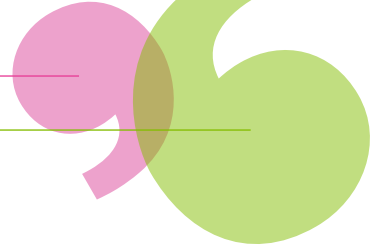
Staff build up good and caring relationships with all residents. Activities are provided for all, including one-to-one for residents who are bedbound. We have daily visits from the Sisters in the adjoining convent who spend time with resident to prevent isolation and loneliness.

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

Caring attitude from all staff. Assessing all needs and good care planning to meet identified needs. Person-centred approach in everything we provide. Robust training for staff, robust policies and procedures. Regular meetings, good handovers and communication, weekly residents' reviews.

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.



Appendix - B

Relatives' questionnaire

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

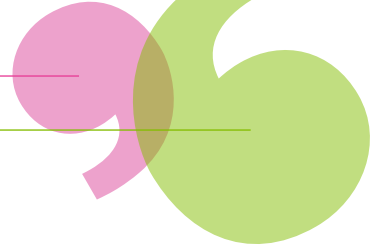
General Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Bathing and personal care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Hobbies/interests?	<input type="checkbox"/> Yes	<input type="checkbox"/>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

2. Do you think that your loved one;-

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

Do you know whether:-

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



Are you:-

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

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

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

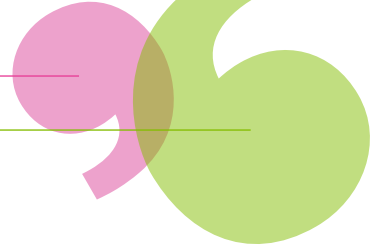
Would you recommend this home to anyone else?

Yes No Maybe

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

(with 1 being very poor and 10 being excellent)

out of 10



Distribution

This report will be sent to the following organisations:

The Care Quality Commission (CQC)

Trafford Council:

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

Trafford Clinical Commissioning Group (CCG)

Healthwatch England

Chief Nurse / NHS Trafford CCG and Corporate Director of Nursing Trafford CCG

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/)

 **0300 999 0303**

 **07480 615 478**

 **info@healthwatchtrafford.co.uk**

 **@healthwatchtraf**

 **Healthwatchtrafford.co.uk**



Floor 5, Sale Point

126-150 Washway Road

Sale, M33 6AG

healthwatch
Trafford