Enter & view Report :

Oldfield Bank Residential Care Home

5 Highgate Road

Altrincham

WA14 4QZ

Tel: 0161 928 0658

Owner: 3A Care (Altrincham) Limited

Manager: Lisa Pearson

Date of visit: 8th June 2018

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Contents

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 Oakfield Bank 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 and Recommendations

Findings

- Oldfield Bank Residential Home provides care for up to 28 older people, most of the residents are living with varying degrees of dementia. At the time of the visit there were 21 people living at the home.

- The home is a large detached house with accommodation provided over four floors. There are 27 single bedrooms and one double bedroom; some of the bedrooms are ensuite. There is an enclosed, well-maintained garden for residents to enjoy.

- Most of the residents at the home are self-funders. Costs are in the order of £700 per week.

- At the time of the visit the Manager had been employed at the home for four weeks. She expressed a keen enthusiasm to work with the home's new owners to enhance the lives of the residents and staff at Oldfield Bank, and has a long list of improvements prioritised for improvement.

- The Manager kindly agreed to mail out 21 questionnaires to relatives of residents living at the home, 6 completed questionnaires were returned to us. All questionnaires informed us that they felt their relatives living at Oldfield Bank were treated with kindness and compassion, see full results here: https://healthwatchtrafford.co.uk/wp-content/uploads/2018/03/Oldfield-bank-responses.pdf

- We observed notice boards showing the various activities that take place at the home, which included group and one-to-one activities. At the time of the visit we did observe several residents involved in a craft session in the activity room on the lower ground floor and staff engaged in exercise sessions with individual residents. Television sets were on in the communal lounge areas but did not dominate the rooms enabling those people who were able to hold a conversation to do so.

- On the day of the visit we observed staff interacting with residents in a caring and friendly manner.

- Staff we spoke to told us that they were happy working at the home and enjoyed caring for the residents. Staff informed us that they felt supported by the Manager and the home's owners.

Recommendations:

- *Consider the ratio of residents with and without dementia so that there is a better balance providing those without dementia with more opportunities to participate, communicate, and reduce potential isolation.*

- *Double check best practice policies to prevent any potential spread of infection and signage within the home.*

Good practice identified:

The use of technology to compliment staff's interaction with residents i.e. with Alexa[1] and recording activities and displaying on the home's televisions.

Consider adoption of the other good practice initiatives:

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

A programme to encourage reminiscence in people with dementia.

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

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

https://www.nice.org.uk/guidance/ng48
A link to the National Institute for Health and Care Excellence [NICE] for 'Oral health for adults in care homes'

Purpose of the Visit

The visit to Oldfield Bank 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.

[1] Alexa is smart speakers developed by Amazon Lab126. It is capable of voice interaction, music playback, making to-do lists, setting alarms, streaming podcasts, playing audiobooks. For further information please see link: *https://en.wikipedia.org/wiki/Amazon_Alexa*

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 Manager of Oakfield Bank Residential Home explaining our reasons for the visit. Posters were supplied to alert our visit to staff, residents and family members.

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

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

We looked at local intelligence including CQC reports.

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

Healthwatch Trafford Authorised Representatives

- Susan George
- Marilyn Murray [Lead Representative]
- Heather Fairfield

The visit

Introduction

Healthwatch Trafford visited Oakfield Bank Residential Home on 8th June 2018.

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

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

Before our visit, we sent questionnaires out to the Manager of Oakfield Bank 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 Oakfield Bank Residential Home

Oakfield Bank is a residential care home specialising in dementia care. The home is owned by 3A Care (Altrincham) Ltd. For further information please follow the link: https://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=132222

Oakfield Bank is a large traditional detached house situated in a leafy residential area of Bowdon in Altrincham. Accommodation is over four floors; the lower ground floor consists the kitchen area, a number of bedrooms and a large communal space which previously was the dining room area. The remaining floors consist of bedrooms, bathrooms, communal lounges. On the ground floor there is a conservatory that has been converted into the main dining area. There is a lift to each floor. Twenty-seven bedrooms are single rooms, a small number with en-suite facilities and one shared double bedroom. At the time of the visit there were six vacancies at the home. The home has access to an enclosed well-maintained garden that is wheelchair accessible. There is a good-sized car park at the front of the building. The home is situated in a quiet road off the main A56. There are very good public transport links to Altrincham town centre which is one mile away.

General Observations

There is a large porch leading to the front door of the house, we observed a A4 paper notice pinned to the wall of the porch informing visitors of the changes that the home had implemented following feedback from relatives.

Access to the home is security coded, staff activate the door release to let visitors in and out of the building. The reception area of the home is a square hallway, which is situated next to the Manager's office, the visitors book is strategically placed, and people are asked to sign in.

This home's physical layout is, like many homes in Trafford, not conducive to 21st century design as it has four floors. Staircases are steep and narrow, but we were told that all residents use the lift. We were shown three bedrooms and three bathrooms/wet rooms as well as the communal areas. We also saw kitchen and activities room. What was encouraging was that the new owners have already identified priority areas for spend and some improvements have already been made. The Manager was enthusiastic about the challenges ahead and appeared to be liked and respected by her staff.

The ambience throughout the home appeared welcoming and very relaxed. A slight odour was detected on entering the main body of the home, however this did not pervade the rest of the home. Various information notices for visitors were visibly displayed.

In the main building there are weekly activity rotas exhibited on the walls in the communal areas informing people of activities such as, finger printing, baking, singing, working with plasticine. We observed the activity coordinator occupied with several residents who appeared happily involved in finger printing and painting. In future, such activities will be recorded and would be shown on televisions in the home for residents' enjoyment.

From one relative questionnaire we received the following comment was made:

"*…as my loved one is unable to do anything now I sometimes feel she is overlooked when it comes to activities as she is very much one-to-one. She is happy but withdrawn*".

We were informed by the Manager that the activity coordinator hours would be increasing from 20 hours to 30 per week.

When speaking to the few residents at the home who have full capacity about the various activities taking place we received the following comments;

'A number of activities take place at the home, but I have no interest in taking part in any of them as it is difficult to interact with most of the other residents due to their dementia which is not their fault"

Another resident told us:

"I have my television and my mobile phone, I don't participate in activities as I am not interested in them. The activities are good for those residents living with dementia, but I don't want to do them".

We were told that the home has the use of an Alexa for residents' enjoyment, music was a favourite. The Manager informed the enter and view team that she was working towards securing an activity budget to enable the activity coordinator more autonomy when planning activities. At present the home does not take residents on trips out, however, the Manager told us that this might change in the future.

The local Catholic Church attends the home to administer Communion to those residents who wish to receive. One resident said she receives Communion on a regular basis and looks forward to receiving the visit very much.

When we asked residents about their routine to get up and have breakfast, we informed by both residents and care staff that residents normally get up and have breakfast around

7:30am when the day-time staff come on duty. Residents told us they could choose what they want for breakfast.

When we asked about showering or bathing we received the following comment from one resident:

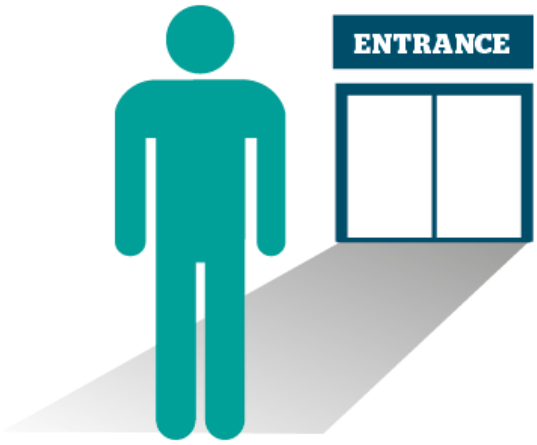
"The home has a bath rota, my bath day is a Tuesday, if there was a need for an extra bath then we would be able to have one".

When we asked about going out into the garden, residents we spoke told us that they do go outside into the garden when the weather is good. One resident who appeared to be drifting in and out of sleep, with eyes closed announced emphatically:

"*I like the food, love the garden*".

We witnessed the kitchen on the lower ground floor which appeared clean and functional. We were informed by the cook who is local and has been employed at the home for four years that there is a choice of food for residents and that menus are on a four-week rota and this includes seasonal variety. The Manager is in the process of ordering moulds for the residents on soft food diets. We witnessed the cook serving food to a resident in her bedroom and addressing her by name in a pleasant and cheerful manner, which appeared to be reciprocated. Another resident told us that meals were okay. Residents can choose where they wish to eat, this could be the main dining area, the communal lounges or their bedrooms. The residents we spoke to with full capacity choose not to use the communal dining room to eat their meals. During the visit we observed drinks readily available and within easy reach of residents.

Care staff informed us that they had noticed that many of the residents who were living with dementia appeared to be more alert at meals times since moving the dining area had into the conservatory.



The interior décor of the home is clean and homely. We were told by the Manager that the new owners have plans to carry out extensive reconfiguration to the ground floor communal areas to make better use of space, and that there are to be new carpets for upper floors and some bathrooms/wet rooms have already been refurbished to a good standard. We were told by the Manager that the home is having new dementia signposting and it will be in place within the next few weeks. This has been arranged with the support of a dementia specialist.

All communal areas and corridors of the home were uncluttered. On the day of the visit we had the opportunity to observe some residents' bedrooms. Each resident had their name and photograph displayed on their bedroom door. Bedrooms differed, some larger than others, very few with ensuite facilities. We observed that rooms have call bell and we were informed by the Manager that a new call bell system is to be installed in the coming month. This was reiterated by a resident when speaking to her. The bedrooms were odour free, clean and appeared comfortable for the resident. When talking to one resident she stated:

"*This is the only care home I have been in and I have nothing to compare it with. The bedroom is not ensuite but large enough to accommodate my needs, it's alright*".

Another stated:

"staff are very, very nice. The owners are making changes, the décor needs updating. My bedroom is roomy, and I have two windows". My laundry is done by my family. I preferred the conservatory as it was as it was a nice place to have a private conversation with visitors".

The enter and view team observed large notices with the words MRSA[2] pinned to the bedroom doors of two residents. This was brought to the attention of the Manager who stated that the notices would be removed immediately from the doors and replaced with a more dignified notice to inform visitors and staff of the residents' rooms with the MRSA strain.

A hairdresser visits the home weekly on a Tuesday and Wednesday and staff stated that all residents use the service and a manicurist also visits. During the visit we noticed that some residents were had manicured nails. All residents appeared clean and well groomed.

The communal lounges were warm, welcoming, with plenty of seating for residents and their visitors. Handrails were located on the walls of corridors. Signage to facilities such as WC/bathrooms was clearly visible. We observed fire extinguishers situated around the home and these are checked weekly. A fire drill is carried out monthly and in the event of evacuating the building staff are trained in the use of the Evac Chair [see https://evacuation-chair.co.uk/beginners-guide/what-is-evacuation-chair/] to ensure residents are transferred out of the home safely.

We were informed that a handyman is employed to work three days.

We asked about laundry and how the home ensures that residents' clothes are returned correctly. We were informed by two residents that their family members do their laundry. One relative started that she now does all her mother's laundry as her mother's clothes were going missing or were being worn by other residents in the home despite being labelled.

On the day we visited, the residents looked well cared for in their surroundings, those residents with full capacity appeared extremely appreciated of all social communication with care staff and appeared very comfortable with all the staff working at the home.

We receive the following comment from a resident:

"The room next to mine is empty as the last two occupants have been and gone [died]. I wish that someone without dementia would come to occupy the space. When I came here almost four years ago, it [home] stated that 25% of the residents lived with dementia now it's over 95%. The Manager popping her head in and saying hello regularly would mean a lot to me".

At the time of the visit we were informed by one relative who told us that on one occasion her loved one had been taken to hospital by ambulance following a stroke and had gone fully clothed. The relative was distressed to find that her loved one had been returned to the home dressed only in a hospital gown that was not secure resulting in her body being

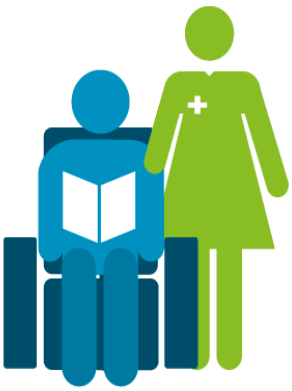
[2] https://www.nhs.uk/conditions/mrsa/

***MRSA** is a type of bacteria that's resistant to several widely used antibiotics. This means infections with **MRSA** can be harder to treat than other bacterial infections. The full name of **MRSA** is meticillin-resistant Staphylococcus aureus.*

exposed. Unfortunately, the relative could not remember exactly which hospital was responsible for discharge. *[This was an historical account prior the engagement of the current Manager of the home].*

The staff members told us we that they were happy in their working at the home and caring for the residents whom they appeared to know very well. All staff felt supported by the new Manager and Management of Oldfield Bank.

Profile of residents



The residents we observed on the day of the visit were elderly. There are no residents of ethnic origin. Most of the residents required various levels of dementia and nursing care.

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 of Oldfield Bank had been employed at the home for four weeks. She candidly 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 the home has an 'open door' policy. The Manager stated that all complaints are passed on to the management team. There is a folder in the reception area where visitors/relatives can make comments. To see the Manager's full response please go to page 14 of this report.

Relative and residents meeting take place every six months. A notice stating what the home had done following suggestion put forward by residents or relatives is displayed in the porch and reception area of the home.

Oldfield Bank tries to retain residents' family doctors if they are from local GP Practices. Currently most residents are seen by one GP practice [named] and a GP [named] from the practice visits the home on a weekly basis to check on residents' health and well-being and is very well regarded by both staff and residents. The staff and residents we spoke to told us that they were extremely appreciative of the GPs weekly visit. We asked how often does the home use the ambulance service and the Manager informed us that the ambulance service has been called only once in the last few weeks.

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. If a head injury is sustained, medical advice is always sought. The Manager added that the home does have access to a falls advisor, and uses bed sensors, which alerts staff if a resident has got out of bed.

On enquiring about residents' food and liquid intake, we were informed by the Manager that staff are always on hand to make drinks and snacks if required and if we have any concerns referrals can be made to the dietician and SaLT [Speech and Language Therapy] team. See Manager's response on page 16 of this report. When we asked about access to dental services we were told dentist will visit the home on request.

We were informed that the home has a good record of staff retention, with 10 long term staff and eight who have been at the home less than a year. The home has two vacancies for night time staff and is finding it difficult to recruit. We were told that the home uses its own bank staff and one agency staff when required. We were told that all the staff know

the residents very well and would know if a resident was withdrawn. Handover sheets are used at every shift change and the Manager stated that this works well.

The Manager was candid in her response regarding staff development and training, announcing that staff training, and appraisals need overhauling. Staff qualifications cover First Aid, NVQ Level 2 in care, basic health and hygiene, moving and handling. We were informed that the staff are undertaking Redcrier on-line training, for further information go to: http://www.redcrier.com/ and that staff are now being paid to complete the training in their own time, where previously they had not.

The Manager praised the senior staff at the home stating they were excellent and it was her intention to ensure that the senior staff are more involved in providing clear lines of delegation. From the conversation that the Manager had with the enter and view team it appeared that in the short time she had been in post she had made a good assessment by listing and prioritising needs and requirements of the home for the new owners, starting with staff appraisals.

The home has advance directives. All but two residents have end of life in place and it is recorded in their care plans. Two residents don't want to discuss advance directives. The Manager stated that individual care plans still need some improvements.

The Manager informed us that she has found the Local Authority's iTool [*iTools provides a way of preforming all assets of management activities and inspecting and maintaining processes*], very useful in her role as Manager, a little difficult to get used to at first but once mastered extremely good and that the Local Authority team has been very supportive.

Deprivation of Liberties [DOLs][3]

We were informed by the Manager that DoLs remain a problem for Oldfield Bank with eight DoLs still outstanding.

[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.*

Summary of relatives' responses to questionnaire

(see relative questionnaire in appendix B)

We left 21 relative questionnaires with the management of Oldfield Bank Residential Home to send out to relatives of residents living the home. We received seven completed questionnaires from relatives. All the relative questionnaires informed us that they felt that their family member is treated with kindness and compassion.

Below are 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 six completed questionnaires from relative and carers not all choose to complete the comment box section.

1. *"My relative suffers with dementia and hearing loss so does not communicate very easily. The 'don't knows' ticked are because of this fact. I get answers from the staff about my loved one's care but only when I ask. It isn't freely communicated".*
2. *"In general, all the staff are kind, caring and helpful. As my mother is unable to do anything now I sometime feel she is overlooked when it comes to activities as she is very much one-to-one. She is happy but withdrawn".*
3. *"Dementia care is now the priority but our relative does not have dementia so finds it difficult".*
4. *"Very caring staff".*

*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 Oldfield Bank Residential Care Home, Altrincham

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

The home carries out an annual questionnaire, has 6 monthly resident/relative meetings and now has a folder in the hall where visitors/relatives etc can make comments, complaints, concerns that are passed to the management team. The main office has an open-door policy, and the management are available to residents and relatives.

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

There are currently no volunteers, but with the recent employment of an Activity Co-ordinator, this is something we would like to get off the ground.

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

Local churches visit the home to offer communion. Local singing groups attend.

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

Yes – choice of fruit and vegetables available.

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

There is a small kitchen near the lounge, which can be used by residents if able and their relatives. Staff are always on hand to make drinks and snacks if required. If we have concerns, referrals can be made to the dietician, SALT team etc.

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

Yes – this is done via a GP referral.

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

Staff support many of the residents with eating and drinking, so are able to gauge this way. Before admission, residents are asked about their preferences, likes and dislikes regarding food and drink. Family members and the resident themselves will let staff know if they would prefer an alternative.

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

Currently, the majority of residents have one surgery, from which a GP visits weekly. If a resident is local and wishes to retain their family GP, this is acceptable. If a resident is from a different area, they will need to register with a local GP.

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

Opticians, chiropody and dentists will visit at the home's request. Other medical professionals will visit after a GP referral. A social worker will be requested via the local authority access team and will usually only become involved if the resident is local authority funded; this is dependent on the reason for the referral.

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

See above.

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.

Residents are asked if they wish to be involved in activity sessions, reminiscence sessions.

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

Yes – it may be from a choice of two or three items if a resident has dementia, to encourage independence but not to overload with information.

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?

Staff training may be required in specific areas, eg challenging behaviour, as well as input from any involved professionals.

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

Pre-admission information will be requested as to how the home will need to meet needs, eg dietary requirements, religious observations, special dates.

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

Local churches will come to the home to offer communion.

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

Yes -on admission, a form will be given to relatives and staff will ask to discuss the residents preferred end of life care .

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

Some relatives and staff may come to the home to visit and bring a pet.

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

Meetings are held every six months – last meeting held in February 2018.

Q20. Do you take residents out into the community?

Whenever possible; some residents enjoy going shopping and staff will accommodate this as far as possible. This is hopefully something that will improve with the new Activity c-coordinator in post.

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?

Each situation is different, depending on the individual needs of the resident. All falls are recorded. If a head injury is sustained, medical advice is always sought.

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

The home does have access to a falls advisor. If necessary, a resident will use equipment when mobilising, eg zimmer frame, walking stick. The home also uses bed sensors, which alert staff if a resident has got out of bed.

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

One resident has recently asked for grab rails in the bathroom, which has been done.

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

The manager attends local authority provider meetings, is a member of Skills for Care Registered Managers scheme, will read health and social care publications, receives CQC newsletters and on – line publications . Staff undertake training in a number of areas, have regular supervisions and can ask for any specific training they feel will benefit them in their role.

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

As far as possible, residents are encouraged to participate in activity sessions, to come to the dining room for meals and to interact with staff and other residents. Some residents prefer to stay in their own rooms.

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

Equipment is always essential, eg stand aid, hoist, stair lift.

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

For more information, please contact us at:

Appendix - B
Relatives' questionnaire

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

General Health?	[ ] 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

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

Are you:-			
Consulted on changes needed to care plans?	[ ] Yes	[ ] No	[ ] Don't know
Are you kept informed about the home's developments/plans etc. (i.e. Carers/residents meetings)?	[ ] Yes	[ ] No	[ ] Don't know

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

Would you recommend this home to anyone else?

[ ] Yes [ ] No [ ] Maybe

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

(with 1 being very poor and 10 being excellent

out of 10

Distribution

This report will be sent to the following organisations:

The Care Quality Commission (CQC)

Trafford Council:

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

Trafford Clinical Commissioning Group (CCG)

Healthwatch England

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

The provider visited

It will also be published online on the Healthwatch Trafford website (https://healthwatchtrafford.co.uk/our-reports/)

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

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