

# Enter & view Report:

**healthwatch**  
Trafford

## Serendipity Care Home

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Urmston  
M41 0XN

Tel: 0161 747 3738

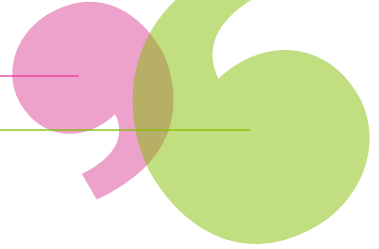
Owner: Premium Care Ltd

Manager: Ms Josmy Anish

Date of visit: 15<sup>th</sup> December 2017

Date of publication: 1<sup>st</sup> March 2018





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## What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and view visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

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 Serendipity Care Home 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.



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## Executive Summary

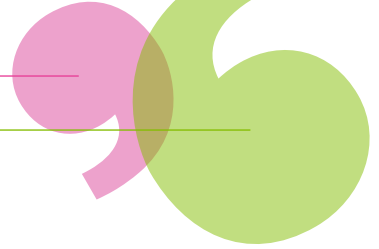
### Findings and Recommendations

#### Findings

- 🌸 Serendipity Care Home provides nursing care for up to 45 older people, 80% of the residents are living with varying degrees of dementia. On the day of our visit there were 32 people living at the home.
- 🌸 The entrance to the home is bright, clean and welcoming. Three visitors were present during the morning session.
- 🌸 Residents we observed on the day appeared protected, calm and relaxed living at the home.
- 🌸 We collected comments from relatives, which included some negative responses regarding the care their loved ones received at the home, please see page 13 of this report under summary of responses from the relative questionnaires.
- 🌸 We received 14 completed relative questionnaires, 12 out of the fourteen questionnaires informed us that they felt their loved ones living at Serendipity were treated with kindness and compassion. Two respondents stated that they didn't know. See full results here: <https://healthwatchtrafford.co.uk/wp-content/uploads/2018/01/Serendipity-responses-summary.pdf>
- 🌸 An activity rota displayed the various activities for residents taking place at the home. During the visit, we observed some residents playing bingo and others involved in making Christmas table decorations.
- 🌸 The home's Manager and two senior staff members have recently completed the 'Six Steps'<sup>1</sup> end of life programme.
- 🌸 On the day of the visit the home appeared to be well-staffed
  - We observed a good interaction between the Manager and staff and residents.
  - Staff we spoke to informed us that they felt supported by the Manager and happy working at the home.

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<sup>1</sup> This is a nationally recognised programme for supporting people and their families about making advance decisions about the care they want at the end of their lives and their wishes after death'.



## Recommendations:

1. Review how information is relayed to relatives about the care staff are delivering to residents with challenging behaviour outside of formal and/or monthly meetings.

**Response from the Manager on the above recommendation:**

*“we do contact service users’ families via phone straight away and inform them if there is any changes or concerns in their loved ones’ care needs e.g. falls, hospital visits, GP visits, medications changes, behaviour issues, skin integrity etc”.*

2. Consider improving the outside garden space for residents’ use.

**Response from the Manager on the above recommendation:**

*“we do have garden furniture which is stored away at present to avoid damage to it. In summer we put it out for service users with a shade, staff take our residents’ out and play music, play games and provide drinks and snacks”.*

3. The use of social media has proved useful in keeping residents’ relatives up to date with their loved one’s activities of daily living and we would encourage maximising this approach as far as possible and appropriate.

**Response from the Manager on the above recommendation:**

*“we use social media to update resident’s families in our boundaries with data protection and information sharing aspects. We are looking into a more secure system and discuss it in residents and relatives’ meetings to find out their opinion on it”.*

## Good practice identified:

- White board in staff room displaying coded reference to the residents that have Advance Directives<sup>2</sup> in place. The Manager informed us that 92% residents have an advance care plan in place.
- 
- The home places a picture of a leaf on a resident's door to highlight to staff and visitors that the room is occupied by a resident who is on the end of life pathway.
- The availability of fingerprint access to the home.
- Staff using social media to communicate with relatives of residents' wellbeing.



## 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>.

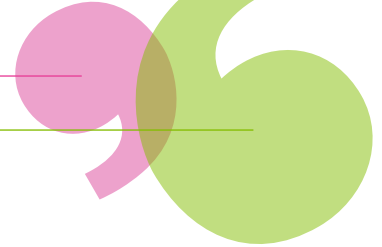
This is a paper armband, which can be routinely used to identify changes in nutrition or hydration.

<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'

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<sup>2</sup> 1 Advance Directives - are things you can do to make sure others know how you would like to be cared for and which medical treatment(s) you would want to refuse, if you are unable to communicate those decisions yourself. [see link to Age UK factsheet: [https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs72\\_advance\\_decisions\\_advance\\_statements\\_and\\_living\\_wills\\_fcs.pdf](https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs72_advance_decisions_advance_statements_and_living_wills_fcs.pdf)



## **Purpose of the Visit**

The visit 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

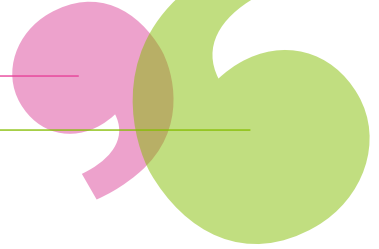
An Enter and View visit is not an inspection.

## **Strategic Drivers**

We are using and/all 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 Manager of Serendipity 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 eight residents, we spoke to three visitors and eight members of staff.

## **Healthwatch Trafford Authorised Representatives**

Susan George

Georgina Jameson

Marilyn Murray [Lead Rep]







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# The visit

## Introduction

Healthwatch Trafford visited Serendipity on Friday 15<sup>th</sup> December 2017.

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 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.

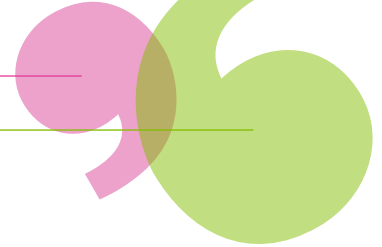
Before our visit, we sent questionnaires out to the Manager of Serendipity and to the residents' families/carers who were asked to anonymously provide their views. The questionnaire for management and the Manager's response is provided at Appendix A and the questionnaire for residents can be found at Appendix B. The responses to Appendix B are summarised on page 4.

## Profile of Serendipity Care Home

Serendipity Care Home is privately-owned and is part of Premum Care Ltd. For more information please use the following link:

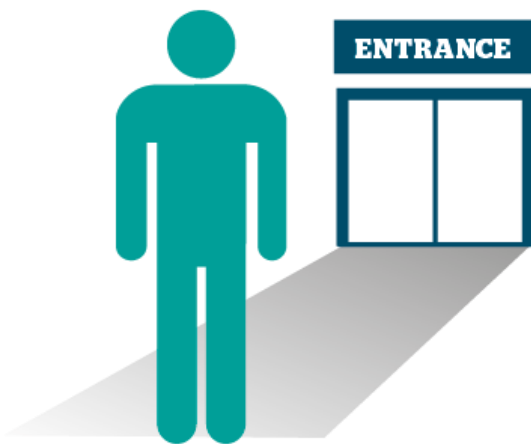
<https://www.carehome.co.uk/carehome.cfm/searchazref/20003509URMA>

The home is registered to provide nursing care for up to 45 older people. At the time of our visit there were 32 people living at the home. The home is spread over a large area in a residential area of Urmston. Accommodation is available over three floors, however, currently only the ground floor and first floor of the home is occupied by residents. Communal rooms, dining, kitchen and laundry areas are all located on the ground floor. Access to the first floor at the time of the visit is by stairs or stair lift. The home has 37 single bedrooms and four shared bedrooms, 23 bedrooms have ensuite WC. There is an enclosed garden and a good size car parking area at the side of the home.



## General Observations

The home was odour free and clean, the ambience of the home was very calm, bright and welcoming. Access to the home is security coded, there is a door bell at the entrance to alert staff. We were informed by the Manager that the home operates finger print access and allocates one finger print access per family. The reception office is directly adjacent to the foyer occupied by a member of the secretariat staff who greeted us on arrival. A signing-in book for visitors is evident in the foyer. As you enter the main corridor of the home there is a large board showing the photographs of all staff members and the positions they hold within the home. We observed notice boards displaying the food hygiene rating of 5 star<sup>3</sup>, the Care Quality Commission [CQC] latest Inspection rate and a plethora of information for residents and visitors on the walls of the corridor.



The interior décor is bright and pleasant, corridors and communal areas are decorated with a variety of artwork depicting different themes. Bedroom doors have memory boxes to help residents to identify their own rooms, the bedrooms we observed were clean, light and spacious. Handrails were located on the walls of corridors and all corridors were clean and uncluttered. Signage to facilities such as WC/bathrooms were clearly visible displaying a corresponding picture of the facility, bathrooms that we observed were large. We observed a large board in the corridor adjacent to the dining room displaying the day of the week, date, time and a

picture of the weather outside. Fire extinguishers were situated throughout the building. The Manager explained that fire drills take place regularly and the home employs a handyman who checks fire extinguishers outside the quarterly checks that are carried out by an approved external agency. All staff are trained in the fire evacuation procedure of the building.

There are two communal lounges on the ground floor, one large lounge and a smaller lounge offering a quiet space for residents to use. The Manager informed us that the home has three activity coordinators providing different activities for residents including one-to-one sessions for the residents who stay in their bedrooms. There is a notice board displaying the schedule of activities that take place each morning, afternoon and evening at the home. At the time of our visit bingo was taking place in the lounge and 10 residents were

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<sup>3</sup> *Trafford Council participates in the Food Standards Agency (FSA) National Food Hygiene Rating Scheme. All food businesses within the scope of the scheme will be inspected by our Environmental Health Officers and given a rating based on their compliance with the legal requirements for hygiene, structure and food safety management performance. The different ratings are 0, 1, 2, 3, 4 and 5 (5 represents very good compliance levels and 0 highlights urgent improvement is necessary)*



participating. The Manager stated that children from the local Catholic school who belong to the group Mini Vinnies [a Christian organisation working in local communities] visit Serendipity to sing, dance or sit and chat with residents. Please see weblink for more information: <http://www.englishmartyrs.trafford.sch.uk/school-life/clubs/minnie-vinnies>

One member of staff told us that they have begun to use social media to keep relatives informed about their loved ones living in the home. One example we were given was a recent photograph of a resident spending time outside in the garden which was sent by staff via WhatsApp<sup>4</sup> to his relative who had been concerned that his loved one was not venturing outside. Staff members felt the use of social media was useful to keep residents' relatives informed with real time information.

We observed drinks within easy reach of residents. The Manager informed us that residents drinking levels are recorded and monitored on daily notes and a hospitality staff member is working from 10am to 6pm, solely to assist residents with their food and fluid intake. At the time of the visit we witnessed plenty of interaction between staff and residents. One relative whose mother was very elderly told us that her mother had been at Serendipity for two months having moved from another Trafford care home. She informed us that she was very relieved and happy that her mother had come to live at Serendipity and spoke very highly of the care shown by staff to her mother since her arrival. She stressed that her mother has been encouraged to come out of her bedroom and take part in the activities in the home and consequently the daughter felt there has been huge improvement in her mother's wellbeing.

During our visit, we observed the kitchen and dining areas and found them clean and well organised. The dining area is a large welcoming space, with plenty of room for people using walking aids to move around comfortably. There was a large menu board showing the meal options for that day. The Manager informed us that fresh vegetables are used daily in meals. For residents who receive blended meals the chef uses a 'mould' depicting the shape that corresponded with the food that is on the menu, such as steak and fish. The Manager informed us that at the monthly resident's meetings discussions take place around the satisfaction of the food and drink available at Serendipity.

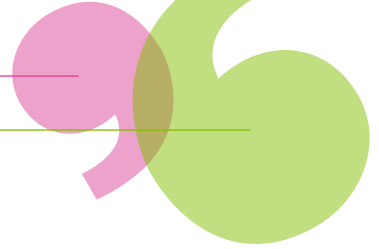
## Profile of residents

All residents that we observed looked well cared for, well attired and relaxed in their surroundings. The residents who spoke to us on the day told us they were happy living at the home and that the staff and Manager were very kind, helpful and caring. One resident told us that he goes outside in the community when his friend comes to visit as he needs wheelchair assistance.



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<sup>4</sup> WhatsApp, fast, simple, secure messaging and calling for free\*, available on phones all over the world. For more information please go to: <https://www.whatsapp.com/>



## 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 raise any concerns. The Manager informed us that relatives are encouraged to give feedback, that the home's complaints policy is available at reception and the home has a complaints officer. All complaints are investigated and feedback is provided as soon as possible. The Manager added that all positive feedback and any concerns are discussed at the monthly residents' meetings. The Manager stated she is available on the floor most of the time and has an 'open door' policy that enables anyone to come and have a discussion or meeting with her without an appointment.

Prior to our visit, we had asked what measures were taken if a resident has a fall. We were informed that all falls are recorded on incident forms and the necessary action taken. Online training is provided annually, external trainers provide additional training throughout the year. *[please see questions 21 & 22 on page 17 in Appendix A].*

When we asked about staff training, the Manager informed us that this was taking place *[please see question 24 on page 18 in Appendix A].* The Manager informed us that Serendipity provides a training package on-line, arranges formal supervisions and appraisals and is subscribed to the Investors in People Standard. For more information please go to: <https://www.investorsinpeople.com/what-investors-people>

When we asked about the use of agency staff within the home, the Manager informed us that this is kept to a minimum and that she uses the same agency as she finds that this helps with continuity of care as the agency staff will be familiar with Serendipity and the residents living there.

We learnt from the Manager that there are nine different GP practices currently attending residents at the home and that she has a good working relationship with all nine GP Practices. The Manager also praised the support she receives from Trafford Borough Council when she has had to contact them for advice.

The Manager informed us that the community dentist visits the home to carry out routine oral health checks and carry out any necessary treatment.

Throughout the visit we observed that the Manager had an excellent understanding of every aspect of the people living and working in Serendipity. At the time of the visit the staffing ratio appeared to be adequate.

## Summary of relatives' responses to questionnaire (refer to appendix B)

We had 14 responses from relatives, 12 out of the 14 relatives told us that they felt that their loved ones were treated with kindness and compassion, two stated they didn't know.

The comments we have received from relatives and carers are contradictory to what the Manager told us and what the Healthwatch Trafford representatives observed during the visit. From the 14 relative questionnaire responses we received, six gave the home a rating of six or seven. Eight gave the home a rating of eight and above of which three gave the top rating of 10. From the 14 responses received the average rating was eight on scale one to ten.

*Please note that all the comments below received from relatives and carers are verbatim and all comments we received from relatives and carers have been included.*

*"The manager and carers are all lovely and caring. I think more trips out are needed. More cleaning of corridors is needed to improve the smell of urine which is on occasions very strong".*

*"I have never witnessed any staff behaviour or severe failure of systems which would be deserving of criticism".*

*"Entertainment all year has been non-existent. Happy with how clean the home is. Some of the staff are very good to residents and families. Gardens are unkept, appalling. Residents need to go out more".*

*"My loved one cannot move or speak with clarity and understanding. So, I don't know how she feels about her care. My concern is that staff are very busy and don't have the time to spend with her. Also, she often has long dirty nails and hair because she is difficult to bathe".*

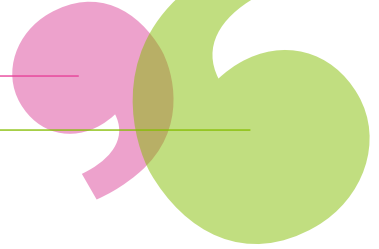
*"With my mum being of sound mind but in a wheelchair, she becomes very agitated and depressed because she doesn't/can't get out as much as she would like. There are not many ladies [if any] the same as her in the home so conversation is very limited, at the moment, she would like to move from this home".*

*"Question 2 is more in relation to my mother than the home. She is not happy or settled in care but is unable to be looked after at home because of her needs. She does not understand this due to her dementia. The home is adequate".*

*"Modernising required and less agency staff".*

*"Need to be prepared to complain to improve care of loved one".*





## **Appendix - A**

### **Management questionnaire and responses**

*Please note that responses are listed as they were received.*

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?

I always carry out a preadmission assessment prior admitting potential residents, in those assessments, I will explain the services we provide and request them to raise any concerns or complaints in person or over the phone. We have a complaints policy which is available at reception, and we have a complaints officer. We will investigate all complaints and provide feedbacks asap (Complaints file is available in Managers office). I am available and present on the floor Monday to Friday and on weekends (appointment only) for the residents and their families. Between Monday to Friday, during my shifts, I attempt to meet and talk to all the service users and any family members that visit. During this time, I encourage them to discuss any concerns. when and if they have any concerns.

A manager's audit is done regularly in which there is a section for concerns and complaints.

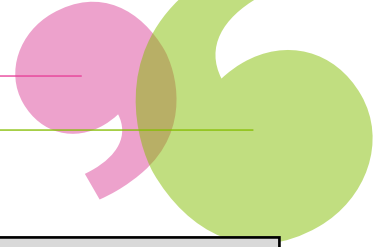
Also, once a month there is a resident's meeting with an open agenda. In this meeting, residents are encouraged to discuss any positive comments or concerns regarding the service plus more.

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

We do have volunteers coming from Catholic church and church of England, they bring holy communion in to the home for the service users. They also interact with service users and invite them to the church groups.

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

We have Primary school children who come in and sing for residents. Minnie Vinne come to dance for the residents. A violinist volunteer who comes and plays for the residents. Three different professional singers that are rotated throughout the year. Pulse come in every 2 months and provide a 'Music and Movement' activity for the residents. Once a week a hair stylist visits the home for any hair grooming needs for the residents. Travelling wardrobe comes in twice a year and sells clothes to the residents.



Q4. Do residents have fresh fruit and vegetables daily?

Yes, there is a variety of seasonal fruits and vegetables available daily. A choice of fruit puddings is provided in meals throughout the day. Fruit bowls are available in various parts of the home to encourage fresh fruit consumption. Fruit smoothies are offered daily on the drinks trolley. Fresh vegetables are used daily in meals.

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

Yes, drinks are available and within easy reach. Some of our residents are on thickened fluids due to swallowing problems, staff are required to make drinks for those residents according to their care plan. Drinking levels are recorded and monitored on daily notes. If any concern's a staff member will be allocated to encourage the service user to drink more fluids. We have one hospitality staff member working from 10am to 6pm, who's employed solely to assist service users with their food and fluids.

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

Yes, we do seek advice from GP and Dietician as required. We have a key performance Index, in which we monitor all service user's weights. Any residents that lose or gain more than 2kgs in a week are highlighted for concern.

All concerns are discussed in a monthly nutrition meeting. Attendees for the meeting include: the manager, clinical lead, catering manager, nurse on duty and residential leads (Meetings are recorded, and minutes are available to read in File No.30 in the manager's office).

We discuss the issues around weight loss and overweight. We also complete MUST score and BMI in individual care plan. We follow Trafford's nutritional guidance and refer service users who lost more than 3kg-5kg to GP and community Dietician, monitor weight weekly, start homely Complan twice daily.

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

As the manager, I conduct a dining room experience with service users regularly. I sit in the dining room with service users, and have lunch with them. I take that opportunity to speak to the residents in person, taste the food on the menu and monitor over all dining room experience.

Monthly residents meeting also cover discussion around satisfaction of the food and drink available.

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

No, we have about 9 different GP services, cover the medical needs of the home. Some of our service users had to change their GP, as they came out of the GP surgeries catchment areas. In those instance, we request the previous GP practise to fax the medical history to us for our records and to prepare person centred care plans.





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

GP, District nurses (for residential nursing care), community dietician, burns nurse, SALT team, continence team, podiatrist (NHS and private on request), memory clinic team, social worker, Community dentist, Ear care nurse and opticians.

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

Where professionals are unable to come into the home, we will arrange staff to take service users to their appointments. This is not always possible, if residents have dementia, pressure sores, behavioural issues and for those who wander or are nursed in bed.

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

Yes, residents likes and dislikes are recorded in care plans.

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, we do encourage residents to talk about their past in one to one sessions, we have an activity called 'Memories', in which residents are encouraged to pick a topic, where this is not possible, a topic is picked to discuss. Photographs, newspapers, memory cards and books are used to encourage and motivate the service users to open up to a comfortable discussion.

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

Yes, staff do encourage service users to choose what they want to wear each day, by showing them a choice of clothes. Staff help service users to pick clothes according to seasonal variations.

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?

Serendipity Care Home implement the person-centred approach in the home, detailed care plans are created to provide appropriate care for the residents e.g.: risk assessments, behaviour care plans etc.

We use assistive technologies e.g.: alarm mats and crash mats to alert staff and to minimise the risk of falls and associated injuries.

We consider mental capacity assessment and best interest decisions, where needed.





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

Policies and guidance is in place to support minority ethnic groups and diverse cultures and faiths. We try to meet all individual cultural needs, and this is addressed by looking at the individual's wishes and requirements.

We also have staff from different ethnic groups, faiths and cultures, who are happy to assist to meet service users' specific needs.

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

Yes, we do have visiting faith leaders in the home, Priests do visit our residents on request to fulfil their spiritual needs e.g.: confession, holy communion, last right, etc.

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

Yes, we do discuss about having advanced directives in care plan review meetings. Around 92% of our service users already have an advanced care plan in place.

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

We do invite pets into the home for therapeutic visits through a professional service. We also ask families and communities to bring pets into the home and ask them to inform us in timely manner, so relevant checks and risk assessments are completed.

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

I am available on the floor most of the time and try to communicate with relatives, I have an open-door policy, which means if I am in the care home, anyone can come and have a discussion/meeting with me without an appointment. Residents' families are also invited to resident's surgery and care plan review throughout the year.

Q20. Do you take residents out into the community?

Yes, we do take our resident's out in to the community. This is planned and normally done on a Wednesday. In the past residents have been taken to parks, coffee shop, Urmston market, restaurants, Sainsburys, church groups and much more.



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?

If a service user falls, a senior person on duty will assess the person, carry out physical examination, check if there are any signs and symptoms of fracture, check vital signs, if there are any concerns e.g.: head injury or fracture, staff will call ambulance to transfer patient to a hospital for further care. If there are no major concerns, staff will report to family and GP. Staff members are required to complete an accident form for any falls (whether minor or major), and commence a 48-hour monitoring form, update risk assessments and care plan. If required, a safeguarding referral and CQC notification is completed and sent out to the relevant authorities.

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

We update care plan and risk assessments regularly and when required, and try to implement the least restrictive options to minimise the risk of falls. Preventative action includes: half hourly checks, alarm mats and crash mats. Risk of falls and falls prevention is discussed with the resident and the resident's family.

During handover, staff members are told about any service users with an infection that may cause confusion or disorientation hence will be at an elevated risk of falls.

Environmental checks are recorded in the manager's audit (done weekly). Walking aids and wheelchairs are checked for wear and tear on a regular basis and this is documented in the Maintenance file (available in the manager's file).

Also, staff members arrange annual eye tests for the service users; regularly check the condition of service user's footwear; arrange an annual medication review and check mobility aids e.g.: ferrutus on the Zimmer frame.

Throughout the month, falls are recorded and reviewed in a monthly meeting attended by the Manager, clinical lead, nurse on duty and residential leads. In this meeting, we evaluate the falls further and implement any recommendations.

Online training is provided annually, external trainers provide additional training throughout the year. The manager provides falls prevention training as a part of moving and handling training.

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

Residents wanted more salad added to their meals. They also wanted more outings as well.



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

We provide a training package on online, arrange formal training, supervisions and appraisal. All staff are aware about complaint procedure and they have my mobile number to contact me if they have any issues.

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

We have 3 activities coordinators that rotate and overlap from Monday to Sunday, they provide a range of different activities including one to one sessions for the residents, who stay in their bedrooms.

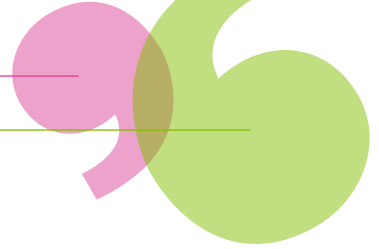
Q26. What are the practical everyday things that would help you to provide the best possible care for your residents? Please describe?

Residents have person centred care plans, which allows the staff to understand the needs and wishes of the resident and care for them accordingly.

A detailed handover sheet is provided to all care staff members at the start of their shift to enable them to provide appropriate and safe person-centred care to each service user.

Individual risk assessments are in place which are supported by a risk management plan where required.

There are safe systems of working for each service user describing how to mobilise and assist with transfers (available in the nurse's office).



## Appendix - B

### Relatives' questionnaire

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

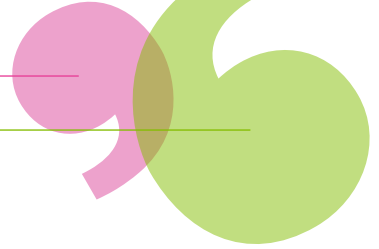
General Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Bathing and personal care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Hobbies/interests?	<input type="checkbox"/> Yes	<input type="checkbox"/>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

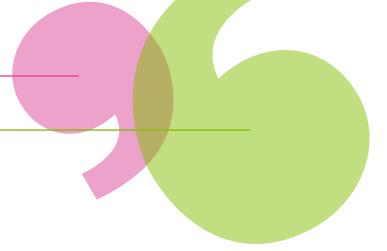
**Would you recommend this home to anyone else?**

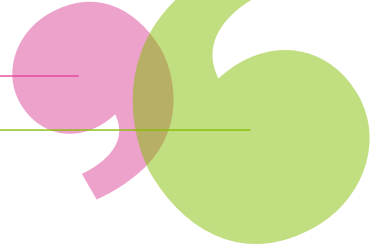
Yes       No       Maybe

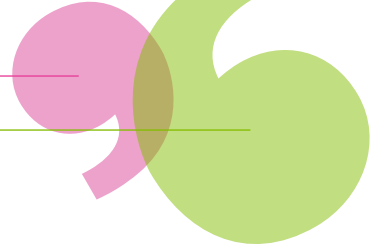
**Overall, on a scale of 1 to 10, how would you rate this home?**

(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 / Associate Director of Nursing Trafford CCG

The provider visited

It will also be published online on the Healthwatch Trafford website

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