

Enter & view Report:

healthwatch
Trafford

Urmston Manor Residential Home

61-63 Church Road

Urmston

Manchester

M41 9EJ

Tel: 0161 747 6510

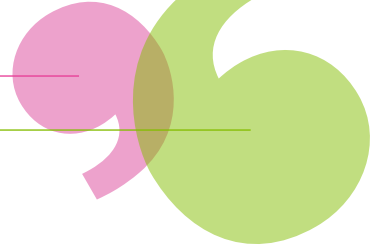
Owner: Skyddar Homes Limited

Manager: Martyn Davies

Date of visit: 23rd October 2018

Date of publication: 18-1-19





Contents

What is Enter & View?	2
Acknowledgements.....	2
Disclaimer	2
Executive Summary	3
Recommendations:.....	4
New initiatives introduced by the home:	5
Purpose of the Visit	6
Strategic Drivers	6
Methodology.....	6
Introduction	7
Management of the Home.....	13
Summary of relatives' responses to questionnaire	15
Appendix - A.....	16
Management questionnaire and responses	16
Pre-visit questionnaire for the Manager of Urmston Manor Residential Care Home	16
Appendix - B.....	23
Relatives' questionnaire	23
Distribution.....	25

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 Urmston Manor 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

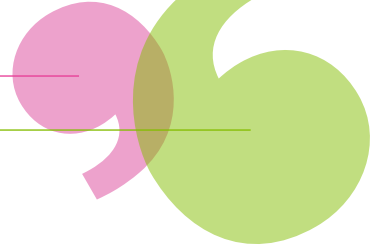
Findings

- 🌸 Urmston Manor Residential Home provides care for up to 24 elderly people, some of whom are living with varying degrees of dementia. At the time of the visit there were 24 residents at the home.
- 🌸 The home is a large Victorian detached house with accommodation provided over three floors. There are 18 single bedrooms, three shared rooms, four rooms have their own ensuite and WC. There is a large accessible and secure garden area to the rear of the property.
- 🌸 The home has recently changed ownership and we witnessed that some refurbishment of the building had begun.
- 🌸 The home offers long-term residential care and short-term respite.
- 🌸 At the time of the visit Urmston Manor Residential Home had changed ownership. The new Manager is a qualified nurse with 17 years' experience of working in the care home environment.
- 🌸 The Manager kindly agreed to mail out 24 questionnaires to relatives of residents living at the home, 16 completed questionnaires were returned to us. All questionnaires informed us that they felt their relatives living at Urmston Manor Residential Home were treated with kindness and compassion, see full results here: <https://healthwatchtrafford.co.uk/wp-content/uploads/2018/11/Urmston-Manor.pdf>
- 🌸 On entering the home, there are a variety of notice boards displayed on the walls with information for residents and visitors.
- 🌸 On the day of the visit we saw staff interacting with residents in a caring and friendly manner. We witnessed the Manager speaking to all residents and visitors individually in a manner that was pleasant and considerate.
- 🌸 Members of staff we spoke to told us that they were very happy working at the home and that the new Manager was extremely approachable and extremely supportive.
- 🌸 Average costs are £720 per week.
- 🌸 A CQC inspection of Urmston Manor took place in February 2018, under the previous owners. Following the inspection, the home was given a '*Requires Improvement*' rating, with two out of the five CQC standards requiring improvement. To access the full report please go to: https://www.cqc.org.uk/sites/default/files/new_reports/INS2-4172673033.pdf

Recommendations:

- Review the laundry processes to ensure that all residents clothing is labelled and returned to the right person *[see relative comment on page 12 of this report]*.
- Consider how staff can ensure that residents are appropriately dressed and in their own clothes *[see relative's comment on page 12]*.
- Review how often residents requiring hoisting are being supported to access the garden area *[comment received via relative questionnaire, see page nine]*.
- Review how care staff can encourage and support residents to walk and move around following surgery *[see relative's comment page 10]*.





New initiatives introduced by the home:

1. We were informed that future Urmston Manor interviews for new staff the home will invite a family member and at least one resident to be part of that decision-making process.
2. The Manager stated that the home will be introducing new initiative called 'All together now', which when the home has in-house training sessions on subjects such as dementia, end of life care, safeguarding, infection control or other specific conditions the training sessions will be opened to the residents and their loved ones to attend. Urmston Manor are striving to empower and include residents, to give residents, their friends and their loved ones a voice in the functioning of the home.

The above initiatives will begin in November 2018.

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 to supplement those already in place.

<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 Urmston Manor residential home is part of an ongoing planned series of visits to care homes to discover what residents and their families think about the health and social services that are provided and examples of good working practice by:

- Observing and identifying best practice in the provision of care homes for vulnerable older people requiring social care or nursing care.
- Observing residents and relatives engaging with the staff and their surroundings
- Capturing the experience of residents and relatives



An Enter and View visit is not an inspection.

Strategic Drivers

We are using all/some of the following criteria for the timing of our visits.

- Ageing population in Trafford requiring care homes
- 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 not inspections but a snapshot in time, our reports are circulated widely and can be used by care homes to acquaint the public with the services offered.

Methodology

This was an announced Enter and View visit.

Contact was made with the home explaining our reasons for the visit. Posters were supplied to alert our visit to staff, residents and family members.

Before our visit, we sent questionnaires out to the Manager of Urmston Manor and received responses prior to the visit [[Appendix A](#)]



We sent out questionnaires to the residents' families/carers for them to respond to anonymously [see Appendix B]. As these visits are not inspections, we have framed our questions in such a way that they reflect how residents and their carers feel about the quality of service on offer. [the responses to Appendix B are summarised on page 15].

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

We looked at local intelligence including CQC reports. The CQC inspected the home in February 2018 and gave a 'requires improvement' rating. Please see page 3 of this report.

We were guided by staff on the residents we could approach to answer our questions. We talked to 15 residents, 13 relatives and eight members of staff. It should be noted that many of the residents are living with varying degrees of dementia.

The Enter and View team within the time permitted did not visit the upper levels of the home.

Healthwatch Trafford Authorised Representatives

- Sandra Griesbach
- Marilyn Murray [Lead Representative]
- Martin Reilly

The visit

Introduction


Healthwatch Trafford visited Urmston Manor Residential Care Home 2018.

What is the difference between care home and nursing home?

Both types of home provide accommodation, supervision from staff 24 hours a day, meals and help with personal care needs, but nursing homes also have registered nurses on duty at all times. This means that they can provide care for people with more complex needs and those who need regular nursing interventions.

Urmston Manor is a residential care home registered to provide personal care for up to 24 older people. On the day of the visit, there were 15 ladies and nine gentlemen living at the home. Urmston Manor provides a respite accommodation service and is privately owned by Skydda Homes Limited. The owner of Skydda Homes Limited is also the registered Manager, a qualified nurse with 17 years' experience of the care home environment.

Urmston Manor is a large Victorian detached house situated in its own grounds with a mature garden to the front and a large secure garden to the rear. Accommodation is over three floors consisting of 18 single bedrooms and three shared bedrooms; some rooms are ensuite. There are shared bathrooms/wet rooms on the different levels of the home. There is a passenger lift to all floors. The Manager stated that the home's décor requires refurbishing and that the refurbishing has already begun. During the visit we observed several rooms recently decorated and others in the process of being decorated. The Manager stated that



residents have been involved in the process, choosing carpets, curtains and colour schemes for their rooms. At the time of the visit there were no vacancies at the home. The home is close to the busy town centre of Urmston, the town has good public transport links and a train station with services running half-hourly on the Manchester to Liverpool line.

General Observations

Access to the home is through a secure front door via a porch, there is a bell to notify staff and staff allow entry to the building. There is a large entrance hall, directly leading off from the entrance hall there is a passenger lift, a stairway, several residents bedrooms and the communal lounge. On the walls of the hall we observed various information displayed such as; the CQC registration, activity rota and dates of planned visits of children from the infant and junior schools. A visitors' book is strategically placed in the hall for people to sign in. Sanitizing gel is available on entering the home and throughout the building, the home is clean with no lingering odours.

The home has a large open-plan communal lounge that includes dining tables and chairs to enable residents to eat their meals together. At the time of our visit we observed several residents sitting together at dining tables for their lunch, while others were seated at individual tables with their relatives in attendance. A serving hatch is situated between the lounge and the kitchen, this enables kitchen staff to pass meals to the care staff who then take meals to the residents. This system appeared to work well.

There is a large conservatory adjacent to the lounge looking onto the rear garden of the home. The conservatory provides a quiet area for residents to speak with visitors or to sit quietly. At the time of the visit we witnessed two residents having their lunch while their visitors were in attendance. Televisions sets were on in the lounge areas, but not obtrusive. At the time of the visit the home was busy with residents, visitors and staff, however, the atmosphere appeared to remain relaxed, friendly and welcoming.

The Manager's office is situated at the back of the building on the ground floor via a corridor that runs from the front to the rear of the building. Refurbishing work on the home was evident in this area of the house and we were then shown a large room that has being created to provide a 'clinic room' where medical treatment can be administered by visiting health professionals.

We observed residents' bedroom doors had photographs depicting the person whom the room belonged to and information on what hobbies they liked doing and what interests they enjoyed in the past. We observed a twiddle boards¹ [distraction board] situated on communal walls for residents to use.

Corridors were clear and clutter free, bathrooms were clean and tidy with equipment such as hoists and walkers stored away safety. It was evident to people visiting the home that although the home is clean and tidy it does require the decorating and refurbishment that

¹ The definition of a Twiddle Board is a basic, is a square of wood attached with locks, bolts, hook and eye, chain lock, stopcock, light switch and anything else that be easily manipulated and toyed with repeatedly. It is suggested that this activity may not just be occupational but also help to stimulate a memory of past usage.

the New Manager has begun. This is endorsed by comments we have received anonymously from our relatives' questionnaires, as:

"... the physical environment I would give 6 out of 10, but I know that this will soon be 10 out of 10 once renovation is complete. I would like to see my loved one's bedroom renovated. It is currently very "tired" looking with cheap furniture. I am very impressed with the changes that the Manager is making..."



" A suggestion which I am sure has already been brought to your attention would be a more suitable floor covering in place of carpets, i.e. more hygienic and easier for the residents to move around on".

"...great plans for renovations, which are already taking place. Rooms lovely".

Activities.

We received several positive comments from residents and relatives regarding the increase in activities at the home since the arrival of the current Manager, this included the recruitment of two members of staff appointed to provide activities at the home.

On the day of the visit we spoke to one of the Activities Coordinators who had worked at Urmston Manor for number of years before applying for the position of Activities Coordinator when the new Manager came into post. She stated that she enjoyed her work, adding, that she will always speak to residents to see what activities they would like to do, any residents that are unable to participate in group activities are provided with activities on a one-to-one basis. She informed us that she does take the residents who are mobile out to the shops.

We learnt in September this year, that the home held a Chinese theme day, friends and families were invited to join staff and residents for the evening, which included a Chinese take away and Chinese themed games. The home provides different theme nights on a monthly basis and all residents have the option of inviting two friends or family members to attend.

During the visit we received a variety of comments from visitors and residents regarding the increase in activities at the home, such as:

"because my relative needs hoisting now she doesn't get outside much, but as there is so much going on inside the home that she is quite content".

"my mother is very happy here and the difference since the new Manager has taken over has been great. It is so different now; my mother has been out on visits several times".



One resident told us how she had been on the canal boat trip and that she had visited the theatre, which she thoroughly enjoyed as it was something she used to do when she was younger with her husband. She added; *“it’s wonderful here”*

The home was planning a Halloween activity for the residents, which several residents confirmed was taking place and they were looking forward to it. One lady showed us how she had her fingernails brightly painted by staff for the occasion.

Below is a comment we received anonymously via the relative questionnaires regarding the recruitment of a dedicated Activity Coordinator post:

“I feel that the new Management are doing a sterling job. The difference in the surroundings is really good. The residents now have the opportunity to partake in various activities and the appointment of the Activities person has made a vast difference and I feel that my relative has really benefitted from this”.

Another relative told us:

“I haven’t heard of my relative going out into the local community, but they do go out to places of interest, for example, Stockley Farm, canal boat trips etc. There are also events in the home. I love how the people in the home are treated as individuals and are taken a real interest in, not massed together as a group of old people”.

Care


We received a comment from one relative saying that she was unhappy about the assistance her relative was receiving following surgery. She stated:

“...there is lots of staff on duty today [day of the enter and view visit] but normally I have been here and there has been no staff in the room [communal lounge] as they have left to go elsewhere in the home and I am worried in case my relative tries to get up and walk without assistance. It is not safe to have no one in the lounge to keep an eye on residents”.



When speaking to residents about the care they received, they [residents] told us that they are looked after well by staff. The Manager informed us that the home had portable call bells installed and these enable residents to take them in the communal areas and use them to alert staff for assistance. We observed that the portable call bells were quite large and at the time of the visit we did not see any in use by residents in the lounges.

We asked residents if they felt safe living at Urmston Manor and the overwhelming response was “yes”. When we asked several residents if they had experience of falls while living at Urmston Manor, they told us “no”.



During the visit we spoke to a small number of visitors, who all expressed that they were happy with the care their loved ones were receiving. One relative who lives close to Urmston Manor and able to visit regularly stated:

“the home is faultless, definite improvement since my relative has come to live at Urmston Manor. Previously, he was living at another care home [named] where he was very unhappy. During his time there he was not encouraged to walk and developed pressure sores. Since coming to Urmston Manor, he is happy, less confused, can walk with a walking frame and his pressure sores have completely healed due to the care the Manager and staff have given him. From my observation the attitude and care shown by staff is genuine not contrived, they are nice, everyone has good manners and visitors always get offered a cup of tea whenever they arrive at the home. The biggest thing is that my uncle can make his own decisions.”

Another visitor said:

“I cannot fault the home, took a little time for my husband to settle into the home, but he was now much happier. I am happy knowing that he is well looked after. He does get up in the early hours as he likes to have toast and tea at 4am and staff are very good and enable him to have this. There is always something going on in the home to keep him occupied, he does like to people watch”.

Fundamentals

Urmston Manor has a good-sized kitchen that is bright, clean, tidy and serviceable. As previously mentioned there is a large serving hatch where meals are served by the kitchen personnel. We noted that both members of the kitchen staff were uniformed and had their hair covered.

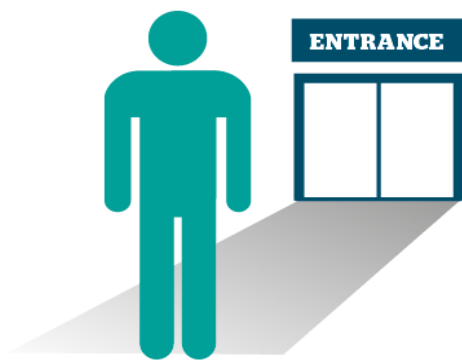
When we spoke to the cook and the domestic staff member, both told us that they had worked at the home for over 20 years and were extremely happy and pleased to be working with the new Manager. The cook stated that the Manager had introduced several changes enabling her [cook] to introduce more variety into the menus. We received several compliments from residents and relatives regarding the food, relatives comments such as:

“... the food is lovely, and mum enjoys the choices given...”

We received one comment via the relative questionnaires that complimented the food and raised another question:

“...the food on offer is outstanding and every resident is treated as if they are eating in a restaurant. My only point for constructive criticism would be to perhaps change where residents sit, although this may cause confusion. I sometime feel it would provide an opportunity to mix more. Quite often the males and females are split, and it appears as if there are ‘ladies ‘and ‘gents’ rooms.”

We observed drinks readily available and within reach of residents.



Most residents and relatives told us that they were happy with the laundry service, that clothes are labelled, and the correct clothes are returned to the rightful owner. However, on the day of the visit we received the following comment:

“despite sewing her [relative’s] name into all her clothes she sometimes ends up in clothes that are not hers. Look at these trousers today, they are so short you could not possibly mistake them for hers, never mind they have someone else’s name in them”.

The Enter and View representative observed that the resident was indeed wearing trousers that were far too short. The staff were informed, and all agreed that the clothes would be changed immediately after lunch was finished.

When we asked residents about bathing they told us that there is no problem with bathing or showering at the home. The Manager informed us of the home’s new initiative:

‘Every Person Every Day’ that acknowledges that people have different bathing preferences, some people like to have a bath or shower every day, others once or twice a week while washing in-between and as such the how will offer any resident the option to have a bath every day if they so wish”.

Signage to facilities such as WC/bathrooms were visible. We observed fire extinguishers situated around the home. When we asked about fire evacuation, the Manager told us that all staff at Urmston Manor are fully trained on fire procedures in the home and have recently completed their PHE [Progressive horizontal evacuation] training, which is carried out every six months.

Progressive horizontal evacuation is the principle and process of moving patients and staff from the area of fire origin, which is compromised from a fire safety point of view, through a fire-resistance barrier, to a safe area on the same level.

The Manager informed us that home uses the care.doc computerised record system that allows more reminders to be flag up enabling care to be monitored and tailored to the individual resident. For more information please go to the website link: <https://www.caredocs.co.uk/>

When we spoke to staff members they told us we that they were happy working at the home and caring for the residents at Urmston Manor.

One care staff member who had previously worked at another care home stated:

“I like how Urmston Manor is ran. The management are very well organised and come and work with residents. The management encourage ‘team work’, and it is good as you know that you always have

the support of staff. I am comfortable approaching the Manager and management team for support”.

Another staff member told us:

“I have finished my NVQ II, BTEC level two and renewed my first aid training. The Manager is investing in his staff”.

Profile of residents

The residents we observed on the day of the visit were all elderly and of mixed gender. We were informed that 10 of the residents at the home are living with various levels of dementia.



Management of the Home

The following comments should be read in conjunction with **Appendix A** which was completed by the Manager prior to the visit. The new Manager is also the owner of Urmston Manor and is a qualified nurse; he has over 17 years' experience of working in the care home environment. The Lead Support staff member had worked with the currently Manager for 17 years in another care home. We were told that the interviews for the Lead Support were overseen by an interview panel that included a member of the Local Authority as an independent body.

When we asked how residents and their families provide feedback or raise any concerns, the Manager informed us that this is discussed at resident meeting. The home has a complaints procedure that is made available to all residents and relatives and a copy of the complaints procedure is displayed at the front door.

When we asked about accessing GP Practices, we were informed that residents can retain their own doctor if in area and that if a resident wants to change their GP for any reason they can. The Manager told us that all the GP Practices that the home deals with are 'brilliant'.

Residents requiring dental visits are taken to dental appointments either by their relative or by a staff member. The Manager stated that Urmston Manor does not charge for escorting residents to medical appointments.

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 it is suspected the person has injured him or herself then we would call for the appropriate response. This may be an ambulance, GP or local 111 services. If unharmed a 48-hour monitoring takes place: *please go to page 21 of this report to see the Manager's responses.*

On enquiring about residents' food and liquid intake, we were informed that drinks and fruit are readily available, for the Manager's full response, *please refer to page 17 of this report to see Manager full response.*

On the day of the visit we witnessed plenty of staff working in the home. The Manager informed us that the home never uses agency staff. He added, that since taking over Urmston Manor he has altered shift patterns and staff have received a pay increase and added, that all members of staff are paid above the minimum wage.

The Manager informed us that all staff complete the home's mandatory training, which includes falls training facilitated by the Trafford Age UK Falls Coordinator [named].

The Manager told us that he has links with St Ann's Hospice where Urmston Manor staff have received dementia training, and this has led to his staff gaining extra confidence when delivering care to residents. We were informed by the Manager that he has reinstated staff one-to-one meetings.

When we asked the Manager to tell us about any challenges he faces in his role as Manager, he told us that the three issues he must deal with are; a building that was not purpose-built, massive under funding in the care home sector and lots of inconsistency with changes of inspectors within the CQC.



Deprivation of Liberties [DOLs]²

The Manager stated:

“it is better, more fluid, we might get the odd issue but there has been a massive improvement, the Local Authority has caught up with the back log”.

When we asked about advance directives³, The Manager informed us that all residents are offered advanced care planning to discuss their preferences and priorities and this is documented, and if required and the home would organise advance directives.

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.

³ An advance directive is a document by which a person makes provision for health care decisions in the event that in the future, he/she becomes unable to make those decisions. There are two main types of advance directive – the “Living Will” and the “Durable Power of Attorney for Health Care. For further information please follow Link: <https://compassionindying.org.uk/making-decisions-and-planning-your-care/planning-ahead/advance-decision-living-will/>



Summary of relatives' responses to questionnaire

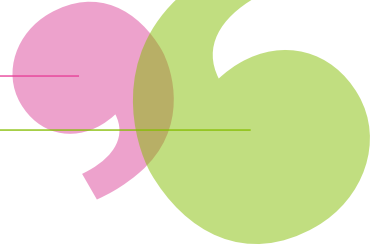
(see relative questionnaire in appendix B)

We left 24 relative questionnaires with the management of Urmston Manor Residential Home to send out to relatives of residents living the home. We received 16 completed questionnaires from relatives. All the relative questionnaires informed us that they felt that their family member is treated with kindness and compassion.

Please note that we received sixteen completed questionnaires from relatives and carers 14 completed the comment box section. Below are further samples of the comments received, others relative quotes have been used in the body of this report. To see all the relative questionnaire data please go to the link: <https://healthwatchtrafford.co.uk/wp-content/uploads/2018/11/Urmston-Manor.pdf>

Comments received anonymously via relative questionnaire stated:

1. *“Since my mother has been in Urmston Manor her health and wellbeing has improved and the risks are lessened. She enjoys the food and the company of the people sat close to her. She only has good things to say about the care staff. The Management are very proactive and informative”.*
2. *They have a great understanding of my mother's needs and of mine as I'm disabled. I am kept informed at all times of any appointments my mother attends and they tell me when she will go out, so I don't visit. All the staff are caring and take time to talk to you.*
3. *My mum is very happy with the care she receives. She does craft work on most days. The home arranges days out on a regular basis, which mum loves to go on. The food is lovely, and mum enjoys the choices given. When I arrange to take mum out she is ready and has had her medication etc. Mum has a large family and we are always accommodated and welcomed, including the kids and the dog. Since getting dementia, mum was very unsettled at home but now feels safe and happy in the home now she has got used to the change.*



Appendix - A

Management questionnaire and responses

Please note that responses are listed as they were received.

Pre-visit questionnaire for the Manager of Urmston Manor Residential Care Home

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

This is discussed at resident meetings. All residents have a copy of the complaints procedure and there is also a copy at the front door.

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

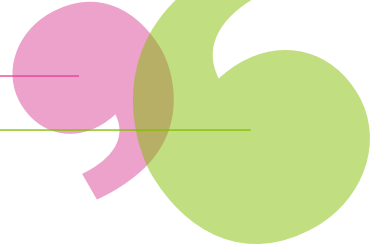
Yes. One family member comes in on Saturdays to sing with the residents. They really enjoy this.

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

Yes. We have linked with Urmston Primary School and they come in regularly (see attached) to engage with the residents. This has been a huge success and the residents really enjoy this. We plan to develop this further.

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

Yes, fresh fruit and vegetables are offered daily



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

Yes. We have cold drinks such as juices and waters available at all times. Residents and visitors can also have hot drinks at their request. We have one resident that is on fluid restriction and with our electronic care management system we can monitor this effectively. We also have residents who have low weight/BMI who are monitored via food diaries if required.

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

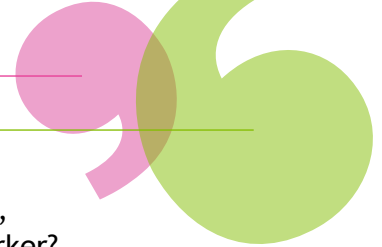
Yes, we engage well with the community dieticians and also the speech and language therapist if required. All individuals in the home are weighed regularly and our electronic care plan system can run reports in seconds if people have lost any substantial weight.

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

This is discussed at meetings and also the residents' questionnaires which have just been completed.

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

The residents retain their own doctor if in area however if they want to change their GP for any reason they can (one has recently as she did not like her previous GP practice)



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

We have a private chiropodist. District Nurses, GP's, social workers, Dementia crisis team, dieticians and speech and language therapists will all visit at our request. Also, if required Macmillan nurses

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

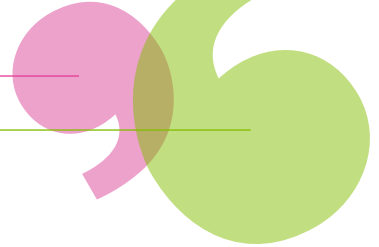
N/A

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

Yes, each resident has a likes and dislikes section in their care planning. Also their life story is also recorded.

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, some residents have picture books of their lives and we also have books on Manchester from years past etc. We are currently in the process of redecorating the lounge and will be having old pictures of Urmston made and put up on the wall such as the Curzon, Trafford General, Terry's etc. We are also members of the daily sparkle which offer reminiscence and activity. These are printed out each day for the residents



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

Yes, residents can decide what they wear each day.

Q14. How do you cope with making reasonable adjustments in relation to residents with dementia, learning disability or other special needs such as autism or challenging behaviour?

We have numerous activities for people with Dementia. We also have a Dementia clock, a distraction board, pictorial menu's and a date and weather board.

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

We would ensure their preferences and priorities are recorded and actions taken to meet these needs

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

Yes, we have people from the local Roman Catholic and Church of England church visit.



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

Yes. In the first instance we would discuss this directly with the individual. All residents are offered advanced care planning to discuss their preferences and priorities and this is documented and if required we would organise advance directives.

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

Yes. We have two family members that bring their dogs in (you may meet one on Tuesday). We also have activity days where we have organised to bring in owls and a Shetland pony!

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

Yes

Q20. Do you take residents out into the community?

Yes, all the time! We have a monthly outing and regularly go to the local restaurants and pubs. In the last few months we have also been to the local community theatre, on a canal boat trip, the war museum and to the cinema to watch Mamma Mia here we go again. We also take residents out individually as well as large group activities. One of the residents with Dementia regularly comes out and helps me with shopping for the home and he really enjoys this.



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 resident falls we log this on an incident report and in their care plan. If it is suspected the person has injured him or herself then we would call for the appropriate response. This may be an ambulance, the GP or the local 111 services. All care staff have received falls training (most from Trafford Age UK falls coordinator, Tom Snape). If the person appeared to be unharmed we would commence them on a 48-monitoring form to ensure their safety.

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

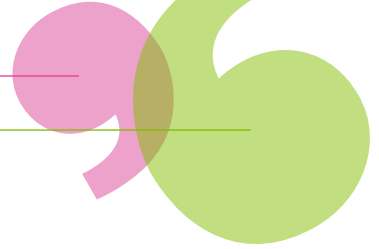
Yes, we have access to Tom Snape at Age UK. We have call bell systems and falls mats

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

One resident stated that he felt embarrassed when he wanted the toilet with putting his hand up and wanted a more discreet way to alert the staff that he wanted the toilet. Our call bell system is highly versatile so can be taken from his room and brought into the lounge

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

Our training programme is ongoing, and we use various methods. Two staff members have recently attended a Dementia specialist study day in London held by the Alzheimer's society, two other staff members have attended numerous training sessions at St Ann's hospice and will be embarking on the six steps programme. We also offer e-learning. All staff have regular one to one meetings with their line manager and training AND development are always discussed and staff are offered to choose what training and development they want. It is also discussed in appraisals.



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

We have large amounts of activity both in and outside the home and encourage the residents to engage with this. Every Monday we have music therapy and have a singer or music for health come in. We also have an activity in the form of an exercise class that regularly comes in from outside. We have a monthly theme day and the families are invited. Last month was a Chinese themed day so we decorated the home with Chinese flags, lanterns etc and invited the families in for a Chinese take away with their loved ones with fun and games including picking up items with chopsticks! This month is a Halloween party and next month is an Italian themed party.

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

Community engagement and we want to develop this much further and plan on linking with other organisations as well as Urmston Primary School to develop this. I met with St Ann's hospice recently to discuss and am hoping to meet with Age UK to discuss the benefits of our residents going down for movie night etc.

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:



0300 999 0303



07480 615 478



info@healthwatchtrafford.co.uk



[@healthwatchtraf](https://twitter.com/healthwatchtraf)



Healthwatchtrafford.co.uk



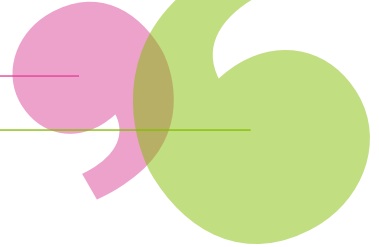
Floor 5, Sale Point

126-150 Washway Road

Sale, M33 6AG

healthwatch
Trafford

Companies House Reg No. 08466421.
Registered in England and Wales



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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Are you kept informed about the home's developments/plans etc. (i.e. Carers/residents meetings)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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 provider visited

The Care Quality Commission (CQC)

Trafford Council:

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

Trafford Clinical Commissioning Group (CCG)

Healthwatch England

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

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