

Enter & view Report:

healthwatch
Trafford

York Lodge Residential Home

54-56 Crofts Bank Road

Urmston

Manchester

M41 0UH

Tel: 0161 748 2315

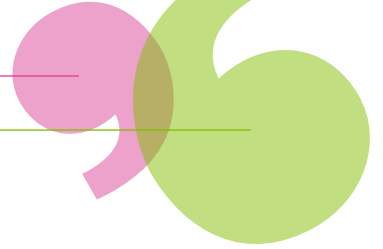
Owners: Mr Alan Machen & Mrs Ann Crowe

Manager: Peter Crowe

Date of visit: 23rd May 2018

Date of publication: August 2018





Contents

What is Enter & View?	2
Acknowledgements.....	2
Disclaimer	2
Executive Summary	3
Findings and Recommendations	3
Recommendations:	4
Good practice identified:.....	5
Purpose of the Visit	6
Strategic Drivers	6
Methodology.....	6
Introduction	8
Profile of York Lodge	8
Management of the Home.....	11
Summary of relatives’ responses to questionnaire	13
Appendix - A.....	14
Pre-visit questionnaire for the Manager of York Lodge Residential Home, Crofts Bank Road Urmston.....	14
Appendix - B.....	21
Relatives’ questionnaire	21
Distribution.....	23

What is Enter & View?

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

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission [CQC] where they are protected by legislation if they raise a concern.



Acknowledgements

Healthwatch Trafford would like to thank the management, staff and residents of York Lodge 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

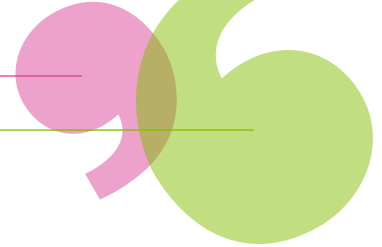
Findings

- ✿ York Lodge provides care for up to 22 older people, many of the residents are living with varying degrees of dementia. On the day of our visit there were 22 people living at the home.
- ✿ York Lodge is a family-run independent care home situated in a busy residential area and the external space allows room for a small garden area and parking facilities for the York Lodge mini bus and limited number of cars.
- ✿ The entrance to the home is engaging and welcoming. Access is through a side entrance of the building via the garden into a bright conservatory that leads to the main reception area and the Manager's office.
- ✿ The home displayed the various activities and day trips out that are organised for the residents at the home. York Lodge has its own minibus which is used to take residents on trips to local areas and further afield. It is also used for taking residents to medical appointments. During the visit we observed residents and the day-care citizens playing bingo in the conservatory, others were reading newspapers and speaking to visitors.
- ✿ Residents we observed on the day appeared comfortable and happy in their surroundings.
- ✿ York Lodge management agreed to mail out 22 questionnaires to relatives of residents living at the home, 9 completed questionnaires were returned to us. All the completed questionnaires informed us that they felt their relatives living at York Lodge were treated with kindness and compassion. See full results here:
<https://healthwatchtrafford.co.uk/wp-content/uploads/2018/03/York-lodge-responses.pdf>
- ✿ We observed staff attending to residents in a pleasant and caring manner, we noted that lots of conversations were taking place between staff and residents.
- ✿ Staff we spoke to told us that they were happy working at the home and felt supported by the management. We were informed by staff that they knew the residents very well and enjoyed caring for them.

Recommendations:

- **Consider providing identification badges for all members of staff.**
Please refer to page 9 paragraph 3
- **Review the process of ensuring that residents clothes are returned correctly**
Please refer to page 11 paragraph 3





Good practice identified:

Elderly day care provision

York Lodge is a residential home that delivers a day care service for elderly people living in the surrounding community. This arrangement appears to work very well providing an arena for social interaction between the homes residents and the day care citizens in a safe and pleasant environment.

*The day care service is offered seven days a week for people living in Trafford and the surrounding area for either full or half days, for regular visits or only occasionally. For more information please see link:
<http://yorklodge-care.co.uk/>*

Responding to residents' feedback

York Lodge displayed an up to date "You said" We did" notice board as evidence that staff are listening to residents and implement changes to reflect this.

Consider adoption of the following good practice initiatives:

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

A programme to encourage reminiscence in people with dementia.

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

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

<https://www.nice.org.uk/guidance/ng48>

A link to the National Institute for Health and Care Excellence [NICE] for 'Oral health for adults in care homes'

Purpose of the Visit

The visit to York Lodge 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
- 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 York Lodge 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 11 residents including day care service users, two relatives and 10 members of staff.

Healthwatch Trafford Authorised Representatives

Marilyn Murray [Lead Representative]

Georgina Jameson

Catherine Barber



The visit

Introduction

Healthwatch Trafford visited York Lodge residential home on Wednesday 23rd May 2018.

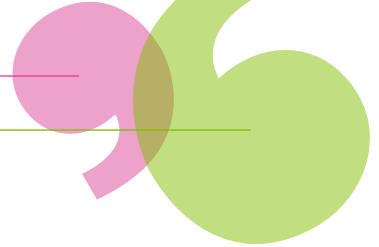
Healthwatch Trafford undertake Enter and View visits of any care home, GP surgery, hospital or other health or social care facility which is publicly funded either in part or in whole. These visits aim to paint a picture of residents and patients' experience and we hope that our reports will be used 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 York Lodge 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 14.

Profile of York Lodge

York Lodge is a large detached Victorian house. The home is a privately owned independent residential care home situated in a busy suburban area close to Urmston town centre. The interior of the home is clean, tidy and functional. Accommodation is over two floors, there is access to a lift. There is a dedicated dining room and communal sitting room on each floor. York Lodge has twenty-two single en-suite bedrooms. There are two shared double bedrooms on the ground floor. A communal bathroom that deputises as a medical room when the District Nurse visits the home is situated on the ground floor and a communal bathroom on the upper floor. Motion sensors and sensory mats are placed in bedrooms to alert staff when a resident is out of bed. The home has access to a sizeable conservatory overlooking the home's rear garden and car parking area. York Lodge has its own mini bus to take residents on trips out or to medical appointments. There are good public transport links close to the home.



General Observations

Access to the home is through a side entrance via the conservatory which is situated next to the main reception area of the home. Sanitizing gel is available on entering the premises, the home is clean and tidy, décor throughout the building is well maintained and ornate imitating the age of the house. On entering the ground floor corridor of the main building, a slight odour was detected but this appeared to dissipate as the enter and view team moved around the home. A domestic member of staff was carry out cleaning duties while we were at the home. The large main corridor on the ground floor of the home has a plethora of rooms leading from it, that include communal lounges, bathrooms and private bedrooms. There is visual signage to help people navigate their way around the home. We observed a mesh cage covering a radiator in the home's communal lounge.

On the day of the visit the conservatory area appeared to be at full capacity with day-care service users, residents and visitors. Access to the home is fingerprint security coded, visitors must ring the bell to alert staff to gain access. There is a visitor's book prominently placed in the reception area and visitors are asked to sign in by a member of staff. The reception area is large and roomy and at the time of the visit was bustling with staff and residents. The ambience of the home appeared happy and extremely welcoming.

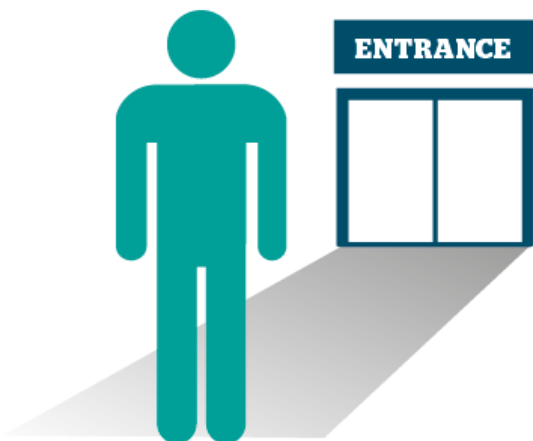
Various information notices are displayed on the walls, a large identity board with the caption 'York Lodge Family' depicted the names and photographs of all members of staff and their roles at the home. A notice board displayed in the main reception area had the names of all residents and day care service users who were currently in the building and those who were out. We noted that staff members did not wear identification badges which could make it difficult for new visitors to know who they are initially speaking to. The managements office is adjacent to the main reception enabling easy access to the Manager of the home.

The activity coordinator presented us with an activity rota of activities taking place, such as bingo, armchair aerobics, guest entertainers, currently a vocalist is visiting the home on a weekly basis. The enter and view team observed a piano situated in the main reception area and a number of board games and puzzles on a shelf in the reception area.

One comment we received from a resident's relative regarding activities stated:

".... the residents are very well cared for. They have people in to entertain, such as singing. They are taken out every week to various places. My relative thoroughly enjoys the trips out....."

The home's activity coordinator has been at the home for three years, we witnessed photographs of residents on excursions out to various location such as Marbury Park and Great Budworth in Cheshire and more local trips to pubs and cafes in the Trafford area. We observed the home's "you said" "we did" notice on the wall, which stated that residents had asked to see more classic films and to have a trip out to Blackpool. This has resulted in the home introducing a movie night once a month showing a classic film, this month's [May] is 'Driving Miss Daisy' and a trip to Blackpool is organised for the summer.



The interior of the home is spacious. The corridors are decorative and carpeted. The interior décor throughout the building is of a good standard. Handrails were located on the walls of corridors. All corridors and communal areas were uncluttered and we observed wheelchairs stored away neatly on the main corridor enabling a clear passageway. On the day of the visit we did not observe residents' bedrooms. One resident living at the home told us:

"I am very happy, like it here very much, love the company, love playing bingo, my bedroom is lovely and I have my own television".

Communal lounges were warm, well-lit and welcoming, with plenty of seating for residents and their visitors. We observed the television on in the background of some communal lounges but they did not dominate the rooms. One lounge area is situated adjacent to the kitchen where residents can, if they wish, view the kitchen staff at work preparing meals via the kitchen's hatched doors. During the visit we observed drinks within easy reach of residents and staff replenishing drinks for residents.

We observed the communal bathroom for assisted bathing on the ground floor which is clean, large and roomy. We were informed by staff that the bathroom deputies as a medical room for the district nurses when visiting the home. Fire extinguishers were situated throughout the building and fire regulations clearly marked on each floor. Evacuation chairs were available at the home and staff have had training on how to use them. For more information on the Evac chair please go to the link: <https://evacuation-chair.co.uk/beginners-guide/what-is-evacuation-chair/>. We did not view the home's cellar area but informed by staff that the cellar is clear of clutter with everything stored properly in accordance with the fire service recommendations.

We observed the main dining area on the ground floor which was well-presented and another smaller dining area leading onto the conservatory. The cook informed us that currently there are four residents requiring a soft diet and kitchen staff endeavour to serve soft diet meals to resemble that of the solid food on the menu that day. The cook has worked with a diabetic nurse on the menus being served at the home. The kitchen area is clean, functional and organised.

One resident at the home when asked about the meals exclaimed:

"The food is brilliant".

A visiting relative told us that she stays for lunch every Sunday with her husband who is a resident at the home.

A local resident using the day care facility stated:

"I was a bit apprehensive at first, didn't want to come at first but I am glad I did, very nice place, very homely, beautiful food".

The Manager informed us that carers communicate with the cook and together they monitor daily variation in food intake. Any weight loss is circulated amongst staff and the appropriate measure are taken, i.e. resident will be weighed weekly, information is



recorded in their care plan and an audit is carried out every month to monitor trends. On the day of the visit we witnessed a member of the Speech and Language Therapy [SaLT] team visiting the home.

All residents that we observed looked clean, tidy and relaxed in their surroundings. One relative questionnaire we received commented:

“.... I have noticed that my relative is not always in her own clothes but not unduly worried as she is always clean and happy”.

All residents appeared very comfortable with the management and members of staff working at the home. The staff members we spoke to on the day told us they were very happy working at the home and felt supported by the Manager and the management of York Lodge.

Profile of residents

The residents we observed on the day of the visit were elderly and of mixed gender. We were informed by staff that many of the residents living at the home or attending the day care service live with mild dementia.



Management of the Home

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

When we asked how residents and their families provide feedback or raise any concerns, the Manager informed us that the home’s complaints policy is available to residents and relatives and can be obtained from the reception area. The home maintains regular dialogue with all residents and relatives. There is an ‘open door’ policy and the management are available by phone on a 24-hour basis enabling staff and relatives to contact them if they have any concerns.

When we asked about the action the home takes to prevent falls, the Manager informed us that the home uses bed sensory mats and have a ‘*passive inferred sensor [PIR]*’ system installed in residents’ bedrooms that will activate an alarm to alert staff if a resident attempt to vacate their bed¹. The Manager stated that all falls are recorded, and the home carries out a Falls Audit. Staff members have completed Falls Awareness training sessions in October 2017 facilitated by Age UK.

Six local GP practices attend York Lodge to see residents, the management stated that most of the GP practices are good at attending the home. Other healthcare professionals visit the home including dentist. Please see page 17 of this report to access the full list.

¹ There are two popular types of passive motion **sensors**. These are mostly found in residential homes. Passive **infrared** motion **detectors** (PIR) detect emitted **infrared** energy – given off by humans and animals in the form of heat. When there is a sudden increase in **infrared** energy, an **alarm** is sounded. For more information on PIR please see link: <https://www.carealarms.co.uk/news/how-a-pir-motion-sensor-can-help-the-elderly.html>



Residents needing to attend medical appointments will be escorted to their appointment by staff if there is no one to accompany them, York Lodge does not charge for escorting residents.

When we asked the Manager if the home has used the 999-emergency number, we were informed that the home has used it three times in the last six months for residents requiring hospital intervention.

We asked about staff training and the Management stated that the home provides an array of staff training via in-house, distance learning and external training organisations.

During the visit one staff member who told us that she had successfully completed her level 2 in catering, another stated that she had accessed training on oral hygiene, lift handling and first aid.

A senior care work told us:

“I have been at the home two years and I am very happy with the job and have no complaints”.





Summary of relatives' responses to questionnaire

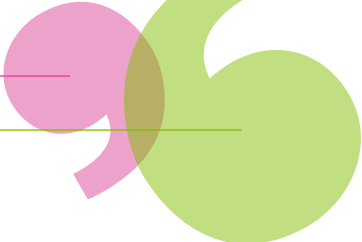
(see relative questionnaire in appendix B)

From the 22 questionnaires left with the Manager of York Lodge we received 9 completed questionnaires from relatives of residents living at the home. All the 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 9 completed questionnaires from relatives and carers not all choose to complete the comment box section.

1. *"The residents are very well cared for. They have people into entertain, for example, singing. They are taken out every week to various places. My mother thoroughly enjoys the trips out. The staff are very welcoming to visitors and we can visit when we like".*
2. *"Very caring. Good atmosphere.*
3. *"My relative has settled easily and quickly we are impressed with the way she is handled and constantly tells us how good the staff are. We have taken her out a few times but she can't wait to get back. I have noticed not always in her own clothes but not unduly worried as she is always clean and happy. The staff are also always very chatty to us.*
4. *"Great care with varied home cooked menu. Good in-house activities. Kept fully informed on all aspects of care".*
5. *"They do their very best to cater for my mother's needs, it is a difficult job and life has been made easier knowing that mother is in a safe environment".*
6. *"All great, management plus staff are always willing to discuss any issues or concerns I may have".*
7. *"I am very happy with all aspects of my father's care at York Lodge".*

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



Appendix - A
Management questionnaire and responses

Please note that responses are listed as they were received.

Pre-visit questionnaire for the Manager of York Lodge Residential Home, Crofts Bank Road, Urmston

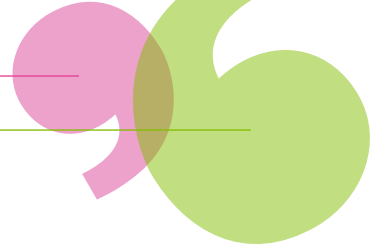
Q1. How do you facilitate your residents and their families in raising any concerns they may have? Do you do this on a routine basis and, if so, how often?

Feedback Forms
Regular dialogue
QA Forms

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

We do not currently have any volunteers. These are generally from local schools and colleges and come complete with a letter of introduction from the educational establishment. There are involved with in-house activities and providing refreshments, whilst supervised, as well as spending time in conversation with the residents.

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



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

A full varied nutritious menu is 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 program of drinks and also available on request. Carers are aware of any issues regarding fluid intake for any individual and kitchen staff also monitor this. Where there are concerns the necessary charts are created and completed.

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

We have direct contact with the local dietician and once initial referral has been made we can liaise with her directly. Weight audits, referrals, intervention and outcomes can be evidenced.

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

We have an initial likes/dislikes form that determines personal preferences. There is always an alternate menu available. Carers communicate with cook and together they monitor daily variations in food intake. Any weight loss is circulated and the appropriate measures taken.



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

We prefer that everyone keeps their own GP, should they wish to do so and if the practice is within the catchment area.

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

Podiatry, dietician, SALT, GP, Occupational Health, District Nurse, Dentist, Optician, Audiology, Social Workers, MHT, Infection Control, Environmental Health.

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

Appropriate appointment, directly or through GP referral. In-Patient/out-Patient appointments.

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

There in the care plans, part of the initial assessment and displayed in the kitchen.



Q12. Are residents encouraged to talk about their past lives and how do you encourage this? Examples might include local history books, old photographs or films.

Memory Boxes, Reminiscence and discussion groups. One to one with carers and volunteers.

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

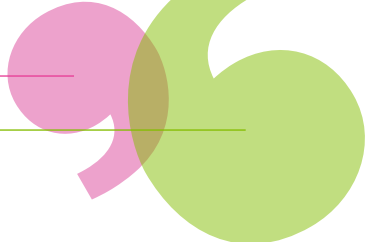
Where and to what level is safe and practical. Personal preferences are recorded on care plan summary.

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?

Capacity Assessments, Risk Assessments, Care Plan revision, MHT input.

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

We currently do not have any client who fits this criteria. There is a policy document. Our previous experiences have required that we seek advice from family, religious persons or through the appropriate research.



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

We are visited regularly by all denominations. We have previously assisted clients to attend church services but none at present.

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

The discussion is had with all families, on an informal basis. Any information received or decisions made regarding DNAR or POA are recorded in the Care Docs.

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

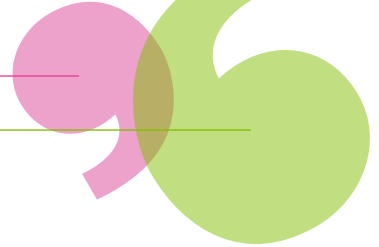
We actively encourage this and I myself bring dogs into the home. We have had previous clients who came to York Lodge with their cats, dogs and birds.

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

We do not have formal family meetings but families are encouraged to discuss their thoughts and wishes and they have ready access to management or seniors. Everyone is supplied with my mobile number and has access to me 24/7.

Q20. Do you take residents out into the community?

We regularly attend events and utilise our own transport to go into the wider community. Local amenities used regularly. We encourage family to include their relative in family events and to attend appointments.



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?

Every fall is recorded. Falls Audit undertaken. Care plans reflect current needs regarding mobilising. Response is based on persons mental capacity or character. All falls, regarding persons with questionable mental capacity, are reported to the relevant healthcare professionals (999, GP, 111), as a matter of course. 48 hour monitoring also undertaken, irrespective of outcome.

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

Staff working at the home have completed Falls Awareness training in October 2017 via Age UK, this training has given staff a greater understanding of any potential falls.

Falls Audit, will identify any issues and appropriate action will be put in place. The home is very proactive in maintaining all equipment used by residents, all room sensors, this minimized the risks of falls.

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

Key Worker initiated. The Key Worker will work on a one-to-one basis with individuals who display challenging behaviour or communication difficulties. The worker is the main contact person for the families of the resident/s involved.

Alterations to menu and recording.

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

A program of staff training via in-house, distance learning, staff appraisal and supervision. Accredited Training companies deliver training at York Lodge.

Regular visits and emails by Trafford Commissioning Team.

Trafford PCT visit and training.



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

Involve families in day to day routines and encourage their participation with healthcare visits and appointments.

Discover previous interests and encourage participation.

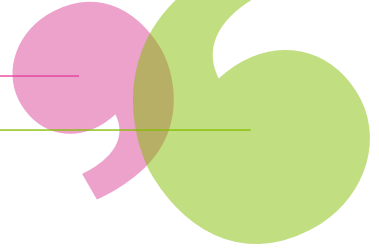
Key worker for the person exhibiting low mood as a result of those feelings.

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

There has to be a significant uplift in local authority fee rates as this is severely limiting the sectors ability to maintain and improve service provision.

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:-

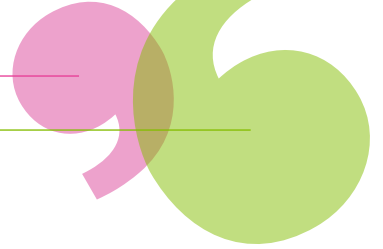
General Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Bathing and personal care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Hobbies/interests?	<input type="checkbox"/> Yes	<input type="checkbox"/>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

2. Do you think that your loved one;-

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

Do you know whether:-

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



Are you:-

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

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

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

Would you recommend this home to anyone else?

Yes No Maybe

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

(with 1 being very poor and 10 being excellent)

out of 10

Distribution

This report will be sent to the following organisations:

The Care Quality Commission (CQC)

Trafford Council:

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

Trafford Clinical Commissioning Group (CCG)

Healthwatch England

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

The provider visited

It will also be published online on the Healthwatch Trafford website

[\(https://healthwatchtrafford.co.uk/our-reports/\)](https://healthwatchtrafford.co.uk/our-reports/)

 **0300 999 0303**

 **07480 615 478**

 **info@healthwatchtrafford.co.uk**

 **@healthwatchtraf**

 **Healthwatchtrafford.co.uk**



Floor 5, Sale Point

126-150 Washway Road

Sale, M33 6AG

healthwatch
Trafford