

Enter & view Report:

healthwatch
Trafford

De Brook Lodge Care Home

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Flixton

Manchester

M41 6NA

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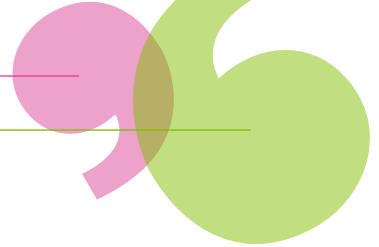
Owner: Ideal Carehomes

Interim Manager: Jamie Hopkinson

Date of visit: 26th January 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 De Brook Lodge 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

- De Brook Lodge provides care for up to 52 older people, many of the residents are living with varying degrees of dementia. On the day of our visit there were 46 people living at the home.
- The entrance to the home is bright, modern and welcoming. We spoke to three visitors during the morning session.
- Residents we observed on the day appeared relaxed, comfortable and interested in their surroundings.
- De Brook Management agreed to mail out Healthwatch Trafford 46 questionnaires to relatives of loved ones living at the home and a total of five completed questionnaires were returned to us. The five questionnaires informed us that they felt their loved ones living at De Brook Lodge were treated with kindness and compassion. See full results here: <https://healthwatchtrafford.co.uk/wp-content/uploads/2018/03/DeBrooke-responses.pdf>
- The home has appointed a Lifestyle Manager to start work at the home shortly who will plan activities to meet the needs and interests of the residents. During the visit, we observed some residents playing bingo and others involved in playing skittles and mini table tennis.
- On the day of the visit, we were greeted by the Interim Manager who had taken over from the previous Manager who had left on the 22nd January 2018. The home had recruited a new Manager who will take the post at the end of February 2018.
- On the day of the visit we observed good interaction between staff and residents. Staff we spoke to informed us that they felt supported by the Management and happy working at the home.

Recommendations:

- Consider providing identification badges for all members of staff.

The wearing of ID badges by all staff members is good practice for security and identification purposes, and will let residents and visitors know the names and roles of staff working at the home and further better ongoing relationships.

- Ensure the 'you said we did' noticeboard is up to date.

To show that residents and relatives comments and ideas have been listened to and acted upon.

- Ensure that staff respond quickly to residents' requests around toileting.

- Consider increasing communicative interaction between staff and residents.

Please see relative comments on page 14 of this report. Communication plays an essential role in preventing isolation and maintaining a residents mental and physical wellbeing.
https://www.nari.net.au/files/files/documents/enhancing_staff-res_communication-amended_facilitator_notes_for_communication_training_package.pdf



Good practice identified:

- The appointment of a Lifestyle Manager to meet the social needs and interests of the residents.

De Brook's Lifestyle Manager will have a defined role in the care of residents compared to an activities co-ordinator, the Lifestyle Manager will meet all new and existing residents to assess their interest and social needs. The staff will also have their interests recorded and this will enable matching staff to residents with similar interests. The social needs of each resident will be added to their care plans and activities can then be planned to meet the needs and interest of the individual.

- The introduction of electronic care plans. This saves staff one and a half hour's administration per day by enabling them to input immediately what has taken place with each resident and what action has been taken.
[for an expanded description of the electronic care plan please see appendix C]
- The Dementia Bus Virtual Tour as a staff dementia training event.

[The Virtual Dementia Tour is a method of giving a person with a healthy brain an experience of what dementia might be like. This enables staff to undertake routine activities in a manner most suited to those residents with dementia. For more information please see: <http://www.training2care.co.uk/virtual-dementia-tour.htm>



Consider adoption of the following good practice initiatives:

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

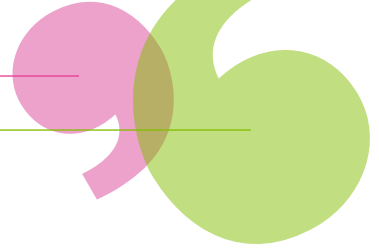
A programme to encourage reminiscence in people with dementia.

<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 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

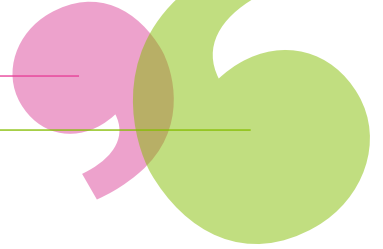
An Enter and View visit is not an inspection.

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 De Brook 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 nine residents, three relatives and 10 members of staff.

Healthwatch Trafford Authorised Representatives

Susan George

Jean Rose

Marilyn Murray [Lead Rep]





The visit

Introduction

Healthwatch Trafford visited De Brook Lodge on Friday 26th January 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 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 De Brook 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 4.

Profile of De Brook Lodge Care Home

De Brook Lodge is privately-owned and is part of Ideal Carehomes. For more information on Ideal Carehomes please use the following link: <http://www.idealcarehomes.co.uk/>

The home is a modern purpose built residential home situated in a suburban area of Flixton close to shops and amenities. De Brook Lodge provides residential care for up to 52 older people, accommodation is over three floors accessible by a lift. Each floor has a lounge/dining area. All bedrooms are single rooms with en-suite facilities. There is a large well-maintained and secure garden for resident use. There is a good-sized car park at the front of the building. At the time of our visit there were 46 people living at the home.

General Observations

The home was odour free and extremely clean. The ambience throughout the home was relaxed, bright and welcoming. Access to the home is security coded, the front of house staff member is in full view of the entrance and activates the door release to let visitors in and out of the building. On entering the home, the Manager's office strategically placed within the foyer to enable people to access the management of the home. There is a visitors signing-in book clearly visible as you enter the building. The lift to the upper floors of the home is situated adjacent to the staff reception. We observed several public notices displayed on the walls including the home's complaints policy and the Care Quality Commission's [CQC] latest Inspection. There was limited information displayed regarding the activities taking place at the home and the 'you said, we did' notice was not up to date. The home displayed the Investor in People plaque. For more information please go to: <https://www.investorsinpeople.com/what-investors-people>.



Access into the main corridors of the building is through security coded interior doors, sanitizing gel was available on entering the main corridors and throughout the building. Interior décor is modern, bright and engaging, corridors and communal areas are uncluttered and decorated with a variety of artwork depicting different themes to support residents moving around the building. All bedroom doors have been designed to depict a front door from a conventional street. To assist residents to identify their own rooms, each bedroom door is painted in a different colour displaying the resident's name and an image they will connect

with. On the day of the visit we had the opportunity to observe several of the bedrooms. All bedrooms are spacious and en-suite, with television, DVD player, mini fridge and a safe.

Handrails were located on the walls of corridors. The home has made agreeable use of the long corridor space by situating a small library station with several books and two armchairs half way along the corridor for residents' use. Signage to facilities such as WC/bathrooms were clearly visible displaying a corresponding picture of the facility, bathrooms we observed were large and roomy. We observed fire extinguishers in prominent positions situated throughout the building and fire regulations clearly marked on each floor.

The communal lounges were warm and welcoming, all furniture and décor of a high standard and we observed plenty of seating for residents and their visitors. There are good views of the outside gardens and surrounding areas from the individual communal sitting areas. Staff members told us that residents can grow vegetables in the communal garden to give to relatives and friends. All communal lounges have access to small kitchenette and dining area, at the time of the visit we observed that the tables were laid out attractively in readiness for the lunch period.

During the visit we observed drinks within easy reach of residents. The Manager informed us that home has a robust system of monitoring fluid and food intake and that food and fluid monitoring charts are assessed each day for the residents who require monitoring.



We observed residents in the communal lounges partaking in activities such as, bingo, skittles and one resident was playing mini table tennis with a member of staff. Management informed us that the home is shortly to have a cinema room. To enable residents to go on trips out, the owners of De Brook Lodge [Ideal Carehomes] are considering purchasing their own vehicle to be used for the residents of De Brook Lodge and their sister home in Stockport.

The Area Director [named] told us that a Lifestyle Manager has recently been appointed and will be in post very shortly. It will be a defined role in the care of residents by assessing the interest and social needs of each individual and matching them with a member of staff who shares a similar interest. The social needs of each resident will be added to the resident's care plan and activities would then be specifically designed for each individual resident.

De Brook Lodge kitchen area is a large, clean and organised space, the chef who has worked at the home for several years informed us that she enjoys her job at the home and works closely with staff and residents to ensure that menus reflect the wishes and needs of the residents. The chef told us that she provides the food for the themed meals in the 'pop-up' restaurant that operates on a regular basis at the home. We were informed by the Manager that fresh vegetables are used daily in meals and fresh fruit is available and accessible to residents throughout the home.

At the time of the visit we witnessed plenty of interaction between staff and residents. We received several comments from residents on living at the home, such as:

"It is wonderful, my word, yes."

Another resident stipulated:

"I'm flexible, get on with people, no grumbles. I think we are lucky to have this place to live, I have visitors and I'm not lonely."

One relative visiting her mother said of the home:

"No problems, never, ever, notice not eating, fantastic".

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

Profile of residents

The residents we talked to on the day of the visit were elderly, of mixed gender and ethnic origin. Many residents were living with various degrees of 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 procedure is displayed on the wall of all residents' rooms and that there is a suggestion box in the reception area of the home and the home holds resident and families' monthly meetings.

Prior to our visit, we asked what measures were taken if a resident has a fall. We were told that when an accident, incident or near miss occurs observations are carried out over a 72 hour-period and at the end of every month a trends analysis to highlight high risk residents, areas, locations and time. When we asked about the action the home takes to prevent falls we were told that staff allocation and equipment is scrutinised and the home will endeavour to adapt the surroundings that have been highlighted as high-risk areas. The Manager stated that if a resident experience a high number of falls they would automatically be referred to the falls team.

When we enquired about monitoring residents weight, the Manager stated that weekly and monthly weights checks are carried out, then BMI and MUST¹ [Malnutrition Universal Screening Tool] score are calculated and audited. Any resident scoring 2 and anyone losing 2kg or more within a month is automatically referred to the GP for review.

Five local GP practices attend De Brook Lodge residents and one GP practice [named] has plans to run a drop-in surgery every three month to review their patients living at the home. The Manager will make request for District Nurses, physiotherapists, dentists and social workers to attend De Brook Lodge.

We asked about staff training and were informed that all staff have their own E-Learning log-ins to keep mandatory up-dating. In-house training is always offered and staff are encouraged to attend these courses. Several members of staff told the Enter and View team that they had been on the dementia bus virtual tour as part of their dementia training, those members of staff that had experienced the virtual tour stated that they had found it an extremely helpful insight to the world of someone living with dementia.

The Manager informed us that no agency staff is used at De Brook Lodge as the home has their own bank staff.



¹ 'MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.



Deprivation of Liberties [DOLs]

We were told by the Manager that the home has a huge problem when submitting Deprivation of Liberties [DOLs] requests with Trafford Local Authority [LA], he explained that De Brook submitted 41 DOLs requests in May 2017. In June Trafford informed the home that DOLs had been submitted to them in an 'old format' and the home would have to reapply, which they did. The Manager stated that Trafford's response is poor in comparison with Manchester LA who respond much quicker, for example, "when I request a DOLs from Manchester in the September we will receive confirmation of the DOLs by the end of November or beginning of December". The Manager stated that to date [26 January 2018] there are still 35 DOLs requests outstanding from Trafford LA.

Throughout the visit we observed that interaction between members of management, staff, residents and visitors was congenial and informal.

Summary of relatives' responses to questionnaire

(see relative questionnaire in appendix B)

We received five completed questionnaires from relatives of residents living at De Brook despite leaving 46 questionnaires with the Manager of the home to mail out to residents' relatives on our behalf. All five relative questionnaires informed us that they felt that their loved ones were treated with kindness and compassion.

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.

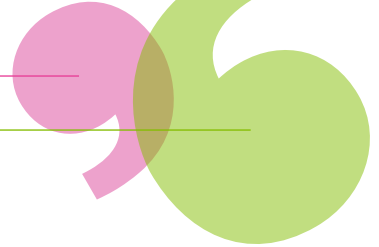
"I think more carers are required to manage the residents needs quickly, especially toilet request. More encouragement from carers regarding social and mobility needs. I observe that the easy 'do nothing' option taken. I'm sure it would be appreciated if more carers chat with residents as well as amongst themselves during quiet periods. Monthly/weekly activities are good, but daily group/individual activities need improving. Overall, I have peace of mind my relative is in good hands, it's just that for £850 a week you expect more".

"..... difficult to check regarding trips out, care plans etc due to mum's dementia. Record keeping could be improved".

"There has to be a degree of trust. My mum is 96, she cannot hear or see so there is only a certain amount that she can be involved in. She is kept warm, well fed and regularly washed and showered [hygiene]. Other residents cannot make themselves understood to her so she is isolated but this is not the fault of the home. She sleeps all the time. When mum wants or needs anything I am told. I only visit once a week so I can't really comment. All in all [and I know their wages should come into it but I know they are on minimum wage] the staff are from what I've seen very caring".

"Extremely happy with the management and staff at De Brook Lodge care home".





Appendix - A

Management questionnaire and responses

Please note that responses are listed as they were received.

Pre-visit questionnaire for Ms Holly Smedley Manager of De Brook Lodge 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?

Here at De Brook, the complaints procedure is displayed on the back of all individual's rooms, we also have a suggestion box in the reception area that anyone can pop ideas in anomalously which we unlock and review each week on a Friday.

We also hold social committee meetings monthly where residents, friends and families of De Brook attend and all concerns and activity ideas are discussed.

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

We have volunteers that come from St Johns church each Thursday to take residents that wish too, over to the local church for mid-week mass and coffee morning afterwards.

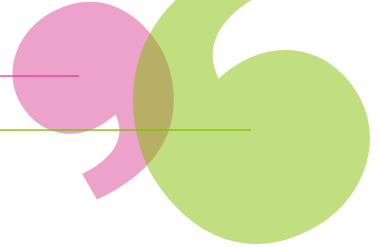
Q3. Do other organisations come into the home? If so who are they and what do they offer?

We have a good community involvement with Cherish moment day care centre where three of our residents attend several times a week, they also bring some of their clients to our arranged parties and get together.

We also have links with age uk day care centre

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

Yes, fresh seasonal vegetables are served with all meals along with fresh homemade soups. We also have fresh fruit delivered which we distributed around the care centre throughout the week and some individuals choose to have fruit in their rooms.



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

There are always plenty of drinks and snacks available in all the communal lounges, each lounge has its own mini kitchenette, where all residents, friends and family can help themselves to refreshments and snacks. Staff are always present for residents to ask them to make them a drink as and when required. We have a robust system of monitoring fluid and food intake. Food and fluid monitoring charts and assessed each day for those whom require monitoring.

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

We have a robust system in place for weight management. Weekly and monthly weights are carried out, then BMI and MUST score are calculated. This is then audited and anyone scoring a MUST of 2 and anyone losing 2kg or more within the month is automatically referred to the GP for review. Anyone with any weight loss is immediately placed on a food intake chart and Kitchen manager is informed, they then hold a meeting with individual or family to discuss food options and alternatives to see if there are any menu adaptations to be made to encourage weight gain and a good nutritional intake. Resident are referred to the dietician services via their GP's form our monitoring systems.

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

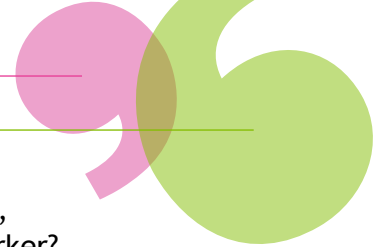
We conduct meal time experiences, we discuss menus and options at our social committee meetings. We also have surveys that we carry out throughout the year. De Brook staff converse with residents and ask for feedback about food throughout meal service also and feed back to the kitchen manager any dislikes or hints and tips the residents may have.

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

We try to have a named doctor for our residents however for those moving into the home that are considered 'out of catchment' we have no alternative but to change that individuals GP unless their own GP agrees to keep that individual on their books.

We use 5 local GP surgeries to treat and review 52 residents

Urmston Group practice to run a drop-in surgery to review their patients every 3 month



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

We have our in-house chiropodist that all residents use, we have to request visits from the following: District nurses, dentist and social workers, physiotherapist

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

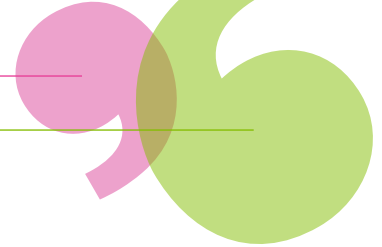
If there was a healthcare service that we required we would source this and refer through the referring process using our secure email portal.

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

Preferences are captured at the pre-assessment stage. The kitchen manager then spends time with residents on a one-one basis and completes a preference document copies of such are kept in the care plans and in the main kitchen for reference, to all staff

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.

We ask resident, friends and families to help us complete life history information and complete 'this is me' documents to capture past life experiences and hobbies.



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

Staff will encourage and support residents to make wardrobe choices, for those who cannot communicate this, we would refer to the 'this is me' document and life history paperwork. We also look at past pictures and converse with residents' significant others to highlight preferences and likes.

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?

Through care plan reviews and best interest meetings we are continuously reviewing and developing residents care packages to ensure they reflect all needs and *[please complete sentence]*

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

We capture any religious beliefs at pre-assessment stage and ensure we make any adaptations the individuals may need.

For example, kitchen manager has recently sat with a new admission and their family to highlight halal diet etc and we out sourced to have this delivered

We ensure that all religious needs are entered into the care plan and staff made aware to adhere to all these preferences and aspects of their faith.

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

Church liaisons visit from St Monica's and St Johns to give blessings and communion.

Our ladies and gentlemen also attend St Johns church every Thursday for midweek mass and coffee afternoon.



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

We have been liaising with Trafford and we sourced the advanced decisions booklet for families to complete. We encourage families and residents to document their wishes and preferences regarding future wishes. We have also looked to enrolling in the six steps program.

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

Families and relatives are welcome to bring pets into the home in line with our pet policy, we also have zoo lab visiting and we have had a birds of prey display visit.

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

We hold social care committee meetings each month. We also have a suggestion box in reception which we review each Friday. We also distribute surveys throughout the year and analyse the results

Q20. Do you take residents out into the community?

Residents visit the local church each week. We also have organised trips out and many residents will go to day care centres



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?

We have a robust plan of action in place to follow when an accident, incident or near miss occurs. Post incident observations are then carried out for the next 72 hours. At the end of each month we then formulate a trends analysis to highlight high risk residents, areas and locations and times.

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

We look at staff allocation and equipment, can we adapt the surroundings that we have highlighted as high-risk areas?

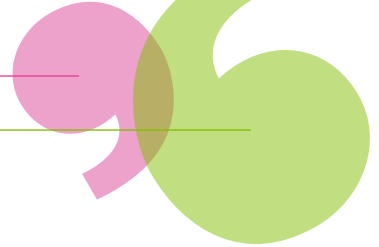
If a resident is experiencing a high number of falls we would automatically refer to the falls team.

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

During SCM meetings and the suggestion box it was highlighted that residents would like to have an allocated area to watch films and sports etc. so we have had one of our quiet lounges turned into a cinema room we are just currently awaiting our projector and screen.

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

Staff all have their own E-Learning log ins to keep mandatory up dating and in-house training is always offered and displayed and staff encouraged to attend these courses. We also ensure there is a supervision and appraisal calendar to ensure staff have time to discuss with management team their concerns strengths and weaknesses.



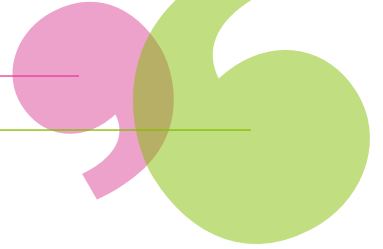
Q25. How do you prevent residents' feelings of loneliness or isolation?

We have many community engagement programs. #we have the befriending scheme with the local nursery, we have the upcoming teenmate program with the local grammar school. We also encourage families to join us each month in our organised 'pop up restaurants' as well as are full activities program that is advertised and encourage family and friend participation.

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

To have a full staffing team with a good skill mix and a caring attitude to provide a family focused home with a none clinical feel. We would like to think we provide the highest standard of care monitored through robust systems to analyse and improve our service. We aim to provide a fun family atmosphere.

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



Appendix - B

Relatives' questionnaire

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

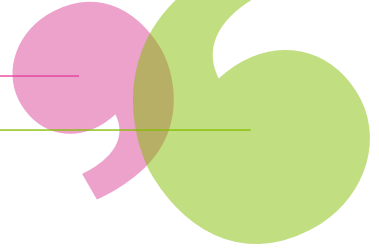
General Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Bathing and personal care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Hobbies/interests?	<input type="checkbox"/> Yes	<input type="checkbox"/>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



Appendix - C

Electronic Records

Information received from the Area Director [named] of De Brook Lodge on the adoption of Electronic Care Plans at De Brook Lodge Residential Home

Electronic care plans are to be introduced from Feb 2018. This is a rolling programme requiring staff training. Training will be provided by in house via an inhouse training team and package.

Electronic care plans have been introduced into other homes within the Ideal Carehomes Group. It has been proved staff save one and half hours a day on administration. This extra time can be used for extra engagement with the residents.

Each care worker will have a device they can speak into to describe the care that has taken place. This information is immediately transferred to the care plans. The devices will carry apps for regular tasks such as intake of fluid.

Staff can also text onto devices as well as using apps. It is recognised that voice recognition struggles with accents.

The Manager can access care records. A central page contains photos of all the residents. Each photo contains a flag, which, when white indicates no further action is required. An amber flag indicates an intervention is due. A red flag indicates an intervention has been missed. On the left-hand side of the screen alerts the Manager to any MUST actions have been missed and other alerts such as falls. This enables the Manager to investigate the reasons for inaction.

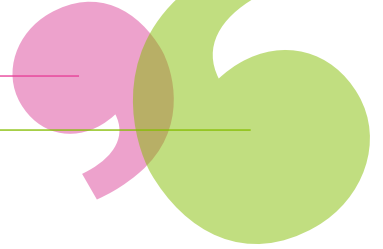
A dash board at the top of the screen alerts the Manager to number of residents, care plans, admissions, discharges, weight etc.

A separate tile enables the Manager to print off a hospital pack immediately should a resident need hospital treatment. Other pages detail the application of topical creams, frequency and the reaction of the resident.

Information is available on another page regarding personal care. The care workers and Managers can check on residents who refuse personal care as well as the frequency and type of care delivered to residents.

Any incidents such as falls can be recorded immediately, a fall triggers the fall procedure which the system flags at each stage. This provides a full audit trail.

Night staff must scan bar codes at regular intervals to ensure turning patients is carried out. The bar code can only be scanned from the residents' room.



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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