

# Enter & view Report:

**healthwatch**  
Trafford

## Brookfield Nursing Home

71 Crofts Bank Road,

Urmston

Manchester

M41 0UB

Tel: 0161 747 5365

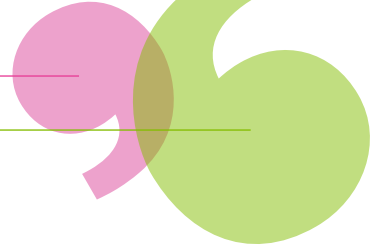
Owner: Mrs R Hind

Registered Manager:  
Mrs Catherine Ann Shea

Date of visit: 11<sup>th</sup> October 2018

Date of publication: 18-1-19





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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. 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 owner, Registered Manager, staff and residents of Brookfield Nursing 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

- Brookfield Nursing Home has recently changed ownership. The home provides nursing care for up to 21 elderly residents, including post-operative care. At the time of the visit there were 21 residents at the home.
- We were informed by the Manager that Trafford Clinical Commissioning Group and the Local Authority have identified Brookfield Nursing Home as a preferred provider for continuing healthcare.
- The home specialises in end of life care, all staff have received specialised training in end of life care via Six Steps Training Programme<sup>1</sup> for which they are accredited. An experienced nursing team provide 24-hour nursing care.
- At the time of the visit the Registered Manager had been in post for 28 years.
- Brookfield is a large detached Victorian house with accommodation provided over three floors. The home offers a mix of single and shared bedrooms. There is a large secure garden area to the rear of the property.
- The Manager kindly agreed to mail out 21 questionnaires to relatives of residents living at the home, nine completed questionnaires were returned to us. All questionnaires informed us that they felt their relatives living at Brookfield Nursing Home were treated with kindness and compassion, see full results here: <https://healthwatchtrafford.co.uk/wp-content/uploads/2018/03/Brookfield.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 observed the Manager and staff interacting with residents in a friendly, responsive and kindly manner.
- Members of staff we spoke to told us that they were extremely happy working at the home and that the Manager was very approachable. The home has recently changed ownership and staff told us they felt completely supported by the new management.
- Average costs are £750 - £900 per week.
- A CQC inspection of Brookfield took place in October 2016. Following the inspection, the home was given a 'Good' rating. The CQC has yet to inspect the home since the change of ownership. To access the CQC inspection report please go to: <https://www.cqc.org.uk/location/1-116358759>

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<sup>1</sup> Six Steps Training Programme aims to enhance end of live care through facilitating organisation change and supporting staff to develop, their roles around end of life care. The programme is based on the six steps describe in the Route to Success; a guide to improving end of life care provided by a care that encompasses the philosophy of palliative care. For further information please go to: <https://www.skillsforcare.org.uk/Document-library/Skills/End-of-life-care/NationalendoflifequalificationsandSixStepsprogramme.pdf>



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## Recommendations and Good Practice

### Good practice identified:

Brookfield uses a 'Hope tool' as a practical tool to assess residents' spiritual needs on entering the home. For an example of the home's spiritual assessment form please see Appendix C. For any further information please go to the website:  
<https://www.aafp.org/afp/2012/0915/p546.html>

Brookfield Home is part of a vanguard pilot scheme in Trafford known as the 'Red Bag' pathway. The red bag is a collaboration between care homes, hospitals and ambulance staff, known as the hospital transfer pathway. When a resident becomes unwell and is assessed as needing hospital care, care home staff pack a dedicated red bag that includes the resident's standardised paperwork and their medication, as well as day of discharge clothes and other personal items. For further information on the red bag pathway, please go to: <https://www.nice.org.uk/sharedlearning/hospital-transfer-pathway-red-bag-pathway>

### Consider adoption of the other good practice initiatives:

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

A programme to encourage reminiscence in people with dementia.

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

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

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

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



## Purpose of the Visit

The visit to Brookfield Nursing 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. Residents' family/carers will be asked to complete a questionnaire anonymously.
- If there are specific questions of quality of care raised by Trafford Council, Healthwatch [as an independent body] will consider whether a visit is warranted.
- When invited by care homes to publicise good practice or points of learning.
- CQC and partners 'dignity and wellbeing' strategy:
- <http://www.cqc.org.uk/content/regulation-10-dignity-and-respect>
- Changes in management of the home.

These visits are a snapshot in time, but our reports are circulated widely and can be used by care homes to acquaint the public with the services offered.



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## 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.

We sent a questionnaire to the Manager of Brookfield 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). 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 13]*.

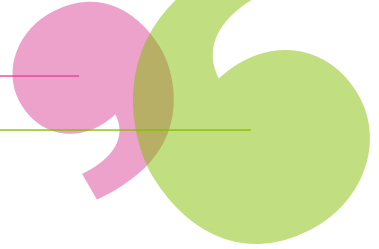
We have also observed governance arrangements to see how the home is run and assessed whether we feel it meets standards the public should expect.

We looked at local intelligence including CQC reports. The CQC inspected the home in October 2016 and gave a 'Good' rating. *Please see page 3 of this report.*

We were guided by staff on the residents who we could approach to answer our questions. We talked to six residents, two relatives and seven members of staff.

## Healthwatch Trafford Authorised Representatives

- Georgina Jameson
- Marilyn Murray [Lead Representative]
- Catherine Barber



## The visit

### Introduction

Healthwatch Trafford visited Brookfield Nursing Home in October 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.

Brookfield Nursing Home a residential care home registered to provide nursing care for up to 21 elderly residents, the home also provides nursing care, complex care packages, post-operative rehabilitation and end of life care. Brookfield Nursing Home is not registered as a dementia home, although some residents have been diagnosed with early stages of dementia. The home is privately owned by Mrs R Hind. For further information see link: <https://www.brookfieldnursinghome.com/>

Brookfield Nursing Home is a large detached Victorian house situated on a main road that is on a busy vehicle and pedestrians thoroughway close to Urmston Town Centre. The house was altered and adapted in 1986 to provide care for up to 21 residents. The front garden of the home has a grassed area with several mature trees, and a tarmac area providing car parking space for a small number of cars. Accommodation is over three floors with a mix of double and single bedrooms, some with ensuite. The home has two large communal lounges and dining area and there is a passenger lift to all floors. At the time of the visit there were no vacancies at the home. The home has access to a large secure and well-maintained garden at the rear of the property. Urmston Town centre has good amenities and good transport connections to the surrounding areas.

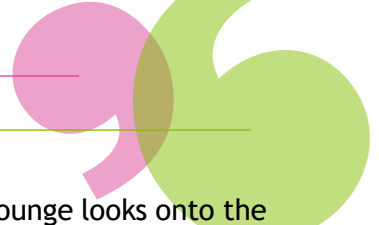
### General Observations

Access to the home is through a large ornate Victorian door, fronted by wide steps and a ramp. The doorbell notifies staff of visitors and staff allow entry. On entering the home there is a large, bright lobby area, where there is plenty of information displayed, such as; the home's CQC registration, the Trafford Dignity in Care Award [2017], weekly and monthly activity rotas, including events that have taken place over the summer at the home. In evidence was the home's complaints procedure. We observed the visitors signing in book and a compliment and suggestion book for people to use. Sanitizing gel is available on entry to the home and throughout the building.

We were greeted by care staff and introduced to the Manager and Owner. We noted that all staff wore different colour coded uniforms, and all wore name badges showing their responsibility within the home. All staff appeared professional, friendly, and extremely welcoming.

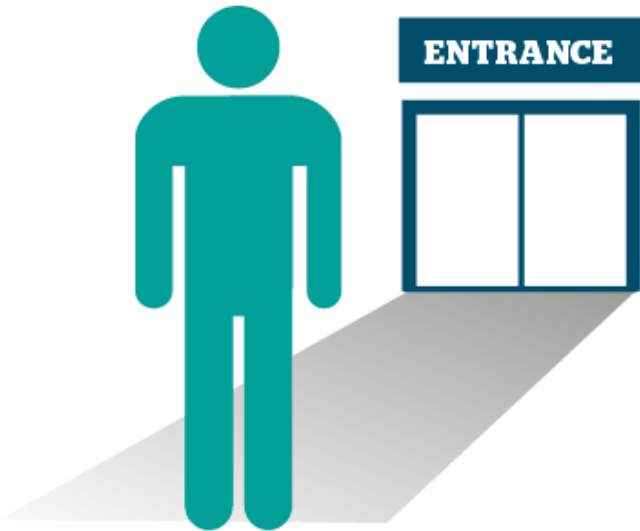
We were encouraged by the Manager to go around the home and talk to residents, relatives and staff. The home is extremely clean and smelt fresh on entering and throughout the building. We spoke to one staff member busy with cleaning duties who informed us that she had worked at the home for 13 years and was very happy working at Brookfield.





Two spacious communal lounges are situated on the ground floor, one lounge looks onto the secure back garden, where a sizeable gazebo has been erected providing cover for a large table and several chairs. We noted some staff members using the area for their allotted rest breaks.

The entrance lobby leads to the stairs, lift, manager's office and communal areas of the home. All areas of the home are well maintained. We observed plenty of seating in the communal areas for residents and visitors, many of the residents seated in the lounge had specially designed chairs to accommodate their health needs.



At the time of the visit we witnessed the Activity Coordinator delivering a Zumba chair exercise session in one lounge. We were told by the Management that the Activity Coordinator was a dedicated appointment with a focussed role. All residents in the lounge appeared to be enjoying the session. One resident informed us: *"I enjoy the music in the Zumba class"*. Another lady agreed with the statement saying: *"I enjoy the Zumba"*.


The second lounge was spacious and comfortable with plenty of seating. We witnessed a resident's pet budgie in a cage in the lounge area, which appeared to be a welcomed tenant by the residents we spoke to during the visit. The lounge was a quiet area for people to sit and read or do craft activities. We informed that the plant pots on the table had recently been potted with spring bulbs by residents. During the visit we observed two residents using the lounge to read. Both lounges have a television set on the wall, at the time of the visit the volume on one television was adjusted by a staff member to ensure that it was not dominating the community space.

The ambience throughout the home on the day we visited was calm and extremely welcoming. All staff appeared efficient and considerate when speaking and interacting with residents.

We were encouraged by the Manager to go and look around the home and to speak to residents, staff and relatives. We observed some bedrooms at the invitation of their occupants, bedrooms were clean, spacious and comfortable. Residents told us they can bring personal belongings to put in their rooms. Some residents told us that they enjoy their own company and like to sit in their bedroom listening to music, one resident told us:

*"I don't want to eat my meals with others in the lounge I like to eat on my own in my own room"*

As we went about the home, we noted a potential trip hazard, an extra single step at the top of the stairs leading to the staff and visitors' toilet. The step was not easily noticeable on the heavily patterned stair carpet. The Enter and View team spoke to the Manager pointing out that the step could be a trip hazard to a person unfamiliar with the layout of the stairway. The Manager told us that the step had never caused any accident but agreed



to take immediate action by highlighting the location and putting up signage to notify people of the extra step when accessing the toilet.

On moving around the home, we noted that all corridors were light, bright and uncluttered. Handrails were strategically placed around the building and we observed fire extinguishers and evacuation procedures visible throughout the home. We were given a demonstration by a member of staff of the home's 'medicare' call system. The system, which is a nurse call method has been installed throughout the building to alert staff members that support for a resident is required. For more information please go to:

<https://www.medicareystems.co.uk/>

## Activities

An activities rota is on display at the entrance of the home. On the day of the visit the Activity Coordinator, who is employed to work at the home from Monday to Friday, 10am to 12:30pm, spoke enthusiastically about his work with group activities and working with residents individually. He told us that he is trying a range of activities to engage and interest the residents, for example, he has introduced a horse racing game, which allows a person to put on a fake bet. He added, that many of the residents appear to really enjoy this activity. We learnt that residents have access to quizzes and large crossword pursuits, others enjoy having their fingernails and toenails painted. The home benefits from a member of the care staff who has worked at the home for over 16 years and who provides two voluntary hours a day, twice a week to support and provide activities for residents.

We received several comments such:

*"I am happy, it is very good here, I enjoy the music in the Zumba class. Staff are kind, I have my own bedroom which is very comfortable, and I can bring my own things. I enjoy the food, I enjoy it all".*

*"I am happy, all is good. I share a bedroom, have my meals in the lounge and the food is good. All members of staff are lovely, the home doesn't stint on anything, I feel safe, have had no falls and I enjoy the Zumba".*

We were told that a hairdresser visits the home every week and that most residents will be able to see the hairdresser on a fortnightly basis. All residents appeared very well groomed, with many exhibiting painted finger nails.

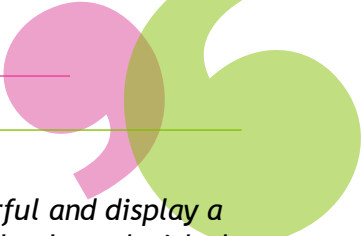
## Care

When speaking to residents about the care they received from staff, all the residents we spoke to on the day told us that they are looked after well and if they had a problem they would speak up and ask for help. One resident told us:

*"...I am happy at the home, not keen on the food, I have a nice single room. All staff are nice and will help. If I had a problem I would ask for help. I feel safe and can move around with someone and with the aid of my walking frame".*

One relative who visits on a regular basis told us;

*"We are really happy with Brookfield, mum always smells clean and fresh, we cannot fault the care she receives. Staff are always cheerful and nice to us from the moment we*



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*enter the building and the family appreciates this. Carers are cheerful and display a sense of humour, and mum has a sense of humour. We are really, really pleased with the home”.*

From the comments we received through our relative questionnaire the consensus is that relatives are happy with the care that their loved ones are receiving at Brookfield’s. Some relatives made mention of the home being under new ownership, stating that it would be interesting to see if changes are made.

### **Fundamentals**

When the Enter and View team visited the kitchen area, they found that the area was spotless, we noted that the cook was in uniform and wearing a white apron. The cook provides meals on a two-week rolling menu that can be adapted according to the likes and dislikes of a resident. The menus are changed every six months. We witnessed the list of names of residents on special diets. We were shown the adapted plates that are made available to residents who find it difficult to use conventional plates. Most of the residents eat their meals in the lounge rather than the dining room as many residents have specialist chairs that are not conducive to be placed around a standard dining room table. We spoke to some residents who told us that they eat their meals in their own rooms as they prefer to do this.

The cook serves fruit platters in the afternoon, with smoothies for those residents who cannot chew fresh fruit. There is a selection of salads and sandwiches for tea. On the day of the visit we saw residents eating roast chicken dinner, with apple crumble and ice-cream for pudding.

Most of the residents we spoke to told us that they were happy with the food. We were informed by the Manager that there are five care staff on duty in the lounge and four members of staff on duty in residents’ bedrooms to help and support residents at meal times.

During the visit we observed that there were plenty of drinks available for residents.

When we asked about the laundry, we were told that the home ensures that all residents’ clothes are labelled.

One resident told us of her routine and activities at the Brookfield:

*“I have my hair washed, I dress myself, I shower on a Friday and have fresh clothes every day, I have a few visitors, and sometimes a friend takes me to the shops and I have communion once a month”.*

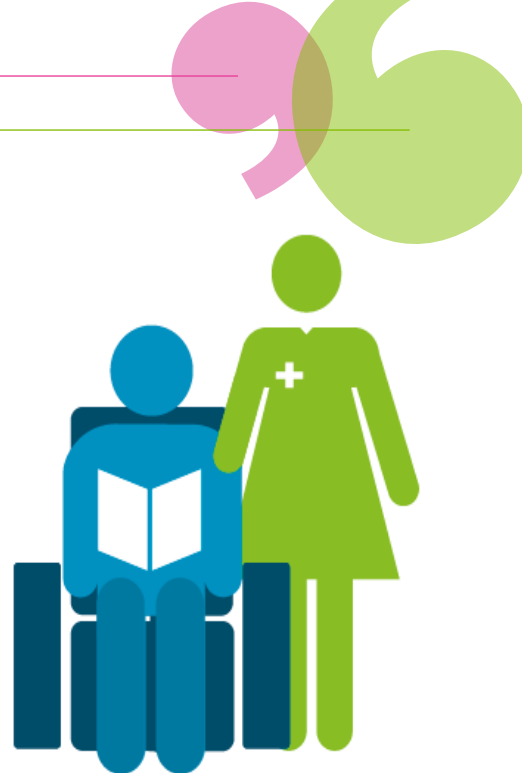
Many of the staff we spoke to during the visit have been working at Brookfield for many years and all are proud of the standard of care that they deliver at the home, all emphasised the comprehensive support given to them by the Manager.

## Profile of residents

On the day of the visit all the residents living at Brookfield were elderly female residents living with complex nursing requirements. A lot of residents have a dementia illness but not usually their primary diagnosis.

## Management of the Home

The following comments should be read in conjunction with **Appendix A**. The Manager is a qualified nurse has been in her post at Brookfield Nursing Home for 28 years. The Manager informed us that she is fully supported and very happy working with the new owner who is also a qualified nurse with a huge amount of experience in running a nursing home. One example of the new owner's immediate plans for Brookfield is to update the recording of data and care records on to an IT system.



When we asked the Manager what the percentage of residents at Brookfield were living with dementia, we were told that dementia is not the home's first priority as the home specialises in end of life care and is not an EMI [Elderly Mentally Infirm] home. The Manager informed us that Brookfield has been identified as a care home that can offer a good standard of palliative care for residents at the end of life and often receives fast track referrals from the Local Authority and Trafford Clinical Commissioning Group.

When we asked about the use of agency staff, the Manager informed us that the home uses agency staff on a 'ad hoc' basis only when necessary and are very selective, only sourcing nursing staff from one or two trusted agencies. The home is fully staffed having recently employed two new nursing staff members. On the day of the visit there were 10 members of staff on duty, which included nursing staff, care staff, cook, domestics and cleaners. The Manager informed us that she is always on call. We were told that staff retention at Brookfield is good. The management informed us that they are currently discussing ways on improving the recruitment of nurses.

We asked how often the home uses the 999-emergency ambulance service. We were told that there are very few admissions from Brookfield because of the trained nurses on staff and that call outs would be for a resident suffering with a chest infection that requires further investigate or hospital intervention.

When we asked about accessing GP Practices, we were told that residents do retain their own GP if within the area and that certain GP Practices are particularly empathic towards the elderly and the home will seek to place resident with these GP Practices if the resident has come from outside the area.

When we asked about accessing a dentist, the Manager told us

*“it is very difficult to obtain a dentist, we can only ring for a home visit if there is a real problem and this must be done through Seymour Grove community dentist. We cannot get dentist to provide regular dental check-ups at the home for residents”.*



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 and gave examples of action taken. *Please see page 19 in Appendix A for Manager's full response.*

On enquiring about residents' food and liquid intake, we were informed that residents are monitored daily if not eating something. *Please go to page 14 in Appendix A for the Manager's full response.*

When we asked how residents and their families provide feedback or raise any concerns, the Manager informed us that the home complaints policy goes to all new residents and their families, *for the Manager's full response see page 14 in Appendix A of this report.*

On the day of the visit we informed the Manager that we had receive two negative comments from family members via the relative questionnaires that were sent out prior to the enter and view visit. The comments were as follows:

1. One comment referred to the recent increase in the costs of keeping a resident at Brookfield, which is currently between £750 and £900 a week. We were informed by the Manager and owner that the recent slight increase in costs has enabled the home to employ two new members of nursing staff and the Activity Coordinator; and that the home always has seven to eight nurses on duty during the day and three qualified nurses to cover the night-time shift.
2. The second comment referred to residents in wheelchairs being unable to access a sink at the home to enable them to have their hair washed, and that there is no hairdresser attending the home.

**Management response to the above comment:**


The home has purchased a 'blow up' bowl that is put on a table behind a resident to enable them [residents] to tip their head back and have their hair washed and a hairdresser does visit the home every week and most residents will be able to see the hairdresser on a fortnightly basis. *Please see page 9 of this report*

The Manager and owner thanked the enter and view team for bringing the above concerns to their attention. They informed us that due to the change in ownership a 'meet and greet' event had been arranged for all residents and their families for the following day [12-10-18] and they [Manager and owner] will be able to respond accordingly knowing in advance how some people felt.

The Manager informed us that all staff complete the home's mandatory training, which includes, e-learning, in-house courses and moving and handling. *For Manager's full response see page 19 in Appendix A of this report.*

The home always has two nurses and five to six carers on during the day and one nurse and two carers to cover the night-time shift. The home has





two members of staff qualified as ‘moving and handling’ trainers and a trained wheelchair checker to ensure that all equipment used by residents are in good working order.

When asked about advance directives, the Manager stated that the home has advance directives<sup>2</sup> in place and these are reviewed and discussed regularly with family as appropriate and with residents’ involvement where possible.

## **Deprivation of Liberties [DoLS]<sup>3</sup>**

When we asked about accessing DoLS, we were informed that the home has no problems completing the DoLS and do them on admission or as conditions change. However, the response can take up to a year. Assessors are generally coming out quite promptly but then there can be a long delay until they are actually issued.

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<sup>2</sup> 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/>

<sup>3</sup> 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.*





## Summary of relatives' responses to questionnaire

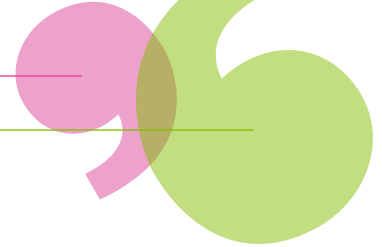
(see relative questionnaire in appendix B)

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

To see the full results of the residents questionnaire we received back, you can find them at <https://healthwatchtrafford.co.uk/wp-content/uploads/2018/03/Brookfield.pdf>

***Below are the comments we received from relatives and carers. Please note that, whilst we received nine completed questionnaires from relatives and carers not all choose to complete the comment box section.***

- 1. It would be good if my relative could exchange her current wheelchair for a wider more comfortable one. It would be good if there was a sink in the nursing home to wash her hair, currently there is only one salon in Urmston where a wheelchair can be pushed up to a sink and they charge £83 a time. On top of the £100k already paid in fees [£700 a month], it's expensive to fund things like the above. I have knocked off 1.5 points for the lack of a sink to accept a wheelchair and the lack of outings. I would give 8.5 points for the high-level care quality of all staff and for cleanliness.*
- 2. I can't fault the care, but the home's décor is very tired and depressing to visit. Fees have recently jumped up massively, but the increase isn't visible in good quality choice or the décor. My relative has a single room with an en-suite which she is unable to use so the bathroom is used as a store room, so I fell a reduction of her fees would be appropriate as he privacy is often invaded. Broader choice of drinks would be nice, for example, fizzy water or diet sodas.*
- 3. This form [relative questionnaire] has been completed in a period of change of ownership. Therefore, the answers to 'would I recommend the home to anyone else'. I have given a 'yes' and a star rating of 8. All this is historical.*
- 4. The answers appear to be rather negative, but I am happy with the way my relative is cared for. My relative is bedridden so most of the negative answers are because of this. As the home has just changed ownership it will be interesting to see if changes are made.*



## **Appendix - A**

### **Management questionnaire and responses**

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

### **Pre-visit questionnaire for the Manager of Brookfield Nursing 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?

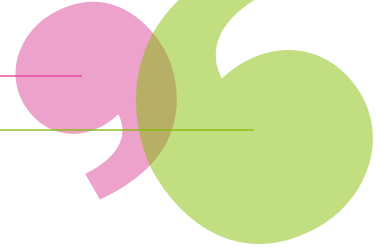
Questionnaires, residents' meetings, open door policy, complaints file, complaints policy goes to all new residents and families. Minor complaints/negative comments paperwork/form [when it doesn't warrant taking further]. Comments book at front door [for all visitors and also to record phone compliments etc] ongoing.

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

We don't have volunteers but do have work experience from local college, ministers/lay preacher visit residents. Work experience help with drinks, activities, feeding residents etc. All under supervision and DBS checked.

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

Local clergy, private podiatry, NHS professionals e.g. dietitian, audiology, SaLt. GP's mental health consultants, DoLs assessors, social services, local schools to sing, brownies to perform etc. CHC assessors to review care plans etc. Singers, movement to music.



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

Yes, they do. Two week rolling menu but adapted according to likes and dislikes. Always fresh fruit available and handed out in the afternoons and 'smoothies' made for those who can't chew fruit.

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

Yes- variety of different drinks, hot and cold. If residents at risk of spillage not always left within easy reach but staff supervise to take. Some residents are on fluid balance charts/food charts as appropriate and recorded in care plans. Relevant agencies contacted when there are concerns e.g. dietitian.

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

Yes, follow Trafford procedure for referral i.e. if high risk or sudden weight loss try home bought supplement e.g. Complan for one month, three days fluid/charts copied and sent with the referral form if any level of pain GP would be contacted for review.

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

Questionnaires, residents' meetings, monitored on a daily basis if not eating something [if unable to say] listen/ask resident and record of likes and dislikes. Chefs discuss menus with residents and offer alternatives as necessary. List of dietary needs and likes and dislikes in the kitchen [and on tea trolley].



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

No, retain our family Doctor unless come from out of area. We know which surgeries are particularly empathetic towards the elderly [after 30+ years of being a nursing home] and tend to use these when residents need to change GPs.

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

Podiatry every 8/12, physio [with GP referral as necessary], domiciliary dentist [will only come if a particular issue - need to refer to Seymour Grove]. Social workers, CHC/FNC assessors, DoLs assessors, GPs, consultants [following referrals e.g. mental health], dietitian, SaLt team, neuro-rehab team, tissue viability nurse, nutrition nurses[re; pegs], phlebotomy practice nurse.

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

Referral forms, GP, single point of access etc.

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

Yes, and kitchen informed re; dietary likes and dislikes.



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, staff spend as much time as possible between and during care. We have a 'This is me' form for families to complete to tell us about past lives [when residents can't] so staff know what might interest residents. Some residents have photo albums, reminiscence cards and we do have some local history books. We have DVE and residents watch old films. We have also had local history slideshows from time to time.

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

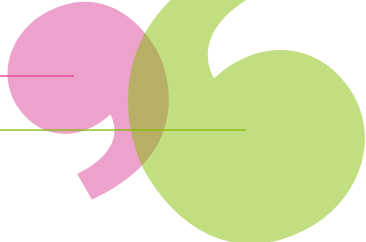
Yes, residents that are able to choose are offered choices. If unable to, staff pick clothes appropriate to climate and ensure they are tidy and matching [families informed if anything needed].

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?

All have individual, in-depth care plans which are personalised. We arrange assessment by mental health team as necessary [dementia crisis] who will help devise/advise re particular care. Challenging behaviour is recorded on charts and trigger points/.....? recorded and coping strategies. We adhere to normal routines and have a check with the date, day, time of day etc to help .....?

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

We would always look up information and ensure staff understood different cultures and faiths by using factsheets etc. If it affected diet, then this would also be discussed in-depth with the cooks. We would contact churches etc for visits/spiritual interests.



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

Yes, for different denominations - all residents have a Hope tool completed to record their spiritual needs.

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

We do. A lot of residents have advanced care plans in place and these are reviewed regularly and discussed with family as appropriate and residents involved where able.

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

We have a budgie [owned by a resident] at the moment, and visitors bring in dogs as appropriate [always checked with residents if they would like them near them due to allergies etc].

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

Not as such, I update families, whenever they visit and respond by questionnaires as necessary. We have an open-door policy and always advise families to ring or visit regarding any concerns/updates.

Q20. Do you take residents out into the community?

Where condition allows. We have a new activity co-ordinator who is now take 'able' residents out for coffee and cake/etc. We also take residents who are able to go in a wheelchair out to eye test or dentist as necessary and escort to hospital appointments. Residents go out to Christmas party at local school in December. We make use of our large back garden and residents sit out when weather is ok [even in specialist chairs].





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?

Fill in accident form and falls risk assessment, resident only moved if assessment deems safe. Any indication of fracture etc, then an ambulance is called for, and an escort sent with the resident for hospital assessment. GP visit requested if suspected injury, otherwise 48-hour monitoring form completed. If any change/deterioration GP requested. All falls area recorded in care plan and families informed [we have a notification from completed by families].

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

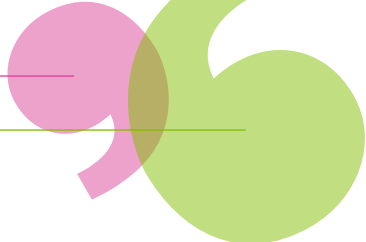
We have high/low beds in all rooms. Call bells accessible. Alarm mats used on beds and chairs to alert staff to patient moving. Bedrails/bumpers on beds. Monthly risk assessment. We have two moving and handling assessors who risk assess all movement by residents e.g. appropriate chairs/ slings/ hoist etc.

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

Upgraded internet connection as a result of a resident's husband being unable to Facetime relative in America [paid for upgrade to give better coverage throughout the home]. A relative struggled to get into the home on one occasion as staff didn't hear doorbell, so electrician came in and made the doorbell a lot louder [and placed note on plug in back of doorbell 'not to unplug'].

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

All staff have relevant training which includes e-learning, in-house courses and practical e.g. moving and handling. All staff on induction start of 'shadowing'. Care staff have supervisions [formal] four times yearly, and yearly appraisals. We record on the NMDS which puts a reminder when training is due, so we can keep up to date.



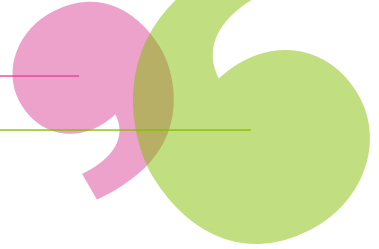
Q25. How do you prevent residents' feelings of loneliness or isolation?

Open visiting, provide stimulation and activities. Staff interact with residents at every opportunity. Encourage family and friends to take out whenever able.

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

Appropriate equipment, well trained friendly staff. Appropriate assessment and treatment. Good listening employer who is prepared to act on suggestions/items needed promptly.

*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?	<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.**

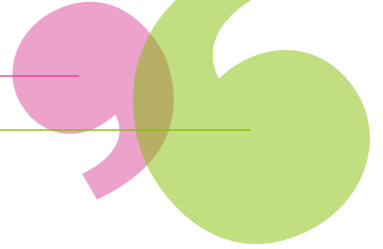
**Would you recommend this home to anyone else?**

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 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

The provider visited

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 **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