



Welcome to
Cleggsworth

Cleggsworth Care Home Enter and View Report

October 2019

healthwatch
Rochdale

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Introduction

About Healthwatch Rochdale

Healthwatch Rochdale is the independent consumer champion for children, young people and adults who use health and social care services in the borough.

- We work to ensure consumer's views about services are represented both locally and nationally;
- We focus on local voices being able to influence the delivery and design of local services;
- We have statutory powers that enable local people to influence health and social care services under the Health and Social Care Act 2012.

Healthwatch Rochdale listen to the views and opinions of local people concerning health and social care services such as hospitals, GPs, care homes and pharmacies. These views and experiences are used to improve the way services are designed and delivered.

Healthwatch Rochdale has statutory powers to enable visits to be undertaken at publicly funded health or social care premises, these visits are called 'Enter and View'. Enter and View visits are undertaken when Healthwatch Rochdale wishes to address an issue of specific interest or concern, but equally they can occur when an organisation has a good reputation. Enter and View visits allow fully trained Authorised Enter and View Representatives the opportunity to find out about the quality of services and to obtain the views of the people using those services.

Our Enter and View policy is available to view at www.healthwatchrochdale.org.uk

You may also wish to look at The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 available to view at http://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf

Acknowledgements

Healthwatch Rochdale would like to thank Cleggsworth Care Home management and staff members, residents, family members and all those who took part and took the time to speak to us on the day.

Disclaimer

Please note that this report relates only to the service observed at the time of the visit. This report is not a representative portrayal of the experience of all service users and staff and is only an account of the views of those who met with the Enter and View team at the time of the visit. Enter and View visits are not inspections but are an opportunity for patients to share their views on the care they are receiving. It is not the role of Healthwatch Rochdale to see evidence of policies, procedures, care plans or any other written evidence.

Enter and View Visit Information

Service address	Cleggsworth Care Home, 7 - 15 Little Clegg Road, Littleborough, Rochdale, OL15 0EA
Service Provider	Cleggsworth Care Home Ltd
Type of service	Care Home only (Residential Care) - Privately Owned, Registered for a maximum of 38 Service Users
Date and time of Enter and View visit	Thursday 10 th October 11.00am - 2.00pm
Authorised Enter and View Representatives	Claire Birch, Jane Jackson, Dave Logan and Karen Kelland

Care Quality Commission rating

The Care Quality Commission (CQC) monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety. The CQC publish their findings, including performance ratings to help people choose care. At the time of the Enter and View visit Cleggsworth Care Home was rated as good by the CQC. To read the inspection report please visit <https://www.cqc.org.uk/location/1-142902545>

Visit Background & Purpose

Background

Healthwatch Rochdale visited Cleggsworth Care Home on Thursday 10th October 2019 at 11.00am - 2.00pm as part of a programme of announced Enter and View visits to care homes in the Rochdale borough. The home was notified of our visit in advance during a pre-visit meeting with the manager. The manager was given a two-week time frame and informed that the visit could take place at any time within that time frame.

In 2018/19 visits were based on eight care quality indicators developed by Independent Age. For the 2019/20 programme of visits, Healthwatch Rochdale decided to include a ninth indicator which focuses on the environment to enable better reporting in this area.

The indicators are:

- Have strong, visible management
- Have staff with the time and skills to do their job
- Have good knowledge of each individual resident and how their needs may be changing
- Offer a varied programme of activities
- Offer quality, choice and flexibility around food and mealtimes
- Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
- Accommodate residents personal, cultural and lifestyle needs
- Be an open environment where feedback is actively sought and used#
- Provide a physical environment which is suitable for the needs of the residents

Methodology

This was an announced visit within a two-week time frame and therefore Cleggsworth Care Home management and staff were expecting us. Enter and View representatives on this visit were:

- Claire Birch
- Jane Jackson
- Dave Logan
- Karen Kelland

We were greeted on arrival by the manager and our questionnaires and observations were conducted based on the nine care quality indicators. On the visit we spoke to:

- The manager
- Five staff members
- Three residents
- Three family members

The home consists of two floors, with a lounge and a separate dining room on the ground floor and an open plan lounge/dining room on the first floor. We observed all communal areas on our visit. After the visit was completed the manager was informed that a report with recommendations will be shared with the provider. An opportunity for the provider to comment on the recommendations will be given.

Results of visit

A good care home should have

1. Strong and visible management

The manager told us she has “been in a health care role since 2005” and “ran a nursing agency for nine years”. The manager also stated she was “previously the manager at Lakeside Residential Home” and that when she joined the home it was in “special measures and she was brought in to bring change”. The manager told us that the job can be “stressful”, but she enjoys “working with the staff and the residents” and that she feels everyone is like “an extended family”.

Three staff members said that they felt that they received support from the manager saying that the manager was “approachable”, with one staff member saying the manager “helps with appropriate shifts” and that they “feel able to ask (manager) to help with care delivery when busy” and a second staff member said that they felt that the manager would give a favourable response to “requests for resident’s needs” and that the manager “provides training and asks (staff) if they need anything”. Three staff members said it was easy to talk to the manager and that the manager is “available daily” and that they “receive supervision”.

Two staff members we spoke with said they felt that the support they received from the manager was “none” and that it wasn’t very easy to talk to the manager when there was

an issue, saying “it is (easy) for the residents, but not for us. I would go to the deputy manager (with an issue) and the seniors are great”.

Two residents we spoke with knew who the manager of the home was by name saying “yes, its Wendy” and a third resident said they “haven’t a clue” who the manager is. Of the two residents who knew the manager one said that the manager was “smashing” and a second said “I like her. She helps me to the toilet sometimes and brought a parcel to my room. I have no problem going to speak to her”.

All three family members we spoke with said they knew who the manager was and was friendly and helpful.

On our visit we observed the manager bringing the telephone upstairs for a resident who had received a phone call from a relative.

2. Have staff with time and skills to do their job

The manager told us that they are a “trainer” and that staff have access to “fully funded courses” and “online training courses” with staff gaining “recognised qualifications” on completion. The manager said that staff are currently undertaking a “British Sign Language course to assist a resident to communicate”. The manager said they carry out a “dependency audit at the end of the month” to assess staffing levels and currently there is “one senior and five carers in the morning, one senior and four carers in the afternoon and one senior and two carers at night”. The manager said the home also has a “domestic, maintenance person and an activities co-ordinator”. The manager told us that when they have previously had shortages during the day the manager or deputy will provide cover and they “have had to get agency staff if no one is available to cover” the manager also stated that she is “on call in an emergency”.

Three staff members said that they felt they had enough time to care for residents telling us “I love them all (residents) and I work both upstairs and downstairs. A fourth staff member told us that the home has “more busy days than quiet” and there is “not enough time to sit and chat with residents” and that “some residents have care needs that need closer supervision than the home can provide” for example those with more challenging behaviour. A fifth staff member says they “only have one pair of hands” and “do the best (they) can”.

Two staff members told us that they are encouraged to continue to develop their skills, but one staff member said that it is “not what is always needed in the home”. A third staff member said that they have carried out “moving and handling and Deprivation of Liberty Safeguards (DoLS) training at the home” but that they have not always been able to “deliver the care (they were) taught in college as (they are) too busy”. A fourth staff member said they are “up to date with mandatory training” and have “just completed sign language training as a new resident has hearing needs”.

All staff members we spoke with said they enjoyed their job and working with residents with one staff member telling us they enjoy “helping residents and their appreciation” and a second said“(I) like meeting the different personalities and learning about residents as individuals”. A third staff member said they “like to see residents smiling and enjoying themselves”.

All three residents we spoke with said they thought the staff were good telling us that staff are “very good” and “wonderful (you) really get looked after here”. One resident said that staff had the time to stop and chat with them and a second said “no not really. It would be nice if they would come and speak to me” and a third said “not very often, they are too busy as they are understaffed. I would like them to be able to spend ten minutes with me here and there, but everything is done in a matter of fact manner”. The third resident continued to say they were “left sitting at the table for forty-five minutes waiting to be wheeled back into the lounge” and “it definitely needs more staff. They never stop and are always rushed”.

Two family members we spoke with felt that staff had the time and skills to care for their resident and a third said “most of the time”.

On our visit we observed staff members in the downstairs lounge handing post to residents and sitting and speaking with one resident about something they had received in the post. In the upstairs lounge we saw one staff member talking one to one with a resident. We also saw a notice on the office window notifying staff of relevant free training that staff members could sign up to.

3. Have good knowledge of each individual resident and how their needs may be changing

The manager told us that for new residents to the home they carry out a “one to one with the resident and family” and that residents also “have an assessment from Rochdale Borough Council” and have a “full care plan completed within the week”. There is a “detailed handover sheet for all residents” and this information is “passed onto staff”. The manager said that information on a resident’s needs are “assessed monthly by the main senior” and the manager carries out an audit for quality checks.

Three staff members told us that they get to know residents through the “care plan” with one staff member saying the “manager and deputy interview new residents and devise the care plan” and staff members “get told about new residents and pick things up in handovers”. A fourth staff member said they got to know residents through “sitting and talking to them or family members” and a fifth said they “spend time with new residents and family to find out their likes, dislikes, hobbies and interests”.

Residents felt that staff knew their needs and likes and dislikes with one resident telling us “they get used to me” but they “don’t really know me as a person. They chat to me but not on a personal level, it is to do with their work”.

All three family members we spoke with felt that the home noticed and responded when their relative’s needs changed with one family member telling us they get a phone call “to let me know”.

On our visit we observed that residents had their name and picture displayed next to their bedroom door and were allocated a named keyworker.

4. Offer a varied programme of activities

The manager told us that the home has an “activities co-ordinator” who works in the home for twenty-four hours per week. Activities provided include “going out for meals at Christmas and trips to the theatre” and that “daily activities are logged with who took

part”. The manager said that residents are “encouraged to take part” and use different strategies to encourage participation. The manager told us that resident’s hobbies and interests are identified as “part of the pre - assessment” and the home gets information from a resident’s “life history”. The manager said that they “previously had chickens” as part of the Social Hens Project but that the coop got destroyed and so they have had to give the chickens to a “free range farm”. The manager said that “family members can bring pets into the home, but they must be controlled”.

Staff members told us that inside activities in the home included “crafts, music therapy, animal therapy, board games, story books for reminiscence and role play” saying that there was a “daily programme” and a “weekly theme” such as “murder mystery” or doing an activity for “breast cancer awareness week”. Outdoor activities included “gardening once a week, going for walks and individual shopping trips” as well as having previously had one off activities to “Bridgewater Hall for a dementia friendly concert” and a trip to “Oulder Hill School to see a dementia friendly play”. One staff member told us that there weren’t many outdoor activities and that “occasionally the odd resident would go shopping” but that “many residents were not able” The staff member told us that “activities are five days a week and don’t happen when the activities co-ordinator is not here” and so staff members “put on films or play music”. The manager confirmed that the activities co ordinator does not work at weekend and so the home has no planned activities but said this was the time when most residents had visits from friends and family members.

Staff members told us that activities are tailored to individual interests “where appropriate” and that activities “have to be spilt to cater for resident’s who have dementia and residents who do not” which “isn’t always easy when there are twenty residents with different abilities” and so the home uses “group activities as much as possible” but also try “as much as possible to do one to one activities”. Staff members also said that there are “one to one sessions on a Wednesday for residents who prefer to stay in their room” and that these residents are also “informed of group activities” but that their “wishes are respected” if they do not want to participate.

One resident said there were no activities available for them in the home that they wanted to take part in. A second resident said “we did a who dunnit yesterday and I won. I love Agatha Christie. We get asked what we want to do. You don’t have to join in, but I like to. It passes the time”. A third resident said “I like playing bingo and the quizzes. I won bingo this morning and won a chocolate bar. I also like the chair exercises” and stated that they used to enjoy “shopping but I can’t walk. I like the greengrocers background (in the downstairs dining room) but not the post office one (in the upstairs dining room)”. Two residents said that they didn’t go on trips outside saying “ (I) haven’t been offered any trips outside or into the garden but I am not really interested in going out” and a second said they “very rarely (go outside) but a bit of fresh air now and again would be nice”.

All three family members told us that activities in the home were “good”, “very good” and “excellent”. One family member told us there are “many activities available” and a second said “more visits from school children would be great”.

On our visit we observed a monthly activities timetable in the hallway that listed activities including Tai Chi, bingo, ball games, arts & crafts, board games, dominoes, films, colouring, play your cards right, biscuit decorating, story box and a general knowledge quiz. On our visit we observed the activities coordinator taking a resident to the shop on one to one basis at the resident’s request. The home has recently had the downstairs room

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wall painted as a greengrocer's shop front and the upstairs dining room wall painted as a post office.

5. Offer quality, choice and flexibility around food and mealtimes

The manager told us that the home has a “three weekly cycle of menus” and the home are now moving to the “winter menu”. The manager said that residents are surveyed with a “monthly quality questionnaire” and that one resident “chooses to have ready meals from Tesco and so these are brought in” and that “special diets are catered for”. The manager told us that the “kitchen is open twenty-four hours a day, seven days a week” and that residents “can ask for anything at any time”. There are “tea stations and cold drink stations for residents who have capacity” and “staff attend to the needs of others”. The manager said that the home has “new wall friezes in both dining rooms” and that the “dining rooms are set up for mealtimes” and they may “sometimes play music. However, “some residents will only eat in their rooms”.

One staff member told us that residents “are given as much encouragement as possible to eat independently” but staff “sometimes feed those that need help”. The staff member also said that there is a “brew trolley at 10.30am with fruit, brews and a biscuit, a second brew trolley at 2pm with snacks and cake and a third brew trolley for supper at 8pm with crumpets” and that staff would also “make residents something (to eat) if they were hungry” at any other time as residents “can eat whenever they are hungry”. A second staff member said that “assistance is always given if needed” and residents are “encouraged to snack between meals if they want”. A third staff member stated that “intake is monitored” and “alternative (meal) times are offered if (a resident) misses a meal” telling us that residents have access to a “jug of juice and several biscuits and (residents) can pour their own (drink) and select their choice (of biscuit)” with residents having the “choice to eat in their own room”.

One staff member told us that residents get “two choices” at mealtime but if residents didn't like the options then staff “would make something else” and that mealtimes are made sociable because residents are able to “all sit together in their own little groups”. A second staff member said that residents are given a choice at mealtimes, but residents have previously “requested changes in the menu but this has not been carried out”. The staff member told us that they “try to provide a jolly atmosphere” at mealtimes and all residents are “encouraged to go to the dining room” for meals but some residents “prefer to be alone”.

Two residents we spoke with said they liked the food saying it was “fabulous” and “very nice most of it”. A third resident said the food was “alright”. One resident told us they get “two choices” at mealtime and have “a full breakfast every day” and a second said there was “a choice of two (meals) everyday and that is enough for me”. A third resident said there wasn't enough food but that they “get to choose and I like the choices”.

All three family members we spoke with told us that they felt confident that their relative was supported to eat and drink as much as needed with one family member saying residents were offered “fruit and light refreshments between meals”. Family members thought the choice and quality of food “looks very good”, “very good” and was “excellent”.

On the day of our visit lunch was a choice of sausage casserole or shepherd's pie followed by strawberries and cream or ice cream and there had been no requests from residents for

alternatives. Residents were helped into the dining room by staff members and those who did not want to eat in the dining room could eat in the lounge or their bedroom and have their meal brought to them. We observed cold and warm drinks being offered to residents with residents eating independently. Lunch in the upstairs dining room appeared more jovial with staff members being chatty with residents and using their names but lunch downstairs seemed more subdued with lunch being placed in front of residents without any conversation or staff interaction. Dining tables had napkins and vases of flowers and residents appeared to be enjoying their meal.

6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists

The manager told us that the home has “optometry visits when ever requested” and that “residents can request their own optician”. The manager said that getting a “domiciliary dentist is very difficult” and that there is a “twenty-two week wait for appointments”. The manager said that the home received a “five-star rating for the Oral Care Scheme”.

All staff members said that residents had regular access to dentistry or eye care with one staff member saying there are “regular checks by the optometrist and dentist” at the home and that some residents “visit their own dentist or optician” and this is “recorded in their personal notes”.

One resident we spoke with said they had “seen the optician, he comes into the home” and a second said “I think I have seen the dentist”. A third resident said there is “no dentist” and they are “seeing an optician next Wednesday” as their “previous appointment was cancelled because there weren’t enough staff members in the home to spare a staff member to come with me”.

All three family members we spoke with said their relative gets to see a dentist and optician regularly.

7. Accommodate residents personal, cultural and lifestyle needs

The manager told us that the home has a “monthly Monday service” from the “Methodist church” and that the “Church of England carry out communion on the third Thursday of the month”. The manager said that they could “adapt a room for Muslim worship if required” and that “religion is noted on the care plan” as well as information on if they are “keen to practice”. The home also has a hairdresser who comes into the home “every Tuesday” and the home has a sperate hairdressing room for this activity.

Staff members told us that religious and cultural needs are catered for, with one staff member saying “church members visit every two to three weeks to sing hymns and the priest conducts a service” and a second staff member said that “churches visit and hold services” with a third staff member telling us the home previously had a Muslim resident and they “gave (resident) halal food and helped with her (cultural) toilet needs”. All staff members confirmed that the home has access to a hairdresser or barber with one staff member saying the hairdresser visits “twice a week” and other staff members saying the hairdresser visits “weekly”.

Two residents we spoke with said they were “not bothered about going to church” and a third resident said the home “has a service once a month, either on a Sunday or Monday

and we have Holy Communion". All three residents said they get to choose what they want to wear but two residents spoke of clothes going missing in the laundry saying "clothes go missing in the laundry, some things have turned up eventually" and "a pair of my trousers went missing over a week ago".

Two family members we spoke with felt that their resident had no specific religious or cultural needs and one family member said, "yes Church of England" and confirmed that their religious needs were accommodated. All three family members confirmed that their resident can get their hair cut "when needed" and "every week if needed" as the "hairdresser visits".

On our visit we observed that residents appeared well groomed and clean with neat, combed hair. We also observed that the home had a separate room downstairs that had been adapted for use by the hairdresser.

8. Be an open environment where feedback is actively sought and used

The manager told us that she has an "open door policy" and will "respond to any complaints". The manager said that the home has "monthly meetings with residents and families" and that there is a "complaints poster at the front door". The manager said that resident or family member's feedback is "addressed in staff meetings" and that staff are able to provide feedback through "staff meetings and supervision meetings".

Three staff members told us they cannot have a say in how the home is run, however one staff member said that "staff commented on busy mornings and so the routine was changed". Two other staff members said they could have a say "at staff meetings".

Staff members told us residents can have a say in how the home is run through "speaking to the manager of their concerns" and that the home has "occasional resident's meetings" but there is "no regular meeting for family members and friends".

One resident told us that if they wanted to make a complaint they would "speak to the manager. She is smashing" and a second said they get the opportunity to "fill in a complaint sheet every month with the activities co-ordinator" and a third was unsure what they would do if they had a complaint. When asked if there was anything they would like to change in the home two residents said "no, not a thing" and a third resident said they would like to see "more activities and a bit more going on". All three residents said they were happy at the home with one resident saying, "I am happy here, but I can't settle" and a second said "I used to want to go home. I went home for twelve months and had carers, but I wanted to come back. I like it here, it is twenty-four hour care".

All three family members we spoke with told us that they felt welcome in the home and able to share their feedback with one family member saying they can "give feedback anytime and it is welcomed" and a second family member said "if anything needs to be said or changed (I) speak to staff and it is implemented" and a third said that "any problem (is) referred to staff or management and seems to be attended to".

Prior to our Enter and View visit we provided the home with a poster notifying residents and family members that we would be visiting the home and wanted to hear their views and opinions of the home. We asked for this poster to be displayed but when we visited we could not see the poster on display.

9. Provide a physical environment which is suitable for the needs of the residents.

The manager told us that the home is “currently going through redecorating” and that after “each vacancy the maintenance will refresh the room” and that the home has “new flooring in areas” and “window cleaning and the “front of the house is to be painted”. The manager said that the home has just had an infection control inspection and following this an action plan has been put into place which includes the recruitment of two new cleaners and the home undergoing a deep clean. The manager told us that the home is made dementia friendly through “signage and colour coded arrows” and that resident’s bedroom doors are being “painted in dementia friendly colours as part of a refurbishment”.

One staff member we spoke with wasn’t sure how the home was made dementia friendly as they were “new to the job”. A second staff member said that they “hadn’t had dementia training” and a third said the home was made dementia friendly through “posters for directions”. A fourth staff member said that they felt they needed “more dementia training” and that the home “didn’t have enough dementia resources” but staff members had been taught “how to deal with dementia residents and how to talk to them” and staff “used memories as conversation” as well as the home having “special cutlery and coloured plates”. A fifth staff member said, “staff are dementia trained” and there is a “quiet area for residents who need calm” and the home provided “reminiscence activities” such as “role play, story box and the use of relevant photographs”.

Two residents felt that the home was clean and tidy, and a third resident said “well it was but the cleaner just walked out a week and a half ago. They have a new cleaner now”. One resident told us that the temperature in the home was “just right” and a second resident said, “they put the heating on”. A third resident told us the home was “always cold because they (staff) keep opening the windows. I ask staff to shut them and they do but other staff open them again”.

Two family members felt that the home was clean and tidy and a third said “not always, there are some areas, for example under beds that need attention”. All three family members felt that the home was well decorated and maintained. All three family members said that they find the home to be a comfortable temperature for residents.

On our visit we observed dementia friendly signage and arrows pointing to various locations within the home, for example this way to the dining room. We observed that the home had a small outdoor area with plant pots and garden furniture. The downstairs lounge and hallway needed vacuuming and the downstairs dining room felt sticky when walking on certain areas.

Recommendations

The findings in this report are based on nine care quality indicators and the Enter and View visit identified the following areas of improvement.

Following this visit we recommend:

Recommendation ID	Recommendation
1	<p>Our findings evidenced that two staff members felt that they did not receive any support from the manager and did not feel confident speaking to the manager. Therefore, in accordance with indicator 1 ‘Have strong and visible management’ we recommend:</p> <p>Review the methods of communication between staff and management to encourage open and transparent communication.</p>
2	<p>Our findings evidenced that staff members and residents felt there wasn’t always enough staff available to sit and talk with residents and spend time with them. Therefore, in accordance with indicator 2 ‘Have staff with the time and skills to do their job’ we recommend:</p> <p>Considering having more than the mandatory requirement of staff on duty to allow staff more time to spend with residents.</p>
	<p>Our findings evidenced that some staff members felt they needed more training on dementia. Therefore, in accordance with indicator 2 ‘Have staff with the time and skills to do their job’ we recommend:</p> <ul style="list-style-type: none"> A) To review employee training program to ensure it delivers fundamental knowledge on dementia friendly needs and requirements. B) To encourage staff to sign up to the free dementia training course displayed in the home.
4	<p>Our findings saw no evidence of how feedback is used to make improvements. Therefore, in accordance with indicator 8 ‘Be an open environment where feedback is actively sought and used’ we recommend:</p> <p>Having a ‘you said we did’ board for both residents and staff feedback to demonstrate how giving feedback can make a positive difference.</p>
5	<p>On our visit we observed that some areas of the home needed vacuuming or cleaning. Therefore, in accordance with indicator 9 ‘Provide a physical environment which is suitable for the needs of the residents’ we recommend:</p>

	Signing up to the Cleaning Champion Programme that is being offered to all care homes in the borough.
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It is also recommended that this report is shared with family members and interested parties, and for the home to encourage family members or visitors to the home to contact Healthwatch Rochdale direct if they wish to contribute any additional comments about the home or to this report.

Response from Provider

The below is the response received from the care home provider outlining their response and intended actions to the recommendations made in this report.

Provider Name: Cleggsworth House				
Recommendation	Provider Response	Provider Action(s)	Responsible Individual	Expected completion date
Review the methods of communication between staff and management to encourage open and transparent communication.	We have quarterly staff meetings where the staff are encouraged to bring up any issues or ideas, This can be done also in quarterly supervision and annual appraisals. Should they feel they wish to do this anonymously they can do so through the comments box in the home or the assistant director's email address is situated and pointed out to all staff on the manager's office wall and in	NA	NA	NA

	reception , Quality monitoring is completed annually both by RMBC and in house			
Considering having more than the mandatory requirement of staff on duty to allow staff more time to spend with residents.	We audit the dependency of residents monthly and the staffing is put in place off this - we employ an activity coordinator 5 days a week and we bring in extra if needed for particular events.	NA	NA	NA
To review employee training program to ensure it delivers fundamental knowledge on dementia friendly needs and requirements.	We have free qualifications for Dementia and other training courses outlined to staff through the notice boards and also in the meetings - they can undertake this at any time - we complete dementia training course as part of our mandatory program	NA	NA	NA
To encourage staff to sign up to the free dementia training course displayed in the home.	See above	NA	NA	NA

<p>Having a ‘you said we did’ board for both residents and staff feedback to demonstrate how giving feedback can make a positive difference.</p>	<p>We have quarterly staff meetings where the staff are encouraged to bring up any issues or ideas, This can be done also in quarterly supervision and annual appraisals. Should they feel they wish to do this anonymously they can do so through the comments box in the home or the assistant director’s email address is situated and pointed out to all staff on the manager’s office wall and in reception , Quality monitoring is completed annually both by RMBC and in house</p>			
<p>Signing up to the Cleaning Champion Programme that is being offered to all care homes in the borough.</p>	<p>We audit the dependency of residents monthly and the staffing is put in place off this - we employ an activity coordinator 5 days a week and we bring in extra if needed for particular events.</p>			

Any other comments:				
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Contact us



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If you require this report in an alternative format, please contact us at the address above.

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