



Evaluating Care Homes

Enter and View REPORT

Worsley Lodge Care Home

Care Home Contact Details:

119 Worsley Rd
Worsley
M28 2WG

Date of Visit:

20th March 2018

Healthwatch Salford Authorised Representatives:

Safia Griffin
Faith Mann



Contents

1.1	Introduction	3
1.2	Acknowledgements	4
1.3	Disclaimer.....	4
2.1	Visit Details.....	5
2.2	The Care Home	5
2.3	Purpose and Strategic Drivers	6
3	Methodology	7
4	Summary of Key Findings	7
5	Results of Visit	8
6	Recommendations	14
7	Service Provider Response	14



1.1 Introduction

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

Healthwatch Salford:

- Provides people with information, advice and support about local health and social care services
- Listens to the views and experiences of local people about the way health and social care services are commissioned and delivered
- Uses views and experiences to improve the way services are designed and delivered
- Influences how services are set up and commissioned by having a seat on the local Health and Wellbeing Board
- Passes information and recommendations to Healthwatch England and the Care Quality Commission

Healthwatch Salford have statutory powers that enable local people to influence Health and Social Care services under the Health and Social Care Act 2012. One of these statutory powers is to undertake Enter and View visits of publicly funded adult Health or Social Care premises.

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 are undertaken when Healthwatch Salford wants to address an issue of specific interest or concern. These visits give our trained Authorised Enter and View Representatives the opportunity to find out about the quality of services, obtain the views of the people using those services and make recommendations where there are areas for improvement.

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 Salford also produces reports about services visited and makes recommendations for action where there are areas for improvement.

Information gathered and reported on is referenced against information from health and social care providers, commissioners as well as national and local research sources.

Healthwatch Salford 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 Salford safeguarding policies.

Further information about Enter and View is available at

<https://healthwatchesalford.co.uk/what-we-do/enter-and-view/>.

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 is also available to view at

http://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf.



1.2 Acknowledgements

Healthwatch Salford would like to thank the Worsley Lodge Care Home staff team, residents and relatives for their contribution to the Enter and View visit.

1.3 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 residents and staff, only an account of what was observed and contributed at the time.



2.1 Visit Details

Service Provider:	Worsley Lodge Care Home HC-One
Service Address:	119 Worsley Rd, Worsley, Manchester M28 2WG
Visit Date and Time:	20 th March 2018, 10am-13pm
Authorised Representatives:	Safia Griffin Faith Mann
Healthwatch Salford Contact Details:	The Old Town Hall, 5 Irwell Place, Eccles M30 0FN Email: feedback@healthwatchsalford.co.uk Telephone Number: 0330 355 0300 Website: www.healthwatchsalford.co.uk

2.2 The Care Home

Group: HC-One

Person in Charge / Registered Manager: Sarah Jane Lyon (Home Manager)

Local Authority / Social Services: Salford City Council

Type of Service: Care Home only (Residential Care) – Privately Owned, Registered for a maximum of 48 Service Users

Registered Care Categories: Old Age

Specialist Care Categories: Cancer Care • Epilepsy • Stroke

Admission Information: Ages 65+.

Single Rooms: 48

Shared Rooms: 0

Rooms with en-suite WC: 10

Weekly Charges Guide: Charges 'unknown,' please contact the home to find out

Facilities & Services: Own GP if required • Own Furniture if required • Pets by arrangement • Close to Local shops • Near Public Transport • Minibus or other transport • Lift • Wheelchair access • Gardens for residents • Television point in own room

See Care Quality Commission* (CQC) website to see the home's latest report.

* Care Quality Commission is responsible for the registration and inspection of social care services in England.



2.3 Purpose and Strategic Drivers

Purpose

- To engage with residents of care homes and understand how dignity is being respected in a care home environment.
- Identify examples of good working practice.
- Observe residents and relatives engaging with the staff and their surroundings and to experience the care home using the 3 primary senses of sight, sound and smell.
- Capture the experience of residents and relatives and any ideas they may have for change.
- We asked questions around 8 'care home quality indicators,' produced by Independent Age in partnership with Healthwatch Camden. (2016)

Surveys and questions are based on '8 care home quality indicators'.

A good care home should;

1. Have strong, visible management
2. Have staff with the time and skills to do their jobs
3. Have good knowledge of each individual resident and how their needs may be changing
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate residents' personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

Strategic Drivers

Update from CQC dataset 10 May 2017 states that there are 39 Salford Based Care Homes CQC Inspected between December 2014 and May 2017.

Each of the 39 Care Homes were rated based on a 4-scale rating;

- Outstanding
- Good
- Requires Improvement
- Inadequate

The breakdown of Care Homes and their ratings:

- 21 – were rated Good
- 17 – were rated Requires Improvement
- 1 – was rated Inadequate
- 0 – were outstanding

Salford has more homes that require improvement across all the judgement criteria compared to the rest of Greater Manchester. Based on CQC Ratings and comments received locally Healthwatch Salford have made Enter and View of local care homes a priority to contribute to the local strategic improvement plans for care homes in Salford.



3. Methodology

This was an announced Enter and View visit. On first arriving for the visit, we approached a member of management before we spoke to anyone in the care home and took their advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons.

Authorised representatives conducted interviews with 4 members of staff at the care home, plus the manager. Topics such as quality of care, safety, dignity, respecting and acknowledging the resident's and families' wishes and staff training were explored. Authorised representatives also approached 3 residents at the care home to ask them about their experiences of the home and, where appropriate, other topics such as accessing health care services. 2 family members were also spoken to as they were with residents at the time.

A proportion of the visit was also observational, involving the authorised representatives walking around the public/communal areas and observing the surroundings to gain an understanding of how the home works and how the residents engaged with staff members and the facilities. There was an observation checklist prepared for this purpose.

Words written in [] in this report are added by us to add clarity to a paragraph or sentence.

4. Summary of key findings

- The absence of the Activities Coordinator had clearly had an adverse impact on the number and range of activities organised and residents' awareness and perception of activities and how able they felt to take part. Some cover had been arranged through a volunteer and other temporary cover.
- The presence of drinks dispensers in the lounges was a very positive way of encouraging residents to take in fluids and enables visitors to get drinks for their relatives easily.
- We believe there are around 20 residents living downstairs, only 5 residents were taking lunch in the dining room. When we asked why we were told that the others chose to eat in their rooms. This is clearly a personal preference and should be respected but it inhibits the potential for socialising and the mental stimulation that comes with interacting with others.
- Staff, residents and relatives spoke very well of the new manager and her leadership. From their responses it was clear that she had made a positive difference since coming into post.
- Staff and residents all said that staff were too busy, and the first floor was understaffed. We are aware that the manager has put in a request with head office for another staff member and we would hope that this is approved soon, as it is evident this staff member is needed.
- The home seems to rely to some extent on agency staff at the moment, particularly for night time cover. This means that residents waking in the night may find themselves being cared for by someone unfamiliar to them.



5. Results of visit

Resident Feedback

- **Activities**

Two residents' personal interests were reading and playing dominoes a few times a week, both said they weren't interested in participating in other activities. Another resident spoken to said that they were given a long list of activities when they first came to the home but that not much had happened since they'd been living in the home and that there were very few activities.

Residents were aware that activities were taking place and one resident went on to say that they spend their time reading but couldn't find any books in the home so their relative brought them books. All the residents spoken to hadn't gone on minibus trips or any other recent trips.

Two residents said it would be easy to join in with activities and one said it wasn't, *"I'm not told what is going on and when it's happening."* One resident said that they couldn't get involved with things they did before they came to the home because of mobility problems.

- **Food and mealtimes**

The residents spoken to said the food was *"good," "not bad,"* and *"it's variable. There's not always a suitable alternative if you don't like what's on the menu."* Two residents did say there was enough choice and one said, *"there are always two options on the menu. Though I might not like either of them."* Although mealtimes are fixed it is possible to get food outside of these times.

The residents said that they enjoyed mealtimes, *"I enjoy sitting with friends and chatting,"* and *"If I can sit with someone who likes to chat, but a lot of the residents won't talk."*

- **Access to health professionals**

The residents spoken to didn't seem aware of other health professionals coming into the home, but one said, *"there has been talk of getting a dentist to see me, but nothing has happened yet."*

- **Religion and culture**

Two residents weren't religious and the third wasn't aware of anyone coming into the home.

- **Management**

Two residents didn't seem to know who the manager was but the third knew her by name, *"I don't see her much, but the place is very clean, and I think she is very good."*

- **Staff**

The residents thought the staff were good or fine and noticed that staff were very busy and short staffed, *"they are very good but very busy. The home is short staffed,"* and *"they are too busy to stop and chat."* Residents said that staff do chat when they can, and a member of staff noticed when one of the residents was absent from the dining room and came to see if they were okay, *"she's my 'guardian angel."*

The residents said that they knew the staff at the home and that staff knew them, *"they seem to know me. As much as can be expected."*



- **The home**

Two residents seemed confident about complaining if they weren't happy about something, *"I'd speak to a member of staff and ask them how to complain,"* but one resident seemed unaware of the complaints procedure.

Two residents said they wouldn't want to change anything about the home, *"the home is ideal for old people,"* but another resident did have some changes they would like to see, *"I would like the home to have more staffing. I would like to see buzzers to call for assistance in the lounge and corridors. At the moment I have to shout if I need help outside my room and then I have to wait until someone hears me."*

Relative Feedback

- **Activities**

Relatives said that there were a good range of activities available when the Activities Coordinator was there, *"when the Activities Coordinator is here, it's fantastic. She's a very special member of staff. Normally there is a lot going on but at the moment there is nothing."* Most of the activities are downstairs and the Activities Coordinator makes sure that everyone who wants to take part is brought down so that they can join in, *"she is very skilled at coaxing people to get involved."*

- **Food and mealtimes**

The quality of the food was good, with a choice of meals, *"it's all cooked on site and is of good quality."* Relatives said that they were confident that support was given for eating and drinking, *"Intake of food and drink is closely monitored."*

Relatives thought that mealtimes were sociable with opportunities for residents to socialise and provision for relatives to sit with a resident and assist at mealtimes, *"yes [sociable], as much as they can be."*

- **Access to health professionals**

Relatives said that they knew of routine visits as and when needed and of a visiting optician.

- **Religion and culture**

One relative said that they only knew of a visiting Catholic representative but no Methodist or C of E, *"mum is a Methodist. The Catholic representative that visits each week to provide a service gives mass and mum joins in with this."*

- **Management**

One relative knew who the manager was and the other named different people who were actually senior carers but both thought management was friendly and helpful, *"yes, they all are,"* and *"extremely so. She has got things going, unlike some of her predecessors. She is very approachable and responsive."* An example of being responsive was given of the relative asking for her mum's room to be redecorated and this is now being arranged.

- **Staff and caring for residents**

Relatives thought that staff do have the time and skill to care for residents, *"staff check on residents regularly."* They are aware of care plans being in place and both had been spoken to gain an understanding of their family member's needs and thought that the home does notice and respond when their family member's needs change.



- **The home and having a say**

The relatives did feel that they were a welcome participant in the life of the home, *“very much so,”* and said that there was a regular residents’ and relatives’ meeting but because this was around 6pm, not many relatives attended. The relatives talked to staff if something needed to be addressed or to make a complaint.

Staff Feedback

- **Activities**

Staff said that since the Activities Coordinator had gone on long-term leave there hadn’t been as many activities going on, but a volunteer does some activities, *“a volunteer comes in from 9am-2pm to do things like bingo, pamper sessions.”*

The home does day trips, film afternoons, shopping trips and has its own minibus to transport residents. Residents can suggest activities. Sometimes staff sit in the activities sessions with residents to help them participate and try and prompt them, *“one or two residents don’t want to do anything. The Activities Coordinator is good at getting residents motivated.”* The home organises entertainers, *“they are always good at getting residents involved.”*

- **Food and mealtimes**

Food and fluid charts and care plans detail likes and dislikes. Staff keep the charts up to date and make referrals to a dietitian and liaise with the kitchen staff about dietary needs and preferences.

The menu is designed by a nutritionist that the company employs. There are usually two or three options on the menu. If a resident wants something else the kitchen will make something and if a resident wants to eat at times other than fixed mealtimes then that can be arranged.

To make meals sociable staff encourage people to sit together, they mix people who like to chat with the quieter residents to bring them out and encourage them to socialise. Music is on in the background. Snacks and drinks trolley goes around twice a day and snacks are available anytime.

- **Access to health professionals**

A dentist and optician comes in every 12 months, a chiropodist comes in every 8-12 weeks and GP by appointment. Many of the residents go to appointments with family or a senior carer and staff can arrange appointments. Staff take residents to the local Gateway for hearing tests and use the minibus or authorised drivers to take residents to appointments.

- **Religion and culture**

“A lady comes in every Sunday to give a service and it is open to all residents.” The home caters for different dietary needs and the manager reviews the faith or cultural identity of a resident when completing the pre-admission form. A man from another church also visits on a Sunday.

- **Caring for residents**

When a resident first comes to the home they or they and their relatives are asked to fill in a booklet titled ‘Remembering Together’ to give details about their life story and preferences. Staff also use the information to prompt residents who may forget, *“even if they don’t remember they often happily talk to you about things once you’ve brought them up.”* The resident’s care plan is updated at least once a month and there is always a handover between day and night staff.



Staff didn't always feel like they had enough time to care for residents, particularly for the night shifts. *"The caring side of things is starting to slip,"* with the ground floor being staffed better than the first floor. When staff were asked if they had enough time they answered, *"I don't think so from my own observations,"* and *"not all the time. We need more staff and support. It's a lot better with two carers working together, it is really busy upstairs."*

Care was important to all staff and many felt the pressure of not being able to simply sit down and have a chat with residents, *"care is also about sitting next to someone and talking to them. We don't have enough time for that."*

- **Resident and relative feedback**

Regular resident and relative meetings were held monthly with the home manager and it is well attended. The Activities Coordinator carries out regular surveys. Several examples were given of how feedback has influenced or made a change in the home.

Staff said relatives had good rapport with staff and one resident's son comes in every day, *"they know it is an open-door and they do come in and have a chat."* Anyone can use the 'Have Your Say' screen in reception to give feedback and staff give out the 'carehome.co.uk' review forms.

- **Staff having a say and support**

Staff felt like they were listened to with the new manager and had a say, *"we voice our own opinions. We are listened to and have regular staff meetings and supervisions,"* and *"the manager's door is always open. She is always on the other end of the phone."* Staff were overwhelmingly positive about the manager, they felt listened to and that they could speak to her about anything.

Staff had spoken to the manager about being understaffed and were aware that she had put in a request with head office for extra staff. Agency staff were being used as a temporary solution, but they weren't as experienced and needed instruction, *"[the manager is] very supportive and she is listening to what we say and trying to get more staff."*

- **Staff development and training**

Staff are encouraged to continue to develop their skills and mentioned different training courses and qualifications available, *"I've done all the training. We use a 'Touch' training system,"* and *"I've asked to do a level 3 NVQ and the manager has said yes."* Training is undertaken in staff's own time, but this is paid time for training.

Some staff mentioned starting as carers and progressing to senior carers or other roles, *"yes, I came in as a carer,"* and *"people have started as carers and progressed to senior."*

- **What staff enjoy about the role**

Staff felt it was a rewarding job and mentioned working as a team as something they enjoy, *"I do enjoy the job. It's good when you get support and got a good team,"* and *"I like meeting people. I do value the families' respect"* and *"I like residents calling me by a nickname. They see me as a friend. To residents we are family."*

Management

The manager has a background in care and was a deputy who often covered as a manager in other care homes before becoming the registered manager at Worsley Lodge. The manager was attracted to the role because of the reputation of the company, the challenge and the home itself,



Enter and View report for: Worsley Lodge Care Home HC-One

"it is beautiful. Very family orientated." They enjoy every aspect of their role, "it is rewarding to see the level of care provided. To hear residents commenting that they are happy and cared for."

- **Residents**

Resident health and care needs and other information is gathered through a pre-admission assessment and the manager does this to assess if the home can accommodate their level of care needs. Once assessed a 7 day [if respite] or permanent care plan is created. Care plans are updated as needed.

- **Activities**

The home had been organising a range of different group and 1-2-1 activities and trips through the Activities Coordinator and a volunteer. Residents go out dancing, do arts and crafts, quizzes, bingo, with entertainers coming into the home for things like singing and pantomimes. The home works with the community and providers to access activities outside the home within the local community, with themed activities important to residents also organised.

Residents are encouraged and offered assistance to take part in activities, with their choice in taking part respected, *"it's a resident's choice, if they say no. If a resident is spending a significant time in their room, we try and sell it to them. Show them and explain what the activity is."*

- **Food and mealtimes**

The home has two chefs and a set menu, there is always a vegetarian option and residents can have hot meals or soup and sandwiches. The menu has been put together by a nutritionist that the company employs. The home caters for specific dietary requirements and things like cakes are baked in the kitchen at the home. Efforts are made to make mealtimes sociable, with staff serving meals and the dining room being set, *"we do a dignity in dining audit weekly. Twice daily I or a deputy do a walk round."*

Food and fluid charts are kept for each resident and referrals can be made to a dietitian, *"we work with dietitians and follow-up on any recommendations. We've had some healthy weight gain."* There are weekly and monthly weighing in place.

- **Access to health professionals**

Staff go with a resident or they arrange transport for appointments, *"if a relative is not available to go a staff member goes. We use Salford Care Homes Practice."*

- **Religion and culture**

"If we have anybody with a religion or cultural or dietary requirement, we get them there [to church etc] or arrange for someone to come to the home." Staff arrange for residents to go shopping if they prefer to buy specific food for themselves and community access is encouraged.

- **Staff support and development**

The home offers a variety of training to staff using 'Touch' an online training scheme set up by the company, *"there are always opportunities for staff to develop. If a care assistant wants to progress, we train them or try and accommodate them in a different position."* For training staff come to the manager and all requests since the manager has been in post have been agreed to.

Staff have input through regular staff team meetings and the manager has set up an encrypted WhatsApp group for staff communication, *"they [staff] know I have an open-door policy or can ring me whether in or out of work. There is also an external helpline number that goes to head office."*



- **Resident and relative feedback**

The home organises regular resident and relative meetings and they can also email the manager directly, *“we liaise via telephone. We still encourage relatives to come in after their relative has passed away. A son comes in and helps out with tea.”* The manager is organising sessions called ‘meet the manager’ because she is new and wants the residents to get to know her better. The manager also wanted to hold regular manager surgeries for anyone to drop in and speak to her.

There is a complaints process and anything serious would be reported to the CQC and safeguarding. If a complaint comes in it will get uploaded to the system and either HR or the manager will provide a response, *“we have the complaints policy in reception on the noticeboard.”*

Environment

The home is a large detached 3 floor building surrounded by grassy fields. The home has a large central courtyard and garden with covered seating areas and accessible paths that were used in the warmer months and that residents could view from the ground floor lounge.

The home had invested in a refresh to its decorations and soft furnishings recently. Communal areas were clean and decorated in warm pastel colours, with natural light and desk lamps creating a homely and bright feel with soft classical music playing on the radio in the background.

Rails were fixed to one side of the corridors connecting the rooms and communal areas, allowing residents to move more independently around and steady themselves, with a large lift to access different floors and stairs for those able to use them.

The home had its own kitchen and cooked all meals itself and had a hair salon, which runs twice a week for residents and someone comes in to run this at the home.

The ground and first floor each had a large lounge, dining room and nursing station, with menu and allergy information displayed on a stand in or near the dining room. A double juice dispenser was in each of the two lounges and dining rooms but during the time of our visit we didn't see any cups with the dispensers.

Additional Notes

The home scored well on the observation checklist, with staff referring to residents by name and making eye contact, being caring in their gesture and patient with residents but we also observed that staff weren't always able to respond to resident's requests within a reasonable time and didn't have the time to sit and chat with them. We also observed staff treating each other with respect and them engaging well with visitors.

Buzzers for assistance to alert staff were fixed on some of the walls of the lounges and staff told us that they checked in frequently. We observed a resident in the first-floor lounge kept shouting for a member of staff to get her a drink. After 5 minutes there was still no staff response so one of our authorised representatives went to get the resident a drink from the juice dispenser only to find there were no glasses. This supports feedback from staff, residents and relatives that the first floor is understaffed, and this is having a negative impact on care.

Residents sitting in the lounge areas don't have buzzers close to hand to call for assistance. This means that those with restricted mobility have to shout for staff assistance and if there are no staff nearby the resident will have to wait for help.



6. Recommendations

1. Consider putting in a communal bookcase in both lounges and talk to residents about what books they would like to read, talk about and share with other residents.
2. Although the home mentioned the menu was set by a nutritionist employed by the company nothing was mentioned about residents being asked or able to input about the menu. We would recommend that when it is practicable that residents are asked about favourite menu choices, anything that they think is missing and food they aren't keen on.
3. A review of access to buzzers and impact on delays in getting assistance should take place and from this a plan of how to best address issues, whether installing more buzzers or other assistance aids.
4. The home is aware of staffing issues, we do not know how long ago the request for extra staff was put into head office but clearly being understaffed is having a negative impact, with staff and residents all seeing and commenting on this. The home should recruit for and get the extra care staff in place as soon as is practicable.

7. Service Provider Response

Firstly all at Worsley Lodge would like to extend a very big thank you for your support and feedback throughout your visit. It was a pleasure to both speak with you prior, and meet you and your colleague in person on the day.

We value your honesty and feedback following your visit here to Worsley and are happy to say that since your visit, there have already been changes to some of the areas you highlighted both throughout your visit and in the feedback/recommendations received.

The company carried out a dependency review of our residents individual needs to determine the appropriate, safe staffing levels within the home.

There has been and continues to be a focus on recruitment within the home, thus enabling us to maintain continuity for our residents/relatives and staff here at Worsley.

The staffing on the first floor has been increased, as agreed by the company (MD) managing director along with the (AD) area director. Following not only observations, but from feedback of those residents who reside here at Worsley lodge, their relatives/family and friends who visit their loved ones, and our dedicated staff team who go above and beyond to provide the highest standards of care.

The absence of our well-being co-ordinator was felt throughout the home, however activities did continue in her absence, and once again the residents have a very fun filled diary over the coming weeks/months. Following the return of our well-being co-ordinator we have already planned several outings and events for all here at Worsley lodge.



Enter and View report for: Worsley Lodge Care Home HC-One

The Library comes to Worsley on a monthly basis to which the well-being co-ordinator speaks with our residents to establish what their interest are, and if they would like to hire books from this service.

Some of our residents do use this service however not many, following this and your visit I the home manager have discussed with the well-being co-ordinator who agreed and we are looking into introducing a dedicated area on each floor, with book shelves and incorporating this into a monthly book club meeting with residents/relatives “may include a little cheese and wine”.

We are planning on involving our residents more in and around mealtimes and the menu planning, to promote more choice and take into consideration certain likes/dislikes each individual resident may have.

However this is already part of the pre/admission process as this information is required, to be included as part of the building blocks to an individual’s personalised care plan.

Residents are also included in setting the scene for the next dining experience, staff support and encourage residents to help set the tables prior to service, promoting life skills along with independence.

However this is already part of the pre/admission process as this information is required, to be included as part of the building blocks to an individual’s personalised care plan.

Prior to each of our dining services the residents are asked by a member of the staff team what they would like to choose from the menu, which is described to the resident or shown to them visually (should they suffer an impairment).

Worsley lodge has recently undergone an extensive re-refresh of which we have received extremely positive feedback “how stunning the home looks” and “how bright, fresh and welcoming the home is”.

At Worsley lodge the residents are our main priority, and are at the forefront of all we do and pride ourselves upon.

Worsley we will continue to improve the standards provided for our residents and their relatives, who very often feel alone and want the best for their loved ones.



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