

Enter and View Report

Sunrise of Hale Barns



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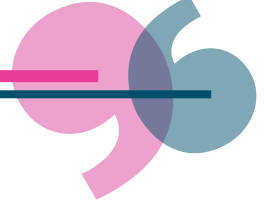
Sunrise UK Operations Limited and
Senior Living Limited

Registered Manager:

Ms Amanda Jayne Holland

Date of visit: 21st November 2019

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What is Enter and 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 View visits 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 owners, Registered Manager, staff and residents of Sunrise of Hale Barns and 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 of the visit. 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

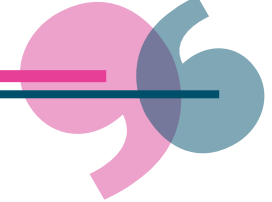
Factual statements

Sunrise of Hale Barns is run by two companies: Sunrise UK Operations Limited and Sunrise Living Limited. These two companies have dual registration and are jointly responsible for the services at the home.

- ☺ Sunrise is a large, modern, exclusive residence situated in South Trafford, bordering on Cheshire, close to the centre of Hale Barns village.
- ☺ The service at Sunrise is known as a ‘community’, and the community is divided into two separate areas signified as ‘neighbourhoods’. The ‘assisted living’ neighbourhood provides residential accommodation for up to 61 older people. The ‘reminiscence’ neighbourhood provides residential care and support for up to 35 older people living with dementia.
- ☺ Average costs are in excess of £5,000 per month.
- ☺ A CQC inspection of Sunrise of Hale Barns took place in September 2018. Following the inspection, the home was given a ‘Good’ rating. To access the CQC inspection report please go to: <https://www.cqc.org.uk/location/1-3873974542>
- ☺ There is a large, landscaped garden surrounding the property, the grounds are wheelchair friendly.

Findings:

- ☺ We left 96 relative questionnaires with staff at Sunrise to mail out to the residents’ relatives; 12 completed questionnaires were returned to us. These informed us that relatives felt their loved ones at Sunrise are treated with kindness and compassion.
- ☺ The initial impressions on entering the home was one of welcome. Staff were polite and convivial. The home was comfortable and warm, impeccably clean and odour free, and had the appearance and ambience of a hotel. Various information was on display in the public areas of the home for residents and visitors.
- ☺ During the visit we noted that staff interaction with residents and visitors was very positive and respectful.
- ☺ Most of the staff members we spoke to informed us they had worked at Sunrise for a number of years, and all staff members stated they were happy at the home and felt fully supported by the Management.



Recommendations and suggestion

1. The Registered Manager to continue to monitor staffs' response times to residents' call bell alerts, to improve people's experiences. Please see refer to page 2 of the 2018 CQC report: https://www.cqc.org.uk/sites/default/files/new_reports/INS2-4362832621.pdf and the residents' comments on page 8 of this report.
2. To look at more effective means of communication with relatives, such as email. *Please see relative comment on page 13.*
3. To consider creating an audit, to monitor actions taken as a result of ideas or concerns raised.

Suggestion:

For the Manager to consider contacting Trafford falls clinic for support in gaining a greater understanding of the clinics current referral process. *Please see Manager's full comment on page 12.*

Good practice initiatives for consideration

<https://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>

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 Sunrise of Hale Barns 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 share 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 experiences of residents and relatives



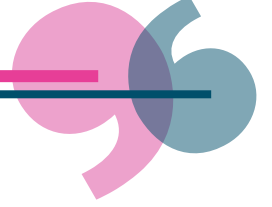
An Enter and View visit *is not* an inspection.

Strategic drivers

We are using either some or all 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 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 and/or carers will be asked to complete a questionnaire anonymously.
- If there are specific questions of quality of care raised by Trafford Council, Healthwatch Trafford [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 respect strategy':
<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-10-dignity-respect>
- Changes in management of the home

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



Methodology

This was an announced Enter and View visit.

We contacted the home explaining our reasons for the visit. We supplied posters to alert our visit to staff, residents and family members.

We sent a questionnaire to the Registered Manager prior to the visit (*please see Appendix A for Manager's responses*).

We sent a questionnaire to residents' families and carers for them to respond anonymously (*please see Appendix B*). As these visits are not inspections, we framed our questions in such a way that they reflect how residents and their carers feel about the quality of service on offer (*we received seven responses from relatives*).

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

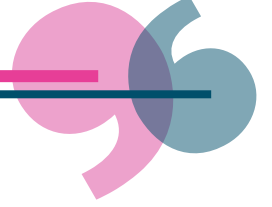
We looked at local intelligence, including CQC reports. The CQC inspected the home in September 2018 and gave a 'Good' rating. *Please see page 3 of this report.*

We were guided by staff on the residents whom we could approach to answer our questions. We talked with 12 residents, 1 visitor and 10 members of staff.

Healthwatch Trafford Authorised Representatives

- Jean Rose
- Marilyn Murray (Lead Representative)
- Georgina Jameson
- Martin Reilly





The visit

Introduction

Healthwatch Trafford visited Sunrise of Hale Barns on Thursday 21st November 2019.

The home is a large, modern care home situated in an exclusive and fashionable area of South Trafford, close to Hale Barns Village. The home is set within large, landscaped gardens that are wheelchair accessible. Visitors have access to a medium sized car park at the front of the building.

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.

Sunrise is registered to provide accommodation and support for up to 96 older residents some whom are living with dementia. Sunrise of Hale Barns is part of the Sunrise Senior Living Limited. For more information please go to link: <https://www.sunrise-care.co.uk/>

The Sunrise service is known as a 'community' and is divided into two separate neighbourhoods, the 'assisted living' neighbourhood and the 'reminiscence' neighbourhood. On the day of the visit there were 55 residents in the assisted living neighbourhood and 32 in the reminiscence neighbourhood.

The ground and first floor accommodates residents requiring assisted living. The second floor is the reminiscence floor for those residents living with dementia requiring additional support. All floors have similar designs that include dining areas and a variety of communal seating areas. Bedrooms are situated on all levels; there are 71 single rooms and 11 double rooms. All levels of the home are accessible by wide stairways and passenger lifts. Sunrise is located near to the M56 and Manchester Airport and is less than three miles away from Altrincham, with rail links to Manchester city centre and nationwide.

General observations

Access to the home is through a large glass-fronted entrance leading to an extensive spacious atrium area where there is a large reception desk managed by Sunrise concierge staff. We were greeted warmly and politely and asked to enter our details into the visitors' journal. There was no antibacterial gel available on entering the building.

In the atrium there is a grand piano and several communal seating areas, one designated with a large library section, which overlook a well-maintained garden. The grounds and gardens of Sunrise are very attractive and accessible. One resident told us:

"...I like gardening and have a ground floor room opening onto the garden and I have been given a small plot to grow my own plants..."

Initial impressions on entering the home are that the exterior structure and the interior decoration appear immaculate and the quality of the furnishings and fittings is high. We were greeted with a smile from all staff members we encountered. All staff wore name badges and were happy to answer any questions we asked.



Sunrise does not have the appearance or ambience of a residential care home, more that of a fine hotel that provides a non-clinical atmosphere for the people living there.

As we moved around the ground floor, we observed several communal areas with ample seating for residents and visitors. Each of the communal areas offered different options: a television area and quiet area to sit. We observed some residents watching television in a small area off the main entrance.

We noticed that several people were reading newspapers or chatting to visitors and members of staff; all appeared relaxed and contented. On the day of the visit we witnessed many people living at Sunrise going out of the home independently. Most of the residents whom we observed on the ground and first floors of the building moved freely around the home.

The home has its own minibus and driver. When speaking to a resident who was seated in a wheelchair in the reception area, she told us that she was waiting to board the minibus as she was going on a trip out that was organised by Sunrise to a Liverpool museum. When asked if she enjoyed living at Sunrise, she stated she was content and felt safe.

One resident told us that if you have a mobility issue then access to trips can be a problem as places are limited to two people per trip as the home needs to provide the support staff to give assistance. People we spoke to on the day told us that they enjoyed going out on trips.

One resident we spoke to said:

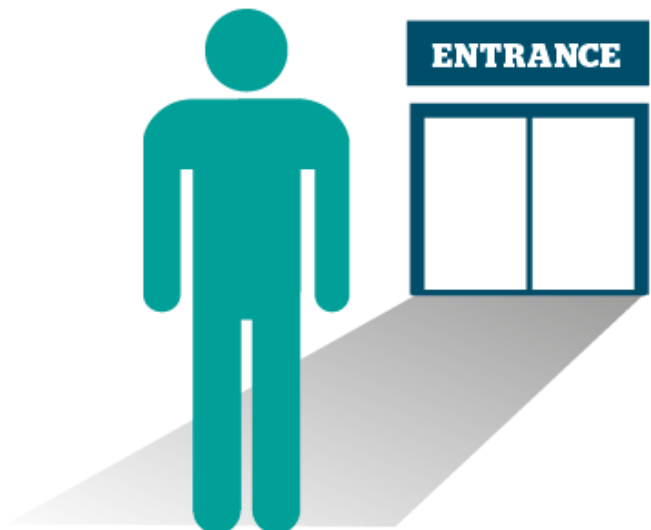
“I am happy and the staff are brilliant, I have no complaints, I go out every day.”

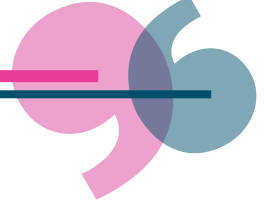
We spoke to two residents wearing personal alarm pendants who informed us that they could wait for up to half an hour for staff to answer their alarm call. The

CQC report of 2018 highlighted the need to monitor the response times from staff to improve people’s experiences when they require assistance. We were informed by the Manager that progress has been made regarding call bell response times following the last CQC inspection. You can access the CQC comment on page two of the 2018 CQC report by following the link on page 3 of this report.

The bistro and additional dining areas of Sunrise are fashionable and elegant. Many of the residents’ apartments have kitchenettes, and residents have the choice of where they wish to eat. There is a menu board displaying the week’s menus. We observed a dining comments book and were informed by residents and the Manager that regular ‘dining council meetings’ take place which are separate from the ‘resident council meetings’.

All corridors were uncluttered and hazard free, and fire extinguisher inspection schedules were up to date. We observed clear signage in corridors to the home’s spa bathrooms. The bathrooms were furnished, decorated to high specification and spotless.





Bedrooms

We did not go into residents' apartments but were able to view one room from the corridor whilst it was in the process of being cleaned by a member of the housekeeping staff. The apartment was extremely well decorated and furnished and equipped with an en-suite bathroom and a kitchenette. The housekeeping staff member informed us that a deep clean of rooms is carried out each week.

We noted that there are name plates close to the doors of residents' apartments showing the name of the person residing there. Some apartments have a small glass memento mounted on the wall displaying items that tell a story of the resident's life and family.

Activities

Annual questionnaires are sent out to residents and relatives, and activities are also discussed at monthly resident council meetings. Recently, Sunrise held an 'art in the community' event, together with a cheese and wine evening.

There are activities boards displayed in communal areas setting out the activities on offer, such as art classes, baking and trips out. During the visit we witnessed a number of primary school children and residents taking part in a Christmas craft activity in the communal lounge on the first floor. We saw one sixth form student from a local senior school visiting with his guitar. We were informed by staff that a visit from a local scout group was also scheduled for later that day.

We learnt that there is a daily walking group set aside for those with mobility issues, and due to the need for a high ratio of staff to residents. When speaking with the Activities Coordinator, she informed us that she keeps a record of the residents who have been taken out on walks; this ensures that all residents are offered the opportunity to participate. The same approach is taken when organising trips out.

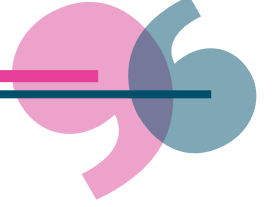


The landscaped gardens at Sunrise of Hale Barnes

The Activities Coordinator, who has been working at Sunrise for six months, was extremely pleasant and enthusiastic about her role. She was able to show us comprehensive examples of the activities taking place for residents such as: walking club, pottery, painting with a local artist, art exhibition and a weekly quiz. There is also a current affairs meeting with no set agenda that takes place each week and is proving to be very popular.

We were informed by the Manager that Sunrise has a number of volunteers who are based in the activities department, and who will join the residents in activities such as the quiz night or just have a chat and a drink in the bistro.

When talking to residents they spoke positively about the trips out, highlighting the recent visit to the Britannia Hotel to have 'Afternoon Tea', and they were looking forward to the visit to the Sea Life aquarium at the Trafford Centre.



Some comments we received from relatives:

“Friendly and caring staff treat residents with respect. Facilities good, trips and activities are interesting.”

“My loved one’s condition has deteriorated enormously in the last year. They make every effort to care for his increasing needs particularly in the last stages of his life, but sometimes lack the time to just sit and talk...”

“There are plenty of activities to get involved in.”

During the visit we observed one resident with his guide dog, taking a walk around the grounds of Sunrise.

The Manager stressed that residents are asked what they would like in respect of activities, and the home will respond to their wishes. She emphasised that activities at the home are very much person centred. During the visit we witnessed staff interacting with residents while a bread-making session took place on the ‘reminiscence’ floor.

Care

Fire alarm training and evacuation: staff members are trained to carry out the evacuation procedure in pairs to ensure that moving and handling procedures are correctly undertaken, ensuring the safety of the residents and staff members. Fire drills take place every six to eight weeks. Sunrise has an arrangement with a number of hotels in the immediate area to evacuate to in the event of fire. We noted the home’s fire escape plan displayed on walls near the lifts.

We observed staff interacting with residents in a positive and respectful way.

When asked about the ratio of staff to residents we were informed by the Manager that it depends on the needs of the resident; a one-to-one staff-to-residents ratio takes place for those residents whose needs require it or who are at risk of isolation.

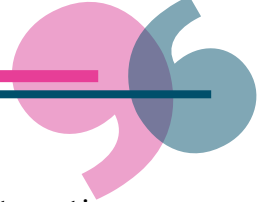
We received a comment from one relative through the relative questionnaire, informing us of the following:

“Staff will always answer our questions fully but don’t seem to have time to be proactive about my mother’s health issues, only reactive to events I think this is due to the full-on-care that the residents of level 2 (reminiscence floor) at Sunrise require, leading to the lack of time for the carers when we visit.”

Fundamentals

Residents have a choice of where they wish to dine. The dining rooms on the assisted living and reminiscence neighbourhoods are extremely well presented, giving a restaurant feel to the dining experience.

The chef informed us that there are a number of residents who have special dietary requirements, and their needs are catered for. There are photographs of the residents who are on special diets displayed in the kitchen area, ensuring that the catering staff are fully informed and aware of residents’ dietary needs.



The home provides a wide choice of food for each meal. If a resident asks for an alternative to what is on offer that day then the catering staff will provide one. We observed that there is a dining comment book for residents to provide feedback on meals and food, and menus are discussed at the residents' dining council meetings.

When speaking to a group of four residents they all stated that the food and its presentation is very good. One gentleman resident who has lived at Sunrise for several years described the meals as very good and of a high quality; he added that if there are any issues there is the opportunity to raise them through the regular residents' meetings.

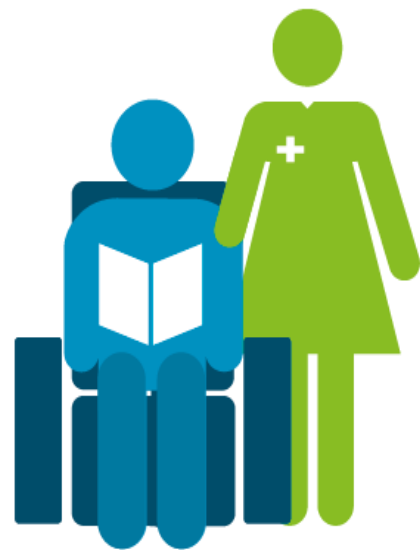
Most of the comments we received about the meals at the home were positive. However, one relative did inform us that although their loved one was very settled at Sunrise the only issue was the quality of food.

All residents we encountered appeared smart and stylish. We were told that a hairdresser attends the home each week from 8am until late afternoon, providing a service to residents.

There are three laundry rooms at the home, one on each floor, and each has its own staff member responsible for the residents' laundry on that floor. We observed the laundry room on the first floor and spoke to the staff member responsible, who informed us that she has worked at Sunrise for 10 years and thoroughly enjoyed her work, adding that she often receives compliments from residents' relatives on the service she provides.

Profile of residents

People living at Sunrise were older people of various capabilities. The residents living in the reminiscence neighbourhood were people living with various levels of dementia. The residents we observed in the assisted living neighbourhood appeared mentally competent and able to move around the home freely.




Management of the Home

The following comments should be read in conjunction with **Appendix A**.

Sunrise of Hale Barns is a private company that comes under the auspices of Sunrise Senior Living, an American operator of assisted living and care homes, whose headquarters for England and Wales is in Beaconsfield, Buckinghamshire. We were introduced to the Registered Manager who had worked at the home for several years.

Access to Services

On accessing GP Practices, the Manager informed us that currently the home is linked to three GP Practices; a GP [named] from one Practice visits every Wednesday and is very good. We were told that the home has a good relationship with all three Practices. However, the Manager pointed out that there is one GP [named] whose attitude is quite dismissive when contacted by the home. This was borne out by the comment we received from a relative of a resident naming the same GP:



“...one Sunrise GP [named] is not good. I have tried to change my loved one’s GP who is deeply insensitive and uncaring, who said, ‘this is going to mean a lot of work for me’ this was when my loved one came out of hospital”.

The Manager informed us that the District Nurses who attend the home are helpful and supportive.

When we asked how often the home has used the 999-emergency services in the last six months, the Manager informed us of the following:

“999 calls we unfortunately don’t monitor; however, we have had 45 residents being admitted to hospital as a result of calling 999 in the last 6 months”.

The Manager informed us that all residents are assessed in-house before a 999 call is made. We were told that Sunrise currently has six staff members trained and skilled as first aiders, and that the Manager continues to upskill staff members to enable them to assess situations quickly and call the emergency services when required.

When asked about accessing a dentist, the Manager stated that residents have access to private dentists, and either attend unaccompanied or are taken by a family member. While speaking to a group of four residents, all informed us that it was easy to access medical services.

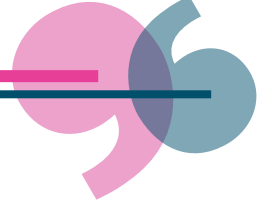
When we asked what measures are taken if a resident has a fall, the Manager stated that a falls risk assessment tool is in place that enables her to analyse all recorded falls. This enables her to see if there are any recurring patterns, and apply appropriate action to alleviate further risk. The Manager gave an example of one resident whose records revealed that there appeared to be an increased risk of falls during an afternoon period. Action was taken to encourage the resident to participate in activities during the afternoon in the company of staff and others to help minimise the risk of further falls. We were told that any resident who experiences a fall and does not require medical intervention will be monitored for a 48-hour period.

The Manager stated that there is not enough information on the procedure for accessing the falls clinic, adding that currently referrals to the falls clinic are made by the GP, and on occasions the home has experienced a GP refusing to refer a resident. The Manager stated that she would like to see more active involvement and help from the falls clinic to enable her to have a greater understanding of the whole process.

We asked about infection control and we were told that staff members follow the home’s isolation procedure and carry out the routine practice of good hand hygiene.

Nutrition

During the visit we noted that there were plenty of drinks, snacks and fresh fruit on offer. Cold and hot drinks are available, and people can help themselves. The Manager informed us that drinks are available 24 hours a day and easily accessible. If there is a concern regarding fluid intake then a chart is commenced. There are currently no residents on fluid charts.



Pharmacy services

The Manager informed us that three members of the pharmacy profession are based at Sunrise for a six-month period, systematically reviewing all residents' medications. The pharmacists are part of an NHS Trafford Clinical Commissioning Group (CCG) initiative. For more information please go to link:

<https://www.pharmacymagazine.co.uk/nhs-trafford-ccg-sets-up-pharmacy-care-home-team>

The Manager told us that she has found the input from the pharmacist team extremely valuable and supportive.

Feedback for the Management

When we asked how residents and their families can provide feedback or raise any concerns, the Manager stressed that the home has an open-door policy, and residents and families can see her at any time. There is also a Duty Manager on shift seven days a week as a point of contact.

The Sunrise residents' council and dining council meetings take place monthly and are fed back to Management.

We received the following comment via the relative questionnaire:

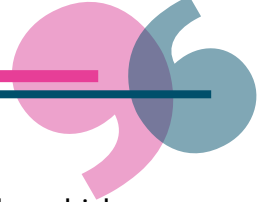
"...communication between staff and management is poor. Systems are antiquated and staff have no access to e-mail to keep families informed. Communication, when it happens is done by phone call, so no paper trail is set up to refer to when agreed actions aren't carried out..."



Staff training

We were told that many staff training sessions such as moving and handling, continence education, oral hygiene and hydration are provided by in-house trainers. Staff also attend a full day's dementia training on Memory Care. The Manager at Sunrise uses the accredited Train the Trainer courses to enable staff members to obtain the necessary skills and techniques to deliver internal training for staff.

A number of staff members are currently on E-learning courses. When speaking to staff members, one told us she had her Care Certificate, another stated that she was working towards her NVQ level 3 in Hospitality and that the Manager had recently been through her medication training. We learnt that the home uses Paragon Training to upskill staff at the home. For more information please see link: <https://paragonskills.co.uk/>



Staff get together daily to share information. Staff meetings take place monthly, which include all staff, Managers from all the community neighbourhoods' teams in the home and the Human Resource team. We were told that staff are supported through supervisions and appraisals. We were informed that the home is fully staffed.

Advanced directives

We asked if the home has advance directives, and were told that residents living at Sunrise have 'living wills', and all the information gathered from these discussions is written down in the residents' individual care plans.

The Manager informed us that if a resident's condition deteriorates and requires nursing support, or if a resident's dementia becomes severe, then the home would have to serve notice. The Manager added that the procedure is to safeguard the individual and the other residents and staff

The Manager informed us that she will personally carry out a mystery shop of all local nursing and dementia-friendly care homes, and with the Management of Sunrise will endeavour to support families with finding a suitable alternative home in the local vicinity. Sunrise does have a sister home that offers nursing support, five miles away in the Mobberley area of Cheshire, and families can consider this an option for relatives requiring nursing care.

Deprivation of Liberty Safeguards (DoLS)¹

All residents on the reminiscence floor of the home require DoLS. No residents on assisted living require DoLS. The Manager stated that the DoLS team at the Local Authority have been excellent.

¹ *The Deprivation of Liberty Safeguards (DoLS) 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.



The responses received from the relatives' questionnaire (see relatives' questionnaire in Appendix B)

We left 96 relative questionnaires with the Manager of Sunrise to mail out to relatives of residents living at the home. We had 12 completed questionnaires returned to us, all informing us that relatives felt that their family members are treated with kindness and compassion.

To see the results of the questionnaire please go to:

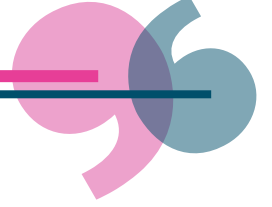
<https://healthwatchtrafford.co.uk/wp-content/uploads/2019/12/Sunrise-responses.pdf>

Below is a sample of the comments we received from relatives and carers. Please note that, whilst we received 12 completed questionnaires from relatives and carers, not all chose to complete the comment box section.

“...lovely warm and caring staff and atmosphere in the home. Feels more like a hotel, good facilities, including library and numerous activities are offered to the residents. My loved one is very settled there; her only issue is the quality of food.”

“...I would recommend the home, maybe not for palliative care.”

“We are more than happy with the care received at Sunrise.”



Appendix - A

Pre-visit questionnaire for the Manager of Sunrise of Hale Barns

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?

We have an open-door policy where they can see the General Manager at any time, We have a duty Manager on shift 7 days a week as point of contact. Dining Forum once per month, Residents council with is monthly.

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

Yes we do have a number of volunteers, these are based in our activities department and they will join the residents in activities such as Painting, Quiz night or just having a chat and a drink in the bistro.

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

We have various outside entertainers coming into the community from artist for paint class, to Singers and dancers.

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

Yes, we have fruits available at all times in the bistro, Fruit at breakfast and then fruit and veg throughout the day and fruit again throughout the night.



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

If there is a concern regarding food or fluid intake then a chart is commenced, no residents currently on fluid charts. Drinks are available 24 hours a day and easily accessible.

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

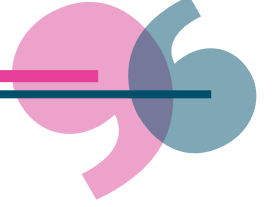
We would speak to the GP and refer to the dietician. We also place residents on a fortified smoothie shake.

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

Comments book and through asking them, Also through residents dining forum.

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

Residents have the choice and we have a variety of GP surgeries that cover our community.



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

All of the above, Dementia Crisis team also,

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

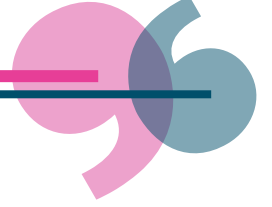
N/A

Q11. Are resident's likes and dislikes recorded in care plans?

Yes on diet notification forms.

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

Memory boxes, Life history and care plans.



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

Yes

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?

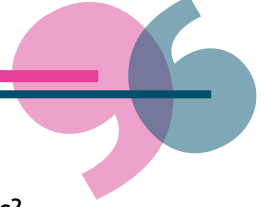
This is through assessment and care planning, communicating with the team.

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

Again through assessments and making changes as needed for example Halal meat.

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

Yes, this is arranged through activities, we also have a number of residents that visit their place of faith.



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

Yes

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

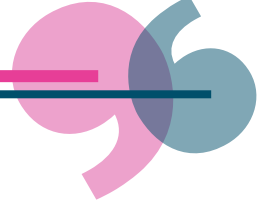
Yes, currently have 2 resident pets, one being a working guide dog.

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

Yes

Q20. Do you take residents out into the community?

Yes we do on social outings.



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?

Each fall is documented on an accident/incident form, care plan updated and a falls analysis is carried out each month and then YTD.

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

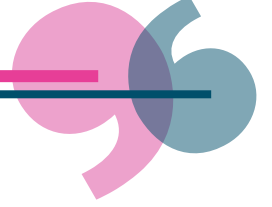
We have a physio coming in and looking at resident's falls at the moment and devising a bespoke care plan following nice guidelines, we use assistive technology also.

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

Change in activities, Chairs in activities lounge, Yoghurts that we have,

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

Training, eLearning, mentoring, supervisions,



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

Through the care team talking to the residents, Weekly resident issues meeting with all departments, cause for concern documented each day, activities do group and also 1-2-1.

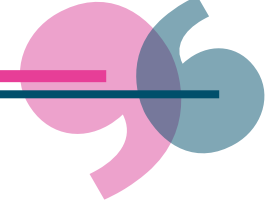
Q26. What are the practical everyday things that would help you to provide the best possible care for your residents? Please describe.

More support with mental health, Falls clinics.

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

For more information, please contact us at:

info@healthwatchtrafford.co.uk or telephone: 0300 999 0303



Appendix - B

Relatives' questionnaire

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

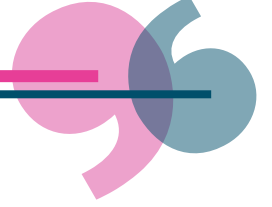
General Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Bathing and personal care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Hobbies/interests?	<input type="checkbox"/> Yes	<input type="checkbox"/>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

3. 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



4. 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.

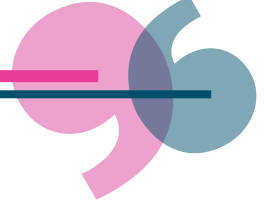
Would you recommend this home to anyone else?

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

It will also be published online on the Healthwatch Trafford website

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