



Visit to Charlotte Grange Residential Care Home



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Healthwatch Hartlepool

Charlotte Grange Care Home

Enter and View Report

Visit to Charlotte Grange Care Home 5th October 2022

1. Introduction

In March 2020 Healthwatch England instructed all local Healthwatch organisations to follow government guidance and stop all face to face engagement with the public, including Enter and View visits. This prompted local Healthwatch organisations to develop other ways in which the delivery of health and care services could be observed and monitored. This was partially achieved by the development of virtual visits which enabled limited, but valuable insight into the delivery of services in health and care settings.

With the gradual lifting of Covid restrictions it has become possible to reintroduce face to face Enter and View visits and Charlotte Grange is our third “live” visit to a care home since their reintroduction in April.

However, Covid 19 is still with us, and the visit to Charlotte Grange was conducted in a proportionate and responsible manner. This was achieved by means of a two person visit to the Home and additional virtual discussions with the Home Manager and staff from Hartlepool Borough Council’s Commissioning Team. The visit followed parameters and safeguards mutually agreed by all parties which were formalised in a Risk Assessment which can be found in Appendix (ii).

Details of visit

Details of visit:	
Service address:	Charlotte Grange Residential Care Home, Flaxton Street, Hartlepool TS26 9JY
Service Provider:	Park Homes
Date and Time:	5 th October 10.00am, 2022
Authorised Representatives:	Zoe Sherry & Jan Weedall
Contact details:	Healthwatch Hartlepool, 1st Floor, Greenbank, Waldon Street, Hartlepool, TS24 7QS



2. Background – Charlotte Grange Care Home

Charlotte Grange is a purpose built residential care home close to the centre of Hartlepool that supports up to 46 older people. The home is all on one floor and there are no on-suite rooms.

The Home's registration covers old age, dementia and physical disability. Specialist categories of care include Alzheimer's, cancer care and Parkinson's Disease

A detailed breakdown of staffing levels and required staff training/qualification levels can be found in the completed Manager Questionnaire contained in Appendix (iii)

3. Aim of the Visit

The visit to Charlotte Grange was conducted by Healthwatch Hartlepool. As mentioned in the introduction, due to ongoing Covid concerns the visit was a learning experience for all parties. It was delivered within parameters agreed with the Home and the Commissioning team of Hartlepool Borough Council by means of a limited visit by two Healthwatch members and virtual discussions with the home manager.

Our overall aims were –

- To review progress and change since our last visit in November 2017
- To gather feedback from residents and family members of their impressions of care provision at Charlotte Grange and how it has evolved since it was taken over by the current owners.
- To gain insight into the day to day provision of care within the home and the service provided.

4. Methodology

This was the third physical enter and view visit conducted by Healthwatch Hartlepool since the outbreak of the pandemic and as such required considerable preparation and planning. The visit process commenced with an on-line discussion with the Home Manager which took place on Monday 26th September. Also present was a member of the Enter and View visiting team (Zoe Sherry), Stephen Thomas from Healthwatch Hartlepool and Siobhan Brookless from Hartlepool Borough Council's Commissioning Team.

This was followed up by a two-person visit to Charlotte Grange which took place on 5th October. The visiting team comprising of two Enter and View trained volunteers Zoe Sherry and Jan Weedall. The team initially familiarised itself with



Healthwatch England guidance on conducting visits and most recent government guidance relating to Covid precautions when visiting residential care homes.

In addition to the visit, a questionnaire was also made available for family members to complete during a three week period after the date of the visit. A copy of the questionnaire and a summary of responses can be found in Appendix(i)

5. The Visit – Arrival at Charlotte Grange

We arrived at 9.45am. Initial observations made upon front door access to the building. Large glass porch at entrance to building was not very clean and in need of updating/refurbishing. There were two handwash/sanitiser containers in the entrance, both of which were empty. The bell for visitors was not working. We eventually realised that upon the wall closer to the front door was another sign stating that the doorbell does not work. People inside indicated that there was another bell/means of entry on the facing wall which was also out of order. We gained entry from a member of staff inside the entrance.

We were greeted by the manager and welcomed inside. She gave us a facemask and explained it would need to be used inside the building. We pointed out that the hand sanitisers in the porch area were empty at which point the manager informed us that the handyperson who was presently working in the inner entrance was in the process of refilling containers. We were then escorted through to the manager's office, which was quite cramped.

It was quite obvious that there needs to be some refurbishment. The manager explained that during covid, the vast social room had been divided into cubicles and had not yet been reorganised.

We explained to the manager that we were both from Healthwatch Hartlepool and that our visit was primarily about obtaining the views of residents and their families about their experiences of the care/support they received at Charlotte Grange. We added that speaking to the manager and members of her team would also be helpful. We were made to feel welcome and informed the manager that Healthwatch Hartlepool had been approached by several people regarding care at Charlotte Grange.

We pointed out to the manager the problems with the front doorbell not working and that there were a number of parcel deliveries left at the front door causing a tripping hazard. The manager said that the caretaker/handyperson who had been in the front lobby when we arrived had been made aware of the



problem and was making arrangements to fix the bell as soon as possible and was moving the parcels.

The Manager also explained that there had recently been a change of ownership (now Park Homes) and that four staff members had left. She went on to say that a few changes had taken place under the new ownership but reiterated no changes for the residents.

The manager said she was unhappy with the main room for residents which had been compartmentalised during covid (essential for resident safety) but was unaware as to when/whether it would be changed back due to continuing covid concerns.

We had a brief discussion about how stressful the last two years had been for both residents and staff due to lockdown. The manager confirmed that an extensive training programme was being rolled out with specific training delivered by Redrock e-learning. She went on to say that as expected with a takeover and new owner, there had been teething problems and that there had been a difficult time during transition which had coincided with the covid lockdown.

She stated that the speed and timing of the takeover was quite a shock but had been managed well. The manager has met the new owners and letters were sent to all families of the residents of the home to inform them about the changes.

We asked about catering arrangements. The manager said they had previously provided Appetito meals which catered for all tastes. The manager said not all residents had been in favour and it had been too expensive. Different catering was introduced, which many of the residents preferred. She stated that meals were flexible and as well as homemade cooking on site some would request pies from the local shop etc depending on preferences. Copies of menus were also requested.

Staff and residents had cooperated during the pandemic to ensure safety. The manager said she was proud of the staff team as they had been dedicated to giving good quality care and keeping residents safe.

We asked if the home had an activities co-ordinator, and this was confirmed by the manager, who went on to say one had recently been recruited. Current activities include Wednesday beauty day (hairdresser, chiropodist and nail bar), fish and chip nights and singers. More activities are being planned.

The manager confirmed that residents get up at the time they request and that there were buzzers in each room, with help and support for those residents with sensory loss. There are half hourly checks during the day and hourly checks at



night. Lots of signage on display, although we did point out that one unit had no signage for visitors to identify which part of the home they were entering.

Resident Feedback

6. Independence

Following our discussion with the manager we went on to speak to ten residents.

All residents spoken to agreed that the care they received was good and that the staff are caring. The home operates an open door policy for visitors.

“I love the staff here”.

“I love to have visitors; they can come any time, but I prefer to see people in the morning.”

Families in general manage residents’ finances and keep possessions safe.

“My daughter takes care of my money and keeps it safe.”

There are several activities including a Wednesday beauty day and more activities are planned as the new Activities Co-ordinator takes up their post. Some residents said they chose not to get involved in many of the activities due to poor mobility and risk of falling.

“Lots of activities, I love it!”

Residents can choose how their room is decorated.

“I love my room.”

Residents are able to get up and go to bed as they want.

“I go to bed at 7pm every night, always on time.”

Several residents said that they had mobility problems which “limited” their independence, two used wheelchairs and several used walking frames. All said that staff would help if required.

“My legs don’t work, I depend on staff to be mobilised, wheeled about.”

Most residents reported that they did not vote out of choice.

“Don’t bother anymore, none of them are worth it!”

7. Dignity and Privacy



Residents said that their privacy and dignity was always respected.

Staff knock on the door before entering and only use the name the resident has requested.

“Staff always knock and are polite.”

Bathing is routinely twice weekly but can be more frequent on request. Carers assist with bathing and dressing if required.

“The shower is lovely!”

“Baths are twice weekly but more if you want.”

Residents are supported to practice their religion if they chose to do so.

I am catholic and have no problems getting to services when I want to go.”

Sensory needs can be addressed, and some residents go to their own optician. Opticians also visit the home. One person said they did not have an optician.

There is a GP designated to the home (Dr Khan) but some residents see their own GP.

8. Food and Nutrition

Most residents were happy with the food.

“Good quality, nice food.”

“Can’t fault the food, starters and dinner are always excellent.”

“The meals are very nice.”

“Not really enjoyable, prefer chips.”

There is a daily menu and when needed can request an alternative.

“Choose from the menu or cook comes round to take orders.”

Food nice, good choice, if not we moan!”

The residents can choose where to eat and within reason when to eat.

“I always eat in the dining room.”

Water and drinks are available in their rooms as well as a trolley providing snacks and drinks.

“Drinks and snacks always available.”

“Not a snacker, I eat like a sparrow!”

If assistance to eat is needed, it is provided.



Any special dietary needs are met.

“Yes, cook aware of my needs.”

9. Involvement and Respect

Residents said staff are supportive and respectful.

“Staff are very nice. If I have any concerns, they would all be dealt with. Staff always explain everything and reiterate when I have forgotten.”

“Staff are really good; I have no concerns at all. They are always approachable and have plenty of time for me. Good listeners, excellent!”

“Very happy with staff, I have no problems living here, always take time with me when I need it. No complaints.”

“The staff have too much to do.”

There are occasional meetings with residents, family and staff to discuss concerns and ideas for change.

“We have meetings at which concerns can be raised”.

“They consult, to a certain extent.”

Staff respond quickly to the buzzer or if unable to use it, resident will shout. To assist this, staff make regular visits to these residents.

“When my blood pressure drops, and I feel I will fall over I press the button and they are there straight away.”

“I always know which button to press.”

“When I ring for help people come very quickly.”

“I have never had to ring for help but do know what to do.”

Some residents were aware of how to complain, but most said it would not be directly to staff but through a family member.

“I just speak my mind both with compliments and if I am moaning.”

10. Safety and Security

Only some residents said they would recognise the fire alarm, but most knew to stay where they were and wait for staff.

“Yes I know what the fire alarm sounds like, we have practices.”

“I would open the door and go out if I hear the fire alarm.”



“I am aware of the fire alarm and what to do, stay in my room.”

“I don’t know the noise the staff deal with it.”

All residents said they felt very safe and no hazards were found

“Staff are always about and yes I feel very safe here.”

“I love it here and feel very safe.”

Residents who used equipment such as lifts, and hoists felt secure when being moved.

All felt that their personal possessions were secure.

“My money is put in a safe and I’m happy with it.”

“I keep my jewellery unless loose, then it is put in a safe until collected by my family.”

11. Health and Wellbeing

Residents said that staff always ask how they are and check their physical needs.

“Yes definitely, staff ask me if I am happy with everything every day.”

“Yes, the staff ask if I am happy every day. They are good to me.”

“Yes, the staff always ask if I am happy.”

Those who want to, are encouraged to exercise or even to walk about the unit or do armchair exercises. In summer, residents can access the garden.

“I cannot do much with my hip and knees, but I do try.”

“I do armchair exercise and walk around the home.”

“I exercise myself and do not need their help.”

Good oral hygiene is encouraged.

“I brush twice daily.”

Any changes of need are quickly addressed, either physical or mental.

“If I need to change my care or have questions my daughter would sort it out.”

“Yes, I always feel listened to.”

“Everything is going alright; it has worked out better than we thought.”

“The girls always organise appointments when I need them.”



12. Staff Discussion

We had a chat with the deputy manager. She was friendly and open about her work at Charlotte Grange. She was confident and professional. We had a quite in depth discussion about the change of ownership of the home and how it had affected herself, staff and residents. She explained that when the takeover took place residents were not affected. The speed and timing of IT changes were quite a shock to all of the staff and from staff point of view had been quite challenging. She said it is improving slowly.

Staff workload also increased, and responsibilities changed for various reasons such as staff leaving. Their roles changed in that they had to retrain to the new owner's system, called Redrock e-learning which had been quite challenging. It was quite time intensive whilst also covering their shifts and changes to workload and structures.

13. Summary of visit

On arrival the outside appearance looked tired and unkempt giving a poor first impression.

The access buzzer did not work.

We were not asked to sign in or show proof of Covid vaccinations or lateral flow tests and had to offer this.

In general, the home was busy with a pleasant atmosphere, and everyone was friendly with lots of activity.

The residents looked happy, clean and well nourished.

There was no unpleasant odour in the home.

The majority of residents were very happy and had open access to all units which encouraged a community feeling.

Internal refurbishment/redesign is required in parts.

14. Recommendations

We are fully aware of the recent takeover and hope that the improvement of the general condition of the home will be a matter of urgency to the new owners.



15. Appendices

Appendix (i) –

Relative Questionnaire Feedback Summary (2 returned)

Introduction

1) How long have they been in the home?

23 months

11 months

Care

2) Are staff friendly/approachable?

Yes, most of the time

yes

3) Are interactions between residents and staff positive and friendly?

Some staff are better than others

Family members very happy with staff

4) Are staff available when you or a relative/friend need them?

Not always, shortage of staff

Yes

5) Have you been involved in your relative/friends care plan?

Not seen

Yes

6) How does the Home communicate with you?

Verbally

Communication is face to face or telephone call if any issues. Manager is mainly in her office if want to speak to her.

7) Does your loved one speak positively when in the Home?

Again some staff are better than others, there is 2 staff for twelve residents, again shortage of staff.

Yes they are happy with care staff

8) Are you happy with the care your loved one is receiving?

Could be better

Yes, however, sometimes has clothes on which do not belong to them

9) When you visit is your loved one clean, suitably dressed and tidy?

Again it is down to staff shortages that cause problems

Yes

10) What activities does your loved one enjoy?

None, they are bedridden



Took a while to settle in. However enjoys reading daily newspaper and watching TV. I would like to see daily newspaper provided by care home for all to enjoy and maybe a magazine.

11) What activities does your loved one engage in?

None

Gets offers to join in, but prefers to stay in her room

12) Are they encouraged by staff to join in activities?

Bedridden

Yes

13) Have you ever been invited to attend meetings regarding your loved ones' care?

Yes

No

Environment

14) Are you happy with the cleanliness of the Home?

Average

Very old home, needs upgrade, looks shabby from outside. Overall, family member home is clean.

15) Do you feel your loved ones' room reflects them? Are they able to make it their own?

No

Yes, family memorabilia (photos etc) put up in the room

16) Are you happy with the cleanliness of your loved one's room?

Average

Family member room is clean

Visiting

17) Are you now able to visit your loved one in person?

Visit every day

Yes

18) How is the home facilitating this?

Mask wearing



Must wear a mask at all times. Able to visit anytime, but avoid mealtimes
If possible

19) Do you know who to speak to if you have a complaint?

Yes

Yes

20) Is there anything else you would like to tell us?

The staff work hard but not enough of them. Should be better paid.

Would like to see staff facilities (e.g. desk) near main access door. (some staff presence). After ringing the bell could wait up to 5 minutes for someone to answer.

On a positive note, staff encourage families to have residents with one GP only, that visits weekly - change to care home GP.



Appendix ii

HEALTHWATCH HARTLEPOOL

COVID RISK ASSESSMENT- ENTER & VIEW VISIT

Location of Visit Charlotte Grange

Assessment Prepared by Stephen Thomas

Date of Assessment 23/09/22

Date of Visit 05/10/22

Date Checked and Agreed by Home Manager

Comments - DRAFT Risk Assessment for proposed Enter and View visit to Charlotte Grange on Wednesday 5th October at 10am by Healthwatch Hartlepool

<p>What are the hazards/risks associated with the visit? What could happen? Please list</p>	<p>Who is particularly at risk?</p>	<p>What precautions or existing control measures are presently taken?</p>	<p>Risk of accident/dangerous occurrence of non-compliance High/Medium/Low</p>	<p>Actions</p>
<p>Risk of infection (Covid, Flu or other) from members of the visiting team</p>	<ul style="list-style-type: none"> • Residents • Staff • Family members 	<p>Pre-visit Precautions</p> <ul style="list-style-type: none"> • The visiting team will be limited to two Healthwatch Hartlepool E&V representatives. • The visitors will be fully up to date with Covid vaccinations. This will be evidenced prior to the visit through 	<p>High</p>	<ul style="list-style-type: none"> • Pre-visit virtual meetings with Home Manager (or designated representative) and HBC Commissioning Team to agree visit protocols and parameters

	<p>and other visitors</p> <ul style="list-style-type: none"> E&V visitor 	<p>presentation of their Covid Vaccine Passport, to the Healthwatch Hartlepool Development Officer. A copy of which can be made available to the Home Manager and HBC Commissioning team on request</p> <ul style="list-style-type: none"> If available, the visitors will have had the annual seasonal flu vaccine. Visitors will take a Lateral flow test on the day of the visit and provide proof of a negative outcome to the Home Manager before the start of the visit. The Home Manager will provide HWH with any relevant H&S policies which the visitor is required to be aware of and observe during the visit. The visitors will attend a pre-visit virtual meeting with the HWH Development Officer, Home Manager (or designated representative) and HBC Commissioning Team representative to agree final visit H&S arrangements and protocols. 		<ul style="list-style-type: none"> HWH Development Officer to ensure that visitor presents all relevant vaccination documentation prior to the visit and that it is made available to other parties on request. Visitor to ensure they have undertaken a Lateral flow test prior to the visit and that evidence is provided of a negative outcome. Visitor to attend any virtual preparatory meetings with HWH Development officer, Home Manager (or designated representative and HBC Commissioning Team) as required. Home Manager (or designated representative) to provide HWH with copies of all relevant Covid and general H&S policies prior to the visit
<p>Risk of infection (Covid, Flu or other) from</p>	<ul style="list-style-type: none"> Residents 	<ul style="list-style-type: none"> Visit Precautions On arrival at the Home, the visitors will present all relevant 	<p>High</p>	

<p>members of the visiting team</p>	<ul style="list-style-type: none"> • Staff • Family members and other visitors • E&V visitor 	<p>documentation referred to above and their HWH Identity Card.</p> <ul style="list-style-type: none"> • The Home Manager (or designated representative) will provide a full briefing around H&S requirements which the visitor will be expected to follow during the visit. • The visit will be limited to communal areas (conducted by the Home Manager or their designated representative) and 1:1 discussion with residents or family members in the Homes designated covid safe area. • The visitors will wear PPE in line with the policy of the Home and any underpinning legislative requirements during the visit, including mask, gloves and apron as well as observing social distancing requirements as necessary. • If the Home reports an outbreak (Covid, Flu, sickness/diarrhoea etc) the visit will be postponed. 		<ul style="list-style-type: none"> • Identification of best practice to ensure risk minimisation at pre-visit virtual meetings • Agreement of strict set parameters within which the visit will be conducted • Development of pre-visit questionnaire for residents' family members and visitors to minimise the need for face to face contact • Cancellation of visit if the home reports an outbreak (Covid, Flu, sickness/diarrhoea etc)
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<p>General Visit Safety measures</p>	<ul style="list-style-type: none"> • Residents • Staff • Family members and other visitors • E&V visitor 	<p>General Requirements</p> <ul style="list-style-type: none"> • The visitors will dress in a manner which minimises infection risks (e.g., short sleeved shirt, no jewellery except wedding ring) • Visitors will display their Healthwatch Hartlepool ID badge at all times. Failure to do so will bar them from taking part in the visit. • Visitors will observe all general H&S policies and practices of the Home and any instruction they receive from home staff during the visit. • The visitors will have completed the full HWH E&V training programme, have a recent and verified DBS check and will be an experienced representative. • The visitors will notify the HWH Office that they are safely home at the end of the visit. 	<p>High</p>	<ul style="list-style-type: none"> • HWH Development officer to ensure the visitor is aware of and compliant with all policies, procedures and requirements relating to the conduct of the visit • Visitors to contact HWH to confirm safe arrival home on conclusion of the visit. • Healthwatch Hartlepool Development Officer to ensure that the Home Manager is fully aware of the legislative parameters which govern the conduct and delivery of Enter and View visits
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Questions For Home Manager - Charlotte Grange

A. About The Home

- **Owners?**
- PARK HOMES UK

- **Number of residents/beds?**
- 46

- **Registration, what services are you registered to provide?**

- ACCOMODATION FOR PERSONS WHO REQUIRE NURSING OR PERSONAL CARE

- **Dementia friendly? (examples of support for residents with dementia)?**

- DECORATION

- FLOORING

- SIGNAGE

- ACTIVITIES

- **Specific Care needs of residents (eg living with dementia)?**
- PERSON CENTERD TO EACH RESIDENT

B. Staffing

- **Number/types of staff?**
 - 69 STAFF
 - MANAGER
 - DEPUTY
 - ADMINISTRATOR
 - SENIOR
 - SUPPORT WORKERS
 - COOK
 - KITCHEN ASSISTANTS
 - HOUSEKEEPERS
 - LAUNDRY ASSISTANTS
 - ACTIVITIES
 - HANDYMAN
- **Staffing levels day/night?**
 - 16 SUPPORT WORKERS
 - 4 SENIORS
 - 2 HOUSEKEEPERS
 - COOK/ASSISTANT
 - LAUNDRY ASSISTANT
 - MANAGER
 - ADMINISTRATOR
 - DEPUTY
 - 1 SENIOR NIGHT
 - 3 SUPPORT WORKERS
- **Staff Qualifications (including managers)?**
 - LEVEL 4



- LEVEL3
- LEVEL2
- **Staff Turnover?**
- MINIMAL
- **Staff training mandatory/optional? (for example, dementia awareness, manual handling, safeguarding)? Please provide details.**
- Staff carry online training with red rock
- Mandatory training
- Moving and positioning
- First Aid
- Health and safety
- Food hygiene
- Safeguarding
- Fire Safety
- Infection control
- Mca Dols
- Hand Hygiene
- Medication

C. Activities

- Activities Co-ordinator starting 3/10/22
- **Daily activities, variety and routine**
- Weekly planner
- Monthly planner
- **Special occasions, e.g Birthday's, and Christmas?**
- All celebrated with resident and family involvement
- **Do you find out about your residents' areas of interest and try to accommodate them?**
- yes, activity coordinator will introduce herself and also hold meeting with residents



- **Involving/informing family members?**

D. Safety and Security

- **Safeguarding procedures, implementation, and awareness?**
- Staff training
- Signage around the home
- Complaints procedure in front entrance

- **Access to the building and leaving the building?**
- Coded access to all doors

- **Trips and falls, prevention and review?**
- Follow falls management policy and procedure
- Event tracker
- HBC falls paperwork

- **Personal possessions and money, safety and security, laundry**
- Weekly finance checks
- Residents' money sheets
- Lockable drawers
- Locked safe
- Items laundry marked

- **Emergency/evacuation procedures, fire drills, staff/resident awareness?**
- Weekly fire drill monthly role play
- Fire evacuation procedure

- **Personal alarms and buzzers, have residents all got them and staff response**
- Yes



E. Wellbeing

- **Resident appointments with GP's and community Nurses, opticians, dentists, physio etc?**
- Managed daily

- **Care plan, review, resident and family member involvement?**
- monthly

- **Medication management, frequency, resident and family member input?**
- Yearly review
- Work with med optimisation
- Weekly/monthly audits carried out

- **Oral hygiene**
- Care plan

- **Feeding, hydration, diet and support offered to residents**
- Scratch cooking
- Diet/fluid sheets
- Specialist diets

- **Washing and bathing, frequency and timings**
- Person centred to resident

- **Supporting residents with sensory impairment (deaf, blind, partially sighted DSI)**
- Person centred to resident

- **Mental health and wellbeing, monitoring and support?**
- Person centred to resident

F. Other issues

- **Residents and decision making**
- Contact with family members
- Open door policy
- Monthly meeting



- **Building temperature**
- Taking daily

- **Complaints/compliments**
- File in office
- Smart sheet

- **Hospital discharge**
- Work with hospital discharge team

- **Current Covid ppe requirements**
- Face masks at all times
- Temperature check
- Hand sanitise
- Full PPE when carrying out personal care

- **Internet access, e.g social media, zoom etc?**
- FACEBOOK
- TEAMS

16. Acknowledgements

Healthwatch Hartlepool would like to thank Home Manager Wendy Nicholson and her staff team, residents and family members of residents at Charlotte Grange who helped to make our visit informative and enjoyable.

We also want to thank staff from Hartlepool Borough Council's Commissioning Team for their help and support in organising and facilitating our visit.

17. Service Provider Response

