Enter & view Report :

healthwatch Trafford

Ann Challis Residential Care Home

128 Stretford Road

Urmston

Manchester

M41 9LT

Tel: 0161 748 3597

Owner: J.E.M. Care Limited

Manager: Valerie Smith

Date of visit: 27th September 2018

Date of publication: 14-12-18

Contents

What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and view visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. The aim of the Healthwatch Enter and View visits is to give relatives and carers a perception of what daily life it is like for residents living at a care home and whether the home is somewhere they would place their family member.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission [CQC] where they are protected by legislation if they raise a concern.

Acknowledgements

Healthwatch Trafford would like to thank the Manager, staff and residents of Ann Challis and the relatives of the residents for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users, only an account of what was observed and contributed at the time.

Executive Summary

Findings

- Ann Challis provides care for up to 23 older women, of the residents 95% are living with varying degrees of dementia. At the time of the visit there were 21 residents at the home.

- The home is a large Victorian detached house with accommodation provided over three floors. There are 11 single bedrooms and six shared bedrooms, some rooms are with ensuite. There is a large accessible and secure garden area to the rear of the property.

- We observed that the home has recently renewed carpets and soft furnishings in communal lounges and the dining area.

- The home offers long-term residential care and short-term respite.

- At the time of the visit the Manager had been in post for several months having previously been employed at the home for over 10 years as a member of the care staff.

- The Manager kindly agreed to mail out 21 questionnaires to relatives of residents living at the home, six completed questionnaires were returned to us. All questionnaires informed us that they felt their relatives living at Ann Challis Residential Home were treated with kindness and compassion, see full results here: https://healthwatchtrafford.co.uk/wp-content/uploads/2018/03/Ann-Challis-results.pdf

- On entering the home, there are a variety of notice boards displayed on the walls with information for residents and visitors.

- On the day of the visit we observed the Manager and staff interacting with residents in a caring, friendly and kindly manner.

- Members of staff we spoke to told us that they were very happy working at the home and that the Manager was extremely approachable and that they felt supported by the management.

- Average costs are £500 - £600 per week.

- A CQC inspection of Ann Challis took place in August 2017. Following the inspection, the home was given a '*Requires Improvement*' rating, with four and of the five CQC standards requiring improvement and one standard 'Caring' receiving a rating of good. Please go to: https://www.cqc.org.uk/location/1-127443456 to access the CQC full report.

Recommendations:

- Review activities rota to include activities for residents that do not have dementia. *Please see comments from relative and residents on page nine of this report.*
- Consider providing twiddle mats[1] or other dementia friendly aids for residents with dementia. *Please see activities observation on page nine of this report.*
- Provide identity badges for all staff members to enable visitors to identify staff and their responsibilities within the home. *Please see page 11 of this report.*
- To have contingency plan in place for when the Manager is not available to be on-call 24 hours a day. *Please see Manager's comments page 13 of this report.*

[1] **Twiddle Mats** are a knitted **mat** with interesting bits and bobs attached to it. They have been designed and developed to provide simple stimulation for active hands, while promoting increased flexibility and brain stimulation. Many **patients** with **dementia** have found the **Twiddle Mats** reassuring and comforting.

Good practice identified:

The home has a butterfly symbol placed on some bedroom doors to denote that they are living with dementia. The Manager informed us that a small purple ribbon is added to the butterfly to discreetly notify people that the resident occupying the room has 'Do Not Resuscitate' in their care plan.

Ann Challis uses advance directives[2], and these are discussed when a person enters the home. *The Manager's response can be found from pages 15 to 21 of this report*.

Consider adoption of the other good practice initiatives:

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

A programme to encourage reminiscence in people with dementia.

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

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

https://www.nice.org.uk/guidance/ng48
A link to the National Institute for Health and Care Excellence [NICE] for 'Oral health for adults in care homes'

[2]*An advance directive is a document by which a person makes provision for health care decisions in the event that, in the future, he/she becomes unable to make those decisions. There are two main types of advance directive — the "Living Will" and the "Durable Power of Attorney for Health Care. For further information please follow Link:* https://compassionindying.org.uk/making-decisions-and-planning-your-care/planning-ahead/advance-decision-living-will/

Purpose of the Visit

The visit to Ann Challis is part of an ongoing planned series of visits to care homes to discover what residents and their families think about the health and social services that are provided and examples of good working practice by:

- Observing and identifying best practice in the provision of care homes for vulnerable older people requiring social care or nursing care.
- Observing residents and relatives engaging with the staff and their surroundings
- Capturing the experience of residents and relatives

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

Strategic Drivers

We are using all/some of the following criteria for the timing of our visits.

- Ageing population in Trafford requiring care homes
- Length of time since the last Care Quality Care [CQC] visit so that we are not placing an unfair burden on care home management and staff by having two visits in close proximity.
- Where any issues of concern are raised with Healthwatch either by a resident or their carer. Residents' family/carers will be asked to complete a questionnaire anonymously.
- If there are specific questions of quality of care raised by Trafford Council, Healthwatch [as an independent body] will consider whether a visit is warranted.
- When invited by care homes to publicise good practice or points of learning.
- CQC and partners 'dignity and wellbeing' strategy:
- http://www.cqc.org.uk/content/regulation-10-dignity-and-respect
- Changes in management of the home.

These visits are not inspections but a snapshot in time, 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.

Contact was made with the home explaining our reasons for the visit. Posters were supplied to alert our visit to staff, residents and family members.

Before our visit, we sent questionnaires out to the Manager of Ann Challis and received responses prior to the visit [Appendix A]

We sent out questionnaires to the residents' families/carers who were asked to anonymously provide their views. As these visits are not inspections, we have framed our questions in such a way that they reflect how residents and their carers feel about the quality of service on offer [*the responses to Appendix B are summarised on page 14]*.

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

We looked at local intelligence including CQC reports. The CQC inspected the home in August 2017 and gave a 'requires improvement' rating. *Please see page 7 of this report*.

We were guided by staff on the residents we could approach to answer our questions. We talked to eight residents, five relatives and four members of staff. It should be noted that most of the residents are living with varying degrees of dementia.

The Enter and View team within the time permitted did not visit the upper levels of the home.

Healthwatch Trafford Authorised Representatives

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

The visit

Introduction

Healthwatch Trafford visited Ann Challis Residential Care Home 2018.

What is the difference between care home and nursing home?

Both types of home provide accommodation, supervision from staff 24 hours a day, meals and help with personal care needs, but nursing homes also have registered nurses on duty at all times. This means that they can provide care for people with more complex needs and those who need regular nursing interventions.

Ann Challis is a residential care home registered to provide personal care for up to 23 older women, the home also provides respite accommodation service. The home is privately owned by J.E.M. Care Limited, for further information see link: http://www.jemcareltd.co.uk/

Ann Challis residential care home is a large Victorian detached house situated on a busy main road in the Urmston area of Trafford. There is a small garden at the front of the house with a tarmac drive providing car parking space. Accommodation is over three floors consisting of 11 single bedroom rooms and six shared bedrooms, some rooms are ensuite. There is a passenger lift to all floors. The home has an open-plan design in the communal areas that incorporating the lounge areas, dining room and Managers office. At the time of the visit there were two vacancies at the home. The home has access to a secure, well-

maintained garden at the rear of the property, the garden is wheelchair accessible. The home is close to Urmston Town Centre, the town has a train station with services running half-hourly on the Manchester to Liverpool line.

General Observations

Access to the home is through the large secure front door, there is a bell to notify staff to allow entry to the building. On entering the home there is a large, bright hall where we observed information for visitors displayed, such as; the CQC registration, the home's complaints policy, a step to step guide on *'how to raise a complaint or concern'*. The home's food hygiene award is displayed in the front door window, the home received a star rating of 5 in July 2018 from the Food Standards Agency (FSA) National Food Hygiene Rating Scheme.

We noticed a piece of art work on the wall of the entrance hall that had the photographs of staff and residents at the home incorporated within. There was an array of *'thank-you cards'* to staff at the home from residents' relatives. A visitors' book is strategically placed in the hall for people to sign in and we observed a suggestion box on a table in the hallway. Visitors have access to sanitizing gel on entering the home. The home appeared clean and smelt fresh on entering. There are lifts available to all the floors.

On entering the ground floor, we noted that there were several residents' bedrooms and a treatment room. We noted that bedroom doors had the name and picture of the occupant and each bedroom door had a small butterfly attached. The Manager told us that residents who are at the 'end of life' have a small purple ribbon attached to their door to inform staff that a resident has 'Do Not Resuscitate' in their care plans. It also informs staff and visitors to be extra sensitive as they go about their daily routines. The treatment room on the ground floor is used by the District Nurses. During the Enter and View visit we witnessed a District Nurse assisting a resident to the treatment room to tend to a resident's leg wound.

The home has adopted an open-plan approach to the communal areas of the home. The communal areas are accessed from the entrance hall and incorporate two lounges and a dining room area. The Manager's office has been skilfully positioned along one side of the dining room wall with a glass window running the length of the office enabling the Manager to easily see and be seen by residents, visitors and staff. The open-plan design provides a light and bright setting and appears to encourage social interaction at the home. this seems to work for residents and staff. We received the following comments from residents:

"Oh yes, happy here, I like everything, dining room is good, I can see everyone".

Another lady stated:

"I haven't been here a long time, I like to sit and watch what's going on".

The ambience throughout the home on the day we visited was calm, friendly and homely.

We ask the Manager about the heavily pattern carpet in parts of the home that are not conducive to people moving around the home living with dementia. The Manager told us that new plain carpets had been fitted within the last four months in the communal areas and that furniture for the lounge and dining room areas have also been renewed. We were informed that the owners of home were in the process of systematically refurbishing

throughout the home. We observed plenty of seating in the communal areas for residents and visitors, at the time of the visit there were a few visitors seated in the communal areas with loved ones. Photographs of residents participating in this year's summer fair at the home were displayed on the wall of the lounge. There were TVs on in the lounge areas, but they were not obtrusive.

Activities

The Activities Coordinator who works part-time 10:00am – 2:00pm Monday to Friday, informed us that she has been in post for three months, but she had worked for several years in care home settings and has a good understanding of the social care environment. During the visit we witnessed the Activities Coordinator interacting with all residents in a very pleasant and friendly manner, with several residents spontaneously stating that *'she was wonderful'*. We received a variety of comments from residents regarding activities such as:

"not sure what activities are available as I have only been here a couple of months"

Another told us that she was:

"lonely and bored and would like more activities"

One lady stated:

"there are lots of activities, it is up to you. Every three weeks there is exercise with music, and there is a music entertainer who comes every so many weeks".

"we have throwing games outside in the garden when the weather is good".

During the visit we observed two ladies who were sat quietly in the lounge with a material similar to 'play dough' on the table in front of them, we observed one lady picking up the dough and promptly putting back down in uninterested manner, at which the Activity Coordinator removed the dough from both ladies. We didn't notice the items being replaced with anything else. We did not see the use of twiddle mats or other dementia friendly materials for residents to use.

The Activities Coordinator said, games such as 'play your cards right', quizzes, and throwing and catching activities take place and residents enjoy these. Several of the residents were very praising and happy with the Activities Coordinator and appeared to enjoy the social exchange with her. On the morning of the visit we did not witness any group activities taking place. We observed groups of two and three ladies sitting together and chatting. During a conversation with one resident she told us:

"I would like to do more with my hands, making things. Activities take place in the afternoon. The staff are always busy, I like having a free period"

One comments we received from a relative anonymously stated:

"…. they just have them [residents] sat there all day in front of the TV. Trips out have stopped, nothing stimulating happens since change of management/owners…."

One relative told us:

> *"activities take place, such as skittles games and cards and that some ladies like to go out to the local café, but my mother likes to sit and watch TV in her bedroom. Mum has cuddly toys in her room".*

The Activity Coordinator showed us examples of reminiscence boxes that a small number of residents are enjoying putting together. Close to the communal lounges there is a small area with shelving that has been designated as a reminiscence area for displaying pictures, photographs and memorabilia of past times. At the time of the visit we saw no residents using the area or referring to it.

We were told that a hairdresser visits the home on a regular basis. All residents appeared well groomed with many ladies displaying manicured finger nails that some of the ladies' nails had been painted by the Activity Coordinator. We didn't see a rota displaying activities that are currently take place on a weekly/monthly basis.

Care

When speaking to residents about the care they received from staff, they informed us that they [residents] are looked after well and if they had a problem they would speak up and that staff do their best to resolve any problems. One lady told us:

> *"I cannot fault the staff, no problems, if I did need help I would ask".*

During the visit we spoke to a small number of visitors, who all expressed that they were happy with the care their loved ones were receiving. One relative stated that staff have regular conversations with her about her relative's care plans. She stated:

> *"I am very happy for my loved one to be here, staff are lovely and there is a continuity of care, only certain trained staff can give medication, very homely and I would speak to Manager if there was a problem."*

Another visitor whose loved one has been in the home a short time told us, that if visitors wanted privacy when visiting their loved ones at the home, they can request it. She is happy with her relative's bedroom and likes the open-plan design of the communal areas and the location of the Manager's office. She told us that the carers are lovely, and she would feel happy to raise concerns, but she was not aware of a care plan.

Fundamentals

When the Enter and View team visited the kitchen area, they found it clean and functional, with a small storage area. A daily menu is displayed outside the kitchen in the dining area. We were informed by the Manager that the home has two cooks that work on a shift rota that ensures that there is always a cook on duty week days and weekends.

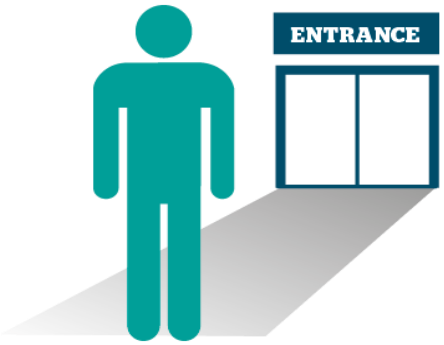
At the time of the visit we spoke to the cook that was on duty. When speaking to the cook we noted that she did not wear any overall or a tabard and no identification badge to inform people who she is and her position within the home.

The cook emphasised that there is always a choice of two meals on the menu and providing an alternative meal for a resident can be offered if required. We were informed that currently there are three residents on soft diets. Residents told us that the food is very nice, and they enjoy most of their meals. When asked about drinks, residents stated they have plenty of drinks. One relative stated:

"…. the food at the home is good and mum has put on weight since coming to live here……."

We observed drinks readily available and within reach of residents. On the day of the visit we witnessed one resident struggling to turn her lipped feeding cup towards her to enable her to access the spout. The resident appeared to be unable to ask for help when a member of staff noticed what was happening and went to her aid to enable the resident to access the spout. However, during the limited time we observed we did not see the resident attempting to use the cup again.

At the time of the visit we spoke to an elderly visitor who told us he visits his loved one every day. We were informed by staff that the gentleman has his dinner at the home with three times a week and was well known and recognised by several of the residents who enjoyed the social interaction caused by his visit.



The ambience throughout the home appeared very relaxed and friendly. The home smelt clean and fresh with no odours.

All communal areas and corridors of the home we witnessed were uncluttered with wheelchairs safely stored away. On the day of the visit we had the opportunity to observe a vacant bedroom on the ground floor. The room was large, bright and beautifully maintained with access to ensuite. Most of the residents we spoke to told us that they were very happy with their bedrooms, that their rooms are very comfortable, and it is where they keep their personal belongings. We did receive one comment from a resident who stated she didn't like her bedroom but added she was very happy at the home. Two residents told us that bedrooms doors are shut at night, but they are never locked and that occasionally a resident has wandered into your room; they emphasised: "we are all told about people's bedroom privacy when we come to live at the home".

Signage to facilities such as WC/bathrooms are pictorial and highly visible. We observed fire extinguishers situated around the home and we were informed that staff complete mandatory training on fire procedure and evacuation.

When we asked residents how safe they felt living at the home, they told us that they felt safe. Some residents stated they can move around the home, but had difficulty walking but felt safe. One resident informed us that she hasn't been outside yet, another said she can go out for a walk with a carer, if the carer is not busy, another resident stated that she can go outside with her walking frame if she is very careful.

All the residents we spoke to on the day told us that they had not experienced a fall, one resident stated that she felt:

"A resounding 100% feel safe!"

We asked about laundry, we were told that home ensures that residents' clothes are labelled to enable them to be returned correctly. This was verified by a few residents who stated that they leave their clothes out for staff to collect and their clothes are washed and returned to them. Others send their washing home with relatives. One resident said:

"my clothes are labelled, but some residents do wander and will help themselves to your clothes, so I keep mine in my wardrobe".

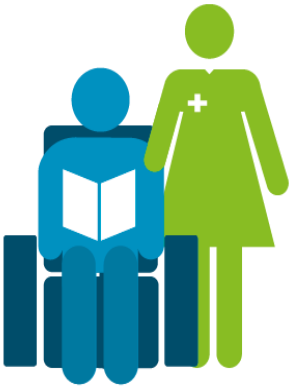
When we asked about visitors, we learnt that it was a mixture, with some residents having frequent visitors and others with less. We were informed that one GP visits the home 11am -12pm once a week. Faith ministers also visit the home, one lady told us that she receives Holy Communion from her minister on a regular basis but not every week.

On the day of the visit we noted that many of the staff did not have identification badges or specific uniforms to enable visitors to know who they were addressing when entering the home. When we spoke to staff members they told us we that they were happy in working at the home and caring for the residents.

One care staff member was candid in her response stating:

"I had not previously worked in this environment [social care], I am glad that I have come to work at Ann Challis and I am very happy here. I have received mandatory training in handling and moving, fire procedure and evacuation and I am nearing the completion of my care certificate, and I have begun my NVQ level Two. If I had any concerns I would speak to the Manager who is very approachable and supportive".

Profile of residents



The residents we observed on the day of the visit were all elderly female as the home is exclusively for ladies. We were informed by the Manager that 95% of the residents at the home are living with various levels of dementia.

Management of the Home

The following comments should be read in conjunction with Appendix A which was completed by the Manager of the home on the day of the visit. The Manager of has been in post for eight months, before that she had worked at the home for 10 years as a care worker.

When we asked how residents and their families provide feedback or raise any concerns, the Manager informed us that the home has a complaints procedure that is made available to all residents and relatives. The home has resident meetings and a separate relative meeting that takes place every three months. The home also sends out questionnaires to relatives.

When we asked about accessing GP Practices, we were told that currently Ann Challis residents are seen by five different GP practices one doctor from a GP Practice [named] carries out a weekly one-hour visit to residents at the home.

The Manager expressed her frustration at requesting a Doctor to attend a resident who is at the End of Life and instead a Nurse Practitioner is sent in place of a Doctor. Consequently, if the resident passes away the last person to see the resident was a Nurse Practitioner not a Doctor and subsequently the death must then go to the coroner's office. The Manager felt let down as the delay resulting in the coroner's

intervention could have been avoided if a Doctor had attended the home to see the resident when originally requested by the Manager.

Residents requiring dental visits, we were informed that the home will register with a dentist for a resident and that residents are usually taken to appointments by relatives.

When we asked how often the home calls the 999-emergency ambulance service we were informed that the home had called the ambulance out four times in the last three months.

The Manager shared her experience of calling the emergency services recently when she had to called out the Ambulance Service to a resident at the home:

> *'The ambulance service was called out to a resident who had had a fall, the paramedics arrived and assessed the resident and stated that there was no need to take the resident to A&E. When the resident's condition caused staff alarm, the ambulance service was called a second time, again following assessment the paramedics stated that the resident didn't require hospital treatment. The ambulance service was notified a third time by the Manager who told the paramedics that she was not happy with this resident's condition and wanted the lady taken to hospital. On being taken to hospital and following examination by hospital clinicians it was confirmed that resident had broken her hip'.*

Prior to our visit, we asked what measures were taken if a resident has a fall, the Manager informed us that all falls are recorded, and 48-hour monitoring takes place: *please go to page 20 of this report to see the Manager's responses.*

On enquiring about residents' food and liquid intake, we were informed that drinks and fruit are readily available, and we observe residents' food intake at meal times: *Please refer to page 16 of this report to see Manager responses.*

When we enquired about staffing numbers the Manager stated that there are five care staff plus cook and two domestic members of staff on duty during the day and there are two care staff workers at night and that she [Manager] is on-call 24-hours day informing the Enter and View team that she lives close to the home.

From speaking to the Manager and the staff available at the time of the visit, we learnt that the Manager, Activity Coordinator and one other member of the care staff have taken up their post at the home within the last eight to nine months. We asked the Manager if the home uses staff agency workers and we were told that they do, but only if it is really necessary and then the same staff agency is used each time. Manager informed us that she receives a review of the agency staff members, their work history, qualifications and legal status to work in Britain.

The Manager informed us that all staff complete the home's mandatory training, which includes, moving and handling, and fire and evacuation training. This was verified by the comments made by a member of the care staff when asked about training she had accessed at the home.

Deprivation of Liberties [DOLs][3]

When we enquired how DoLs process is working for the Ann Challis, the Manager informed us that she has no issues with DOLS at all.

Summary of relatives' responses to questionnaire

(see relative questionnaire in appendix B)

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

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

1. *"The home just has them[residents] sat there all day in front of the TV. Trips out have been stopped, nothing stimulating happens since change of management and owners…."*

2. *Ann Challis is a very homely, comfortable place, our mum is treated with respect and dignity and she is always clean and well dressed. The staff are consistent in their care, communication and support. Mum is happy here.*

[3] *The **Deprivation of Liberty [DoLs]** Safeguards are an amendment to the Mental Capacity Act 2005. They apply in England and Wales only. The Mental Capacity Act allows restraint and restrictions to be used but only if they are in a person's best interests.*

*Deprivation of Liberty Safeguards. The (**DoLS**) are part of the Mental Capacity Act and aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.*

Appendix – A
Management questionnaire and responses

Please note that responses are listed as they were received.

Pre-visit questionnaire for the Manager of Ann Challis Residential Care Home

Q1. How do you facilitate your residents and their families in raising any concerns they may have? Do you do this on a routine basis and, if so, how often?

We have resident meetings, we have family meetings, questionnaires and also offer for family members who have power of authority on health to see the care files if they require and also the complaints procedure

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

We have activity coordinator that works Mon to Friday 10am till 2pm and we have entertainment singers etc and we have exotic animal show, we have booked Halloween party and xmas party and when a resident has a birthday we always have a buffet and birthday cake

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

We very recently had the Prince's Trust in doing bingo and quizzes and brought free gifts this was done through the fire brigade

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

Always offered and fruit drinks also

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

Drinks at all meals 10am and 2 pm and supper at 7 also through the day is the juice barrel if anyone wants a drink and they get water with tablets, and often residents ask if they want tea or coffee and staff provide

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

Yes, we deal with nutritionist and the Speech and Language Therapy Team [SaLT] team if we have issues and discuss with GPs.

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

Empty plates. we also give 2 options at meal times and if someone declines we ask what they fancy if not on the menu

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

We register the resident if they have come to us out of the catchment area, but we deal with at least 5 different surgeries

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

Chiropodist. district nurses, opticians, gaps, social workers, mental health team

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

They all come to the home

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

yes

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.

We have a life history book which we do with them and their family likes, dislikes, jobs, travel, family……we also do a page on 'my life', so we can talk with them if they want to reminisce or chat ... all in the care plan

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

Option is given but some ladies are unable to understand. Some see to their own needs

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?

Each resident has a central care file they are treated with dignity patience care and love and dealt with regarding whatever is needed at that time

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

We have some ladies whose faith is very important, and we have the church come in to give holy communion

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

Yes, the church at present

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

Yes, we discuss when they first arrive and then further into the stay and when someone becomes ill

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

Yes, we have a lady whose daughter brings the ladies pet dog into visit. We have a staff member who rides her horse and she brings it into the car park for the ladies. We take them [residents] out to car park. We have an exotic animal zoo and we are pet friendly if anyone asks us.

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

Yes, and they are documented and as I said above, we do questionnaires.

Q20. Do you take residents out into the community?

Yes, our activity coordinator takes ladies to Urmston and to the café and pound shop and just for a walk, also ladies in wheelchairs go so everyone gets to go out and see.

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?

If a fall occurs, we assess what we think if ok we will always document and do 48-hour observation. We also, if needed call ambulance service again. All is documented, I also a do monthly audit and we look if there is a pattern, so we could maybe change anything to help to avoid.

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

Utilised, we do a daily walk about, log to ensure corridors are clear and hazard free and as I said we will look at why the fall occurred see if we need to change anything and also if an optician may be needed

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

We have had good feedback as the whole house is being decorated we are decorating each room and asking the resident do they have a preference of colour, we have just had new carpets and chairs and the ladies said they loved it

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

In house training, e learning and recently signed staff up to their next NVQ level

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

All residents are down in the 2 lounges through the day we encourage them to eat at the table in dining area so that is a way of socialising, also the activity coordinator works with different ladies to involve everyone.

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

We give personal care, we interact at mealtime and through the day we encourage and give lots of TLC. We are an all-ladies home, we all socialise, the rooms are open-plan. Staff have a table next to ladies where they work, always can be seen and the office is in the dining room, and again all in view we can all see each other at all times. I am very proud of Ann Challis and being a part of the home.

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:

Appendix - B
Relatives' questionnaire

1. Do staff talk to you regularly about your loved one's:-			
General Health?	[ ] Yes	[ ] No	[ ] Don't know
Bathing and personal care?	[ ] Yes	[ ] No	[ ] Don't know
Hobbies/interests?	[ ] Yes	[ ] No	[ ] Don't know
Medication?	[ ] Yes	[ ] No	[ ] Don't know

2. Do you think that your loved one;-			
Is happy with the care received?	[ ] Yes	[ ] No	[ ] Don't know
Has plenty to occupy them?	[ ] Yes	[ ] No	[ ] Don't know
Enjoys their meals?	[ ] Yes	[ ] No	[ ] Don't know
Enjoys the company of other residents?	[ ] Yes	[ ] No	[ ] Don't know
Is lonely?	[ ] Yes	[ ] No	[ ] Don't know

Do you know whether:-			
Staff know about the work or family interests of your loved one?	[ ] Yes	[ ] No	[ ] Don't know
Take them out into the community (shops/libraries, local events etc.)	[ ] Yes	[ ] No	[ ] Don't know
Are they treated with kindness and compassion?	[ ] Yes	[ ] No	[ ] Don't know

Are you:-			
Consulted on changes needed to care plans?	[ ] Yes	[ ] No	[ ] Don't know
Are you kept informed about the home's developments/plans etc. (i.e. Carers/residents meetings)?	[ ] Yes	[ ] No	[ ] 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 provider visited

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

It will also be published online on the Healthwatch Trafford website (https://healthwatchtrafford.co.uk/our-reports/)

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