

The Manor Care Home

Enter and View Report 28th April and 1st May 2025

healthwatch
Windsor, Ascot and
Maidenhead



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What is Enter and View?

Enter and View is one of a range of options available to Healthwatch Windsor, Ascot and Maidenhead to enable us to gather information about health and social care services and to collect the views of service users, their carers, and their relatives.

Enter and View is an activity that all local Healthwatch organisations can carry out to contribute to their statutory functions. This means Healthwatch Windsor, Ascot and Maidenhead can choose if, when, how, and where it is used, depending on our local priorities.

An Enter and View visit is where a team of appropriately trained people, known as Authorised Representatives, access a service on behalf of a local Healthwatch organisation, make observations, collect experiences and views and then produce a report.

An Enter and View visit is not an inspection – it is the Care Quality Commission (CQC), as the independent regulator of all health and social care services, that has the formal inspection responsibility. Local Healthwatch organisations aim to offer a layperson's perspective, rather than a formal inspection.

Enter and View is not a stand-alone activity, but rather it is part of a wider piece of work to collect information for a defined purpose.

Purpose of the visit

This visit was to look at what is working well with the service and what could be improved. We had a particular focus on independence and choice.

Background of the home

The Manor is a purpose-built care home in Windsor. It offers residential, nursing and dementia care and is set over three floors. There are lounges on all of the floors and a large garden which has a fenced off area immediately outside which has recently been refurbished and a patio laid. The home is currently undergoing refurbishment and so has a reduced number of residents (forty) until the work is completed. There are over seventy members of staff.

It is part of the Greensleeves care group and its CQC rating is currently Requires Improvement (February 2020).

Preparation and Planning for the visit

Following discussion with the Local Authority a priority list was presented to the Healthwatch Windsor, Ascot and Maidenhead Advisory Group who agreed the visit to The Manor Care Home.

Three weeks prior to the visit, the manager was telephoned and we requested a visit on 28th April and 1st May. This was confirmed with a letter. One week before the visit a member of the team dropped off posters to promote the visit, as well as printed surveys for staff and relatives, along with a post box to hold them securely. Details on the post box also included a link to both surveys, and a QR code. The post box was collected one week after we had visited.

During our time there we spoke with nine residents.

Additionally we spoke to/received surveys from seventeen relatives/friends, and fourteen members of staff. We also spoke to the manager and the deputy manager.

The Enter and View team consisted of: Nick Durman, Shahanz Uddin, Catherine Williams, Ann Brosnan, Charlotte Evans and Misbah Latif.

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

Observations

Interactions with Staff

We were met by staff on our first visit and signed in via the screen in reception. The post box and surveys were in a prominent position, next to the sign -in screen. We were shown around the care home and it was explained that the planned refurbishment was taking place. There was minimal noise from the works on both visits. Staff were very helpful in finding us residents to talk to and we were made to feel welcome as we undertook our visits.

Environment

As well as general observations, we used the King's Fund Dementia-Friendly tool.

1. The environment promotes meaningful interaction and purposeful activity between residents, their families and staff

All assessment criteria met. As examples:

Does the approach to the care home look welcoming?

We found the approach to the care home looked welcoming, the outside green area was well tended and there was a wooden bench by the doorway.



Is the entrance obvious and the doorbell/entry phone easy to use? Does the care home give a good first impression?

On the day of the visit, we found the entry to The Manor easy to find, the doorbell was easy to locate and use and there was parking available at the front of the home. The reception area gave a good first impression, it was clean and tidy, well decorated, had floral displays, seating and beverages.



2. The environment promotes well-being

All assessment criteria met. As examples:

Is their good natural light in bedrooms and social spaces?

We observed good natural light in bedrooms and social areas where large low windows enabled views outside



3. Is the décor age appropriate, are there photographs or artworks of a size that can be easily seen?

The artwork we observed was age appropriate and of a size that was easy to see. There were various artworks, including black and white images of past film stars and posters advertising past famous films. There were also black and white and colour images of family days out e.g. in London, at the fair. There were also quite a few pieces of tactile art.



Is there independent access to a pleasant, sociable, safe and secure outside space e.g. garden, courtyard or terrace with sheltered seating areas?

There was level access from the home into the garden. We observed a variety of seating both covered and uncovered. There was a variety of pleasant planting and a greenhouse that residents could use if they wanted to. All paths and grassed areas were level.



We did not see any signage from the home to the garden that we have seen in other care homes. The Manor might want to consider adding that signage. An example is below:



4. The environment encourages eating and drinking

All assessment criteria met, except:

Are large dining areas divided so as to be domestic in scale and encourage people to sit in small groups or alone if they choose?

We observed a contrast relating to this. One of the dining rooms we observed was not divided so as to be domestic in scale and enable people to sit in small groups or alone or to be joined by a family member. We checked this with the manager who said it was in place as it had been requested by some of the residents, so they introduced the larger table. At lunchtime the residents at this table were chatting to each other.



Examples of where the assessment criteria were met:

Do the people living in the care home and/ or their relatives have constant independent access to hot and cold drinks and snacks?

We observed access to drinks and snacks at various places in the home



Is there a sufficient level of lighting so that the table settings and food can be seen easily?

All of the dining areas we observed had lots of natural window light as well as overhead lighting



5. The environment promotes mobility

All assessment criteria met. As examples:

Is the flooring in a colour that contrasts with the walls, any skirting, and furniture?

All of the flooring we observed, contrasted with the walls and skirting.

Are the handrails in a colour that contrasts with the walls and is it possible to grip them properly?

All of the handrails we observed were all in a distinctive colour that contrasted with the walls, apart from one small area, but that was undergoing redecoration and once completed the handrails would be in a contrasting colour.



Is the flooring in a colour that contrasts with the walls, any skirting?

All of the flooring we observed contrasted with the colour of the walls and skirting.



Are there small seating areas for people to rest along corridors and in gardens?

We observed seating in the home and in the garden where residents could stop and rest.



6. The environment promotes continence and personal hygiene

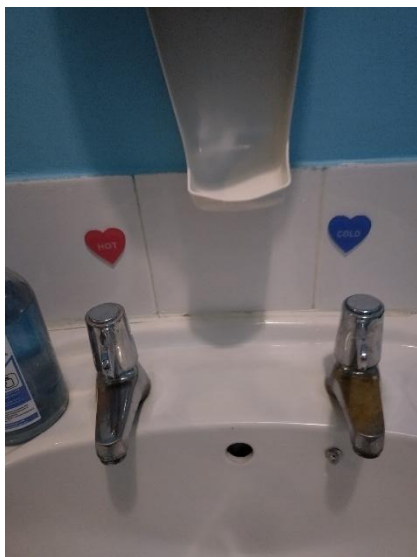
All assessment criteria met except:

Are the sink taps clearly marked as hot and cold?

As in all of the homes we have visited the taps are hard to identify as hot or cold. Whilst there might be a small thin coloured blue and red ring on each tap. None of the taps would be easily distinguishable as hot and cold, particularly to some residents with some sight impairment. Single handle mixer taps can be problematic in identifying which way is hot or cold. Ideally there needs to be a large sign above each tap.



Below are two examples of changes made by homes to make the hot and cold taps more distinguishable:



Some examples below where the criteria were met:

Are all the doors to toilets painted in a single distinctive colour and do they have the same clear signage with text and images?

All of the toilet doors we observed were easily identifiable; the doors were in a distinct colour and had both sign and text to identify them as toilets:



Are the toilet seats, flush handles and rails in a colour that contrasts with the toilet/bathroom walls and floor?

All of the toilets we observed had toilet seats, flush handles and rails that contrasted in colour from the walls and therefore were easy to identify by residents using the facilities.



7. The environment promotes orientation

All assessment criteria met except. As examples:

Are bedrooms and bedroom doors personalised e.g. through the use of numbers, accent colours, artworks, or personal photographs?

We observed bedroom doors that were painted in distinctive colours, with door numbers, and some were personalised to help residents identify their room.



Is there a large, accurate and silent clock clearly visible and does it display the correct day and date and weather?

We observed large clocks that displaying date, time and weather. These clocks were large enough to be seen by residents who may have some sight impairment.



Do signs e.g. for, dining rooms, lounge have both pictures and words, and do they have a clear or transparent vision panel to show where they lead to?

We observed the signs for communal areas having both pictures and words and clear glass panels.



8. The environment promotes calm, safety and security

Are spaces clutter free so as not to prevent easy movement in the home?

All assessment criteria met. As examples:

We observed no cluttered areas that could affect residents safe movement in the home



Has careful consideration been given to the placement of any mirrors or shiny surfaces in corridors and social spaces?

We didn't observe any intrusive mirrors or shiny surfaces or flooring in any of the corridors, lounge or dining rooms.

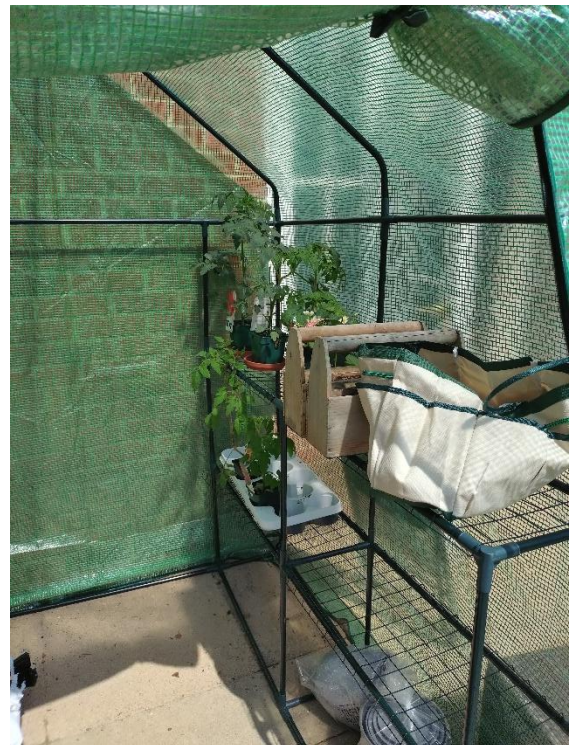
9. Additional Observation

Whilst carrying out our dementia friendly assessment, we observed two doors to storage areas that were open. One was an out of order toilet that was being used as a storage place for mobility aids and other equipment and had a sign saying 'Scales, hoists and general store'. The other appeared to be a cleaning cupboard with a sign on the door saying 'This door should be kept shut at all times'. There was a concern that these open doors could be a potential safety risk.



Garden Observation

As part of the refurbishment the garden has been given an update with a paved area and new garden furniture. There is also a small 'greenhouse' where the residents have been growing peppers, tomatoes and strawberries. One resident had been very keen to grow edibles and the home put their request into practice with the introduction of the greenhouse.



The updated garden patio received positive comments from residents::

" I go out in the garden: it's very beautiful."

"It's lovely; large enough to walk around in a wheelchair."

"The staff here take me to the garden and my family do too."

"Beautiful: I went out there yesterday. I need help so it depends on how busy the staff are."

A number of the residents we spoke to need help to go out into the garden, so the availability of staff tends to determine when they can go out into the garden, in order to keep them safe.

Relatives were equally delighted with the garden upgrade:

"Fabulous! Beautiful patio with high-quality comfortable furniture. Gazebo and outdoor seating areas where we sit and listen to the birds. Great greenhouse area plus bird feeders."

"The garden is excellent and has recently been overhauled. There is new patio paving, new furniture and umbrellas and a greenhouse, also new benches and other seating."

"Love it and come out here as often as possible." (We conducted this survey in the garden with the relative whilst seated at one of the tables with their loved one.)

Relatives did have some suggestions for making the garden even better, which centred on increasing the paths outside the patio area and making more use of the patio area during the cooler months.

"We don't really use the garden from Oct to March due to the weather. Maybe some heaters during the cold months would encourage people to use it more."

"Maybe more paths through the lawn so that the wheelchairs could have different routes/make the most of the grounds."

"More shelters/enclose areas would make the garden more usable when it's colder."

"Use it more; have tea parties for residents eat outside and do gardening."

Staff were pleased with the garden but noted that there were restrictions around its use due to the needs of the residents:

"Depends on their ability; if a chair required it needs a carer."

"Depends on staff availability as need to keep an eye on them. Dominoes group like to sit in the garden. We assist those who cannot go out on their own."

"Only with a member of staff. Depends of staff availability."

Quality of Care

The residents we spoke to were happy with the care that they receive. Most of them acknowledged that it is not always possible to have the same member of staff to help them because staffing changes, but they all felt listened to in terms of their preferences.

' I can choose and have never been asked to have a male carer. I have a shower every morning"

"When I have a shower I like to have the same person."

“Yes, and they help me dress: I can't put my socks on so realise how hard it would be if I had stayed in my home.”

Relatives felt that their loved ones look presentable when they visit and those with capacity are able to choose which clothes they would like to wear. They also felt that residents were able to choose which time they wanted to get up and are encouraged to move around during the day and be as independent as possible.

“Recently she has been up and about a lot and they let her do that.”

Activities and Daily Life

Residents' comments

Some of the residents were happy to do activities, whilst others preferred their own company:

“I prefer to stay in my room and do knitting and reading. Currently making a quilt that my daughter and grand daughter are helping me with.”

“Sit here and do stuff by myself in the morning (he was colouring in a book) and I like playing dominoes.” He showed us his personalised domino box.

“Can do what I want to do and encouraged to take part in activities but I'm too lazy unless it is sitting down.”



Bingo this afternoon: If you get a line you get a sweet!



On our first visit, the Activities co-ordinators were on a training course, so we could not observe any activities. On our second visit some of the residents had been taken out for the afternoon.

The activities were listed on one of the boards on the ground floor, but were easy to miss amongst the other signs:



Relatives' comments

93% of relatives said they were asked about their relative's hobbies and all of them said they are able to join in with activities where appropriate.

Most felt that their loved ones were encouraged to do activities they enjoy.

"Yes, she loves dancing and music. Until her Alzheimer's got worse she would get up and dance all the time. She also is still able to crochet. They have lots of music and live groups."

"All activities are placed on signs around the home every week so we can always see what is happening."

Relatives had a mixed response to the alternatives on offer if their loved ones did not want to participate in an activity:

"Various, including sitting in the small lounge to watch if they don't want to join in."

"Sitting in the garden on the wheelchair or walking around the grounds."

"The Manor offers many activities. My mother does not want to take part at present but the staff are excellent at understanding what the resident wants."

"They can simply watch or remain in their own lounge to relax, listen to music, watch TV. Other activities are always offered: painting, colouring, crafting etc."

"There aren't really any alternatives if dad doesn't want to participate."

Staff

The staff felt that the activities were good and were supportive of the Activities co-ordinators. :

"A variety of activities are available for residents to take part in, regarding their abilities. Everyone is included."

"Fun and lively: the residents enjoy the activities."

We also spoke with one of the Activities Coordinators:

"Always want to do more: I am very passionate and want to make them all happy. Have borrowed a minibus to take them out and saving up to buy one. Do exercise bands, remote controlled cars, pub quiz, keep fit, dancing, singing, puzzles, jigsaws. Have a room full of stuff."

When we asked staff what they did if a resident wanted a different activity from those on offer they said:

“Tell them: We can get that for you but not today.”

“Do my best to get it. Will always try and make it happen.”

“I would explain it is not easily available and apologise and offer an alternative.”

Some staff were given enough time to sit and talk with residents, but others felt that it was not possible to have these interactions due to the pressure of work.

Food and Drink

Lunch Observation

We undertook an observation in the ground floor dining room:

People were sat at two tables: one accommodated two people and the other set for nine. Crockery, cutlery and bibs were laid out, as well as serviettes.

Choice of two meal options, Staff chatted and paid attention to residents giving them more drinks when they saw empty glasses. Food looked appetizing.

The table of two ate their meal in silence and then chatted to each other.

The large table were chatting to each other. A new resident decided not to eat all her main meal and declined her pudding, but wanted to go back to her room where her family were. Staff took her out and updated other staff on the situation.

One resident, sitting at the largest of the tables asked to move and the staff led her round to the other side of the table where she sat happily throughout the meal.

Food was served on covered plates. Some trays of food were taken out for other residents.

There was a nice, friendly atmosphere. Dessert was fruit or Raspberry mousse cake, which again looked appealing.

Staff asked if residents were finished before removing their plates.

Staff communicated well with each other throughout the mealtime.



Residents' feedback

The residents overall liked the food and their preferences and dietary needs are catered for:

"Good, you can choose what you want. All the meals are very good."

"It's possible to ask for different food that I prefer. They forgot I don't like omelette so they changed it."

"Food is marvellous and can't fault it. It's enough and you can ask for more or less, as you want."

"Food is lovely, but too rich and full of cream. Sometimes I get different things to what I ask for."



It's like any place: some stuff you like and some you don't. I have eggs and soldiers for breakfast, sometimes fried eggs. Also have my own box of Cheerios!



Residents are able to sit where they wish in the dining room:

"I tend to sit in the same place: I like my seat." (He was at the head of the table.)

"Usually sit in the same place. If you don't like it they will let you sit somewhere else." (We observed someone moving places in the dining room.)

When meals were missed, staff made accommodations for this:

"The other day I stayed in my room as my tummy was dodgy but a carer came up to my room and brought something for me to eat."

"There are alternatives that the staff will get for you."

Relatives

The relatives all felt that the food was good. Most knew that they were able to join their loved one for a meal if they wished to do so. Most felt that there was enough help with eating and drinking, with one saying "Not all the time."

All felt that there was a suitable quantity of food and that food was also provided for those from various cultural backgrounds.

"Overall food at The Manor is fine. Dad has pureed food which is presented like a meal – they use moulds to cook."

"Lovely kitchen staff: very accommodating."

"The food is very good. My mother only requires/wants small portions and the home caters for her every need."

"My experience is that it is a good and varied menu with quality food."

Staff Feedback

The feedback from staff was mixed; most thought it was 'good' or 'excellent' with some saying that it 'could be better'.

"Fabulous: Lucy and the kitchen do a great variety. Sometimes think it could be more personalised."

"I think there should be more variety, more blended fruits and vegetables especially for those residents on pureed/blended diets."

"The menu looks nutritious and there are choices. In general the residents have a good opinion of the food when I talk to them."

Hydration and nutritional needs

All the staff we heard from had a good understanding:

"We have a tea trolley all the time and food."

"Staff offer and encourage drinks and refreshments throughout the day."

"By offering regular meals and snacks, encouraging intake of fluids throughout the day, assisting with feeding if needed, and monitoring food and drink intake to identify any concerns."

Night staff were also aware of hydration needs:

"At night we always have snacks, crisps, biscuits and sandwiches to offer as well as hot and cold drinks."

Dignity and Respect

The residents felt they had choices in terms of washing and dressing including choice of carer:

"I can choose and have never been asked to have a male carer. I have a shower every morning."

"When I have a shower I like to have the same person."

"The staff have changed the toilet seat for me."

"They help me dress: I can't put my socks on so realise how hard it would be if I had stayed in my home."

"They automatically know when to help you when they know you. The new young ones have to be told!"

All the relatives felt that the staff are caring and kind.

Staff

Resident feedback

The residents were very positive about the staff. As in other homes, staff turnover was mentioned, as residents struggle with staff changing.

"Very good. I get taken outside when needed."

"If there is something I am not happy with, they will sort it out."

"Staff are lovely, but they keep changing."

"Carers are good and they all try their best. We have a natter and a laugh. I've got my favourites (the older ones!)."

"I love them all."

Residents said that staff do react to their needs but both residents who responded said they had to wait, even though one had fallen:

"Yes. Sometimes have to wait a bit if they are busy." (he has a lanyard with a call button on it).

"Yes, I just press the buzzer. Did have to press it more than once when I fell."

Overall, residents like to talk to the staff but this has its challenges as staff tend to be busy:

"Yes, I've learned a lot about them as I ask questions!"

"Staff sometimes take time when they are attending to other residents."

"Sometimes a bit short-staffed so not too much time for a chat."

Relatives' feedback

The relatives/friends we heard from felt listened to by the manager and the staff.

All but two knew who to talk to about their loved one and all but one felt they are encouraged to visit the home, with some visiting every day.

Relatives felt involved with the decision making process for their loved ones and all except two knew how to raise concerns.

Anyone who had raised concerns felt that they were acted upon with a number of relatives commenting that they had never had to raise a concern.

"My sister deals with the staff and has no complaints."

Other comments were:

"Overall The Manor provides a good level of care for my dad. Continuity of care could be better: i.e. carers come and go, but I understand this is a national issue. Dementia residents would benefit from continuous care. Maybe if the industry paid carers better this problem could be overcome. We are very grateful to the Manor and its staff for looking after dad."

"We have regular meetings, both general residential and private wellness meetings. However, if we have ever needed to speak to the nursing team or home manager we have always been able to, even at short notice. The chef and kitchen team produce some wonderful food and always acknowledge special occasions and festivities such as pancake day, Easter etc. The entertainment team are incredibly proactive and constantly book live entertainment, crafting ideas and one to one time with residents and encouraging relatives to join events. They are all the exact personalities you need for this job, quite incredible. The team are simply exceptional; the facilities go from strength to strength but it is the human care and kindness that we are finding priceless in this journey with mum."

Relatives also felt that:

"All staff are caring and approachable. They are all friendly, and ask me how I am, as well as taking care of mum. They are attentive and talk to me about any concerns or questions they may have. I know I can chat to whoever is appropriate e.g. nurse, carers, kitchen team or housekeeping."

Relatives were full of praise for The Manor:

"We are very happy with the standard of care for my mother. She is clean, safe, well-fed and rested and genuinely cared for by all the staff. She has an excellent level of social interaction. We have regular access and contact with the staff and management, I believe it is an excellent facility."

"I feel that she's in a safe place and that she is loved which is a relief based on my experience with my dad. Always get called and updated by the manager and nurse as she is prone to pneumonia. We are encouraged to come along to the entertainment in the home. They always let us know when healthcare people are visiting and Linda, the receptionist, organises well-being meetings and we come to the relatives meetings which are very positive. The only time I heard a complaint was about the loss of a jumper! It's an amazing place. When she arrived she was the first person in the room since it was refurbished. We just brought photos and vases as she was in a council house and didn't own many things."

Manager feedback

We spoke to the manager who told us that her main challenges were around recruitment and supporting staff with stress and anxiety. All the staff had commented that they feel well supported by the manager.

As with other care homes, the hospital discharge process was a cause for concern: the last resident who was discharged from hospital had been sent back with medications for two different people.

The manager felt that, if she called the hospital to discuss one of her residents, they were not interested and residents rarely arrive back with a discharge letter. They call daily when a resident is hospitalised but Wexham Park regularly do not respond.

Access to mental health support is not straightforward, although there is a process to follow for the crisis team.

The deputy manager also mentioned support around UTIs being slow.

The manager also felt that CQC visits focused too much on care plans with MCAs (Mental Capacity) becoming increasingly complicated. The manager felt that CQC do not know the background of residents and this should be considered.

Additionally the 'Requires Improvement' rating from CQC relates to the home under its previous owners, and the manager felt a revisit would be appropriate.

Staff: training and support

The feedback from staff was that they are well trained and supported, especially by the manager:

"Very well. Manager is very good."

"Lots of training."

"Fully – sometimes feel I am on too many courses when I want to be with the residents, but you have to do them."

"All the mandatory training as workshops and E-learning and opportunities for additional training as well."

Staff felt that they communicated well with each other:

"During handovers, breaktimes and working on the same shifts. Regular staff meetings."

"We have two handovers daily to talk to other staff and regular staff/team meetings."

"Yes, regular meetings and the manager is available."

When we asked the staff what was the hardest part of their job we received a number of different responses:

"Making sure everyone is happy."

"Dementia can be difficult."

"The pressure when someone calls in sick and there's no cover."

"To lose a resident."

All felt supported and listened to when they raised concerns:

"Can go to anyone; the team is great."

When asked what change would make the biggest difference to them, pay and staffing levels were the areas most mentioned.

Connections with other services

The manager confirmed that the GP visits weekly and the dentist is able to undertake minor procedures and extractions at the home.

There are also visits from physio and podiatry. Speech and language support can be accessed online

The deputy manager undertakes monthly medication reviews.

The deputy manager expressed frustration with waiting times such as two years for one resident waiting for an appointment with dermatology.

Residents overall seemed satisfied with access to other services:

"There is a nurse who would tell the GP if I need a doctor."

"There's a trained nurse here and can also get a doctor if needed."

"Doctor comes once a week. Saw the dentist a year ago: my family take me."

"I've got glaucoma but I make appointments for that myself. Doctor is my doctor from where I lived before."

"Hairdresser comes in and she's very good."

“Hairdresser comes in. I can get a manicure.”

Relatives felt that there was good access to healthcare:

“The doctor is in every week and they have regular health, dental, hearing etc checks and this is all booked by the home.”

“Team is very proactive with this.”

All relatives felt that there was good access to services such as a hairdresser.

Recommendations with response from manager

Overall we could see that the residents were well cared for, and the ones we spoke to were happy with the home. We would like to make the following recommendations:

- Make more use of the garden outside of the summer months.

Response from Manager: We have daily activities in the garden all summer. The residents have their own green house and raised flower beds which are producing lovely vegetables and flowers.

- Introduce some raised beds to extend the area for the residents to grow food and other plants as the greenhouse has proved so popular.

Response from Manager: We have raised beds in place now.

- Ensure the hot and cold taps in residents' bathrooms are clearly marked.

Response from Manager: We are adding large blue and Red coloured hearts to the sinks, to show hot and cold.

- On the ground floor have a dedicated board for the Activities sheet to make it more visible to residents and their families.

Response from Manager: We have a daily activities poster in the lobby. Due to the refurbishment this was felt the best place to place it.

- Introduce signage for the garden inside the home.

Response from Manager: We have ordered signs.

- Make more of the bedroom doors personalised so that it is easier for all residents to identify their rooms.

Response from Manager: This is something we can look at doing once the refurbishment is completed. Currently residents are being moved until the works are completed.

- Ensure doors to storage rooms are kept closed.

Response from Manager: All storage doors are now locked. Staff are aware that this must be done.

- Consider recruiting volunteers to come in and chat to the residents.

Response from Manager: We do have the Duke of Edinburgh participants attend and work placements for local schools. The residents have given positive feedback from these.



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