

Enter & view Report:

healthwatch
Trafford

The Knoll Residential Home

109 Church Road

Urmston

Manchester

M41 9FJ

Tel: 0161 755 3818

Owner: The Knoll Partnership Ltd

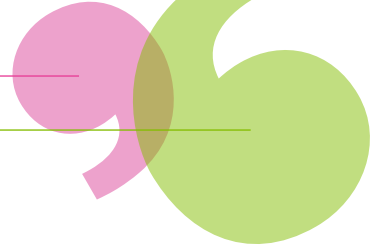
Registered Manager:

Mrs Claire Gardom

Date of visit: 5th December 2018

Date of publication: 15-2-19





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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 owner, Registered Manager, staff and residents of The Knoll and the relatives of the residents for their contribution to the Enter and View programme.

Disclaimer

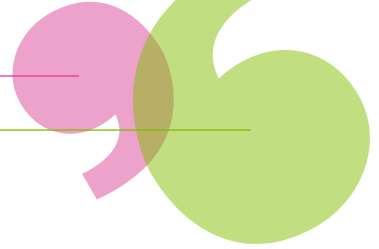
Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users, only an account of what was observed and contributed at the time.



Executive Summary

Findings

- The Knoll is a residential home providing care for up to 10 elderly residents. At the time of the visit there were nine residents at the home, however, we were informed the current vacancy had been filled.
- The Knoll is a detached Victorian house with accommodation provided over two floors. The home offers eight single bedrooms and one shared bedroom. There is a secure garden area to the rear of the property.
- The Manager kindly agreed to mail out 10 questionnaires to relatives of residents living at the home, three completed questionnaires were returned to us. The completed relatives' questionnaires we received informed us that residents living at The Knoll Residential Home were treated with kindness and compassion, to see responses please go to:
<https://healthwatchtrafford.co.uk/wp-content/uploads/2019/01/The-Knoll.pdf>
- On entering the home, there is a large 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 friendly and responsive manner.
- The members of staff we spoke to told us that they were extremely happy working at the home and that the Manager was very approachable and supportive.
- Average costs are £575 per week.
- A CQC inspection of The Knoll took place in June 2017. Following the inspection, the home was given a 'Good' rating. To access the CQC inspection report please go to: <https://www.cqc.org.uk/location/1-123297631>
- The owners of the Knoll Residential Home and its sister home Fairways Residential Home have taken ownership of a brand-new purpose-built care home [Bowfell House] situated in the Flixton area of Urmston. The new home will accommodate up to 40 residents and is scheduled to be completed in summer 2019. The residents and staff will move from the Knoll's current address to Bowfell House following building completion.



Recommendations and Good Practice

- *Consider encouraging staff to speak to relatives about their loved one's general health, hobbies and interests, please see page 21 Appendix B, relative questionnaire.*
- *Consider how to include extra seating for visitors in the communal lounge areas. [Please see comments on page eight].*
- *Consider improving the signage to various areas of the home to enable visitors to navigate the home. [Please see comments on page eight].*

Good practice identified:

The Knoll Manager has taken advantage of a Trafford Local Authority Partnership initiative at a cost of £500 to obtain 50 credits to enable staff working at the home to access an assortment of relevant training. The Knoll Manager informed us that obtaining training for staff is a costly business and since the austerity measure taken by Local Authorities meant the end to free training the benefits of accessing training through this initiative far outweighs the initial costs.

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'

Manager's response to the above good practice initiatives

"we already do lots of work, particularly with work done via our in-house Activity Co-ordinators for reminiscence".

"We already follow NICE guidance and have oral care policies in place".

Purpose of the Visit

The visit to the Knoll Residential Home 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
- Good practice
- 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 a snapshot in time, but our reports are circulated widely and can be used by care homes to acquaint the public with the services offered.

Methodology

This was an announced Enter and View visit.

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.

We sent a questionnaire to the Manager of the Knoll and received responses prior to the visit (Appendix A).

We sent a questionnaire to residents' family and carers for them to respond anonymously (see Appendix B). 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 13]*.

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.

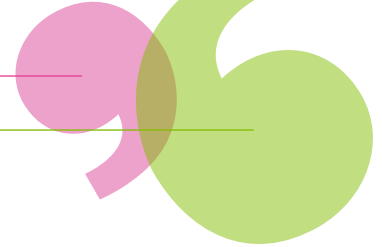
We looked at local intelligence including CQC reports. The CQC inspected the home in June 2017 and gave a 'Good' rating. *Please see page 3 of this report.*

We were guided by staff on the residents who we could approach to answer our questions. We observed eight residents and talked to six, we spoke with one relative and three members of staff.

Healthwatch Trafford Authorised Representatives

- Marilyn Murray [Lead Representative]
- Sandra Griesbach





The visit

Introduction

Healthwatch Trafford visited The Knoll Residential Home in December 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 a nursing home 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.

The Knoll is a residential care home registered to provide personal care for up to 10 elderly residents, the home also provides end of life care and is privately owned by The Knoll Partnership. For further information see link: <http://www.knollcarepartnership.co.uk/>

The Knoll is a moderately sized detached Victorian house situated on a main road close to Urmston Town Centre. There is a small front garden leading to the front entrance of the home and a small garden to the rear. A tarmac area at the rear of the property provides car parking space for a limited number of cars. Accommodation is over two floors; the homes has eight single bedrooms and one twinned bedded room. The home has a communal lounge and dining room. There is a stairlift and an external wheelchair lift. The home has access to a veranda looking onto the rear of the property. Urmston Town centre has good amenities and good transport connections to the surrounding areas. At the time of the visit there were no vacancies at the home.

General Observations

Access to the home is through a security coded door, fronted by wide steps. There is a full wheelchair lift at the rear of the property. The doorbell notifies staff of visitors and staff allow entry. On entering the home, the visitors signing-in book is strategically place for people to use. Sanitizing gel is available on entering the home and throughout the building. The walls of the entrance hall displayed a considerable assortment of information, including; the home's CQC registration, the Trafford Dignity in Care Award [2017] and Investors in People.

The home is clean and smelt fresh on entering and throughout the building. The Knoll is a Victorian building in need of updating.

We were greeted by the Manager. We noted that staff wore different colour coded uniforms to denote their position at the home. All staff appeared caring and welcoming. We were encouraged by the Manager to go around the home and talk to residents and staff.

The Manager explained the Knoll Partnership are building a new care home, 'Bowfell House' in Flixton that is currently being built and scheduled for completion in summer of 2019. The new home will accommodate up to 40 people, residents from the Knoll and its sister home 'Fairways' will transfer into the new purpose-built home on completion. The Manager expressed her enthusiasm and delight for this new development, which will benefit residents and staff alike.



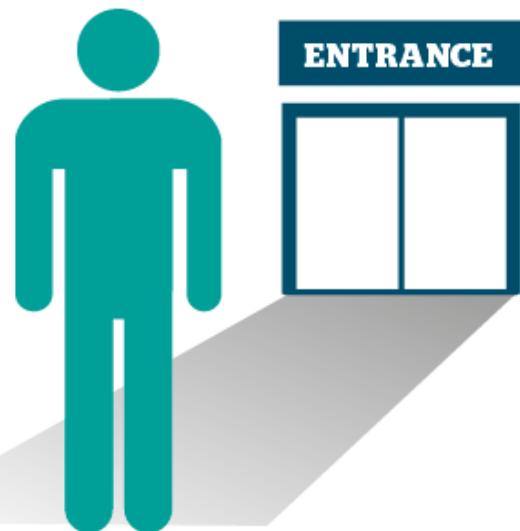
The dining room and communal lounge are situated on the ground floor. The dining room is a large and pleasant space that looks out onto the front garden. At the time of our visit we witnessed members of staff using the dining room to eat their lunch while pleasantly interacting with residents and visitors in the room. The dining room also housed a computer used by members of staff. Visitors we spoke to informed us that staff always make people welcome when they come to visit the Knoll.

There is communal lounge in the centre of the building with a sun room extension that leads onto the veranda looking out over a garden area at the rear of the property. At the time of the visit we observed a number of residents seated or sleeping in chairs dotted around the communal lounge. At the time of the visit we felt that there was a lack of additional seating for visitors.

On entering the home, the stairs, ground floor communal areas, toilets/bathroom and some residents' bedrooms lead off from the entrance hall. The home has one bathroom upstairs and a fully accessible disabled shower room downstairs.

We observed two bedrooms on the ground floor whose doors were open, both bedrooms appeared clean and tidy. The bathroom/wet room on the ground floor is clean and uncluttered, the room has a call bell that is easily accessible for residents.

On moving around the home, all corridors were tidy and uncluttered. Handrails were strategically placed around the building and we observed fire extinguishers throughout the home. We found that the signage to various areas of the home was displayed but not highly visible. This did not appear to impede residents as we observed them navigate the home with ease to access the rooms they wanted to visit. All areas of the home are clean and odour free.




Activities

The Manager informed us that there are two Activity Co-ordinators working at the home, *please see Manager's full responses regarding activities Appendix A*. At the time of the visit we witnessed an Activity Co-ordinator delivering a musical chair exercise incorporating a 'catch and throw' ball game in the lounge, some residents who took part in the activity appeared to enjoy it.

There is a television set in the communal lounge, which was being used for the morning's musical exercise. We observed photographs displayed in the lounge of residents enjoying day trips out organised by the home. *Please see Managers full response in Appendix A*.

Fundamentals

During the visit we didn't see any residents drinking or with drinks nearby, however, the enter and view team visited the home at 1:00pm, a time when the dinner period appeared to be over with plates cleared away before our arrival.



The kitchen area is small and clean. The residents we spoke to told us that they were happy with the food, informing us that the food was good, one resident stated: “the food is excellent”. We were told that changes have been made to menus when residents have made staff aware of their dislike for certain items on the menu. The Manager stated that the home constantly asks for feedback from residents. *Please Appendix A for Manager’s response.*

We received a comment from one relative through the relative questionnaires who expressed the following view regarding the building:

“... the facilities at the Knoll are a bit restricted due to the fact that it is an old building, with a small kitchen but they make the best of it”.

When we asked if residents choose what they wish to wear. We were told that all residents are asked and supported to choose what they want to wear.

Care

The ambience of the home was very calm and comfortable. The social interaction between staff and residents appeared friendly and caring. Members of staff we spoke to during the visit told they were happy in their work and enjoyed caring for the residents of the Knoll.

Residents we talk to told us that they are looked after well and if they had a problem they would ask for help. One resident told us:

“...I cannot fault it here, I would recommend it [the home] to anyone”

Another stated:

“...the staff cope with me and others, full marks to them”.

Though we received just three completed questionnaires all informed us that they were happy with the care that their loved ones are receiving at the Knoll. We receive the following two comments from residents who stated:

“I am a little bit lonely sometimes”

Another resident on being asked about the care she received from staff told us that ideally if staff had a more time to talk to residents, stating:

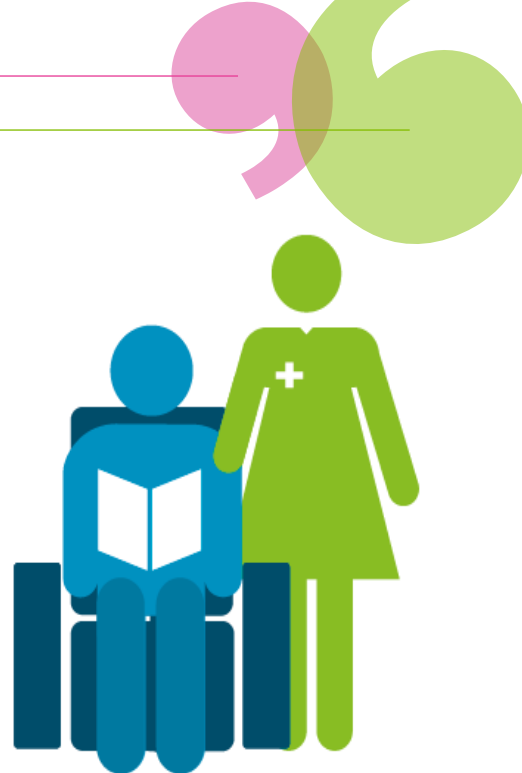
“If staff had a little more time to talk to us, but no, I am extremely lucky to get in here”.

Profile of residents

On the day of the visit all residents living at the Knoll were elderly female, some residents were living with various levels of dementia, currently there are four residents without diagnosis.

Management of the Home

The following comments should be read in conjunction with **Appendix A**. The Manager has been in her post at The Knoll for more than 15 years and is extremely happy at the prospect of caring for her residents and staff in a brand new purpose-built care home. The transfer of residents will be managed carefully.



When we asked the Manager what the percentage of residents at the Knoll were living with dementia, we were informed that all residents are living with various levels of dementia.

We asked about using the 999-emergency ambulance service, the Manager told us that it depends on the paramedics, some can be unresponsive and slow to respond, it really depends on the paramedic on duty at the time. The Manager added, that she wonders if paramedics view people in their 90s, as not a priority.

The Manager gave a recent account of a resident being discharge from Salford Royal back to the home. A resident was taken to Salford Royal, and the Manager informed staff at the hospital when discharging the resident back to the home not to do so in the evening as only one member of staff would be on duty. The request was ignored, and the resident was discharge at 12:30am. The Manager reported this action as a safeguarding issue to Trafford Safeguarding team on 21-8-18 and to date [5-12-18] had not received any response from the Safeguarding team. When the resident was brought back to the home she had a skin tear and when questioned about the tear the Manager told us that the ambulance staff were not helpful.

When we asked about accessing GP Practices, the Manager stated the home has a good relationship with the all the GPs apart from one GP [named]. The following statement from the Manager highlighted her concerns about a GP at the Practice:

“he [GP] gives a poor service, poor accountability and is rude”. The Manager went on to say that the GP has refused to come out to residents at the home who are in their 90s. Subsequently, the home must then liaise with the residents’ relatives to ask them to approach the GP as he is refusing to come to the home”.

When we asked about accessing a dentist, the Manager stated that it is “very difficult to source a professional” when trying to obtain a dentist for residents at the home.

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 gave examples of action taken. *Please see Appendix A for Manager’s response*. On the day of the visit the Manager informed to us that referrals to Falls Clinics do take a long time and that GPs are often reluctant to make referrals.

On enquiring about residents' food and liquid intake, we were informed that fluid charts are available if there is a concern with a resident, and the home has close links with the dietician and makes referrals on a timely basis should they be required. *See Appendix A.*

When we asked how residents and their families provide feedback or raise any concerns, we were told the home has both formal and informal structures in place and regular family meetings where residents and relatives are asked for feedback, positive or negative. *See Appendix A.*

We received the comment below from a relative with regards to staff talking regularly to relatives about their loved ones:

“with reference to section one [question on general health, bathing/personal care, hobbies/interests and medication], we can find out this information if we approach the staff, but they don't give this information unless you ask”.

The Manager praised Local Authority Adult Social Care team [named the individuals] for the support they have given to her as Manager of the Knoll. The Manager went on to explain that the free training opportunities provided in the past for staff working in the care home industry by Local Authorities has disappeared over the last 10 years. Therefore, this new Partnership is a brilliant system that enables care home Managers to keep abreast of training and best practice. It enables information sharing with other care home Managers and enables care home staff to obtain the up-to-date relevant training to provide the correct support to the residents living in care homes.



When asked about advance directives, we were informed that all families are asked to help develop care plans for palliative care and this includes the use of advanced directives.

When we ask if there was anything else she would like to include in the report. The Manager wondered why the Knoll and her sister home the Fairways situated nearby are visited by different CQC inspectors. The Manager explained that it can be extremely frustrating and bewildering at resulting CQC reports that produce very different outcomes, which appear to be very different depending on the individual inspector.

Please note that any issues raised around the CQC and Local Authority processes will be raised in the monthly Joint Quality Improvement meetings, to whom this report will be submitted.

Deprivation of Liberties [DoLs]¹

When we asked about accessing Deprivation of Liberties Safeguards [DoLs] we were informed that the home had put in the following:

- a re-extension on 23.8.18 with Trafford, no reply to date [5-12-19].
- Put in an extension on the 22-2-18, didn't hear anything and chased up on the 22-8-18 and still waiting to sign off.
- Another outstanding DoLs from March 2018 and there are four more DoLs outstanding.
- request for a dietician to attend a resident at the home. Waited 18 weeks, the resident passed away before the dietician was due to attend.



¹ 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.



Summary of relatives' responses to questionnaire

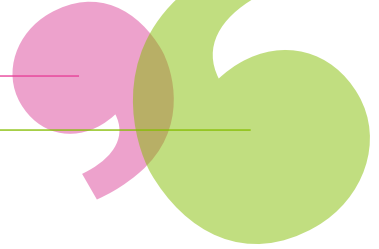
(see relative questionnaire in appendix B)

We left 10 relative questionnaires with the Manager of the Knoll to send out to relatives of residents living the home. We received three completed questionnaires from relatives. All the relative questionnaires informed us that they felt that their family member is treated with kindness and compassion. To see the full results of the residents' questionnaire we received back, you can find them at: <https://healthwatchtrafford.co.uk/wp-content/uploads/2019/01/The-Knoll.pdf>

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

1. *“The Knoll is well run and the management, particularly [named], are kind, caring and efficient. The facilities at the Knoll are a bit restricted due to the fact that it is an old building, with a small kitchen but they make the most of it”.*
2. *“With reference to section one [in the relative questionnaire], we can find out this information if we approach the staff, but they don't give this information unless we ask”.*





Appendix - A

Management questionnaire and responses

Please note that responses are listed as they were received.

Pre-visit questionnaire for the Manager of The Knoll Residential 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 both formal and informal structures in place. Informally we build very strong personal relationships with our residents and visitors; this enables the individuals concerned to talk to us openly about any concerns they may have.

More formally we operate daily service checks. These checks encourage all members of the senior leadership team to ask all our residents how they feel that day, how their meal was, if they have any concerns, if there's anything we can do for them. We hold residents meetings every 6 months (the last of which was held on 26/11/18) and regular families meetings (latest one held 27/11/18). Throughout the meetings we ask for all feedback - positive and negative so we can develop our plans for future developments.

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

We have a very full activities schedule which includes 2 employed activity co-ordinators as well as regular slots given over to music therapy and exercise classes. We have volunteers from those who are undertaking DoE schemes and college placements. We are currently investigating local community groups to see what they can offer. We also have local schools and nurseries who visit the home on a regular basis.

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

Acorn House - local nursery bringing children in to sing and craft with residents

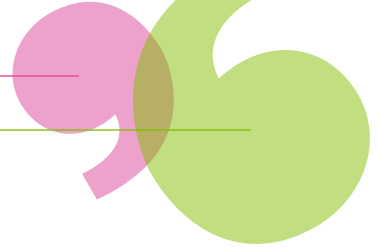
St. Monica's RC primary - to sing and put on performances

Zoolab - unusual animals for residents to hold and learn about

Apetito - for tasting sessions and meal planning

Music for health - activities and instruments

To name but a few



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

Yes, we have salad items and fresh fruit available at all times. Two vegetables are offered with every main meal. Fresh fruit salads are regularly made and some residents will chose fruit after their meal rather than the desserts available.

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

Yes, we are very dedicated to ensuring all nutritional needs are met, including sufficient fluid intake. Hot and cold drinks are very regularly offered throughout the day and night and can be requested at any time. We have fluid charts available whenever we have concerns.

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

We have close links with Caroline (dietician) and will make referrals in a timely basis should they be required. We closely monitor all weights and MUST scores and have several members of our team who have been on MUST training courses. Every resident has an in depth nutritional care plan.

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

We have in depth care plans and regularly review menus in conjunction with residents. We include meals on our daily service checks, dine with residents, ask for feedback in meetings and via our QA systems. We also look at basic indicators such as stable weights and weight gain.



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

Residents are encouraged to keep their own GP if this is their preference. If someone is moving from another area, we ensure consent paperwork is completed and request information on preferred GP practice.

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

Podiatry
District nurses
Social workers
OTs and physios
Tissues viability nurses
Continence advisory service

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

Any other services we require would be referred to in a timely fashion. This will be in line with their protocols and procedures - for example via the single point of access.

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

Yes, we have a distinct area of our system for recording this information.



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.

Yes, all our residents work on their own life history books. We have one-page overviews and previous experience plans. In January we are starting on new one-page profiles. Our activity co-ordinators work hard to ensure all residents are involved. They spend time on a one to one basis, looking at old books from the library, their own personal photo albums, sensory work with music and quizzes and building on reminiscence sessions.

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

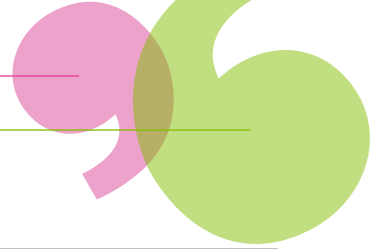
Yes, all residents are asked to choose their own clothes. If they struggle with the level of choice, we can restrict it to two or three items and offer full support. The level of support required is recorded within care plans.

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?

All care team are trained in dementia, both theoretically and practically. We use signage and equipment to ensure residents can be as independent in their choices and daily living as they would like.

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

Person centred care planning is central to everything we do and this includes recognising people's personal identities and appreciating and valuing cultural differences. We have ministers from different faiths available for us to access as required. We have members of the team who have attended equality and diversity training.



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

We do. Historically we have had different faith groups visiting the home. Currently we have a Catholic minister and priest who visits weekly.

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

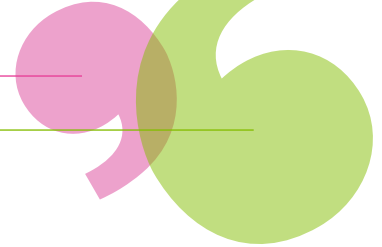
All families are asked to help develop care plans for palliative care. This includes the use of advanced directives and DNACPRs [Do Not Attempt Cardiopulmonary Resuscitation].

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

We have had local groups such as Zoolab and an Owl Sanctuary bring their animals in and visitors and members of the care team have brought their pet dogs in.

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

Yes, as question one above. We have 6 monthly families meetings and endeavour to meet with families every month or two to discuss care plans and look at what works well for each individual.



Q20. Do you take residents out into the community?

We do. Our activity co-ordinators work very hard at this. We visit the Toy Library at the Delamere School, we have lunches out at The Roebuck several times a year (next one 06/12), Coffee and Craft on Church Road, Parkers Garden Centre in Flixton, Charity Shops and parks. This year we have also visited the Imperial War Museum and The Trafford Centre.

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?

All falls are recorded in the accident book and the individuals care plan. All falls are audited and tracked. The measures taken are different in different circumstances. Healthcare professionals are referred to as necessary. If there is injury or potential injury, then advice will be sought. If a resident has regular falls referral to the falls clinic via GP will be made. Our audits will allow us to identify any trends and patterns. All falls are appropriately recorded and 48 hour monitoring instigated. All statutory notifications are made in a timely fashion.

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

We have bed and chair sensors, risk assessments, FRASE assessments, all the care team are trained in appropriate manual handling operations. We will make referrals to the falls clinic as required and we have team members who have undertaken falls prevention training.

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

We had a couple of items on the menu that the residents didn't like so we removed those items and have asked our providers to host another tasting session. We constantly ask for feedback.



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

The management team are proactive in seeking out learning opportunities. The manager is currently undertaking a leadership course. We attend conferences and meetings which support us in our role and keep us up to date with legislative changes or innovations in best practice.

We have recently updated our whole system of team meetings, supervision and appraisal. We were also one of the first homes to get on board with Trafford's new training scheme.

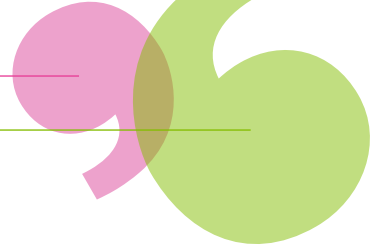
Q25. How do you prevent residents' feelings of loneliness or isolation?

We believe we know our residents well and by doing so we can support them in their daily living activities.

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

We put the residents at the centre of everything we do and constantly seek to tailoring their care to their specific needs. The activity schedule is varied and interesting. We seek to engage all residents in the own care planning, planning activities and just finding the time to talk.

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



Appendix - B

Relatives' questionnaire

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

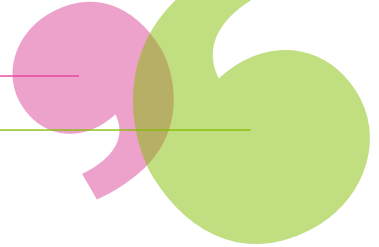
General Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Bathing and personal care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Hobbies/interests?	<input type="checkbox"/> Yes	<input type="checkbox"/>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

2. Do you think that your loved one;-

Is happy with the care received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Has plenty to occupy them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Enjoys their meals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Enjoys the company of other residents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Is lonely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

Do you know whether:-

Staff know about the work or family interests of your loved one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Take them out into the community (shops/libraries, local events etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Are they treated with kindness and compassion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know



Are you:-

Consulted on changes needed to care plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Are you kept informed about the home's developments/plans etc. (i.e. Carers/residents meetings)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

Please add in any other comments or observations you would like to make in the box below.

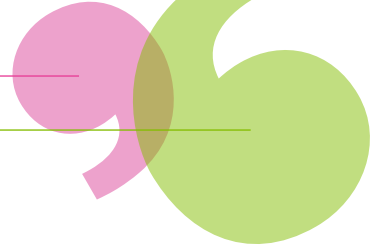
Would you recommend this home to anyone else?

Yes No Maybe

Overall, on a scale of 1 to 10, how would you rate this home?

(with 1 being very poor and 10 being excellent)

out of 10



Distribution

This report will be sent to the following organisations:

The Care Quality Commission (CQC)

Trafford Council:

- Trafford Health Overview and Scrutiny Committee
- All Age Commissioning Team

Trafford Clinical Commissioning Group (CCG)

Healthwatch England

Chief Nurse, NHS Trafford CCG and Corporate Director of Nursing Trafford Council

The provider visited

It will also be published online on the Healthwatch Trafford website

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 **0300 999 0303**

 **07480 615 478**

 **info@healthwatchtrafford.co.uk**

 **@healthwatchtraf**

 **Healthwatchtrafford.co.uk**



Floor 5, Sale Point

126-150 Washway Road

Sale, M33 6AG

healthwatch
Trafford