



Visit to
Brierton Lodge
Nursing Home



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Healthwatch Hartlepool

Brierton Lodge Nursing Home

Enter and View Report

Visit to Brierton Lodge 21st October 2024

1. Introduction

On 21st October 2024 Healthwatch Hartlepool conducted an Enter and View visit to Brierton Lodge. The visit was our first to the home for over 5 years and was conducted by a four person visiting team.

The visit followed parameters and safeguards mutually agreed by all parties which were formulised in a Risk Assessment which can be found in Appendix (1). All members of the visiting team were accredited Healthwatch Hartlepool Enter and View visitors and had successfully completed all mandatory training modules and a full DBS check.

The visit focused specifically on the care, support and wellbeing of residents at Brierton Lodge. This included discussions with residents, family members and staff as well as observations by team members.

Details of visit

Details of visit:	
Service address:	Brierton Lodge Care Home
Service Provider:	HC-One
Date and Time:	21 st October 2024
Authorised Representatives:	Margaret Wrenn, Margaret Metcalf, Michael Booth, Bernie Hays & Carol Slattery
Contact details:	Healthwatch Hartlepool, 1st Floor, Greenbank, Waldon Street, Hartlepool, TS24 7QS

2. Background – Brierton Lodge

Brierton Lodge is situated in a residential area in the south of Hartlepool. It provides personal and nursing care for up to 58 older people some of whom are living with dementia. The home accommodates people over two floors in one adapted building.

Brierton Lodge has a variety of sitting rooms and spaces in which residents can pursue hobbies, pastimes and relax. Rooms are en-suite. Outside there is a landscaped garden and patio in which residents can spend time with family and friends during the summertime.

The Home is one of two HC-One owned homes in Hartlepool and is managed by Jayne Parkins. Its most recent CQC Inspection took place in June and July 2023 the outcome of which was a “Good” rating.

3. Aims of the Visit

Our overall aims were –

- To gather feedback from residents and family members of their impressions of care provision at Brierton Lodge and how the care service has evolved since our previous visit in 2019.
- To gain insight into the day to day provision of care within the home and the service provided including specific support for residents who are living with dementia.

On arrival at the Care Home, we were warmly welcomed by the manager Jayne Parkins and her Deputy, Tracy Normanton and we signed the visitors’ book.

We were seated in the newly refurbished reception area. This was bright, airy and very pleasant. Family members and visitors, as well as health professionals could stay here, if necessary, and there were drinks and snacks available. (The Manager’s office was too small to accommodate us all comfortably.)

We introduced ourselves and explained the reason for our visit. Lack of documentation of incidents involving the residents in the home. The manager explained that The Radar system is in use. Any trips or falls are

documented on the manager's computer, risk assessment carried out, and a referral to the Falls team is made. A member of the Falls Team staff will attend the home.

The manager explained that she started at the Care Home in 2002, previously as the Deputy Manager and became the Manager in 2020.

We asked about whether the staff are allowed to take their mobile phones on duty with them. Company policy is that they are not. The phones are kept in their lockers and remain there until they go off duty.

There is a Flash meeting every morning at 11am, with all department heads, where discussions take place around domestic issues, Staff handover, falls, medication issues, kitchen and any weight loss noticed in any of the residents.

If the dietician is contacted, they answer any query by phone. They do not call into the home, and apparently if the phone is not answered, then they discharge the resident.

There is a 'coffee shop shack' available for residents and their relatives.

The members noticed that sometimes professional visitors to the home didn't sign the visitors book on entry.

There are 2 floors, 29 beds on the ground floor, 29 beds on the first floor, which is the Dementia Unit. There are 57 residents at present, and another resident due today. There are five residential beds, the rest are nursing, very frail, and/or dementia, including younger people. All staff members are trained to work on both floors, although sometimes dementia residents are happier with staff that they are used to. There is also a Family and Friends suite available on the ground floor.

4. Methodology

The visit to Brierton Lodge was conducted by Healthwatch Hartlepool on a semi-announced basis. The home was initially given a four week time frame during which the visit would take place. However, this was extended by a further two weeks due to illness of two members the visiting team. Although Covid restrictions no longer apply, the visit was conducted sensitively, and the visit risk assessment was adhered to.

Prior to the visit the Home Manager completed a questionnaire, the responses to which can be found in Appendix 2. We also provided the

Home with a questionnaire to be completed by family members of residents, the responses to which can be found at Appendix 3.

The visit itself was conducted by a five-person team, on Monday 21st October between 2pm and 5.45pm. During the visit the team spoke to residents, visitors and staff and concluded with a de-brief meeting with Jayne Parkins, the Home Manager at which key findings and observations were outlined.

5. The Visit

We asked the Manager if there was anywhere in the home that we should avoid, because of barrier nursing or end-of-life care, or any other reason. She assured us there was not.

The manager and her deputy now work alternate weekends. As of November 1st, staff will no longer work a 12-hour shift pattern. This has been altered to facilitate better working hours for the staff members, and to allow those with children to be able to carry out their duties, whilst still being able to care for their children. There is a 15% increase in staff numbers to cover staff sickness and holidays. The home has also employed some staff members from overseas, eight in all. 7 females and one male. The females help each other with their childcare responsibilities. The manager feels that they have all settled in nicely at the home.

Residents have either been admitted from hospital, or home, possibly to return home following assessment, or remain as a resident, dependent on their needs.

The manager explained that although they normally have a cut off time of 6:30pm for admissions, and discharges from hospital, recently, they had a resident return to them from hospital at 1.30am in the morning.

We were shown around the building by the manager and her deputy. The home is light, airy and clean, and the ground floor nicely decorated by the staff members. There is a pleasant view into the garden which has a gazebo, which the staff members also erected. We then commenced the visit properly. Three of our members went up to the dementia unit, and two of us remained downstairs, on the ground floor. One resident was celebrating their birthday in the lounge with family members and friends. Consent was gained from residents and family members to discuss their views and experiences while residents or visitors to the home. These

relatives were very happy with the care provided for their family member and had no issues or concerns.

6. Independence

On the ground floor, many of the residents were quite poorly and bed bound. They all looked clean and well cared for. There weren't many visitors around that day, although we did manage to speak to some of the residents.

There are two activity coordinators (known as Well-being staff), one full time and one employed for 12hrs. They have weekly planned activities in place. They have a weekly bus trip on a Thursday, and the residents are taken out for fish and chips on a regular basis. One resident who has hemiplegia is unable to take part in the activities at present but is given physio to help him to do as much for himself as possible. Otherwise, he is assisted.

We were introduced to Katherine, one of the coordinators who also does the residents' nails, and hand massage. Apparently, this is very enjoyable. The hairdresser visits the home every Thursday, so everyone has the chance to have their hair done during that day.

Residents have a choice in their daily routine, going out with family if they wish, for those who are able. Several residents are bed-bound, so staff members care for them accordingly. One visitor was sitting with her mum and giving her drinks and feeding her morsels of cake, which she appeared to be enjoying. She was very happy with her mum's care.

On the first floor of the home, the residents had all been diagnosed with dementia, so unfortunately, as there were no family members present, it was extremely difficult to engage in conversation. Therefore, the visit to the dementia unit was mainly observation of interaction between staff and residents, with input from staff members. It is understood that the latest research into room décor has changed in the past few years, and the manager explained that when the results are available, they will be upgrading the décor on the first floor.

One resident was sitting in their room watching TV. The room had their own personal possessions, which is encouraged, and family had brought in their own settee and chair. Personal photos were on the walls. The resident appeared to be happy and content and engaged with the staff on the unit. He was totally independent whilst getting around. His wife visits every morning and other family members visit in the afternoon.

Residents appeared to look settled. There was a resident who was sitting in the library room, holding a doll. The room had been painted a teal colour. There was no TV, and it appeared calming. There was one corner which was nicely decorated with attractive, dark floral wallpaper, and two comfortable chairs. The residents sit here with wellbeing staff members, who will assist them to look at, and handle the Knick knacks there.

Staff members also mentioned that they have baby dolls, and cats that purr and lie on residents' beds. One gentleman was enjoying himself pushing the tea trolley around.

There were communal rooms where there was a TV, and residents were sitting watching a film with staff members. Other residents were listening to the music, and when engaging with one resident, who was walking around the unit, they were asked if they enjoyed music and dancing.

Another resident was happy to engage in conversation, she had just had her hair done. Discussed where she lived and worked and her daily routine. Very happy with the staff, her room and personal items.

Another resident was seen walking independently, up and down the corridor. She was happy with the staff and support. She had her handbag with her and was quite cheerful as she had her own money in her purse. Only a small amount but she was happy and engaging in conversation as her independence had not been taken away from her.

While observing and talking to staff on both floors. Staff members were seen moving residents in their wheelchairs. Other residents were in bed with the beds lowered to the floor for safety, and crash mats were in place next to the beds, complete with sensors.

Due to the nature of the dementia unit, resident's hoists, slings and mobility aids were in a room safely locked away. Personal slings were labelled, cleaned and only taken out of the room when needed. Downstairs the slings, hoists etc., are kept in the residents' rooms for their personal use only but are still cleaned and checked on a regular basis.

Family and friends can visit at any time. Residents' finances are managed by themselves or by family members.

A staff member showed us a room that had been changed on several occasions, now is a kitchen, with a fridge, where drinks and snacks were always available.

There was a daily menu and choice of snacks or light meals, if residents did not want what was on the main menu, there was an express menu

where food could be produced within ten minutes, for the residents. The kitchen had a list of those who had any food allergies or required a particular diet.

There were plenty of drinks and snacks available for the residents on each floor.

Communication was difficult at times, particularly on the first floor, however, staff engaged with family members, and the home has monthly residents' meetings, where all are welcome, and any problems can be aired and questions answered if necessary.

7. Dignity and Privacy

Not all staff have name badges on. However, those who did, had on their first name. The staff call the residents by their preferred name.

The staff knock on their doors before entering, although most residents have their doors open on the dementia unit as staff are in and out all the time monitoring the residents' care needs.

Residents who can wash and dress are encouraged to continue. However, those who do require assistance are given help and support. Residents appeared to be clean, comfortable, and nicely dressed.

There are two Harker baths in the dementia unit. These baths have seats in and are easily accessed for those who need assistance getting in and out.

Those residents who wish can practice their religion, but many of them are not bothered. The same applies to voting in elections.

One resident's wife has completed a "This is me" booklet. The manager said she is looking to ask families to complete one of these booklets, as they give a better insight into the likes, dislikes and preferences of each of the residents.

8. Food and Nutrition

Staff ask the residents what they would like to eat from the menu. They are also asked frequently if they would like a drink, and this is encouraged. A trolley is taken around regularly on each floor, containing drinks and snacks, and there are also lite bites available.

There is a menu board with a choice of menu. There are also drinks and snacks placed at various points in the home. The menu board in the Dementia Unit has writing that appears to be very small, but it is changed

daily so that families can see what their relatives are able to choose. (See Independence for further choices)

9. Involvement and Respect

Both residents and family members on the ground floor, to whom we spoke, said all staff are pleasant and polite.

They keep the residents and their families up to date with how and when things are taking place.

Family members are involved if there are any issues. There are regular monthly resident/ family meetings. There is a monthly Newsletter, and they also have a face book account.

10. Safety and Security

The lift is key coded. Fire alarm testing took place whilst on the visit. They take place weekly, on Mondays.

Staff have regular mandatory training, including manual handling, Safeguarding, Health & Safety, and dementia refresher. Staff are trained at NVQ levels 2 and 3. The manager encourages staff members to undertake further training if they are interested in doing so.

All residents who have been issued with mobility equipment, Rota stands, hoists, are either in the residents' rooms or placed in another room for safety. A family member felt that personal possessions and money are safe in the home.

11. Health and Wellbeing

The family member to whom I spoke, said that staff ask them how they are feeling. The staff and activity coordinators encourage residents to participate in daily activities.

There is a dentist who visits the residents. They liaise with the families of residents who lack capacity.

They have a community matron with whom they have regular contact, and they can ask her advice at any time, between visits.

Residents' families are involved with their decision making.

Post-it boards were available for residents' families to make suggestions and add comments.

12. General comments & observations

The home has a dementia specialist, employed by them, who carries out the in-house training of the staff, as well as keeping them informed of any changes in the research into the disease.

Each resident's room had their name and number on the door. The residents had their own personal items, photographs, items of furniture, and anything they particularly wanted in their rooms, this is encouraged so they feel more 'at home'

Each corridor had a different theme. Some of the pictures were related to Hartlepool and the surrounding area.

Wi-Fi sensors are on order and will oversee 5 rooms.

It was noted that there was a "rummage chest" on the dementia unit.

13. Summary of visit.

Having completed the visit to the first and second floor. We met up again in reception and gave feedback to the manager and her deputy.

We were very impressed with what we had observed whilst visiting, especially the interaction between staff and residents, and the willingness of the manager to alter the Rota so that parents can still manage their childcare responsibilities whilst being employed.

It is a lovely home, beautifully decorated, spacious and clean.

In one of the corridors, two of us noticed a strong smell of urine present. We mentioned this to Jayne and her deputy, they are aware of the problem and are in the process of dealing with it effectively.

It was noticed that sometimes with crash mats in place next to the beds, some residents are unable to access their drinks from the bedtable. Crash mats are sometimes moved to allow easier access but replaced as soon as practicable.

It's expected that a family member will escort their relative to a hospital appointment, unless there is a problem.

There seemed to be a lack of colour on the dementia unit, but we understand that the latest research is being studied before making any definite changes to decoration or equipment.

We discussed the use of laminated pictures of meals on the unit, but the manager explained that when residents were shown the pictures, when

they were removed, the residents became distressed thinking the meal was being taken away from them.

The manager explained that when someone dies in the home, often the relatives are at a loss as to what happens next. They are hoping to produce a booklet with important information for relatives to access. At present there is some information available, but they are finding that relatives are seeking more information about “What happens next”

14. Recommendations

That everyone who enters the home should sign the visitors book, in case of fire. Possibly having two books, one for visitors, one for professionals.

Emphasise when training staff members, the importance of documenting all information regarding residents, particularly falls and injuries.

Encourage the completion and use of the “This is me” booklet, both with families and staff members

Continue to make available as much information as possible for families after the death of a relative.

Effectively rid the home permanently of the smell of urine in one of the corridors.

Our thanks to the manager and her deputy for their warm welcome into the home, and for answering our many questions, which they did, with openness, transparency, and good humour.

15. Acknowledgement

Healthwatch Hartlepool would like to thank Home Manager Jayne Parkins and the staff team for answering our questions and for ensuring this was a productive visit. We wish them all well for the future. Also, our thanks go to the family members who took time to complete our questionnaire and residents and visitors who spoke to us on the day of the visit.

Finally, we also want to thank staff from Hartlepool Borough Council’s Commissioning Team for their help and support in preparing for and facilitating our visit.

APPENDIX (1)

HEALTHWATCH HARTLEPOOL

VISIT RISK ASSESSMENT- ENTER & VIEW VISIT

Location of Visit Brierton Lodge

Assessment Prepared by Stephen Thomas

Date of Assessment 21/08/24

Date of Visit Between 3rd September and 21st October

Date Checked and Agreed by Home Manager

Comments - DRAFT Risk Assessment for proposed Enter and View visit to Brierton Lodge between 3rd September and 21st October by Healthwatch Hartlepool

<p>What are the hazards/risks associated with the visit?</p> <p>What could happen?</p> <p>Please list</p>	<p>Who is particularly at risk?</p>	<p>What precautions or existing control measures are presently taken?</p>	<p>Risk of accident/dangerous occurrence of non-compliance</p> <p>High/Medium/Low</p>	<p>Actions</p>
<p>Risk of infection (Covid, Flu or other) from members of the visiting team</p>	<ul style="list-style-type: none"> • Residents • Staff • Family members and other visitors • E&V visitor 	<p>Pre-visit Precautions</p> <ul style="list-style-type: none"> • The visiting team will be limited to four Healthwatch Hartlepool Enter and View representatives • If available, visitors will be up to date with Covid vaccinations • If available, visitors will have had the annual seasonal flu vaccine. • The Home Manager will provide HWH with any relevant H&S policies which the visitor is required to be 	<p>High</p>	<ul style="list-style-type: none"> • HWH Development Officer to ensure that visitors present all relevant documentation prior to the visit and that it is made available to other parties on request. • Home Manager (or designated representative) to provide HWH with copies of all relevant H&S policies prior to the visit

		<p>aware of and observe during the visit.</p> <ul style="list-style-type: none"> The visiting team will adhere to the usual protocols around the conduct of visits as specified in national and local guidance. 		
<p>Risk of infection (Covid, Flu or other) from members of the visiting team</p>	<ul style="list-style-type: none"> Residents Staff Family members and other visitors E&V visitor 	<ul style="list-style-type: none"> Visit Precautions The Home Manager (or designated representative) will provide a full briefing around H&S requirements which the visitors will be expected to follow during the visit. The visit will be limited to communal areas and 1:1 discussion with residents, family members and staff. If requested, visitors will wear PPE in line with the policy of the Home and any underpinning legislative requirements during the visit, including mask, gloves, and apron. If the Home reports an outbreak (Covid, Flu, sickness/diarrhoea etc) the visit will be postponed. Members of the visiting team who are ill at the time visit is scheduled to take place will not be allowed to participate and if necessary, the visit will be postponed and rescheduled. 	<p>High</p>	<ul style="list-style-type: none"> Identification of best practice to ensure risk minimisation at pre-visit virtual meetings. Agreement of strict set parameters within which the visit will be conducted. Development of pre-visit questionnaire for residents' family members and visitors to minimise the need for face-to-face contact. Cancellation of visit if the home reports an outbreak (Covid, Flu, sickness/diarrhoea etc)

<p>General Visit Safety measures</p>	<ul style="list-style-type: none"> • Residents • Staff • Family members and other visitors • E&V visitor 	<p>General Requirements</p> <ul style="list-style-type: none"> • The visitors will dress in a manner which minimises infection risks in line with the Home’s health and safety policies. • Visitors will display their Healthwatch Hartlepool ID badge at all times. Failure to do so will bar them from taking part in the visit. • Visitors will observe all general H&S policies and practices of the Home and any instruction they receive from home staff during the visit. • All visitors will have completed the full HWH E&V training programme, and other required training inputs, and have a recent and verified DBS check. • Should a safeguarding concern arise during the visit, the lead visitor will immediately report the incident to the Home Manager and HWH CEO/Development Officer. A decision will be made as to whether the visit should be suspended. • The visitors will notify the HWH Office that they are safely home at the end of the visit. 	<p>High</p>	<ul style="list-style-type: none"> • HWH Development officer to ensure the visitor is aware of and compliant with all policies, procedures and requirements relating to the conduct of the visit • Visitors to contact HWH to confirm safe arrival home on conclusion of the visit. • Healthwatch Hartlepool Development Officer to ensure that the Home Manager is fully aware of the legislative parameters which govern the conduct and delivery of Enter and View visits • If a safeguarding concern arises, HWH and Care Home Safeguarding Policy/procedures will be followed
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Pre Visit Questions For Manager - Brierton Lodge

A. About The Home

- **Owners?**
HC-ONE
- **Number of residents/beds?**
58 BEDS
- **Registration, what services are you registered to provide?** Nursing including younger people
- **Dementia friendly? (Examples of support for residents with dementia,)?** Yes, have a dementia community
- **Specific Care needs of residents (eg living with dementia)?**
Dementia, Stroke, End of Life, Palliative Care, Discharge to Assess, Chronic Illness

B. Staffing

- **Number/types of staff?**
Home Manager
Deputy
Manager
Maintenance
Man
Administrator
9 registered nurses
3 nursing assistants
32 care assistants
1 senior housekeeper
6 housekeepers
1 chef
1 cook
6 kitchen assistants
2 wellbeing staff

- **Staffing levels day/night?**
Days - 2 nurses and 2 nursing assistants - 8 care assistants
Nights - 2 nurses and 4 care assistants
Staff Qualifications (including managers)?
Manager - Level 4
Deputy Manager - Working towards Level 4
NVQIII In Care - 7
NVQII In Care - 11
- **Staff Turnover?**
Below 18%
- **Staff training mandatory/optional? (for example, dementia awareness and safeguarding)?**
As per attached

C. Activities

- **Activities Co-ordinator?**
1 full time and 1 part time
- **Daily activities?**
Advertised by Wellbeing staff but a whole team approach is taken
- **Special occasions?**
Themed events, regular parties, posters displayed throughout the home and also on Facebook
- **Do you find out about your residents' areas of interest and try to accommodate them?**
We have our remembering together booklet
Discussions with resident and family

D. Safety and Security

- **Safeguarding procedures?**
As per local policy - cornerstone
- **Access to the building?**
External doors locked with keypad access - number known only to staff
- **Trips and falls?**
Reported on Radar. Post fall documentation completed, falls risk assessment completed and a referral to falls team. Monthly OLM to discuss trends

- **Wheelchairs and other equipment, management and use?** Use of wheelchair services
- **Personal possessions and money**
Advised not to keep large amounts of money, personal allowance details held by Admin, float held in safe. Property list completed on admission.
- **Emergency/evacuation**
procedures? As per policy

E. Wellbeing

- **Resident contact with GP's and community Nurses?** As required - community nurses - ICLS - ISPAR
- **Medication management?**
Administered by registered nursing staff
- **Oral hygiene/dentistry?**
Home dentist available, or use of own dentist
Oral Care Plan
- **Eyesight and hearing?**
Via Visioncall or own opticians
- **Podiatry?**
Either community podiatrist or our professional Podiatrist who attends to all residents at least once every six weeks
- **Feeding, hydration, diet and support offered to residents?**
As per care plan/individual need. Diet notification sheets in care plan and in kitchen. Special diet monitoring board
- **Washing and bathing, frequency and timings?** As per individual care plan
- **Building temperature?**
Checked by maintenance as appropriate

F. Other issues

- **Residents and decision making?**
Residents involved in this if able.
DoLS in place and families involved
- **Contact with family members?**
Resident of the day and care reviews completed. Invited to residents meetings

- **Complaints/compliments procedures?**

As per HC-One's policy. All logged on Radar and responded to within 14 days.

- **Hospital discharge - recent experiences?**

Request new admissions to be admitted prior to 5.30pm, often not the case Residents returning from hospital often very late - last experience one of our residents was returned to home at 1.00am in the morning.

Any other comments/observations

Family Engagement Questionnaire - Brierton Lodge (4 returned)

Summary of Responses

Introduction

1) How long has your relative been a resident at Brierton Lodge?

- About 3 years x2
- About 2 years
- Over 1 year

2) Are staff polite, approachable and friendly?

- Yes x 3
- Yes, always happy when I visit

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

- Yes x 2
- Yes always good
- Yes cheerful and polite

4) Are staff available when you or other relative need them?

- Yes x 3
- Usually, but sometimes staff are very busy and can't get to mam straight away.

5) Have you been involved in your relative's care plan?

- Yes x 2
- Yes, usually on a monthly basis.
- Yes, always keep me informed if things change

6) How does the home communicate with you?

- When I visit, or phone me if something urgent
- I ring when I need to, or staff ring me.
- By phone or when I visit
- Always talk to staff when I visit and if there is a problem, they will ring me.

7) Does your loved one speak positively about the home and their carers?

- Yes x 4

8) When you visit does your loved one appear clean, tidy and well dressed?

- Yes x 3
- Most of the time yes

9) Are you happy with the standard of care your loved one is receiving?

- Yes, very happy
- Yes, the staff are very caring and good with mam even though she can be difficult!
- Yes x 2

Activities

10) What activities does your loved one enjoy?

- Chatting, having her nails done, likes watching TV in the lounge
- 1-1, does not enjoy group activities
- Movies
- Mam likes watching TV, films and sing songs

11) What activities does your loved one engage in?

- One to one during day, nail painting etc
- Movie afternoon
- Whatever is on during the day
- Singing, films and watching TV

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

- Yes x 3
- Yes, but doesn't like groups

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

- Yes x 4

Environment

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

- Yes x 3
- Always clean and tidy

15) Do you think that you loved one's room reflects them?

- Yes, brought in pictures for walls and nic nacs for her room
- Yes x 2
- Yes, mam has lots of pictures and things from her old home.

16) Are you happy with the cleanliness of their room?

- Yes x 3
- Yes always clean and tidy

Visiting

17) Are you able to visit in person?

- Yes x 4

18) Does the home have set visiting times or are you able to visit when you choose?

- Can visit any time x 4

19) Does the home have any health and safety guidelines which you must follow?

- Sign in and out x 3
- General health and safety

20) Do you know who to speak to if you want to make a complaint or compliment staff?

- Yes x 3
- The Manager or Deputy Manager

21) Is there anything else you wish to tell us?

- It took a while for mam to settle in but she is now happy and very well cared for.

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