

# **Fleetwood Nursing Home**

## **Fleetwood**

**Enter and View Report**

**Tuesday 16<sup>th</sup> April 2019**

**10.30am-12.00pm**



### **DISCLAIMER**

This report relates only to the service viewed at the time of the visit and is only representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.

### Contact Details:

Fleetwood Nursing Home  
Grange Rd  
Fleetwood  
FY7 8BH

### Staff met during our visit:

Mary Sysum ( Staff nurse)  
Jenny Shaw (Acting Matron)

### Date and time of our visit:

Tuesday 16th April 2019  
10.30am-12.00pm

### Healthwatch Lancashire Authorised Representatives:

Michele Chapman Engagement Officer Enter and View (Lead).  
Jeanette Newman Engagement Officer  
Liz Butterworth (volunteer)  
Lynne Yates (volunteer)



## Introduction

This was an announced Enter and View visit undertaken by authorised representatives from Healthwatch Lancashire who have the authority to enter health and social care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the view of those people using the services. The representatives observe and speak to residents in communal areas only.

This visit was arranged as part of Healthwatch Lancashire's Enter and View schedule. The aim is to observe services, consider how services may be improved and disseminate good practice. The team of trained Enter and View authorised representatives record their observations along with feedback from residents, staff and, where possible, resident's families or friends.

The team compile a report reflecting these observations and feedback, making comment where appropriate. The report is sent to the manager of the facility for validation of the facts. Any response from the manager is included with the final version of the report which is published on the Healthwatch Lancashire website at [www.healthwatchlancashire.co.uk](http://www.healthwatchlancashire.co.uk)

## Acknowledgements

Healthwatch Lancashire would like to thank Mary Sysum and Jenny Shaw, together with staff, residents and visitors, for making us feel welcome and taking part in the visit.

## General Information

Fleetwood Nursing Home is privately owned by NR & VGP Ltd with places for twenty three residents. There were two vacancies at the time of our visit. The person in charge is Jenny Shaw pending the appointment of a new manager.

Information obtained from carehome.co.uk states that the home provides care for people who are affected by cancer, epilepsy, hearing impairment, Huntington's disease, Parkinson's' disease, speech impairment, stroke, and old age.

## Methodology

The Enter and View representatives made an announced visit on Tuesday 16<sup>th</sup> April 2019 10.30am to 12.00pm.

We spoke to six residents, two staff and three relatives, where possible within the constraints of the home routine, people's willingness and ability to engage and access to people in public areas. Discussion was structured around four themes (Environment, Care, Nutrition and Activities) designed to gather information concerning residents overall experience of living at the home.

The team also recorded their own observations of the environment and facilities.

As some residents were receiving visits, choosing to stay in their rooms or being nursed, we spoke with six of the twenty one residents.

Our role at Healthwatch Lancashire is to gather the views of service users, especially those that are hard to reach and seldom heard, to give them the opportunity to express how they feel about a service regardless of their perceived ability to be able to do so. It is not our role to censor feedback from respondents.

We use templates to assess the environment of a facility and gather information from respondents, to ensure that reports are compiled in a fair and comparative manner.

Observations were rated on Red, Amber, Green scale as follows;

**Green** = we would choose this home for a loved one.

**Amber** = we may choose this home if some improvements were made

**Red** = we would not choose this home for a loved one unless significant improvements were

## Summary:

Our original attendance at Fleetwood Nursing Home was rearranged due to an incident in which the conservatory area was damaged and subsequently decommissioned at the time of our visit.

Fleetwood Nursing Home is a purpose built facility over two floors set adjacent major roads and close to public transport and amenities. The deputy matron told us that a number of the resident bedrooms were provided with an en suite facility.

Feedback from residents who responded was generally favourable with care and food being particularly positive *“I haven’t got a favourite; the meals are all very good. If I didn’t want what they gave me I can have something different”*. Likewise, residents who responded about care reported *“feeling safe”* and describing staff as *“kind”* and *“very caring.”* Representatives also observed caring interaction between residents and staff. Staff being aware of person centred delivery, specifically around choice and personal history.

Although feedback from staff indicated a satisfaction with the flexibility of their role, one member of staff remarked *“We don’t have a development programme but it would be a good idea”* and two further members of staff expressed a desire for *“more training,”*

Not all of the relatives we spoke to were happy with the service and the full record of this conversation alongside that of a resident has been made available to statutory services.

However, other relatives felt that the home gave their Mum *“the best care”* and told us they were fully involved in care planning and attended relatives meetings.

Representatives felt that the exterior of the facility was unattractive and required some attention in terms of environment. Similarly, redecoration and update to the internal areas would have been beneficial.

Based on the criteria, the Enter and View Representatives gave the home an overall score of:

**Amber**

# Enter and View observations

## Pre-visit and location

Prior to our visit the team attempted to access a website for the home, but were unable to find one. Neither did we see a brochure on display at the time of our visit.

However, telephone contact with staff was helpful and courteous.

Fleetwood Nursing Home is a purpose built two storey home set in a position adjacent two main roads. The home is close to public transport routes, shops and amenities. The facility was easy to locate being signposted to the side of the building.

Car parking was conveniently situated to the side of the building with a disabled ramp servicing the front of the building.

Staff advised us that the care home managers post was currently vacant pending the arrival of a new manager.

## Green

### The external environment

Representatives considered that the grounds to the facility were unattractive and in need of maintenance and litter picking. We did not see any flowers, tubs or baskets, and the deputy matron told us that the rear garden was currently inaccessible due to the ongoing repairs to the conservatory (which is the access point).

Therefore, there was no secure area for residents to enjoy the outdoors. Representatives observing the front garden to be unsuitable as an alternative due to uneven and broken paving and an overgrown grass surface.

The main entrance to the side of the building was easily identifiable and the access was secure.

The door was answered in a timely manner.

## Red

## **The internal environment/reception-first impressions**

The staff nurse who answered the door was very welcoming, she introduced us to the deputy matron (who was equally welcoming) and made herself available throughout our visit.

Representatives considered the reception area to be somewhat bare, with little in the way of decoration, flowers, plants, magazines or soft furnishings. The visitor's book being positioned on a paint spattered old table.

Some stackable chairs were available for seating, and a porch area had a single chair positioned near the window.

However, staff had constructed a colourful display for an Easter raffle with prizes and illustrations.

Notices were displayed in this area including the Healthwatch Lancashire poster as requested, and we saw that anti bacterial hand gel had been made available.

Members of staff were easily identifiable by uniform; however we did not see a staff noticeboard to identify key members of staff.

## **Green Amber**

### **The observation of corridors public toilets and bathrooms**

Corridors were uncluttered and uniformly decorated in light colours with colour contrasting handrails; however, the team considered that navigation may have been difficult for some residents.

Representatives observed that notices on public bathrooms displayed signage which was dementia friendly being pictorial, written, and colour coded. However, there seemed a plethora of temporary paper notices and representatives felt that these were confusing and unhygienic.

There were sufficient public bathrooms to service the number of residents with some of the residents' bedrooms benefitting from en-suite facilities. The bathroom areas were generally clean and furnished with adapted toilet seats and rails. Likewise, they were well stocked with toilet rolls, handtowels and soap.

However, representatives believed that some of the bathroom facilities (particularly the internal ones) to be poorly lit and need of an update, notably, the bathroom used as the hairdressing area which did not seem conducive to a pleasurable experience for the residents.

The deputy matron telling us that the flooring was going to be replaced in this area.

Representatives felt that some areas on the corridors smelt of urine and that some refurbishment may have alleviated this.

## Amber Green

### The lounges, dining and other public areas

The lounge/ dining area was a large dual purpose and open plan area, decorated in pale uniform colours. There was a blackboard to display the daily menu but at the time of our visit on Tuesday 16<sup>th</sup> April the menu displayed the meal for Sunday 14<sup>th</sup> April 2019. The menu indicating that Sunday roast dinner had been made available with either chicken or lamb and vegetables followed by sticky toffee pudding with ice cream or custard.

Healthwatch representatives pointed out to a carer and kitchen staff that the menu was out of date, neither of whom elected to correct this.

Staff told us that residents were asked their preferences for meals in advance a resident confirming *“they come round with a menu its great.”*

However, another respondent claimed staff had said *“I haven’t a clue yet”* when asked about the menu.

Tables were attractively set with tablecloths, condiments, napkins and cutlery however; representatives did not consider that there were enough spaces for the residents to dine together. Similarly, the small lounge area did not have enough armchairs to accommodate the number of residents (particularly given that the conservatory was temporarily unavailable).

However, a smaller quiet lounge was available for private conversation.

Residents gathered in the main lounge/diner were watching television which displayed subtitles and so did not impede conversation. The seating arrangement appeared relatively homely with opportunity for residents to socialise with the staff and other residents.

There was little in the way of decoration in the lounge /diner however there was a mural on one wall and a “Happy Easter” bunting with some Easter themed colouring another alongside an advocacy service signposting notice.

The entrance to the lounge/diner displayed posters relating to activities available at the home which included weekend family time, hair and nails day, bingo, film days, games and visiting entertainers. We did not see any activities taking place at the time of our visit but the deputy matron told us that an entertainer had been booked for later that day.

At the time of our visit the conservatory was decommissioned and filled with debris due to a previous incident. Staff told us that this had restricted access to



the outside grounds and that the conservatory would be back in use when the fire service and the insurance company had concluded their business.

## Amber

### Observations of resident and staff interactions

Representatives observed there appeared to be sufficient staff on duty and saw staff conversing in a humorous manner with both residents and their visitors. Similarly, we heard staff calling residents “*sweetheart*” and saw a carer smoothing a lady’s hair down and stroking her face to reassure her.

Moving and handling was performed efficiently by the correct number of carers who were careful to ensure that a wheelchairs footrest were put in place, however one representative observed a sling to have been left underneath a resident (sat in an armchair) for some considerable time.

Residents and relatives seemed confident and open in their engagement with representatives and staff, a resident terming the staff “*marvellous*” and a relative stating “*Mum is happy. I feel she is getting the best care*”.

Although representatives observed residents names on some doors we felt there was little in the way of personalisation with one respondent claiming that his relative’s clothes often “*go missing*” and that dental needs and hearing aid needs are so far unmet.

During the time of our visit we did not hear any call bells with one resident alleging that there was no call bell in her bedroom and that she “*shouted very loud*” to get attention. Likewise, that when she wanted to go to the toilet she had told the staff member “*I will only be a minute*” and the staff member had responded “*too right you wont, we’ll never get finished if you carry on.*”

## Amber Green

### Additional information

The facility is currently without a manager pending the appointment of a replacement.

The deputy matron told us that one staff member was on duty in the laundry and two cleaners were on duty to support care staff.



## Feedback from residents

### Environment

*“My room is a bit too small but it’s got a TV.”*

*“There’s nothing I don’t like.”*

*“I don’t like it I want to leave. I can’t find anywhere else to go. The rules are very bad. If you want to go to the toilet you have to shout. I shout and nobody comes. If the staff took notice of us it would be better. If I have an accident they blame me.”*

*“Being able to go to the toilet when I want would be a better way of living.”*

*“Yes I like everything, they will help you.”*

*“Yes it’s wonderful. I wouldn’t want to move from here.”*

*“I try to mix with people as much as possible.”*

*“The bedroom is lovely. Its only small there’s a table and a shower and a separate toilet.”*

### Activities

*“I read magazines and books but I sleep a lot.”*

*“If I am offered the chance to see the singers I sometimes go.”*

*“I like my TV and videos.”*

*“I like watching cookery programmes; I’m not keen on the singer coming.”*

*“I like to read, there is a bookshelf.”*

*“Today is anything goes day. They do try to entertain us.”*

*“Mostly it’s singers we get in. I play bingo occasionally. It’s very slow.”*

*“We go out to visit old houses. I think everyone goes.”*

*“They put a lot of activities on for us and we join in with them.”*

*“The singer, Bob is marvellous.”*

*“They put subtitles on TV as I am hard of hearing.”*

*“I like to do a lot of things.”*

*“I don’t watch TV.”*

*“I like to see people enjoying themselves when the singers come in.”*

## Care

*"I feel safe."*

*"The biggest part of the staff team is brilliant."*

*"Yes I always feel safe."*

*"Name (Acting Matron) is the best carer."*

*"Staff are beyond question."*

*"There is a member of staff that I don't like, but I can talk to (Name). I did yesterday and she is dealing with it."*

*"Absolutely, I can tell staff if there is anything wrong."*

*"You go to bed more or less when you want to. Some days they let me stay in bed others they get me up. I like my bed I would stay there all day if I could."*

*"I enjoy getting a bath. They wash you where they should. If they forget you, you do get a bed bath."*

*"They tell me when I am due a bath. I don't know how often."*

*"They are very good to us."*

*"There is not one thing that would make it better. They do their best."*

*"No complaints, they are always very nice. They do their best."*

*"You ask them to take you to bed when you want to go. Between 7.30am and 8am they get you up. We can stay in bed if we want to."*

*"They are very kind. They are marvellous. I am very happy thank you."*

*"Yes they are very caring."*

*"They (staff) don't always follow through your requests and tempers get frayed."*

## Food

*"The food is very good."*

*"I like traditional roast dinner and gravy."*

*"There are two choices of meals."*

*"They come round with a menu its great."*

*"Meals are wonderful; I love liver and onions, pies, and beef in gravy. I like curry and they make it especially for me."*

*"There is a choice."*

*"They make a good brew."*

*“The food is very good. I love my breakfast: Weetabix and toast. I could have poached egg, bacon - so many things. I am happy with that.”*

*“I get enough and I get a choice. I am happy with it.”*

*“I haven’t got a favourite; the meals are all very good. If I didn’t want what they gave me I can have something different.”*

*“Yes the food is very good.”*

*“I don’t like the food - I’ve got used to it.”*

*“It’s excellent.”*

## **Relatives and friends’ views**

### **How do you feel generally about the service?**

*“It is very friendly, welcoming and comfortable.”*

*“Even though they had an explosion they were very accommodating in ensuring mum was able to come in to the home.”*

*My brother sorted out our relative coming in here. I just called in and they showed me around no problem. It reassured me.”*

*“It’s good I am happy.”*

*“There is no physiotherapy here.”*

*She (relative) is dressed in clean clothes and her bed is 100% clean.”*

### **Do you think that you are kept informed about your relative e.g. Health and future care plans?**

*“Yes, everything is reviewed. They knew our concerns as they had read everything from the Clifton when they visited. They keep us up to date we know mum likes her room and likes the people. As we were concerned about mum’s weight they keep us informed of what she has eaten. They have even shown us pictures of her eating. She has really come on in here.”*

*“Yes I am updated all the time.”*

*“No, I am in the dark.”*

### **Do you know how to make a complaint if you need to?**

*“Yes I would raise it here first and then with the CQC if it wasn’t dealt with.”*

*“Yes, we have raised issues and they have been dealt with satisfactorily and quickly.”*

## **Are you aware of the social activities at the service and do you feel welcomed to join in?**

*"I know when things are on and I can come and join in if I want to."*

*"We have been invited and we have been to a relatives meeting."*

## **Would you recommend this service to others?**

*"Yes because of past experience. This is totally different and mum is happy. I feel she is getting the best care. They are treating her as an individual."*

*"I would recommend this service, I have booked my bed!"*

## **Staff views**

### **Do you have enough staff when on duty?**

*"Yes."*

*"Yes two floors with two staff on each floor is enough. If we use the hoist it takes two members of staff who are usually available."*

### **Do you feel supported to carry out person centred care?**

*"I love finding out about the residents. I like to sit with them, and I ask them how they are."*

*"The care plans also have personal histories in them."*

*Yes, everybody works in a team."*

*"We always ask the residents if they want to stay up late or come down in the morning. It is always their choice."*

### **Do you feel you have enough training to carry out your duties well?**

*"Online training but you can ask for any training you want."*

*"We don't have a development programme but it would be a good idea."*

*Yes I have done a lot on the internet. I still need more training and I am waiting for NVQ level three training, but you have to stay longer - I have only been here eleven months."*

*"I need level two I have done moving and handling, fire safety and food hygiene training."*

**Are you happy working here?**

*“Yes I work the hours I want.”*

*“Yes I get on with everybody and it gives me time to talk to my residents.”*

*“I get the hours I want and extra if we want it. If we don’t want it the agency covers it.”*

**Would you be happy to recommend this care home to a close relative?**

*“I would yes, because I know the staff and they care.”*

*“Yes - residents get the help they need one hundred percent.”*

## **Response from provider** (received by email Saturday 1<sup>st</sup> June 2019)

Response from Fleetwood Nursing Home to Healthwatch Visit on 16<sup>th</sup> April 2019

I have completely read the report you sent me, and my response is as follows:

1. External Environment – I would like to make you aware this is a public thoroughfare and there is a constant problem with the public dropping litter in our grounds. If we were to put hanging baskets or statues, these would be liable to theft as in past experience. Therefore, I feel that is an unfair judgement, as we cannot be responsible for other peoples' behaviour which can be unmanageable which has an impact on our nursing home.

Regarding your other comment, that residents could sit in the front garden, I reiterate, that this would be undignified and too noisy for our residents, as this is a public thoroughfare as previously mentioned. I am sure that my residents would not like to be on show.

The grading that you have given for this paragraph, is RED, I feel that this is unfair and unjustified, as our residents and staff have been through a major explosion, which has caused distress and it would be impossible for our residents to sit outside in what could be described as a 'bomb site'. As this incident had only just happened before your visit, this should have been considered and your comment, I feel, should be more sympathetic.

2. Your observations regarding corridors, public toilets and bathroom: You were concerned regarding paper notices on the doors, you felt they were confusing and unhygienic. I must point out that no residents are in this area. No one would be entering these rooms. The notices were there for staff not to enter these rooms due to the explosion and damage to these rooms, so I feel again your comments are uncalled for,

as the notices would not be touched by staff or residents. These were a warning notice for staff and visitors not to enter, as a matter of safety.

Part of this paragraph mentions the smell of urine, and that some refurbishment may alleviate this problem. Can I remind you that this is a nursing home, and on that particular day, one of residents had a severe urinary tract infection and the strong smell of urine is a common side effect of his medication, as well as an obvious sign of infection. This room has been deep cleaned on many occasions to no avail and was in the process of having new flooring laid. Again, I would like to remind you, due to everything that has happened in the home, this patient may have suffered undue stress due to the explosion and having to move room, may have unsettled him.

3. Lounges, Dining Rooms and other public areas: Your comment that there are not enough spaces for our resident to dine in the dining room, I feel I need to confirm that some of our residents like to stay in their room and this is their preference and choice and we respect this, and due to the explosion, that this is temporary measure only.
  
4. Observations of residents and staff interactions: Although representatives have taken some feedback from families and patients' I would like to explain some comments made in this paragraph. If this family member has complained that his relatives' clothes often go missing, I feel that the Healthwatch representative should have notified management at the time of this concern. They should also have advised the family member to raise a complaint with the management of the home. As to dental care needs, some of our residents retain their own dentist, therefore the responsibility rests with families to make dental appointments. Regarding hearing aids, if there is a problem with a residents hearing, this matter will be dealt with straight away, provided management have been informed.

In one of your paragraphs, a comment has been made that a resident informed you that she had no nurse call in her room – this should have



been reported straight away to the nurses on duty, so it could have been investigated. Surely your Healthwatch representatives have a duty of care to report unsafe practices. I was astonished to read in the report that your representatives had left without informing staff of her findings, and only to read it in a report that came out approximately three weeks ago, and this resident could have put at risk.

Before this report is finalized, I would hope you will take into consideration the facts I have raised, and therefore, I feel that the visit should not have taken place due the explosion and that the home was in turmoil at the time of your visit, as this was a major incident and staff and residents were still coming to terms with what happened. I would also like to say that the staff had acted honorably in this major event and that no life was put at risk due to their actions.

Email reply from Healthwatch Lancashire 3<sup>rd</sup> June 2019

Hello Anne

Attached is the Healthwatch Lancashire response to your email of Saturday 1<sup>st</sup> June 2019. I have tried to follow your format but have defined our responses in blue.

I do hope this is of some help to you in disseminating the report.

Many Thanks

Michele Chapman

Response from Fleetwood Nursing Home to Healthwatch Visit on 16<sup>th</sup> April 2019

I have completely read the report you sent me, and my response is as follows:

Thank you for your email response dated Saturday 1<sup>st</sup> June 2019. I appreciate that the home has experienced an unforeseen event on Saturday 2<sup>nd</sup> March 2019 and that as a result Healthwatch Lancashire rescheduled their visit from 4<sup>th</sup> April 2019 to 16<sup>th</sup> April 2019 at the then managers request.

1. External Environment – I would like to make you aware this is a public thoroughfare and there is a constant problem with the public dropping litter in our grounds. If we were to put hanging baskets or statues, these would be liable to theft as in past experience. Therefore, I feel that is an unfair judgement, as we cannot be responsible for other peoples' behavior which can be unmanageable which has an impact on our nursing home.

I am sorry to hear that the home is experiencing some environmental problems attributable to the public.

Given that the home is aware of the litter problem and alleged theft in the vicinity it may be helpful if contact is made with the relevant departments of the local authority and police to address this.

Regarding your other comment, that residents could sit in the front garden, I reiterate, that this would be undignified and too noisy for our residents, as this is a public thoroughfare as previously mentioned. I am sure that my residents would not like to be on show.

Representatives felt that as the rear garden had been inaccessible to residents for six weeks the home could have made alternative provision in the front garden, had it been made more suitable.

Representatives have visited many care homes where residents have enjoyed sitting in the front garden areas (regardless of them being near a busy road) where they have been made secure and attractive, with garden benches being made available to facilitate this.

The grading that you have given for this paragraph, is RED, I feel that this is unfair and unjustified, as our residents and staff have been through a major explosion, which has caused distress and it would be impossible for our

residents to sit outside in what could be described as a 'bomb site'. As this incident had only just happened before your visit, this should have been considered and your comment, I feel, should be more sympathetic.

Healthwatch Lancashire acknowledges in the report that at the time of our visit that *"the rear garden was currently inaccessible due to the ongoing repairs in the conservatory."*

2. Your observations regarding corridors, public toilets and bathroom: You were concerned regarding paper notices on the doors, you felt they were confusing and unhygienic. I must point out that no residents are in this area. No one would be entering these rooms. The notices were there for staff not to enter these rooms due to the explosion and damage to these rooms, so I feel again your comments are uncalled for, as the notices would not be touched by staff or residents. These were a warning notice for staff and visitors not to enter, as a matter of safety.

Representative observed a public toilet with four indications of use. “Staff,” “Toilet,” ”LADIES,” and a dementia friendly “Toilet” sign. The latter two signs were paper affixed temporarily to the door.

Representatives have photographic evidence of this occurrence.

Part of this paragraph mentions the smell of urine, and that some refurbishment may alleviate this problem. Can I remind you that this is a nursing home, and on that particular day, one of residents had a severe urinary tract infection and the strong smell of urine is a common side effect of his medication, as well as an obvious sign of infection. This room has been deep cleaned on many occasions to no avail and was in the process of having new flooring laid. Again, I would like to remind you, due to everything that has happened in the home, this patient may have suffered undue stress due to the explosion and having to move room, may have unsettled him.

*“The report states that in plural that “some areas on the corridors smelt of urine.”*

3. Lounges, Dining Rooms and other public areas: Your comment that there are not enough spaces for our resident to dine in the dining room, I feel I need to confirm that some of our residents like to stay in their room and this is their preference and choice and we respect this, and due to the explosion, that this is temporary measure only.

At the time of our visit there did not appear to be enough dining spaces to accommodate the number of residents should they wish to dine together. Representatives are pleased to hear that that this is a temporary situation.

4. Observations of residents and staff interactions: Although representatives have taken some feedback from families and patients’ I would like to explain some comments made in this paragraph. If this family member has complained that his relatives’ clothes often go missing, I feel that the Healthwatch representative should have notified management at the time of this concern. They should also have advised the family member to raise a complaint with the management of the home. As to dental care needs, some of our residents retain their own

dentist, therefore the responsibility rests with families to make dental appointments. Regarding hearing aids, if there is a problem with a residents hearing, this matter will be dealt with straight away, provided management have been informed.

In one of your paragraphs, a comment has been made that a resident informed you that she had no nurse call in her room – this should have been reported straight away to the nurses on duty, so it could have been investigated. Surely your Healthwatch representatives have a duty of care to report unsafe practices. I was astonished to read in the report that your representatives had left without informing staff of her findings, and only to read it in a report that came out approximately three weeks ago, and this resident could have put at risk.

Thank you for your comments about our process, unfortunately it isn't possible for the Lead Representative to formulate a substantive rating on leaving the premises, as at this point all the responses and information have not been collated.

Collation is important to mitigate any subjectivity on the part of the Lead Representative.

One of our representatives had a confidential conversation with a resident and their relative which is referred to in your comments above.

This conversation was reported to statutory agencies and our actions are detailed in the report summary.

*“Not all of the relatives we spoke to were happy with the service and the full record of this conversation alongside that of a resident has been made available to statutory services.*

To confirm the report is awaiting publication and the draft has been sent to you for your consideration. We have recorded the report as being sent to you on the 8<sup>th</sup> May 2019 which was within the 20 working day period specified.

Before this report is finalized, I would hope you will take into consideration the facts I have raised, and therefore, I feel that the visit should not have taken place due the explosion and that the home was in turmoil at the time of your visit, as this was a major incident and staff and residents were still coming to terms with what happened. I would also like to say that the staff had acted honorably in this major event and that no life was put at risk due to their actions.

Thank you for taking the time to respond to the report I appreciate how difficult the explosion will have been for all concerned. Unfortunately we had already arranged our visit prior to this incident and it was rearranged to accommodate the home to the 16<sup>th</sup> April 2019

The report reflects that many of the residents who spoke to us were appreciative about staff and particularly positive about care.

**[www.healthwatchlancashire.co.uk](http://www.healthwatchlancashire.co.uk)**

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