

Haslingden Hall and Lodge

Haslingden

Enter and View Report

Tuesday 21st May 2019

10.30am-12.30pm



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:

Haslingden Hall & Lodge
Lancaster Avenue
Haslingden
Rossendale
BB4 4HP
01706 214403

Staff met during our visit:

Jo-Ann Liptrott (Manager)
Gemma Haworth (Deputy Manager)
Sharon Watts (Administrator)

Date and time of our visit:

Tuesday 21st May 2019
10.30am - 12.30pm

Healthwatch Lancashire Authorised**Representatives:**

Jeanette Newman - Engagement Officer
(Lead)
Michele Chapman - Engagement Officer
Lynn Yates - Engagement Officer
Lesley Miller - Engagement Officer

**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

Acknowledgements

Healthwatch Lancashire would like to thank Jo-Ann Liprott, together with staff, residents and visitors, for making us feel welcome and taking part in the visit.

General Information

Haslingden Hall and Lodge is privately owned by Haslingden Hall and Lodge Ltd with places for seventy six residents. There were fifteen vacancies at the time of our visit. The person in charge is Jo-Ann Liptrott.

Information obtained from Carehome.co.uk states that the home provides care for people from the ages of sixty who are affected by old age and dementia. It also states it is registered for younger adults.

Methodology

The Enter and View representatives made an announced visit on Tuesday 21st May 2019.

We spoke to nine residents, three staff and three friends and 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 nine of the sixty 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 made.

Summary:

Haslingden Hall and Lodge is a purpose built facility set in the historic town of Haslingden amid adequate services and facilities in the area.

At the time of our visit the care home was still in a period of transition with no certainty as to who and when the new providers would take ownership of the care home. The building looks tired in places and Healthwatch representatives observed that the care home will benefit from the completion of the refurbishment works that have been started and stopped.

Residents have been given equal access to provision, benefitting from the two wings of the facility being utilised for either residential and dementia service users over the two storeys. The use of the layout has enabled residents living with dementia to enjoy access through a divided conservatory to a secured gated back garden area. Residents also enjoy continuity of contact with residents whose dementia progresses, as they move on to the dementia unit on the same floor level.

There are beautifully kept gardens with good seating arrangements to sit out. Visitors had free access to drink facilities in the conservatory and residents had a snack area.

Comments from residents, relatives and staff showed evidence of financial constraints within the home affecting the service provision staff revealed they wanted to give. Residents and relatives considered care was dependent on how busy the staff on duty are. In particular, the dementia care was noted to be lacking because staff are “too busy” and some of the residents have more complex needs.

The majority of comments about the food were negative with only one resident stating they liked it. The menus are going to be reviewed. Representative’s observed evidence of activities taking place and actions being put in place when residents opinions about the provision had been sought. Initiatives such as “Hen Power” which includes residents being involved in the care of chickens are thought to be innovative. However, some residents told us they had nothing to do or no one to talk to.

The majority of the staff said they would recommend the home to a loved one whilst recognising residents could receive more support for their needs. Representatives felt the high level of resident vacancies and financial constraints the home is experiencing during a period of transition to a new provider are having a negative impact on the service provision.

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

At the time of our visit the care home has a newly registered provider “Haslingden Hall and Lodge Limited” having been put into administration last year. Care Port Advisory Services have been appointed to operate and support the care home. Neither organisations had website information available for the care home. However information is available on the NHS site and a brochure was available from Haslingden Hall and Lodge.

Haslingden Hall and Lodge is a purpose built facility situated in the historic market town of Haslingden. It is clearly signposted from the road. There are local amenities such as shops, Tesco Supermarket, Health Centre, Pharmacy, GP practice and Cafes within a one mile radius. The home is on a main bus route with a bus stop just outside the building. Adequate car parking, including disabled access, is available in their car park and on the residential roads surrounding the home.

Green

The external environment

Our first impressions were that the purpose built facility looks homely and well presented. The outer front door was open with access to the inner door being secure. As the Healthwatch representatives examined the front of the building the Administrator Sharon came out to greet us.

We observed the external environment is pleasant and for the most part well maintained. The innovative addition of hens in the back garden has created some mess on the paths and grassed areas. However, the three hens now have their own chicken coup within a fenced area which will ensure the back garden will remain cleaner in the future whilst the residents enjoy the “Hen Power” initiative at their home. At the time of our visit two gardeners were on site and the gardens were observed to be well maintained. The gardens had raised planted areas especially adapted for the residents to grow plants. Hanging baskets, tubs, green lawns and landscaped areas created pleasant outdoor spaces. There is ample garden furniture and a specially adapted smoking area for residents and visitors to sit out and enjoy the garden. A secured gated area ensures residents with dementia will not wander off whilst enjoying the freedom of being outside. Healthwatch representatives felt the home had created a pleasant relaxing outdoor area for residents to enjoy which is safe and homely, with the added interest of the three chickens.

Green

The internal environment/reception -first impressions

We were made to feel welcome by the Administrator Sharon who offered her assistance throughout the visit. The Manager Jo-Ann and Deputy Manager Gemma were able to greet us then leave us in the safe hands of Sharon whilst they continued with their duties. Our first impressions of the home were positive. It was clean, if not a little dated in parts, uncluttered and pleasantly fragranced. Sweet machines, a wide ornamental staircase, lift and a “Hen Power” display, promoting a resident focused activity in the home, gave the impression that residents and visitors would be made welcome and be engaged in activities. There was a visitors book and hand gel available for our use. The home had put up two Healthwatch Posters, strategically placed to alert relatives and residents to our visit. The notice boards in the foyer area contained up to date information including which members of staff are Champions in areas such as Falls, Equality and Diversity, Safeguarding and Medication. A Telemedicine notice highlights the home is supported by NHS nurses twenty four hours a day, seven days a week. Sharon explained that with the use of technology offsite medical staff can view a resident and advise on their treatment, saving time and unnecessary admissions to A&E. Other notices highlighted podiatry, ophthalmic and hairdressing services as well as a “Today’s Menu” and weekly menu’s, a weekly activity schedule and flyers for upcoming events. The latest CQC report, health notices from Public England and Safeguarding notices were all in situ. Photographs of staff, wearing different coloured uniforms and labelled with names and roles enables them to be identified by residents and visitors. Representatives felt the display of up to date information was useful for visitors as well as residents and staff.

We observed signs of wear on the carpet which had temporary repairs to secure it. Representatives felt residents would benefit from it being replaced. Our first impressions were that Haslingden Hall and Lodge had a pleasant, friendly and homely atmosphere but there is evidence that much needed plans to refurbish and rebrand have been delayed due to transitional uncertainties.

Green

The observation of corridors public toilets and bathrooms

The communal areas benefit from picture signage and identifiable landmarks, such as the lift serving the upper floor and the wide staircase, making navigation of the building easy. There are two wings to the building each consisting of two floors. One wing contains two residential units whilst the other contains two dementia units. Each floor of the building has a residential and dementia unit. Sharon pointed out to us the advantage of this means residents transferring from the residential unit to the dementia unit are still living on the same level. This makes the transition easier as contact between residents from the both units, on the same level, is continuous.

The corridors were found to be uncluttered and safe for residents to navigate. We observed some area's of the building had been decorated but other walls and in particular the ceiling in the upper corridor showed signs of needing further refurbishment. The ceiling having evidence of a previous leak which we felt was unsightly and negated the pleasantness of the environment.

The carpets on the stairs and some parts of the corridors showed signs of wear and tear with temporary repairs having been put in place. Some areas of the carpet did not look as clean as others and it was considered by Healthwatch representatives that the remaining carpeted area's needed to be replaced in the hallways and on the stairs. Other parts of the corridors had wood effect vinyl flooring which looked attractive and had none of the malodorous undertones detected in other places.

The hallways looked attractive in areas where refurbishment had been conducted with bright new lighting, oak bedroom doors, neutral wallpaper and reminiscence artwork. The door of a bedroom occupied by a resident living with early dementia, on the residential unit, was identifiable by a picture of flowers placed on the door. We were informed by Sharon other residents in the residential wing did not have their names on the doors to reserve their dignity and comply with General Data Protection Regulation. In the dementia units the doors are 3D effect, in primary colours imitating household front doors. These have dementia friendly signage for residents to identify their rooms. The handrails in the corridors of the dementia units are colour contrasted in green making the spatial awareness easier for people living with dementia. The dementia units in particular had 3D artwork such as butterflies, flowers and a ladybird which looked pretty, cheerful and homely.

There were eight assisted toilets and bathrooms in communal areas which we observed to be adequate. All have dementia friendly signage however, not all of the toilets and bathrooms had dementia friendly colour contrasted fittings. They were clean and had adequate supplies of soap and towels.

Amber

The lounges, dining and other public areas

Representatives observed Haslingden Hall and Lodge had the basics of a clean, but tired, and comfortable home which could be further improved with some refurbishment works or some additional small improvements. We had been informed that refurbishment had been halted during the transitional period. The home has four lounges / dining rooms, one on each unit making it easier for residents to interact with each other in the smaller areas. Representatives observed the lounges had been set out in a design that was sensitive to the needs of residents and enabled them to interact with others if they wished to do so. There are a variety of arm chairs and settees grouped around and in the centre of the room. Representatives felt this showed consideration had been given to cater for the different resident and visitor requirements giving a homely and welcoming

atmosphere. One resident remarked that we should be careful of sitting down *“I don’t like anything about the environment, it is grubby and you don’t know what you will sit on”*. There was no discernible malodour observed in the residential lounges although chairs did appear to have various degrees of wear with some needing a deep clean or replacing.

We observed the dining area downstairs did not appear to have sufficient places for residents to eat together and were informed many of the residents eat in their own rooms. We were informed that if a lot of residents do come to the dining room for a meal the staff will put more tables out. Representatives felt some of the tablecloths would have benefitted from being ironed to promote a pleasant dining experience. One resident remarked *“Flowers not normally here! They’re just for you (visit)!”*

The meal menu was displayed on the wall of the dining rooms as well as in the foyer downstairs. Some residents did not speak highly about the food being served, telling us it is not as good as it used to be. *“It’s ok, not brilliant, just ok”*. Sharon informed us some of the residents did not like some of the meals on the six week menu such as the curry so the home is going to review the menu choices.

The addition of a snack shop (residents don’t pay) was thought to be a good idea by representatives. However, the area looked unappealing because it was cluttered with items not associated with the snack shop. We felt the snack initiative would benefit from a purpose built feature such as a sweet trolley or dressed display area clear of other clutter.

The four units have their own lounge and there is no larger lounge for all residents to gather. We were informed entertainment is usually held in the dementia lounge for each floor as it is easier to transfer residents from the residential unit to the dementia unit rather than the other way around.

A conservatory adjoining both wings, but split in two, being divided by a wall in the middle, provides quiet area’s for residents and visitors to enjoy. The provision of coffee making facilities with a choice from a variety of flavours further added to a welcoming homely experience. The conservatory leads out into the garden areas with further seating area’s, raised planting area’s and the chicken coup.

Amber

Observations of resident and staff interactions

Some representatives observed staff seemed busy with limited time to be able to stop and chat to residents on a number of occasions during our visit. Whilst another observed that residents were offered hydration on a regular basis by staff. We observed when staff spoke to residents they did so with respect, addressing them in what we assumed to be the residents preferred way, using either their first name or their title and surname depending on the resident. At the time of our

visit the call bell, alerting staff to a resident requiring assistance, was activated on numerous occasions and did not appear to be answered in a timely manner.

Residents, friends and family and staff who we spoke to have indicated staffing levels are currently an issue at Haslingden Hall and Lodge. This affects the staff's ability to consistently deliver quality person centred care to meet the needs of residents. One family member remarked *"On one occasion there was no staff downstairs on the dementia unit. Residents could fall or choke"*. A resident remarked *"They (staff) are not bad you know. But there isn't enough of them and they are too busy"*. A staff member remarked *"At the moment downstairs has more residents with higher needs and is busiest. We struggle on a day to day basis. There is a senior and two carers. We need more staff for the level of needs"*. Representatives observed that staff wanted to offer person centred care and some residents praised the staff for always being willing to help when they wanted it.

There was evidence of activities taking place in the home with some residents particularly praising the work of the Activity Co-ordinator (Nathan) who was on duty at the time of our visit. A conversation with Nathan revealed a comprehensive range of activities takes place in the Haslingden Hall and Lodge. Recent and upcoming activities include sensory therapy sessions delivered in the residents room; a musical performance group called Silvershed; a mobile library service; a Summer Fayre, and a Danceathon. The "Hen Power" initiative where residents got to look after and enjoy hen's was observed to be innovative and resident centred. An activity schedule indicated activities are put on each day - morning and afternoon. A "You Said - We Did" board indicated residents wanted to have more of a connection to the outside community by going on trips out and bringing more entertainment in to the home which the staff have arranged. Nathan had indicated that they look at the interests of each resident and match them up with residents with the same interests were possible. However, it was evidenced that some residents said they didn't get to do much or they had no one to talk to who had the same mental capacity and interests. Representatives felt the home could further benefit from matching their residents interests with residents from other care homes or from the local community to facilitate conversations and activities on a personalised level. We evidenced staff were unable to interact with the residents in the way they wished to. One staff commented *"People should be supported emotionally and stimulated which I don't get time to do"*. Whilst another stated *"I love the residents I love my job but we are so busy it makes me sad .A resident would like a bath at night but we can't do it"*.

Amber

Additional information

Representatives observed a visiting nurse administering treatment in the dining area, placing a soiled dressing on the sterile pack wrapping on the dining table as residents were gathering for their lunch. The paperwork had been propped up

against a cup. Representatives felt as this could compromise the dignity, confidentiality and hygiene standards required for residents it has been highlighted to the relevant statutory agencies. The Home Care Manager was not made aware of the incident during our visit or asked for a response.

Feedback from residents

Environment

"I like nothing it is grubby and you don't know what you will sit on."

"I like that vase. Others don't but I think since they put the grass in it has improved it."

"My room is beautiful with my own things and I have a chandelier. Only, because it is at the end of the corridor, no one ever passes it to talk to."

"Spotless. Every month my room gets bottomed. Got my own shower room."

"It's lovely."

"I like my room. I have a TV and a nice view its brilliant."

"Tired looking, needs doing up a bit. It needs money spent."

"Flowers not normally here! They're just for you (visit)!"

Activities

"They don't do much here."

"What's the point of playing dominoes with someone who takes forty minutes to make their next move?"

"I don't get to go out I am stuck here."

"Asked me to pay £11 for each trip, I'm not going to pay, I won't go."

"There is not much to do. I don't go out on any trips."

"Nathan is excellent. I join in the activities in the house. It breaks up the day. We made cards - it was great. We had a clothes party - I bought tops and a nightie. It was very reasonable."

"I join in with things. We do activities with Nathan."

Care

"They (staff) are not bad you know. But there isn't enough of them and they are too busy."

"Carers are exceptional. They will do anything for you."

"Good."

“The staff are okay with you as long as you don’t irritate them. It’s like being at school you know what I mean?”

“No one is listening to me when I tell them I am worried about the costs of living here. Social Services don’t care they have my house.”

“The carers look after me.”

Food

“The food is terrible. It used to be alright with the other chef.”

“It’s ok, not brilliant, just ok.”

“Not good, not hot when it should be.”

“It is always the same at lunchtime. It is always soup and sandwich; always cheese or tuna; same soup.”

“Menu says hot milky drink - don’t get it. Always have toast for supper or custard creams! My daughter brings me supplies.”

“Food’s is just ok, not brilliant.”

“I like the food.”

Relatives and friends’ views

How do you feel generally about the service?

“I think it is generally quite good here - depending on the staffing.”

“Laundry is a major issue”

“Mum has fallen and broken her shoulder since being here.”

“I think they need more carers on the Dementia side. On one occasion my partners’ lunch had been put on the sofa next to him but was unable to reach it. Nobody helped him to eat and when I arrived it was uneaten and soggy.”

“Cleaning is Okay.”

“Some staff are better than others.”

“Some teams of staff do not perform as well as others, some love their jobs others just want the money.”

“There is not enough staff to wash the laundry so I have washed Mums and brought it back with me (points to laundry bag).”

“Mum has been left dirty with no underwear I had to go out and buy some.”

“Some of the residents struggle to eat and this might impact on other residents dining experience.”

“Need more carers on the Dementia side. One occasion my relatives lunch was left.”

“On one occasion there was no staff downstairs on the dementia unit. Residents could fall or choke.”

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

“Not sure.”

“Yes they do. They have given us a list of the updated medication.”

“We think my partner has had a mini stroke.”

“He had to go to hospital because he fell out of bed and bumped his head. The staff here have been really good with him.”

“There is excellent communication with the manager in respect of patient care.”

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

“No, haven’t been told how I would make a complaint but I would speak to the manager.”

“No I would go to the manager.”

“Yes I am able to make a complaint. I would speak to the manger.”

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

“Yes there is some info on Mums door.”

“Yes I do.”

Would you recommend this service to others?

“Don’t know its mixed the food is great but the laundry situation is poor.”

“No I wouldn’t because there are not enough carers. I am here nearly everyday and see how staff struggle.”

Staff views

Do you have enough staff when on duty?

“Most of the time no. Its not the managements fault really its difficult to cover when people go off sick. We don’t have the time to spend with residents when we are short of staff.”

“I am very busy. I have to prioritize my work.”

“This is improving and we are interviewing for new staff.”

“At the moment downstairs has more residents with higher needs and is busiest. We struggle on a day to day basis. There is a senior and two carers. We need more staff for the level of needs.”

“Sometimes we are short staffed and they ring to get someone to cover.”

Do you feel supported to carry out person centred care?

“No I don’t. People should be supported emotionally and stimulated which I don’t get time to do.”

“Yes it’s about the individuals options - what they want to wear and so on.”

“We refer to the care plan about preferences in food and such things as getting up time.”

“I have been trained to deliver person centred care but I don’t feel supported to deliver it.”

“Yes.”

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

“I have had a lot of training”

“I just ask when I want training.”

“Yes, but I don’t have a personal development plan. I would like to progress in my career.”

“I have quite a lot of training. I am hoping to be developed and get promotion.”

“I am waiting to do my NVQ, I am not encouraged or developed.”

“I have online and face to face training.”

Are you happy working here?

“Yes It’s better than most places. It would be better with a budget to spend.”

“Yes very happy I love my job.”

“Yes this is probably one of the best places I have ever worked, we have a good team.”

“I am content I know the residents’; I know what I am doing.”

*“I love the residents, I love my job, but we are so busy it makes me sad.
(Residents name) would like a bath at night but we can’t do it.”*

“Yes.”

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

“I would say yes but we need to be doing more with residents and we need more staff.”

“Yes.”

“Yes I would because we have a good team.”

“Yes.”

“No comment.”

“I haven’t got a lot of experience of other homes.”

Response from provider

Good morning Jeanette

I would like to respond to some of the issues identified during your visit.

In response to the staffing levels at the home, I would like to assure you that a dependency tool is used and reviewed each month to meet the needs of the residents. The most recent calculation identifies we are providing an additional 60 hours per day, above the dependency calculation of our current residents. This figure does not include all ancillary members of staff i.e. management, housekeeping etc, who are also trained in moving and handling, first aid etc, who can be on hand should there be an emergency or a shortfall in allocated staffing.

The layout of the building can compromise the visibility of staff, however there should always be one member of staff available in communal areas- this has been reiterated at staff meetings and supervision, but has remained a challenge to embed. We will continue to monitor this and take further action as necessary.

In addition, the staffing levels on one unit have been increased as we identified a high number of falls on a particular unit, which identifies we are responsive to the changing needs of our residents.

In response to the comments made about the food, I am aware that there has been a decline in the standard of food lately and this is due to our main chef leaving us at the end of April. We have recruited a new chef and he will be starting with us very soon, in the interim we have upskilled our kitchen assistants to provide meals, and as you are aware menus are also being reviewed. We have a residents meeting planned for the 10/07/2019 to establish the residents preferences. Residents surveys have been sent out, and I will review the results ahead of the meeting.

In response to the nurse who administered treatment in the dining room. I will request a meeting with the district nursing team to establish why this happened. I have also informed care staff via a staff meeting that any health care professional coming into the home should undertake treatment in the residents room, only.

In response to certain areas of the home needing refurbishment, we are aware of this issue and have already obtained quotes for the work that is needed, unfortunately it has been delayed due to the imminent sale of the home, but will be remedied very soon when the new provider takes over.

In the interim domestic staff have been asked to deep clean the areas and furnishings on a regular basis until the refurbishment plan commences. The maintenance man is repainting bedrooms and other smaller areas, however some of the ceilings in the communal areas require re-plastering prior to decoration, which will involve contractors.

In response to the concerns with residents feeling activity provision is poor, the lifestyle co-ordinators are both new to the service and are putting together an activities plan, which residents can enjoy which will be reviewed regularly. They have an outside mentor that is very experienced in this sector, who is visiting to offer support and guidance and is providing contacts and ideas. This topic is also on the agenda for the upcoming residents meeting. We have a summer fair planned and all proceeds going to the residents fund, this fund will be used for activities and outings which the residents can enjoy.

In response to the laundry concerns, this is a large home and inevitably things will go missing, we try our best to avoid this by having clothes labelled and an extensive property list completed on admission. I have also recruited a new laundry assistant, who is undergoing employment checks, so it is anticipated these issues will resolve following her induction.

Haslingden Hall is a lovely home and has great potential, we are going through a transitional phase at the moment but this will benefit residents in the long run.

Kind regards

Jo-Ann Liptrott R.H.M

Response from provider

healthwatch

Lancashire

Leyland House
Lancashire Business Park
Centurion Way
Leyland
PR26 6TY
01524-235179

FEEDBACK FORM FOLLOWING ENTER & VIEW BY AUTHORISED REPRESENTATIVES

Healthwatch Lancashire values any constructive comments that would help to enhance our practice of the Enter & View process. Could we therefore ask the service provider to use this form to provide feedback to help us evaluate our effectiveness?

Organisation Address	Premises –if different
Hastingsden Hall and Lodge Lancaster Avenue, Helmshore BB4 4HP	
Contact Name	Telephone Number and/or email
JO-ANN LIPTROTT R.H.M	01706
Name of Healthwatch Enter & View Authorised Representatives	Lesley Miller Jeanette Newman - Project Officer (LGAD) Michele Chapman Lynn Yates Liz Butterworth
Date & Time of Enter & View	21-05-19 10:30am
Were you happy with the Enter & View Arrangements prior to the visit? Comments-	
Yes, I was emailed the relevant information nearly a week prior to the visit. Posters were attached so I could display and notify family and visitors.	
Please outline any Positive aspects of the Enter & View visit.	Comments-
Feedback of any kind is a positive. Any interaction with the residents is a positive.	
Please outline any Negative aspects of the Enter & View visit.	Comments-
No negatives in my opinion.	
Please use this space to comment on how you think we could improve your experience of	

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our Enter & View visit. Your views are very important to us at Healthwatch Lancashire and we appreciate, in anticipation, your time to complete this form.

I think the overall experience is very good. It highlights areas where we are doing well and areas that require improvement. I welcome any support from all areas within the health and social care sector. This enables us to achieve or work towards the best possible outcomes for the residents and staff within this home.

Completed by	JO-ANN LIPTROTT
Position	Registered home manager
Date	21-05-19

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