

**Milbanke Home For Older  
People  
Kirkham**

**Enter and View Report**

**Tuesday 9<sup>th</sup> October 2018**

**10.30am to 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:**

Milbanke Home for Older People

72 Station Road

Kirkham

Preston

Lancashire

PR4 2HA

**Staff met during our visit:**

Mrs Sandra Rudd (Manager)

**Date and time of our visit:**

Tuesday 9th October 2018

**Healthwatch Lancashire Authorised****Representatives:**

Jeanette Newman - (Lead) Engagement Officer

Michele Chapman - Engagement Officer

Lesley Miller - Engagement Staff

Lynne Yates - Engagement 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 Sandra Rudd, together with staff, residents and visitors, for making us feel welcome and taking part in the visit.

## General Information

Milbanke Home for Older People is a residential home operated by Lancashire County Council with places for forty three residents. There were seven vacancies at the time of our visit. The person in charge is Sandra Rudd.

Information obtained from Carehome.co.uk states that the home provides care for people who are affected by dementia, old age, mental health condition and physical disability.

## Methodology

The Enter and View representatives made an announced visit on Tuesday 9<sup>th</sup> October 2018 10.30am-12.30pm.

We spoke to fourteen residents, seven staff and two 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 on the environment and facilities.

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

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:

Milbanke is a spacious purpose built care home set in well maintained grounds. The facility was light, clean and airy and provided ample areas for residents and visitors to enjoy social interaction or privacy. Representatives felt additional personalised features, such as memory boxes to bedroom doors and the addition of colour contrasts on the corridors would aid orientation and benefit the feeling of homeliness to the facility. Generally residents were happy with the environment with only a few commenting it could be more homely. Residents have not been consulted on a choice of colour and design for upcoming refurbishment.

The home is conveniently situated en route to Kirkham town centre with many of the main services including the GP surgery, pharmacy, shop and library being provided within close proximity. The large parking area and location of bus stops mean it is easily accessed. The local library is to be relocated into the building.

There were six staff vacancies at the time of the visit with agency staff being brought in to provide cover. Representatives felt this had a temporary detrimental effect to residents which the manager was in the process of addressing. New staff are being recruited alongside the introduction of a quick reference one page profile in residents rooms, which temporary staff (who do not know residents as well) could readily utilise to enhance person centred care.

Residents in the main reported being happy living at Milbanke and considered the staff to be caring and we observed good interactions between staff and residents. However staff and residents comments indicated a shortage of resources including staff time and consumables.

The manager is to appoint an Activities Co-ordinator and staff have recently had “Oomph” training in order to focus on activities for residents. Currently activity levels in the home are not as frequent or varied as staff and residents would like.

Representatives received differing reports on the food with some indicating they enjoyed the meals and others reporting they didn't enjoy them or get the choice and portions they would like. Menus are not clearly displayed on walls and indications were that residents did not know what they were getting for lunch on the day of our visit, therefore they cannot make an advance decision for an alternative. We were told options such as a cooked breakfast are not offered.

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

**Green Amber**

# Enter and View observations

## Pre-visit and location

Prior to our visit we could not locate a bespoke website for Milbanke Home for Older People. We did however find a downloadable PDF brochure through a search engine on the internet. The brochure on display in the home's reception area is the printed version of the downloadable pdf. Upon arrival the manager told us that information for the care home could be found on [www.carehome.co.uk](http://www.carehome.co.uk) as no bespoke website exists for the home.

Milbanke is situated in the old market town of Kirkham and is set back on the main road into the town centre. There is convenient public transport to Milbanke with an enclosed bus stop directly outside the home. Local amenities include a "One Stop" shop, library, hairdressers and local health centre and surgery about ten minutes walk away.

The home is clearly signposted and visible from the main road. There is ample parking and disabled access to the building. Day time support services share the same site as the home.

## Green

### The external environment

The grounds are well maintained with mature trees, grass and planters. There are ample benches and seating to the front, sides and back of the building for residents to sit and enjoy fresh air, either on their own or sharing the company of others. The placement of the benches encourages social interaction. The wide choice of area's to sit also enables residents to choose to sit in the sun or shade.

At the back of the building the conservatory leads onto an enclosed secure gated garden area with seating and planters. The access to the area was restricted during our visit as the patio doors were in need of repair. Well maintained planted tubs and pleasant seating areas enhance the views for the residents, from inside the building giving a homely feel.

Milbanke has clear signs directing to the main reception, however, once at the main door, and entering into the building it was not clear to the Healthwatch Lancashire representatives as to how they should proceed. There are three doors off the reception area and having already pressed the outside doorbell before opening the main unlocked porch doors it was unclear as to whether a staff member knew we were present. There is no intercom system and the bell sited next to the Visitors Book was not clearly visible to the Healthwatch team.

There is a secure coded access lock to the door inside the porch/reception area and we found a bell inside the building while signing into the Visitors Book. We were met in a timely manner by the manager Sandra O’Keefe who was expecting us.

## Green

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

The representatives felt that entering into the porch/ reception area was confusing and felt instructions on the main door plus the removal of the outside bell, if it has no purpose, would benefit visitors.

The porch area is pleasant and contained a lot of information about the home. Handwash gel and notice boards are in place and it feels homely. There is a nice quote on the wall indicating a person centred culture.

*“Our residents do not live in our workplace we work in their home.”*

The notice boards and walls had a wealth of information including activities, local news, staff notices, a menu folder and the Healthwatch Lancashire poster advising of our visit. There was also notification that the local library service is to be relocated into the building.

Key staff are identifiable as one page profiles including names and pictures and are clearly on display.

There is a visitors book in use and next to the visitors book is the door bell to notify staff you are in the reception area. We were quickly greeted by the manager who was friendly and welcoming.

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

There are four corridors over two levels named Clifton, Elswick, Newton and Winston being served by a lift which is large clean and well lit. The lift has a code for going up but residents and visitors can come back down without using the code. The corridors were clean light and airy with no discernible odour and no clutter blocking the passageways. Blue plastic handrails in halls aided mobility for residents throughout the building. Teal colour contrasting door frames are also dementia friendly.

Clocks in corridors, mirrors, curtains, reminiscence pictures, piano, tables and vases looked homely but uncluttered. There is a clever use of space in the Elswick hallway utilising a piano and two armchairs which would aid orientation as well as providing a quiet space for residents.

The four wings were uniform in layout, design and décor which some of the representatives felt made orientation difficult particularly for people with

dementia. Corridor street signs located in the main hallway were coloured coded but corridors did not carry on the colour coding. The four wings mirrored each other with only the letters on the doors distinguishing which corridor you were on, so it was easy to get disorientated. As the manager informed us Milbanke is due for refurbishment it is felt this could be an opportunity to introduce some individualised colour coding into the corridors to aid orientation.

Dementia friendly signage is in place on each of the four wings to identify the toilets, showers and bathrooms. Bedrooms are identified by metal alpha numerical signs rather than personalised, and each door leading to a room or cupboard is similarly identified according to which wing they are situated. It was felt that this alpha numerical signage whilst being operationally useful did not add to the homeliness of the building or aid orientation for residents.

On the dementia wing a flower box, false window, realistic looking front door, memory boxes and bedroom signs are all designed to aid those with dementia.

Each wing has a public toilet, shower and bathroom with the public toilets being suitably located near to each lounge. Generally the bathrooms and toilet areas are very clean and spacious and an effort has been made to make them less basic for the residents with the additions of block colour and art stickers on walls. One public toilet had an unpleasant odour. There was a hoist in one bathroom which needed the base cleaning, this was highlighted to the manager who asked a member of staff to initiate the cleaning. All had an adequate supply of soap and towels. All sanitary wear fittings have colour contrasted frames and equipment to aid residents with dementia.

## Green

### **The lounges, dining and other public areas**

The public areas were odour free, appeared clean and in mostly good order. The four lounge, dining and kitchen area's on each wing are open plan. One had a conservatory included in the open plan leading out to an enclosed garden area which was inaccessible on the day of our visit due to the patio doors being in need of maintenance. There are plenty of comfortable armchairs, tables and chairs with additional TV tables for residents who do not want to sit at a dining table for their meals. Other places have been created in the hallways with seating by windows. It is considered that there is enough seating throughout the home appropriately situated for residents to interact and socialise as they wish to. The TV's in some areas were turned on and in others they were off indicating resident choice, although one resident said they would prefer to watch films rather than just listen to the talking on the TV. We observed residents moving freely around the corridors and equally sitting in their bedrooms or interacting with others in one of the lounges. It was noted that there was no radio or background music playing in any

of the public rooms at the time of our visit. An orientation board was on display in one lounge which had pictures of the royal wedding.

The manager informed us that refurbishment work has been planned for the ground floor lounge and conservatory, which includes a new kitchen, new flooring and painting. The residents have not been consulted on the choice of design and colours for their home and whether they would like to consider different colours for the different wings to make orientation easier. At the time of asking the manager did not think the residents would be given a choice or asked their opinions. This indicated to us a missed opportunity to offer person centred provision to the residents in their home.

As well as the conservatory quiet area and the imaginative use of space on one corridor with a piano and two armchairs there are two compact quiet rooms; one upstairs and one downstairs giving ample space for quiet and privacy. One of the rooms has shelving with board games and a keyboard as well as table and chairs. The other had a keyboard. The conservatory overlooked an enclosed courtyard area with garden and planters. Visiting professionals use the quiet rooms when engaging with residents to retain their dignity and confidentiality. We did however observe one resident having his nails cut at the dining room table which representatives felt was unhygienic and did not take advantage of the nearby quiet room.

The manager informed us that one of the main lounges was not used often and it was felt by the Healthwatch representatives that the positioning of the furniture benefitted staff observance rather than optimising privacy; the view from the window; and creating a space for social interaction of residents and visitors.

During our visit it was observed that some residents were in wheelchairs whilst in the lounge doing activities. One resident was transferred from a wheelchair to an armchair after having a screen placed to surround her so she could not be seen during the transfer. It was assumed the screen was to preserve her dignity during transfer. The other residents remained in the wheelchairs during our visit.

No menu was on display and we were informed by the manager a display is being looked into. There is a Menu folder on the table in one lounge and one in the porch containing the daily menus. We were informed residents are asked what they would want to eat the following day and the order is put in for them of an evening. However, a large number of residents and staff were not aware of the menu choice on the day of our visit.

We observed the orientation board in one lounge had the wrong day and date on it which may cause confusion.

## **Amber Green**

## Observations of resident and staff interactions

At the time of our visit there appeared to be ample staff on duty to attend to the residents needs however staff and residents indicated a lack of satisfaction with staffing levels and the amount of agency staff being utilised whom residents did not know. We observed two staff on each of the corridors on the top and bottom floors plus one additional member of staff working between both corridors on the top floor. Two cleaning staff were also on duty. Staff informed us that there are six job vacancies resulting in a high ratio of agency staff being utilised who don't know the residents as well as permanent staff.

The manager showed us an example of a laminated one page profile, on the back of individualised art, which she is intending to introduce onto the inside of each residents bedroom door which will act as a quick reference point for staff to deliver person centred care to residents when they attend to them in their rooms. We observed it will help to identify the basic needs, likes and dislikes of the resident which we felt would make residents feel more comfortable with staff they do not know, once it has been introduced.

The manager had informed us they were waiting for an activity co-ordinator to start work and we checked the LCC website which evidenced there are another five vacancies to be filled.

We observed that staff used residents' names and communicating respectfully. All residents in the communal areas looked clean and comfortable. One resident was walking around in her pyjamas and this seemed to be her choice. A member of staff helped a visually impaired resident reach his drink which was on the table. Some staff and residents were engaged in activities of a quiz and a sing-a-long which later became an exercise activity. We observed a resident having a screen put around her whilst the staff moved her from a wheelchair to a lounge chair whilst other residents remained in their wheelchairs throughout the activities.

During our visit we observed one resident asking for a member of staff to talk to him and he told us that he wanted to talk to someone but no one was going to him. The manager was informed and she told him she would be back later to speak to him. We did not hear any call bells go off alerting staff to residents needing attention.

From our observation and questioning it was felt that the activities provision could be improved at Milbanke. Residents gathered in the Newton lounge were doing exercises during our visit having completed a quiz which one resident remarked they had already done last week. Current magazines were on the coffee table in another one of the lounges and a member of staff was intending to paint a residents nails but the resident had fallen asleep.

Despite the observation of activities taking place comments confirmed residents have not been engaged in the amount of activities they would like to and this was attributed to staff doing other duties. Some residents telling us they had not been able to go on trips through the summer despite Milbanke having its own bus and others telling us they sometimes didn't do anything at all other than watching TV.

The manager informed us a sixteen hour activities co-ordinator is soon to be appointed and staff have just completed an "Oomph" training course which encourages them to have an activities focus. The Oomph trainer will be coming back in three months to check on the progress of the activities in Milbanke. A notice also indicated the home was intending to set up a Wifi Café and the local library is going to be relocated into the building. The manager is planning to turn one of the small quiet lounges into a shop for residents and visitors.

Representatives felt person centred care was compromised by not all residents being given the choice or portion of foods they would like. Neither staff nor residents when asked knew what was being served for lunch that day and there was no menu on display. While some residents have indicated they are happy with the type and portions of food being served others indicated a lack of choice in both type of food and portions offered. Staff and residents communicated the morning menu does not include bacon or a cooked breakfast, and eggs are seldom offered.

## Amber

### Feedback from residents

#### Environment

*"I like my room."*

*"I have a very nice room."*

*"Nice room."*

*"All the ladies are nice and friendly. I feel in good company."*

*"I think it's very good - and I have seen others that aren't."*

*"It's a nice place to live but they haven't enough staff. At bedtime some of them are rushing with you (getting ready for bed)."*

*"I like it quite a lot. My room suits me. I like sitting in the lounge in the sun."*

*"I am comfortable."*

*"Like my bedroom."*

*"I like it here, my room is very nice. It's fine."*

*“I would rather be at home. My bedroom is adequate.”*

*“I don’t like people knocking on my door at night on the way to the bathroom.”*

*“It’s like being in a prison sometimes.”*

## **Activities**

*“There is nothing else to do but watch TV.”*

*“We do like going on trips.”*

*“I haven’t been here very long.”*

*“Two ladies come to sing - I like them.”*

*“I like singing mostly.”*

*“I like reading and have plenty of visitors. Once a week I go to the day centre.”*

*“I like being in this room.”*

*“We do alright for that (activities) and I read a lot.”*

*“Sometimes there are not enough staff to do things.”*

*“Things are not on every day only now and again. They don’t know the old times.”*

*“We don’t have enough things. Only one trip out in the summer and now it’s too late. They have a bus.”*

*“I like TV and would like to have films on rather than (the TV) talking.”*

*“I listen to my telly in my room.”*

*“No we don’t do a lot of activities today is the first time we’ve done anything for ages.”*

## **Care**

*“Yes they are good.”*

*“Yes I think they are kind.”*

*“Yes they are nice.”*

*“Someone helps me get up and go to bed.”*

*“Very well looked after. When you want a bath they arrange it - there are different ways.”*

*“Some of the carers are really good. They have had me walking a few steps.”*

*“The staff look after me.”*

*“Yes they look after me.”*

*“It depends on the staff.”*

*“I’ve lost my independence.”*

*“We don’t see them in charge (the management). If I report something I want to see them.”*

*“They seem to be short staffed. Sometimes they don’t seem bothered about putting my cream on my legs.”*

*“They don’t do proper exercises in the chair. I want to do exercises.”*

*“I have a very itchy skin - I have run out of cream. They try their best.”*

## **Food**

*“Its alright I have no favourite foods.”*

*“Food is good. I like fish and chips.”*

*“Can’t beat it”*

*“All satisfactory. Plenty of it.”*

*“I like all the food.”*

*“I eat plenty.”*

*“I do like it. I like Christmas Day lunch and we always have plenty of veg.”*

*“Food is very nice - a choice.”*

*“The food is lovely and plenty of it.”*

*“I am diabetic. I have a choice. I always get something if I ask. I know about my diet and keep off sweet things.”*

*“Very good. We get a sandwich for lunch and a cooked meal in the evening.”*

*“It’s alright, we get fish on Friday.”*

*“No I do not like the food I would like rice and peas.”*

*“No I do not like the food the chips are awful.”*

*“The chips are awful.”*

*“I don’t like the food. I get marmalade and toast but don’t particularly like marmalade. We had cottage pie but I don’t like the mash it’s very dry. Don’t want a big meal at night I like small meals often. I’d like to have cheese and onion pi, and egg on toast.”*

*“They know I don’t like mushrooms but they don’t give me anything else. Oh I do get a cup of tea and a biscuit.”*

## **Relatives and friends’ views**

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

*“I feel we have no problems.”*

*“I don’t feel we have any problems.”*

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

*“It’s my sister who gets to find out about Mum.”*

*“My sister would be told, she sees to my Mum.”*

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

*“No I am sorry I don’t.”*

*“No I am sorry I don’t.”*

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

*“Yes I know Mum has been on some outings.”*

*“Yes mum has been out.”*

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

*“Yes.”*

*“Yes.”*

## **Staff views**

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

*“Yes and no because we have to use a lot of casual / agency staff because we have six vacancies.”*

*“Fighting each other for more hours as what is offered isn’t enough and the two week rota makes it difficult to take up other work.”*

*“No especially of an evening and we have six vacancies.”*

*“Recruitment process seems to take a long time so there is a delay in taking on new staff.”*

*“There are more staff in the mornings than in the evenings so we can struggle in the evenings.”*

*“Yes I am on the cleaning staff.”*

*“Not always.”*

*“Sometimes yes, sometimes no.”*

*“Its okay in the mornings but we are short of staff in the evenings.”*

*“Sometimes.”*

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

*“Residents telling us they don’t want a person to give them care because they don’t know them.”*

*“I personally think we do but it depends on staff experience as to whether you can give person centred care.”*

*“There are one page profiles in folders for nearly everyone; Who they are, how they like their tea etc.”*

*“I think we could have some staff recognition awards so we know how each other is delivering person centred care.”*

*“Sometimes we can be short on resources to deliver person centred care and it’s not a nice feeling.”*

*“I think handovers could improve to help with person centred care.”*

*“I think food choices and portion sizes are not always what they should be for some residents.”*

*“I can go back to the cook and ask for some more food when the portions seem small.”*

*“When someone asks for a cooked breakfast they should be able to have one but they don’t.”*

*“Yes we are told to speak to the service users whilst we are delivering care.”*

*“We tell them what we are doing.”*

*“Most of the time.”*

*“I am the Dignity Champion, I have a one to one with each resident every month.”*

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

*“Yes lots of training; “Moving & Handling”, “Medicines”, “Person centred care”, “Dementia”.”*

*“I am just doing “End of life” which is great.”*

*“Could be better supported from management day to day but they do put us on lots of training.”*

*“Yes I have had enough training.”*

*“Yes.”*

*“I am still in the process of training.”*

*“We have lots of training.”*

*“I recently had Oomph training.”*

### **Are you happy working here?**

*“Yes I have been here for four years.”*

*“I like it because I get to know the residents and their needs.”*

*“Yes.”*

*“I am happy here. I have worked here four years.”*

*“Most of the time. I don’t always feel appreciated and I don’t feel encouraged to make positive suggestions.”*

*“I was previously agency I chose to work at this home.”*

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

*“Yes, recommended it for my Grandad.”*

*“No, Yes, I don’t know as they’re safe but the food isn’t great.”*

*“Yes I would.”*

*“Oh yes 100%.”*

*“I wouldn’t until there was enough staff.”*

*“I have already recommended to a relative.”*

# 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
Lancashire County Council		Milbanke hof
Contact Name		Telephone Number and/or email
Sandra Rudd		01772 684836
Name of Healthwatch Enter & View Authorised Representatives		Michele Chapman -Project Officer
Date & Time of Enter & View		9/10/18
Were you happy with the Enter & View Arrangements prior to the visit? Comments-		
No problem, information was sent in relation to the visit		
Please outline any Positive aspects of the Enter & View visit.		Comments-
Michelle's team were friendly and approachable.		
Please outline any Negative aspects of the Enter & View visit.		Comments-
None		
Please use this space to comment on how you think we could improve your experience of		

Healthwatch Lancashire Limited  
Registered in England and Wales No 8430248  
Registered office: P O Box 78, County Hall, Preston PR1 8XJ

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

**[info@healthwatchlancashire.co.uk](mailto:info@healthwatchlancashire.co.uk)**

**Twitter: [@HW\\_Lancashire](https://twitter.com/HW_Lancashire)**

**Facebook: [facebook.com/lancshealthwatch](https://facebook.com/lancshealthwatch)**

## **Response to Draft Report: Sandra Rudd RCM response 20.11.2018**

### **Summary**

**Milbanke residents have been informed of the refurbishment, individuals are consulted and choose their own bedroom decoration.**

**Job vacancies within Milbanke are primarily supported by Milbanke permanent and casual carers and finally with the support of a reliable care agency to optimise continuity. We are currently awaiting DBS clearance for the current applicants, this will reduce the use of agency.**

**We are currently recruiting to the post of activities/care assistant. An activities planner is to be put in place, this will be discussed at the next residents meeting to ensure all their preferences are taken into account.**

**Lancashire County Council Barthel assessment provides guidance in relation to care hours needed to meet the needs of current resident.**

**I have also requested a meeting with catering supervisor to discuss available resources. The meeting is to ensure food is plentiful and more is available such as cooked breakfast. The nutrition champion had purchased items to display daily menus and it is hoped that this will enhance the dining experience. We will continue with the menu options the day before service.**

**Confusion in the main reception three doors unclear as to which will gain admittance and if staff were aware of visitors presence. Signage has been reviewed to provide clarity. It would not be appropriate to remove the front door bell as in the event of the night time when the door is closed the door bell would be required.**

**During the visit a resident asked to talk to me and I did return to the resident and acted in accordance with the expressed need. Contacted GP, appointment made at a date and time agreed.**

**Activities and outings are not supported by Milbanke having its own mini bus, all trips or outings require the booking of transport, which is not the property of Milbanke. We have had several trips in the community, Blackpool light, local garden centre, and exercise classes at the local sport stadium etc.**

**The complaints procedure is now displayed around the home and will be discussed at the next resident and family meeting.**

**Milbanke will be introducing monthly staff recognition; nominated by residents, families, visitors and colleagues.**