

‘Enter and View’ Report

Torkington House Care Home

Creswick Road, Acton W3 9HF



Healthwatch Ealing

13th October 2017

Contents

Contents.....	1
Introduction	2
Details of Visit	2
Acknowledgments	2
Disclaimer	2
What is Enter and View?	3
Purpose of Visit.....	3
Strategic Drivers.....	4
Methodology	4
Summary of Results.....	5
Summary of findings	5
Background.....	5
Detailed Results.....	6
General Observations.....	6
Reception Area	6
Information displayed.....	6
Odour and Environment	7
Staff	8
Relationship of staff members with residents	9
Food	9
Activities.....	10
Medication and Health.....	12
Interviews	12
Residents	12
Managerial Staff	14
Staff Members.....	16
Conclusions and Recommendations	19
Torkington House Response	20
Report	21
Appendix One - Observation Guide.....	22

Introduction

Details of Visit

Details of Visit:	
Service Visited	Torkington House Care Home
Service Address	Creswick Road, Acton W3 9HF
Service Provider	Greensleeves Care
Care Home Manager	Margaret Siriwardena
CQC Rating	Good
Date of CQC Report	15 August 2017
Status of Enter & View Visit	Announced
Date and Time	Friday 13 th October 2017, 10am to 2pm
Authorised Representatives	Oyinkan Adesiyan, Thais Curia, Nirusha Jeevakumar
Lead Authorised Representative	Oyinkan Adesiyan
Contact Details	Healthwatch Ealing, Martin House, 1 Swift Road, Southall, UB2 4RP Tel: 0203 8860 830 Email: info@healthwatchealing.org.uk

Acknowledgments

Healthwatch Ealing would like to thank the service provider, service users and staff for their contribution to the Enter and View programme.

Disclaimer

This report relates to findings observed on the specific date set out above. This report is not a representative portrayal of the experiences of all service users and staff. It is an account of what was observed and reported at that time.

What is Enter and View?

Enter and View is a statutory power of every local Healthwatch organisation. Local Healthwatch Enter and View Authorised Representatives carry out these visits to a range of health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch Enter and View Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with the service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of good practice from the perspective of people who experience the service first hand.

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time, an Enter and View Authorised Representative observes anything they feel uncomfortable about, they need to inform their lead representative who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the CQC and Ealing Council's social services team where they are protected by legislation if they raise a concern.

Purpose of Visit

- To engage with service users of care homes at the point of service provision
- To assess care homes against Healthwatch England's quality indicators of a good care home

- Observe residents and relatives engaging with the staff and their surroundings
- Capture the experience of residents and relatives and any ideas they may have for change

Strategic Drivers

- CQC Dignity and Wellbeing Strategy
- Healthwatch Ealing delivers an enhanced Enter and View programme. Several care homes have been selected to be visited as part of this programme due to the relative isolation of these type of services. Torkington House was chosen as part of this list of care homes and this visit was part of Healthwatch Ealing's Enter and View programme

Methodology

This was an announced Enter and View visit. Healthwatch Ealing Enter and View Authorised Representatives approached a member of management at Torkington House before commencing the visit, and took their advice on whether any residents should not be approached due to their ability to give informed consent, or due to safety and medical reasons.

Healthwatch Ealing Enter and View Authorised Representatives conducted short interviews with six members of staff and two residents at the care home. The interviews centred around Healthwatch England's indicators of a good care home¹;

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each resident and how their needs may be changing
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can see health professionals such as GPs and dentists regularly
7. Accommodate residents' personal, cultural and lifestyle needs

¹ Healthwatch England (2017) [What's it like to live in a care home](#)

8. Be an open environment where feedback is actively sought and used

The interviews also included specific questions about fluid intake, taking the recent iHydrate report² into account. This report gave recommendations to increase fluid intake among care home residents.

A large proportion of the visit was observational, involving a tour of the public/communal areas of the home. Healthwatch Ealing Enter and View Authorised Representatives observed the surroundings to gain an understanding of how the home works and how residents engaged with staff members and the facilities. An observation checklist/guide was created for this purpose (Appendix 1).

Summary of Results

Summary of findings

At the time of our visit, Healthwatch Ealing Enter and View Authorised Representatives concluded that the home was operating to a good standard of care. The tour of the home, and the interviews with staff and residents showed us that Torkington House demonstrated all Healthwatch England's indicators of a good care home. We saw evidence of positive relationships between staff and residents, and this was supported by information received from interviews with the residents.

Background

We were informed that Torkington House has accommodation for 32 residents and they have 31 residents at present. In addition to this, they have a day care facility. We were told that the number of people utilising this service fluctuates by the day. The home is completely residential, and we were informed by the deputy manager that staffing consists of:

- Morning: 4 care staff and 1 senior care staff

² University of West London, CWHHE Clinical Commissioning Group Collaborative, and NIHR CLAHRC (no date) The I-Hydrate project Optimising hydration of elderly residents in nursing homes.

- Afternoon: 3 care staff and 1 senior care staff
- Night: 2 care staff and 1 senior care staff

There is one additional staff member during the day for seven hours.

According to CQC guidelines, there should be “*sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times*”.³ There is no specific ratio highlighted in the guidelines. In this case, there is 1 care worker for every 8 residents, and 1 senior care worker for 31 residents. In addition, there is a member of staff who is available to lend an extra hand throughout the home as needed. We were told that there are 38 members of staff at Torkington House.

Detailed Results

General Observations

The visit commenced with a tour of the care home. This section details the direct observations made by the HWE authorised representatives.

Reception Area

The reception area was clean, tidy and secure. There was no reception desk, however to access the home, one had to ring a doorbell. A staff member responded, and we were let in to the home. We were not asked for any form of identification, but met immediately with the deputy manager.

Information displayed

CQC certificate of registration, last rated CQC inspection and Torkington House’s complaints procedure were displayed clearly on the wall in the reception area. We were shown a display board with the pictures of all staff that were working at the care home that day. We were told that the pictures were changed daily. However, some staff who

³CQC (2017) [CQC Regulation 18: Staffing](#)

were already on-site had not put up their pictures, and this was updated by the staff member who conducted our tour.

Along the walls in the ground floor corridor were pictures of staff and art. Displayed in the reception area and the lift were the 'Enter and View' posters sent ahead of time by Healthwatch Ealing. Displayed around the home were staff member's certificates and qualifications, including the manager's Certificate of Management skills. Notices for staff - upcoming health and safety and food allergen training - were also displayed on the walls. We observed fire evacuation plans, a monthly activity calendar, information leaflets and 'How to-' leaflets for staff displayed prominently around the home.

On the ground floor, we saw two 'conversation trees' which we were told displayed staff and residents' answers to the question "*What makes life good in care homes now? What could make this better and how might we get there?*" In addition, we saw an 'Eden Alternative Tree'. This was described to us as a way of ensuring the home's focus on person-centred care and stemmed from an initiative by the provider - Greensleeves Care. The method of the Eden Alternative Tree was not fully explained to us. However, it was good to see that the home considered patient-centred care as an important factor.

Odour and Environment

Healthwatch Ealing Enter and View Authorised Representatives reported a persistent urine odour present throughout the home, which worsened as we went to the upper floors which were solely residential.

The ground floor had six bedrooms and all communal areas were located here. There was a large dining area which was spacious and clean and had an aquarium with fish. We also saw two smaller lounges where residents could watch television. In one of the lounges, there were two bird cages with one bird in each cage. This lounge also had access to the garden. We walked around the garden and it was quite large with a variety of flowers. We had a short conversation with a resident who was in the garden at the

time. She told us that the garden was lovely in the summer and the residents could have lunch outside if the weather permitted. We were informed that the garden gate was kept always locked so that residents could go outdoors if they chose to without any fear of them wandering away from the home.

We were shown tactile wall panels on the walls of the residential areas. We were told that this was for residents with sensory ailments and helped them to orient themselves and recognise where they were in the home. Each door had the resident's name on it. We did not enter resident's rooms but were told that most rooms were ensuite, with only 2 bedrooms that did not have an attached bathroom. On every floor we saw separate assisted toilets and bathrooms. The assisted bathrooms were being cleaned during our tour.



Tactile wall panel

We saw that the main door leading from the residents' areas into the lounge and doors to the stairs were coded for entry and exit. The code for the main door was placed high up on the wall. We were told that residents who could leave the home unaccompanied were made aware of the code.

Staff

Staff were easily recognisable with distinct uniforms. The deputy manager did not wear a uniform but had a lanyard. We saw that each member of staff on-site had a tablet where we were told they input resident's information regularly. We observed the staff using these tablets during the residents' lunchtime. We were told that this ensures that documentation is ongoing, and all members of staff are immediately aware of any changes. We were told that there is no agency staff at Torkington House. All staff are full-time, and we were told that they do not have any bank staff.

Relationship of staff members with residents

Upon observation by the Authorised Representatives, the relationship between the staff members and residents appeared positive. Staff appeared to communicate well with residents, having general conversation with them, regularly making sure they are alright and joking with them about different topics. All conversations appeared relaxed and informal, and the interviews with residents backed up these findings.

Food

Hot food is prepared daily in the industrial kitchen on the ground floor then transferred to the dining lounge. We were told that residents could choose to eat their food in one of the other lounges, in their bedrooms or in the garden (weather permitting). We saw residents gathering the dining lounge at lunch time, but did not see any residents requesting to sit in a separate area. Residents are given a daily menu which consists of approximately 5-6 choices per meal per day. We were shown the weekly menu. While the menu contained a variety of options, there was no specific reference made to dietary requirements; vegetarian, vegan, halal. We were informed that the daily menu has specific reference to the dietary requirements i.e. V- vegetarian; D - diabetes. We were told that there were seasonal menus which took into account dieticians recommendations i.e. foods with high fluid content during the summer to minimise risk of urinary tract infections. We were told that every so often (but not on specific

TORKINGTON HOUSE SUMMER MENU						
WEEK ONE						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Roast Beef	Chicken Pie	Shepherd's Pie	Beef Goulash	Roast Gammon	Fried Fish/ Fish Parsley Sauce	Cottage Pie
Mushroom stroganoff	Mix. Beans Casserole	Quiche	Baked Fish	Mushroom Risotto	Vegetables Curry	Savoury Rice
Soup Or Melon	Soup Or Melon	Soup Or Melon	Soup Or Melon	Soup Or Melon	Soup Or Melon	Soup Or Melon
Roast /mash potato	Roast /mash potato	Roast /mash potato	Roast /mash potato	Roast /mash potato	Chips	Roast /mash potato
Fruit Crumble	Sponge Cake & Custard	Apple Pie	Black Cherry Pie	Trifle	Poached Pears & Cream	Lemon Meringue
Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day
Fish Finger & Chips	Fried Egg or Sardines on Toast	Cheese & Onion Pasty & Beans	Turkey Burger & Chips	Ravioli with Tomato Sauce	Poached Eggs & Potato Croquettes	Bacon & tomato Pasta
Fruit Jelly & Cream	Fruit Cocktail	Fruit Mousse	Ice Cream Roll	Fruit Jelly	Semolina	Fruit Foam

Also available daily: Assorted Sandwiches, Omelette, Cheese & Biscuits and Filled Jacket Potatoes

Torkington House Summer Menu - Week One

days/dates) there were 'multi-cultural days' where residents could have food from different countries e.g. Indian food day or Filipino food day. We were assured that all recipes prepared from different countries were checked to be made with 'UK approved' ingredients. We were told that this was to minimise the risk of allergens being present in the food. We were also told that pre-assessments were carried out to identify any food allergies before residents move in.

Activities

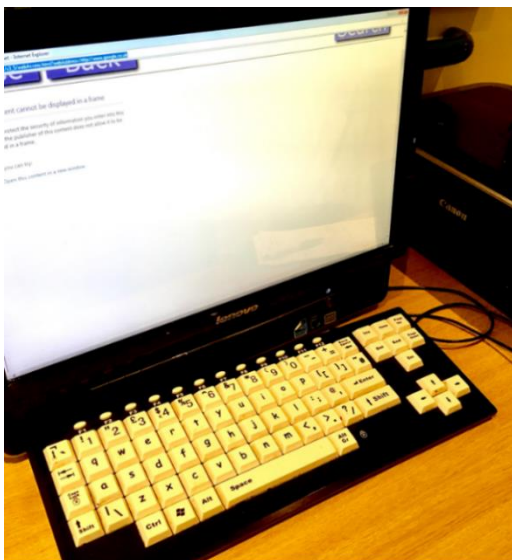
There is a full time employed activity coordinator for the home. There are daily activities available at the home, which we saw on the activity calendar. We were told that the activity calendar is updated weekly by the activity coordinator. She also plans visits by entertainers, youth organisations, the summer garden party and outings for the residents. We saw examples of all of these activities in the Torkington House newsletter which she gave us a copy of.

The activities taking place during our visit were reading and cognitive stimulation therapy (CST) for residents with dementia. We were told by the senior carer that the CST was quite popular, which was supported in a later interview with a resident. We were informed that activities are evaluated through conversation with the residents, and the resident questionnaire which is completed every 6 months.

We saw residents using the computer during our visit. We observed that residents who wanted to use the computer each had their own password-protected accounts. The computer is touchscreen with an accessible keyboard.



Activity Calendar



Computer and Accessible Keyboard

Medication and Health

We were told that medication is recorded in the resident’s file. We were told that all residents are registered with one of four local GPs. We were informed that each resident is seen by the GP annually, and then as required. If any appointments are necessary, the care home staff would request a home visit. However, we were told that on most occasions, initial consultation took place on the phone, followed up by home visits as deemed necessary by the GP. We were informed that there is a chiropodist who visits every 6 weeks as staff are not allowed to cut toenails. There is a fee of £12 for an appointment. There are also visits by a reflexologist every 6 weeks and the hairdresser every 2 weeks. We were informed by the deputy manager that the services are well utilised which was confirmed by both residents we spoke to.

Interviews

Healthwatch Ealing’s Enter and View Authorised Representatives Oyinkan Adesiyon, Nirusha Jeevakumar and Thais Curia interviewed 6 members of staff and 2 residents. There were no visitors at the care home during the visit, and we were informed that most visits take place in the evenings and during the weekends. All interviews were carried out in quiet areas of the home where the conversation could not be overheard easily by others.

Residents

Healthwatch Ealing Authorised Representatives Oyinkan Adesiyon and Nirusha Jeevakumar spoke with two residents.

General Questions	Both residents reported that they enjoy living at Torkington House. Residents stated that the food and staff were things they liked about the home. One resident told us that the staff are very encouraging and supportive. We were also told that the home is kept consistently clean. Residents told us that the information they were given before moving in was detailed and easy to understand. They could ask
-------------------	--

	<p>questions and felt satisfied that the home met their expectations.</p>
<p>Food and Mealtimes</p>	<p>Both residents stated that the food on offer at Torkington House was to a very high standard. They said the menu was very good, and they were given a lot of choice. Good feedback was received about the portion sizes, warmth of food, and offers of drinks. We were told that they can request snacks and drinks from the kitchen outside of mealtimes, and staff are very proactive in ensuring residents don't miss meals. Residents also told us other residents are offered support with meals if they are unable to eat without help. Residents told us that they are offered tea and biscuits at 11:30 and 15:00, and can request drinks and snacks from the kitchen at any time. Residents we spoke to were unaware of a specific time where they are offered a range of drink; they told us they are mostly offered tea.</p>
<p>Personal Care</p>	<p>Residents gave positive feedback regarding personal care. They told us that their privacy is respected, and they are encouraged to do as much as they can for themselves. There is a hairdressing service - every 3 weeks for women and every 4 weeks for men. They told us that they are able to request GP appointments if they need them and are supported to attend other healthcare appointments - physiotherapy, audiology, podiatry, ophthalmology.</p>
<p>Activities and Interests</p>	<p>Both residents said that they are offered a range of activities. They enjoy the activities. The activities they told us they enjoy the most are - chair exercises,</p>

	<p>discussion groups, scrabble and the summer garden parties. They told us they can give feedback about activities directly to the activity coordinator. They are also asked their input when a new activity is being planned.</p>
<p>Staff Behaviour and Attitudes</p>	<p>Both residents were very positive about the staff. They felt very supported by staff, who encouraged them to do as much as they can for themselves. They told us that staff members talk to them about their lives, try to get to know them, and remember details about them. They can ‘have a laugh’ with each other. We were told that staff members have taught residents (who are willing) how to use the computer, and support them to shop online - querying issues, and set up email and Facebook accounts. Both residents told us that staff members are very good at checking up on them, and make sure they are alright all the time.</p>

Managerial Staff

The manager was not at the home during the visit. HWE Enter and View Authorised Representatives Oyinkan Adesiyon and Nirusha Jeevakumar spoke with the deputy manager. He has been a member of staff at Torkington House for five years, joining first as a senior carer in 2012. He became the deputy manager in January 2017.

<p>Audits and Checks</p>	<p>We were told that there are monthly in-house medication and infection control audits. External audits are also carried out routinely by the service provider Greensleeves Care. We were informed that care plans are audited monthly. If any changes occurred with the residents, the care plans are</p>
--------------------------	---

	<p>updated immediately. Residents' weight is checked monthly. There is a daily 'communication book' in which any changes with residents are noted. The deputy manager stated that there are also quarterly audits which are reported to the CCG.</p>
<p>Feedback</p>	<p>The deputy manager told us that resident feedback was gathered through general conversation and, more formally, the bi-annual resident survey. Topics he told us are included on this survey are food, daily care, personal care and activities. He said that family members and staff helped the residents in filling the surveys out should they require additional help. All findings are discussed at the staff meetings and the quarterly relatives meeting. When asked if residents were given any feedback of the resident survey and any changes that might occur as a result of the findings, the deputy manager told us that only the staff and relatives were informed of the findings. We asked for an example of the home implementing changes to activities in response to resident feedback. He told us that the CST activity was only meant to last 14 weeks, but this had been prolonged as residents enjoyed it. We were told that all complaints (verbal and written) are investigated and given an action plan.</p>
<p>Staff</p>	<p>The deputy manager explained that staff training at Torkington House depends on the level of experience the individual staff member had. Each new member of staff must do two weeks of induction and shadowing. They are evaluated, and the induction</p>

	<p>process continues as required. He told us that he has completed two induction processes, first in 2012 and then in 2017. He felt that the induction process was very thorough and prepared him adequately for his two roles. Training on medications, manual handling and infection control are internal and carried out by Greensleeves Care. We were told that external fire training is given to all employees. Staff who have previous care experience, but no formal qualifications are able to work towards their NVQ qualifications. He told us that there are currently no agency staff and all staff members are permanent.</p>
--	---

Staff Members

HWE Enter and View Authorised Representative Thais Curia spoke with 5 staff members.

<p>Positive Aspects of the role</p>	<p>Staff members said that they enjoyed their roles and chose to work in this area as they wanted to help people. One staff member commented on how the residents trust the staff members and this made their role enjoyable. A member of staff called Torkington House their ‘second home’. Another staff member cited the professional opportunities they have been offered since coming to work at Torkington House - ability to complete their NVQ certificates.</p>
<p>Induction process</p>	<p>All staff stated that they received training and shadowed other staff for 2 weeks. A staff member mentioned fire training i.e. fire exits, how to use on-site fire safety equipment, manual handling and safeguarding of vulnerable adults. Staff members also mentioned that they were given a brief background</p>

	of each resident. All staff felt the induction process was long enough and felt that extra training was available should they need it.
Safeguarding Procedure	All staff members we spoke to stated they were aware of safeguarding procedures. Staff informed HWE that they have annual safeguarding procedure trainings and showed us that each staff member has a small card on DoLS and mental capacity which is kept in their uniform pockets always. One staff member stated that although they have no children on-site, they are given training on children's safeguarding alongside vulnerable adult safeguarding training. We were told that this is because children regularly visit the home.
Supervision and appraisal	Three staff members stated that staff supervision occurs once every two months and appraisal takes place annually. HWE was told that supervision could also take place at other times, if requested by a staff member or deemed necessary by management. A staff member told us that they enjoy the supervisions and appraisal as it makes them feel supported by management - they are asked areas in which they want to improve, and what their professional goals are.
Staff meetings	Staff said that meetings happen monthly, but they also have impromptu staff meetings at the beginning/end of a shift sometimes, as needed.
Handover Procedure	Staff told us that handover occurs at the end of each shift; at 8am, 2:30pm and 9:30pm.

<p>Involvement of family members</p>	<p>Staff said that families and carers are very involved. They are kept informed of any changes with the residents immediately and visit their loved ones regularly.</p>
<p>GP Access/Physiotherapy/Hairdressers etc.</p>	<p>The GP does not visit the home regularly. The staff told that if they identify an issue with a resident, then a request for a home visit is made to the GP. All staff said that residents have access to various services;</p> <ul style="list-style-type: none"> • Hairdresser - every 2 weeks • Chiropodist - every 6 weeks • Reflexologist - every 6 weeks <p>These services have a charge applied.</p>
<p>Staffing Levels</p>	<p>All staff agreed that the staffing levels are reasonable. No concerns were raised by staff. There were discrepancies amongst staff responses about how many staff members are on call at each time. Some staff reported that there are 3 care staff and 1 senior care staff in the mornings, while others said that there is one extra 'floating' senior carer, and another said that there are 4 carers, 1 senior carer, and 1 'floating' senior carer.</p>
<p>Support from Management</p>	<p>All staff reported that they felt very supported by management. Staff told HWE that management is approachable and accessible, and that they are always asked about their professional goals and given advice and, if possible, training and support to achieve these goals.</p>

Conclusions and Recommendations

Overall, positive feedback was received from the residents and staff members at Torkington House. Staff commented that they receive adequate support from management, and residents felt encouraged by staff and enjoyed the activities on offer. Based on our visit, we would conclude that Torkington House meets Healthwatch England's quality indicators of a good care home (see methodology). This report highlights good practice and provides a few recommendations for Torkington House. Responses to the recommendations have been received from Torkington House and are in bold.

- Menu options should be clearly outlined for those with dietary requirements e.g. vegetarian foods should be marked distinctly so vegetarian residents are made aware of what their food options are. The current menu makes it difficult to determine what the options are and residents who have dietary requirements may not feel sufficiently catered for. **Response: On the daily menu, there is a specific reference made to dietary requirement. I.e. V -vegetarian, D-Diabetes etc**
- Drinks should be offered more consistently throughout the day, to ensure residents are kept well hydrated. A 'protected drinks time' where all residents are offered a varied menu of hot and cold drinks should be implemented. The iHydrate report⁴ showed that the introduction of a protected drinks time increased the amount of drinks per resident, the percentage of residents getting drinks and the amount of fluid consumed per resident. This would reduce residents' risk of dehydration which is linked to urinary tract infections, falls, and unnecessary hospital admissions. **Response: Residents are encouraged and prompted to have drinks, snacks and food any time they choose.**

⁴ University of West London, CWHHE Clinical Commissioning Group Collaborative, and NIHR CLAHRC (no date) The i-Hydrate project Optimising hydration of elderly residents in nursing homes.

- Staffing levels should remain consistent, as some staff members did not appear aware of how many staff members are on-site in the mornings. While there are pictures in reception of on-site staff members, we saw that these are not changed immediately, and so are not an accurate method of displaying who is on-site to staff, residents or guests. **No response received.**
- Feedback should be shared with residents, as well as relatives and staff members. A regular residents' meeting could be implemented as this would be an appropriate medium of sharing feedback, and any proposed changes within Torkington House. **Response: Residents surveys are distributed to residents and findings/outcome shared with residents in a meeting either it's a individual or group.**

Torkington House Response

Torkington House provided the following responses to the overall report;

- We disagree that there was a persistent urine odour present throughout the home. During my five years working at Torkington House, we always had positive feedback from residents, relatives and visitors.
- As it is a policy of the organisation, the deputy does not have to wear uniform.
- Our residents are seen by GP yearly. GP will visit if and when required.
- There is a hairdressing service every 2 weeks for any residents who chooses to have their hair done.
- Residents' weight is checked on a monthly basis. However, these are done weekly of there are any issues or concerns. i.e. weight gain/loss.
- The garden gate has a key pad and this allows the residence to go out as they choose. **Healthwatch Ealing sought further clarification on the key pad as this was not observed on the day. Clarification: On the day of visit, there was a**

lock on the garden gate. However, since the visit, the garden gate now has a key pad. This will allow residents to access if they choose to go in or out.

- All residents are registered with four local surgeries.
- Safeguarding Procedure: This is to clarify that all staff have undertaken safeguarding training and are aware that standard 10 and 11 are combined.

Report

The report will be published on the Healthwatch Ealing website - www.healthwatchealing.org.uk and will be disseminated to the provider, commissioners and the public.

The Healthwatch Ealing Enter and View Team would like to thank the staff and residents at Torkington House for their courtesy, patience and openness during our visit.

Appendix One - Observation Guide

Observations about home in general

Name of Home:	Torkington House
Date and time of visit:	13th October 2017 (10am – 2pm)

1. Reception Area

Observations:

2. Information Displayed

Observations:

3. Dining Area

Observations:

4. Odour and Environment

Observations:

5. Choice of food and refreshments

Observations:

6. Dignity and Appearance of Residents

Observations:

7. Relationship of staff members with residents

Observations:

8. Appropriateness of activities

Observations:

9. Other Observations