

Enter & View

Report

Voyage 1
235 Rugeley Raod
22nd November 2019



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Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows 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 a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Staffordshire 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 Staffordshire safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

Provider Details

Name: Voyage 1 Limited
Address: 235, Rugeley Road, Chase Terrace, Burntwood WS7 1NS
Service Type: Residential Home for adults with dementia, learning disabilities, physical disabilities and sensory impairments
Date of Visit: 22nd November 2019

Authorised Representatives

This visit was made by two Authorised Representatives of Healthwatch Staffordshire.

Julie Thurlow

Mary-Ann Burke

Purpose of Visit

Independent Age, a national charity, have developed a set of 8 Quality Indicators for care homes. We are including an evaluation, based on our findings on the visit, of these quality indicators, which are as follows:

A good care home should...

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each individual resident, their needs 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 regularly see health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate residents personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

The methodology to be used is to;

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided.
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints.
- Speak to staff about training, turnover, support staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

Physical Environment

External

The home has no sign outside and we were advised that this is the policy of Voyage 1 Limited in order that their homes blend into the community. There were 6 parking spaces although the front area was untidy. There was litter in the front consisting of an empty can, with polystyrene and plastic surrounding the car park. There was a Fire Assembly point at a wooden building at the front.

On the outside window there was a 5 star Food Hygiene certificate which had been awarded on the 20/04/2014. There is no CCTV.

There was a large garden at the back of the house. There was no food in the bird feeders and there was a squashed pumpkin on the patio floor. One shed needed some maintenance. There was also seating and a washing line. Overall though this area would be a pleasant place to spend time in the Summer if the residents were taken outside.

Internal

The house was large and spacious and overall was well maintained. Each bedroom was decorated according to the resident's wishes and they were homely with personal possessions inside each room. The house was mostly clean - deep cleaning takes place in the evening. The night staff have a cleaning rota which had been completed for 11 - 17th November, but there was nothing noted for the current week. We were told this was because they hadn't said they needed further copies of the charts. We noted that the internal window of the front lounge was very dirty. In this front lounge four mobile radiators were stored which may be considered a hazard for residents. One radiator was on and it was very warm and comfortable in this room, as was the rest of the house. There were also two settees and an area for storage. Paintings were on the wall.

The back lounge was undergoing remedial work on the walls which we were told had only been started a week ago and will be painted soon. This room had settees and chairs and the TV was switched on although no one was looking at it. There was a Carer in the room providing one to one care for a resident.

The dining room was large with three big wooden tables pushed together. When we arrived there was breakfast cereal spilt on the surface and this had not been removed. When we revisited the dining room later the cereal had been removed. We noted that on one of the grey dining chairs the seat was not attached to the frame, which could have caused an accident with the residents.

Reception - The entrance hall was spacious but bare. There was a selection of leaflets including Appreciate Autism, Complaints Policy and Hand washing techniques. Notices showing the fire alarm zone and a flowchart on action to be taken in the event of a fire. In addition there were sheets for compliments and a whistle blowing policy and a Health and Safety Policy. There was a signing in book on the table with a clock next to the book which did not work. We signed in around 10.40 and the clock showed 5.25. It would be helpful if the clock is showing the correct time for the ease of visitors. There was also a bottle of hand cleansing gel available. A mop and brush had been left at side of the table but we noted that these had been removed later on during the visit.

There was a toilet just off the entrance hall which was clean but around the plug in the sink was dirty.

Resident Numbers

The home has a capacity of 10 people - 8 residents are currently living in the home.

Staff Numbers

There were 5 members of staff on in the morning 8.00 - 15.00 hours, 5 staff in the afternoon from 15.00 hours to 22.00 hours and 3 members of staff on from 22.00 - 8.00 am. The manager told us that 6 members of staff are ideal but 5 are considered safe.

In addition, there is a maintenance person who is shared with other homes in the group. He usually comes once a week but can come more if needed. The management does the administration along with 2 team leaders. Catering is done by one of the staff, depending on the shift pattern. We did speak to the Carer who was doing the lunch and she said 'it was usually her who did the cooking and also the Sunday Lunch as well'.

Agency Usage

We were advised that the home does not employ agency staff. They use one bank worker and any absences are usually covered by their own staff. The Manager and her deputy are on standby to help if staff are sick. The deputy is not available for one day a week and we were told that this is classed as a non-support day.

Management

Management - A good care home should have strong visible management.

The manager should be visible within the care home, provide good leadership to staff and have the right experience for the job.

Our findings

When we arrived the Manager and Deputy were not in the Home. We were told that the Manager was visiting another home in the group. The person who had been left in charge was a Support Worker who steps in when the Manager and Deputy are not available. She met with us at the beginning of the visit to answer our questions, although the Manager did arrive at around 12 noon.

The Manager is new to this position and has been in the post since February 2019. We spoke to one member of staff who told us that they felt that they could talk to her, she always seemed happy and was a well-balanced figurehead. Staff explained to us that the Manager was approachable and good at delegating. We were advised that since the inspection from the CQC she has improved the medication procedures and moved the home forward. The deputy manager has been in post for approximately three to four months.

Comments

Whereas we appreciate that a manager cannot always be in home; we felt that if the Manager was elsewhere, it would be a good idea, wherever possible, for the Deputy to be present. The staff seemed very stretched during the morning due to the complex needs of the residents. On the morning we visited, as well as the Manager and Deputy not being present, one team leader had left and the new team leader was sick.

The Manager responded to Healthwatch as follows:-

We have a robust system with the management team, and when not on site, the shift lead still has the ability to contact the manager for support 24hrs a day

With regards to safe staffing numbers and the event that something out of the ordinary happens, in this event if the manager is on site, they will step in to support, the same as if another member of the management team was on non support, There is a robust system in place, that there is a 1st line oncall manager, and 2nd and 3rd oncall system, who will attend if required to help deal with any emergencies

Staff Experiences and Observations

Quality Indicator 2 - Have the staff the time and skills to do their jobs

Staff should be well-trained, motivated and feel they have the resources to do their job properly.

Our findings

When we arrived and rang the door bell initially and no one responded. The second ring brought a response. A Carer who had been employed for around a month in the home asked us to sign the visitor's book, whilst she went to fetch someone. All staff were busy at this stage of the morning. Some staff worked in pairs to provide personal care. It is company policy for staff to wear their own clothes and not a uniform.

We were told that staff are adequately trained using E learning. Training is provided in a variety of ways: face to face with an internal trainer dedicated to regions and professional training. Training is sometimes held at Walsall Rugby Club. It was explained to us that when new employees join the company they shadow someone for 2 weeks and complete a care certificate at the beginning. If any training for staff is due this is highlighted three months prior to the date it needs to be completed by. We did not see the records of the training.

There are staff meetings once a month where staff training is discussed and any concerns are passed on to the Manager. The policy they use, if there is any concern, is 'See something, say something'. This can be done confidentially through e mail.

Comments

Whilst we were there a number of residents were still in bed at 11.30 a.m. and we were told that this was because they 'like to stay in bed'. Staff were with those who were dressed and in the main areas of the home and these people would naturally receive more attention for a larger part of the day.

The manger responded to Healthwatch as follows:

We work in person centered way and if residents choose to stay in bed, we respect their wishes, although we do keep going in to see if they want to get up, if not ensure they have fluids and food in their bedroom, hence why some residents were still in bed at 11.30.

Quality Indicator 3 - Do staff have good knowledge of each individual resident, their needs and how their needs may be changing

Staff should be familiar with residents' histories and preferences and have processes in place for how to monitor any changes in health and wellbeing.

Our findings

Being such a small home, staff were very familiar with the needs of the clients and there are files of information covering everything including when the laundry is brought down, when the bins were emptied, when the bedrooms were swept and a Meds checker. These records were only recorded up to 17th November so they were 5 days out of date.

There seemed to be so many files that staff would need to spend a lot of time finding them in the different locations and then finding where the information is. Some files were in the residents rooms with some held centrally in others in various locations.

There are records of residents involvement in daily activities although these seemed few and far between. In addition, there was a folder that recorded what a resident had done in the day and throughout the night. A lot of the information was repetitive, for example when checking on the resident during the night you may have to write down asleep six times. One file is left in the residents room and we noted that one resident had ripped some of the pages, so this may need to be stored more securely.

There were files on courses of medication and when to give medication. In one file it stated put a capful of Emolium in the bath. This was signed to say it had been done but the resident was still in bed and had not had his bath!

Each resident also has a Participation record on self-care, meals, clearing up, tidying and cleaning, laundry, gardening, going to shop/out for a curry, local barbers and visits to the supermarket. In the dining room in a locked cupboard there were diaries to fill in. Not all carers had completed this activity. At the end of the shift this is checked.

Overall we found the documentation overwhelming and feel it could be streamlined to make it easier to follow for all concerned. This would still allow staff to monitor residents wellbeing and note any changes without feeling 'where shall I start?'

Progress seemed to be made with the recording of medication and staff seemed happy with the changes. The temperature of stored medication was checked in the bedroom. The one we looked at showed that the temperature was 19.9 degrees which is in the acceptable range. If the temperature gets too high ice cubes are placed in the cupboard to reduce the temperature. The paperwork for MED Profile showed the original stock and the running total every day and the reason that medication was given. There was a colour system in place linking the medication pod with the timing of the taking of medicines. There was also a process in place which checked the residents medication and the stock in the home.

Comments

We believe that the organisation and the number of files should be considered. The diaries, (although it was not too easy to read the writing of some staff) were repetitive and need consideration of the purpose and value. If information is going to be stored in a residents bedroom it should be placed in a secure and locked cupboard. In addition, some of the actual files should be replaced as they are very old and some are falling apart.

Activities

Quality Indicator 4 - Activities - Does the home offer a varied programme of activities?

Care homes should provide a wide range of activities (and ensure residents can access these) in the home and support residents to take part in activities outside the home.

Our findings

The home has employed the services of a company called 'Creative Mojo' who come in once a month to stimulate creativity of the residents. Some interesting pictures were around the home of the work that the residents had undertaken, for example in the dining room there was a firework display picture. Elsewhere there were posters of Halloween and Boats. We were told that not all residents wanted to take part in this activity. Activities seemed to be mainly looking at books and playing games on a one to one basis. No music activities had been introduced.

Whereas some residents do occasionally manage to get outside the home to go to the local shop or local supermarket this does not happen very often. We looked at the record of one resident and no activities were recorded for the week. We were told that special events such as Christmas are celebrated and there are occasional parties with a buffet. There was a lack of photographs in the home showing any activities the residents had been involved in.

We were told how one resident asked to go to visit a church and a relatives grave and one resident has paid to go to Blackpool. In addition, this resident will be going to Butlins next year for a 60's weekend.

Comments

Whereas we appreciate that doing activities may be difficult with some residents particularly as a group activity, it seemed that more effort could be made to stimulate the residents. The home has the use of two vehicles - a wheelchair accessible vehicle and a people carrier which could be used locally. We suggested that it may be possible to contact local organisations to see if there were any volunteers who would be willing to visit the home and perhaps play an instrument for the residents or bring animals for petting. The Manager agreed that more work was needed in this area and she is aware of the local swimming pool having a disabled changing room and a hoist. She is also considering massage as something that could be introduced for the residents.

Catering Services

Quality Indicator 5 - Catering - Does the home offer quality, choice and flexibility around food and mealtimes?

Homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink, including between mealtimes. The social nature of eating should be reflected in how homes organise their dining rooms and accommodate different preferences around mealtimes.

Our findings

The kitchen was clean but notices giving advice on diet etc. were behind the door and could not easily be seen when the door was open. There was a locked fridge which we were told contained medications.

A meal plan was seen in the kitchen for the week. For Lunch and Dinner there are two choices. On this day of our visit the choices were pasta bake dishes with some mixed (frozen) vegetables. We felt that more attention should be given to the food for the residents, as although there were two choices of pasta bake, all ingredients mostly seemed to be convenience components. One resident had meatballs and some vegetables. The meat balls looked like processed meat and were very grey and unappetizing. There didn't seem to be a pudding or fresh fruit.

We were told that the Speech therapist had been into the home to look at suitable food for some of the residents who had problems swallowing and a nutritionist would be coming in shortly to look at the diet of a resident. One resident is using a 'safer drinking system' cup to manage his fluids. This is in the early stages and the home is hoping this will be beneficial. They also have special bendable cutlery to aid eating. There is one to one support for residents who may require assistance to eat/drink. Plates are also used with a guard.

Comments

Further comments will be found later in this report about what a relative feels about the quality of the food.

Although there were records on many things including daily diaries of the individual we believe it would be useful for a food and hydration record to be available. If there was a hydration sheet available for each resident this would help to ensure that all residents drink sufficient fluids. This would be straight forward to introduce and could then be placed in the individual's file. The same could be used for a food diary.

Providing nourishing food for the residents is a very important to their health and well being and suitable training needs to be given to members of staff who take responsibility for the planning and cooking of the food.

The manager responded to Healthwatch as follows:

When preparing meals we take into account the residents likes and dislikes, it was the resident who had requested the meatballs, hence why these were given. If this resident doesn't have food he enjoys he does become upset and will throw his plate and food.

A lot of the residents are unable to have most fresh fruit due to their SALT diet and the skins, we do complete smoothies and have fresh bananas in. The Healthwatch representatives did not witness our puddings they were served after they had left the service.

We do document all fluids for all residents and a food diary is kept for residents who are risk of malnutrition.

Resident Experiences and Observations

Quality Indicator 6 - Does the home ensure that residents can regularly see health professionals such as GPs, dentist, opticians or chiropodists?

Residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.

Our findings

A GP from a local surgery often visits the home when residents are unwell.

Dentistry requirements can be dealt with locally or at Cannock Hospital if necessary.

If required residents are taken locally to an optician and a Chiropodist visits once every six weeks.

Quality Indicator 7 - Does the home accommodate residents personal, cultural and lifestyle needs?

Care homes should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs, and shouldn't make people feel uncomfortable if they are different or do things differently to other residents.

Our findings

Due to the complex needs of the clients we do not believe that they would feel different and uncomfortable. Some of the clients were bed bound and Carers did knock the door before they entered the room and try to accommodate their overall needs. There are Nursing Call buttons in the home.

There is a smoker in the home - the Carers take her into the garden to have a cigarette.

We were told that residents are weighed regularly to monitor weight but a relative complained about the weight loss of her nephew due which they attributed to the lack of food consumed.

Comments

It seemed that residents were cared for and their personal needs were satisfied. More stimulation is needed to enhance their wellbeing. It was suggested by relatives that residents needed to be taken out more to for the benefit of their health and wellbeing.

Family and Carer Experiences and Observations

Whilst we were visiting the home there were two relatives who visited their son/nephew three or four times a week. We were told the following information:

- He has lost weight since he came into the home in March 2019.
- He has deteriorated physically since joining the home
- Limited attention is given to the resident and more encouragement is needed for him to take part in activities. (During our visit the relatives played dominoes with him, he initially said he did not want to play but with a little encouragement he did and the game was very successful.)
- Never has fresh air
- Doesn't do anything, as his wheelchair was deemed unsuitable.
- He has been assessed for a wheelchair but is still waiting. The relatives believe there was a delay in ordering the wheelchair.
- The relatives bought him a chair to use indoors which can lift up and is on castors.
- They are never told which Carer is looking after their relative, which would make communication easier for the relatives.
- When he was at his last home the relatives used to take him out for a pub lunch and he could feed himself. He has now lost the ability to feed himself.

Their main concern was the quality of the meals and the lack of nutrition. One relative has resorted to bringing in a smoothie made of raw fruit and vegetables to improve his nutrition as she believes insufficient fruit and vegetables are available in the meals.

In addition, she also brings in grapes. On the third occasion she did this she was told by a carer that he cannot have grapes because of the skin. The relative said that this did not cause any problems. This suggests that communication between relatives and carers could be improved with relatives being advised about any limitations on what is suitable to bring in and the reasons explained to them and who has made that decision.

The relative explained the diet of the resident. She told us that in the morning he has three chocolate Weetabix and at lunch she has seen tinned spaghetti and chips chopped into small portions. She also believes that she has seen scrambled egg served but found it hard to distinguish actually what the food was. The relative told us that nothing is served fresh at lunch time and she believes that the resident is certainly not getting five fresh fruit and vegetables a day. She also pointed to a meal that had been served today during our visit and stated that she had never seen vegetables served before until today.

We noted that the fridge in the kitchen contained a lot of milk but few fresh ingredients.

The Manager responded to Healthwatch as follows:

Where we do appreciate family feedback and hence why we complete an annual service review for their comments, I feel I need to explain and expand on the comments discussed from the Aunty. We are not allowed to disclose information to the aunty about her nephew due to GDPR as she is not next of kin

Lost weight - Her nephew did not come to the service until April, the weight loss is down to muscle wastage as he is not using his muscles as he lost the use of his arms and legs and is a wheelchair user, we do weigh and have had a referral completed to a dietician. Her nephew has a big appetite and we ensure he has big meals, snacks and smoothies throughout the day

Deteriorated physically - this deterioration had started before moving to the home, hence why he had to leave his previous placement. He has continued to deteriorate and is currently going through tests with neurology to find out a cause for this, mom or dad do attend the appointments with us. Again, this covers the comment in respect of when he was able to feed himself. We also have physio onboard to try and help and has been to see a hand specialist

Limited attention - The resident is not funded 1:1, but shared support, staff do try to encourage the resident with activities, but he will refuse, staff will continue to try. We have currently had an assessment around mental health and psychiatrist and community nurse are coming on board to support

Fresh air / wheelchair - due to deterioration the resident has become housebound, although he does have the opportunity to go into the back garden he refuses. We have had an assessment completed for a more suitable wheelchair and awaiting on delivery, once this has come through, community activities will commence when the resident chooses - the delay in the wheelchair was down to the GP surgery

Which career looking after - we have invited them to look at the shift planner so aware of who is supporting their relative, and do get informed verbally when they ask, again their relative is not supported 1:1

The relative is only here for short visits and does not see the evening meals that are prepared, where all have 5 vegetables on, we also need to look at boosting his calories, hence why a varied diet

With regards to diet and the grapes, there was a meeting held between the manager, Speech and language and mom and dad to discuss their relatives diet and to why he was placed on this diet by speech and diet. The aunt was not invited to this meeting as she is not next of kin and GDPR, also their relative came to us on this diet from their previous placement.

Fresh ingredients in fridge - it is the end of the week, so we do move onto frozen veg which still has the nutrients, we then purchase fresh veg for the weekend.

Family rarely being involved in decision making - the mom or dad are invited to attend every appointment both external and internal, so they are involved in all aspects of his care. When decisions need to be made eg - audio monitor, they are consulted as part of a best interest decision. The aunt would not be involved as not next of kin and GDPR.

Quality Indicator 8 - The home should be an open environment where feedback is actively sought and use.

There should be mechanisms in place for residents and relatives to influence what happens in the home, such as a Residents and Relatives Committee or regular meetings. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

Our findings

Unfortunately, not everybody has visitors in the home and therefore some people have no relatives to feedback their views on the home. We were told that once a year there is an Annual Service Review where opinions of family members, staff and professionals are sought. The relatives who were visiting their son/nephew today told us that they had rarely been involved in decision making.

Comments

After speaking to the relatives today we believe that would be a good idea to introduce regular meetings with the few relatives to listen to their feedback and involve them in decision making.

Summary, Comments and Further Observations

We have observed good care and support to residents by staff who knew them well, although there are some areas that could benefit from a review which may result in benefits to both residents and staff.

Activities should be meaningful and include where possible and appropriate, physical, social and leisure activities that are tailored to a person's needs and preference. Activities may be structured or spontaneous, be for individuals or groups and may involve family, friends and carers or the wider community. Activity may provide emotional, creative, intellectual or spiritual stimulation.

Catering - following our observations and feedback from relatives it would be helpful to review the provision of meals including the nutritional standards, variety and presentation.

Record keeping - a system review may help streamline the amount of record keeping whilst still maintaining appropriate, comprehensive and detailed records.

Following the feedback given by the relatives present during our visit there are things that could be introduced to promote feedback on the service from the relatives, such as relatives meetings and surveys. It may be helpful to inform people who visit the name of the carer who is on duty that day, so that better communications between relatives and carers is established and appropriate exchange of information is enhanced.

In addition, it may be helpful to invite people occasionally to visit the home and for them to see its strengths. For example, display the artwork that the residents have taken part in or invite them for a festive Christmas gathering or other activities.

Recommendations and Follow-Up Action

The filing system needs looking at with 'fresh eyes' to decide what is essential, what is desirable and what is not required or duplicated with the aim of reducing the quantity of paper and recording. Important key information should be highlighted to help staff find the essential and valuable information easily. Maybe this could be considered with a staff workshop to get their views and what they need to keep the patient safe and well cared for and what additional information they need to enhance the wellbeing of the residents.

Where records are kept, such as cleaning, laundry, meds check, etc. these should be kept up to date by completing daily, possibly as tasks are completed as if they are completed several days later it is less likely that they will be accurate and the management will be less able to ensure that all necessary tasks have been completed in a timely manner.

Activities need to be a priority for all residents. Once ideas are in place, efforts should be made to encourage residents to take part. Maybe try to have volunteers or local groups come into home to sing or play musical instruments and animal visits are generally well received within most residential homes. Healthwatch Staffordshire have studied Activities in Care Homes and the report Living not existing may provide ideas for activities that may be able to be introduced for the benefit of the residents.

<http://healthwatchstaffordshire.co.uk/wp-content/uploads/2017/08/Living-not-Existing-The-Importance-of-Meaningful-Activities-in-Care-Homes-Report.pdf>

Food - additional training would be helpful to all staff who undertake menu planning and food preparation in order to introduce more fresh produce and nutritionally healthy meals. If training is not easily available or possible, even the introduction of a few new cookbooks could inspire some improvements to food and encourage the carers who provide it. It may also be worth considering carers interests and ability in providing meals when new staff are appointed.

Consider ways of engaging with relatives and residents to obtain their feedback about what happens in the home and be prepared to make adjustments where appropriate. This could include regular feedback meetings, surveying and a suggestion box.

The dining rooms chairs should be checked for safety and replaced if necessary.

Provider Feedback

The manager gave quite a lot of feedback to Healthwatch and we have included those comments in the most appropriate section within the report to provide further information.

When asked, as a provider of a service, did the Enter and View visit help you to identify areas for improvement and if so, in what way, the manager told us:

“Giving me some contacts for potential volunteer companies that could potentially come in and help with activities.”

The manager commented additionally:

“I do feel that Healthwatch needed to have an understanding of different settings e.g. supported living / residential. It was felt they did not have full understanding, e.g. asking why one client was walking around by themselves - not all are funded 1:1 in this service and why lunch was ready at 12.30 - we don't have set times.”

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



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