



**Healthwatch Surrey  
Enter and View  
Programme  
Greathed Manor  
Nursing Home**

December 2022



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# 1. Summary

## 1.2 Why we visited

During the pandemic, we have not been able to carry out any face-to-face engagement at care homes, and therefore we have been concerned that the voice of care home residents has not been heard, and residents and families may be unaware of the existence of Healthwatch as their independent champion. Enter and View is one way Healthwatch Surrey can gather information about services and collect views of service users, their carers and relatives, as well as staff. We are working with Surrey County Council, Surrey Heartlands and CQC on our programme visits to care homes across Surrey and we will be carrying out one visit per month during 2022/23.

As well as giving residents an opportunity to share their general views of the care home, our focus is on finding out whether residents and families are aware of or have used any feedback mechanisms.

In addition to face-to-face visits, we are also running a survey for friends and family – available at:

<https://www.smartsurvey.co.uk/s/HealthwatchSurreyCareHomeFamilyFriendsSurvey/> and as paper copies. This will run for a year; links to the survey will be distributed via Care homes’ own newsletters and promoted on Healthwatch Surrey’s communication channels and by other stakeholders.

Details of visit:	
<b>Service Address</b>	Greathed Manor Nursing Home
<b>Service Provider</b>	Pressbeau Limited.
<b>Date and Time</b>	9 <sup>th</sup> August 1030–1230
<b>Authorised Representatives</b>	Katharine Newman, Errol Miller, Jane Owens, Virginia Fenton, Robert Heath.
<b>Contact details</b>	Healthwatch Surrey GF21, Astolat,



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### 1.3 Summary of key findings

Overall, residents and their families seem happy with the care they receive, the environment and feedback mechanisms. The staff who we spoke to were also happy.

The key issue that residents, families, and the manager shared was that the GP does not conduct a regular face to face visit. Instead, the care home has a weekly phone/video call with a paramedic. If an issue arises, this is escalated to the GP. This is in line with NHS confederation guidance, but a source of frustration for residents, their families, and staff.

At the time of our visit there were 30 residents, however, we observed only eight armchairs in the main lounge area, and many residents sitting in wheelchairs. One resident told us that **“if there aren't enough wheelchairs I can't go downstairs”**.

#### **Provider response:**

The provider has clarified that there are sufficient chairs in the home/lounge areas to accommodate all residents. There is a secondary lounge attached to the first lounge that has many chairs that are easily moved around. The “quiet” lounge is often used for those who do not engage in activities or do not want to be in the room with the TV. Service Users getting up and sitting in the lounge is a daily choice and not governed by the number of chairs we have. We have since receiving this spoken with all residents to clarify this and ensure that they had never been denied the opportunity to go downstairs to the lounge. To our further confusion, nobody stated to us that this was an issue.

Healthwatch have asked care home to clarify number and use of wheelchairs.

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We heard that meals are “ok”; some residents actively disliked them, no one gave them a lot of praise.



### **Provider response:**

During resident meetings, “keep, remove and add” exercise is always done and service users have a say in the menu items presented. We will of course do this exercise again and are happy to supply evidence that this has already been done regularly.

At the time of our visit, we were told by the Registered Manager that two residents had learning disabilities. On checking the CQC website after our visit we realised that caring for people with learning disabilities and/or autism is not part of the home’s CQC registration. We escalated this to CQC and Surrey County Council. See page 7 for response from CQC.

### **Provider response:**

To give some additional context to this. 1 person with learning disability came to the home on Discharge to Assess bed which is a short-term 6 week placement at the care home following a period in hospital. The purpose is to ensure their safety whilst a permanent solution for their needs is located.

The second person came to us on the basis of physiological needs. They are now much in a much healthier place and again, a new home better designed to meet their learning disability needs is being sought by the local authority.

The key point here is that they came to Greathed with their primary need being physiological, not learning disability. Hence they were admitted to the home.

On the 17th October 2022 we submitted a new statement of purpose to temporarily include learning disabilities with all associated paperwork. There is nothing else we can do but wait for them to update. IN that respect, we feel this paragraph should be updated accordingly as we have been responsive in this respect. Evidence available on request.

We have five recommendations based on our visit:

- **Ensure there are sufficient wheelchairs to enable all residents to go up and downstairs when required, whether they want to join in with activities or not and give more encouragement to residents to leave their rooms.**
- **Review the menu, in terms of quality and variety and consider involving residents and their families in this review**



- **Consider whether enough suitable activities are provided for people with learning disabilities**
- **PCN Care Home Clinical Lead should consider whether improvements can be made to access to GP support. (Healthwatch to raise as recommendation with Surrey Heartlands Primary Care)**
- **Ensure that CQC registration is fully compliant and kept up to date**

**Provider response:**

As said previously, we sent all relevant paperwork on the 17<sup>th</sup> October 2022. We are currently as up to date as humanly possible as we await CQC to process the variation. I also note that this is not a regulated activity but a service user band. Learning Disabilities therefore to not contravene our regulated activity registration.

## 1.4 Acknowledgements

Healthwatch Surrey would like to thank residents, their families, and the staff at Greathed Manor Nursing Home, for their contribution to our Enter and View programme.

## 1.5 Disclaimer

This report relates to findings observed on the specific date set out on P3. Our report is not a representative portrayal of the experiences of all residents, their families and staff, only an account of what was observed and contributed at the time.

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# 2. What we found

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## 2.1 Description of service

Greathed Manor Nursing Home Ford Manor Road, Dormansland, Lingfield, Surrey, RH7 6PA (01342) 836478

Website: <https://pressbeau.co.uk/greathed-manor/>

Provided by: Pressbeau Limited.



Registered manager: Neema Clinton

Capacity: 32 residents (CQC) currently 30 residents. There are eight Discharge to Assess beds, two of which were empty at the time of our visit. At the time of our visit, the home was registered as providing care for adults over 65, people with dementia, and people with physical disabilities.

When we visited, we were told by the Registered Manager that two residents had learning disabilities. On checking the CQC website after our visit, we realised that caring for people with learning disabilities and/or autism was not part of the home's registration. We escalated this to CQC and Surrey County Council.

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## **Response from CQC 23<sup>rd</sup> August 2022.**

*[The service inspector will] contact the provider to advise them they need to update their statement of purpose and submit a notification if they have admitted people with learning disability / autism. When the provider submits the notification, this gives the inspector an opportunity to assess whether the provider is set up to provide appropriate support to people with learning disability / autism – do staff have the appropriate training, does the service model meet the Right support, right care, right culture guidance, etc.*

*Providers also need to consider that, from 1 July 2022, all health and social care providers registered with CQC must ensure that their staff receive training in how to interact appropriately with people who have a learning disability and autistic people, at a level appropriate to their role. This new legal requirement is introduced by the Health and Care Act 2022.*

*Link to guidance about this new requirement on CQC website:*

<https://www.cqc.org.uk/news/all-cqc-registered-providers-ensure-their-staff-receive-training-interacting-people-learning#:~:text=From%201%20July%202022%2C%20all,level%20appropriate%20to%20their%20role.>

*Services which support people who have a learning disability and/or autism, also need to ensure that the support they receive meets the Right support, right care, right culture guidance.*

*Link to the Right support, right care, right culture guidance on CQC website: <https://www.cqc.org.uk/guidance-providers/autistic-people-learning-disability/right-support-right-care-right-culture>*

### **Updated Response from CQC on 11<sup>th</sup> October 2022.**

*“The inspector for Greathed Manor has contacted the home. Apparently, they only have one person there with a learning disability now. The home manager said the person’s care needs have lessened and so the home now recognises the person’s primary needs are related to their learning disability. For this reason, the home has asked the local authority to find the person a more appropriate placement, although there is no date for a move. As the home continues to accommodate their person until they move, the inspector asked the home to update their statement of purpose to reflect this and send us the updated version. This is our guidance if a provider accommodates a person whose primary need is outside the provider’s service user bands as a one-off but does not intend to accommodate people with this need on an ongoing basis”.*

## **2.2 Environment**

The accommodation is a Grade II listed stately manor. The accommodation is split across three floors. Access to the first and second floor is via a wide staircase and a spacious lift.

The home was very clean and fresh smelling, and we saw a cleaner working in a resident’s room.

We saw evidence that our visit was expected, with our posters displayed throughout the home.

## **2.3 Facilities**

**The lounge** was being used by a couple of residents watching TV when we arrived. We counted eight armchairs. When we left, an entertainer was





singing and many more residents were in the lounge, many of whom were sitting in wheelchairs.

There is also a **quiet room** with a 'covid bubble'.

**The dining room** was not being used (we visited between 1030 and 1230).

All the **bedrooms** were en suite. The ones we saw were all spacious and airy, even those which were smaller. One resident told us that his bed could be raised and that he has adequate mobility aids in the bathroom. N.B. when we entered any bedrooms, we did so in pairs, we asked permission of the resident and the door was left open.

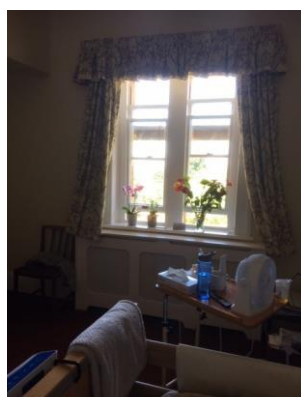
The **gardens** were very attractive. One resident told us that he spends all day outside caring for the plants.

The **whole building** was immaculately clean, this was impressive as we were told that there was only one cleaner (they are recruiting for another).

There were attractive displays showing photos of the residents taking part in various activities.

There appears to be a good community spirit; the activities coordinator told us about "Val's wishes" – the wish of a resident to fundraise £10K to feed children in Africa. Unfortunately, the resident had recently passed away, but they were continuing the fundraising in her memory.

One of the staff members was in the process of creating a mural/memory tree.



## 2.4 Staff

We spoke to a range of staff, including the Activities Coordinator, two Care Assistants, an Administrator, Registered Nurse, the Discharge to Assess Lead and the Registered Manager. (This is not a complete list of all the staff on duty on the day of our visit).

## 2.5 Covid measures

We contacted the Registered Manager on the morning of our visit to inform her that all the Healthwatch Authorised Representatives had negative Lateral Flow Test results. We all wore face masks during our visit. We saw evidence of Covid safety in the entrance hall, with disposable masks and hand sanitizer available.



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# 3. What we heard

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## 3.1 Who we heard from

We spoke to seven residents and three family members (including one couple who were visiting one resident) on the day of our visit. We also received one completed family and friends questionnaire by post. We spoke to seven members of staff, including the activities coordinator, two care assistants, an administrator, a registered nurse and the Discharge to Assess lead and the registered manager.



## 3.2 Daily life

We heard positive feedback from residents, one person told us

“The main reason for deciding to live here was the ambience and the young carers.”

We were told that if a resident wants to stay in their room, the staff are happy for them to do so. One resident who we spoke to was happy in his room, watching sport on TV. However, one resident told us,

“Depends on whether a chair is available for me to come down to the gardens or downstairs. If I don’t get the chair, I stay in my nightclothes.”

### **Recommendation:**

**More priority should be given to encouraging residents to leave their rooms.**

## 3.3 Food

We heard mixed views about the food, we heard that there is a somewhat limited variety, however we were also told that the food had recently improved, and that if a resident doesn’t like what’s on offer, they are provided with an alternative.

One resident told us that he has his own fridge freezer in his room, and he orders in organic produce, as that is what he is used to. He is also able to order special steak, which the chef cooks for him.

“The food is variable, when I first came, the food was not very good, it changed recently.”

Another resident told us, “I don’t like the range of food on offer, but they do provide an alternative for me.”

Another resident said, “the food is chicken, pork or pasta, there’s a limited range, but I can have sandwiches.”

We heard that residents could eat in their rooms or in the dining room.

One resident told us “I have limited mobility and I am given my breakfast, they feed me, I feel I could sit up and feed myself.”

There are drinks available in the dining room and we were told that drinks were left out for residents in their rooms at night.





### **Recommendation:**

- **Review the menu, in terms of quality and variety and consider involving residents and their families in this process.**

## **3.4 Activities**

We saw evidence of activities- including a notice board which displayed photos of residents engaged in various activities. A weekly schedule of activities was also on display in the lounge area. A poster advertised a forthcoming garden party with an opera singer.



Residents can watch TV or join in with activities in the main lounge. During our visit an entertainer was singing. There is also a quiet room for those who want to be out of their bedroom, but not involved with the activities.



One resident told us “I normally make an effort to talk and join in with activities.”

The family of a resident with learning disabilities told us that their family member enjoys tactile activities such as bread making and that there is a list of activities displayed in resident’s rooms.

We were told about visits from ponies which their family member enjoyed.

A resident told us that he enjoys gardening and spends as much time as possible tending to his plants. He had recently created a pond area. Staff take this resident to the garden centre once per month.

We were told of another resident who had requested to visit the Edenbridge club locally. The staff told us that they take him there every week.

The registered manager told us that because most residents are “high need” they do not have group outings. However, they do plan to hire a minivan for some trips. Staff can use a car which accommodates one wheelchair and one carer, which can be used for shopping and hospital appointments.

A number of residents need to be hoisted to get out of bed.

One resident told us “Generally, I don’t join in with the activities, but I am interested in the opera singer.”

Another resident told us, “They swing me into my chair, and I can go where I want.”

## Recommendations:

- Consider whether enough suitable activities are provided for people with learning disabilities.
- Ensure that there are sufficient wheelchairs available so that all residents can go downstairs, whether they want to join in with activities or not.



### 3.5 Care

Overall, we heard that residents and family members were happy with the care received at Greathed.

A family member told us that he was able to read his wife's care plan, he knew that it was stored in his wife's room, and he was aware of the details. Another family member told us that their loved one's care plan was updated annually.

One resident's spouse told us "I am very happy with this care home; I wasn't happy with the local alternatives."

One resident told us "The staff respond to the alarm around my neck, but I try not to use it too often."

Regarding daytime care, a family member told us that "I feel she gets the best care possible", and "I'm sure it doesn't change." (At nighttime).

In terms of nighttime care, one resident told us "For nighttime care, there's a table with drinks left for me at night."

Another resident told us "They have agency staff at night, they can be a bit abrupt."

Regarding weekend care, one resident told us, "At the weekend, there is sufficient staff, they are down to two at nighttime, but as residents are mostly asleep, they're ok."

However, one resident, who needs to be hoisted told us "I come downstairs 3/4 times a week, not every day. Sometimes I am left in bed to watch TV. The staff don't come in and check on me."

Group physio is held once per week. Discharge to Assess residents have physio twice per week; some residents pay for private physio.

Staff were very positive about the outcomes they had helped to achieve for some people who were in the home as part of the Discharge to Assess pathway. They said that some residents had regained their physical mobility during their time at the home and they were proud to be part of this process.

Support was available if needed to facilitate access to healthcare. One resident had hearing loss and would request support from staff to speak with the GP for example. Staff do take residents to hospital appointments, alternatively hospital transport can be arranged.



We saw evidence that residents' interests were supported, such as facilitating their interest in gardening, "Val's wishes" fundraising project, and the dreams board.



### 3.6 Staff

We spoke to seven members of staff: activities coordinator, two care assistants, an administrator, a registered nurse, the Discharge to Assess Lead and the Registered Manager.

We were told that there have been 5 managers in 5 years.

The Registered Manager told us that she became the manager in December 2021. She told us that, at that point, there were lots of agency staff, which was one of the concerns raised at the residents' meeting. At the time of our visit, the home was almost fully staffed for care staff, with just one vacancy for night staff, and a vacancy for housekeeping.

The registered manager told us that attracting staff is challenging due to the remote location, however there is some staff accommodation on site.

Few residents could name their named senior carer. However, this wasn't necessarily a negative, one resident told us "I don't have a named senior carer, they are all very good at looking after me."



The registered manager assured us that now that the home is now fully staffed (daytime), all residents will have a notice board in their room which shows the name of their senior carer.

A family member told us “We know a number of the staff and get introduced to new staff.”

There were some issues with language barriers; one resident told us “When I first came, staff were very good in terms of the staff helping with the doctor and hospital visits, but standards have dropped. There are a lot of foreign carers, I find it hard to understand them, and they find it hard to understand me.”

Staff were very positive about their experiences of working at the home and two staff mentioned that they had previously worked at the home and returned because they really enjoyed working there. One staff member said, “it’s a good team – we have good leaders – they listen to us.”

Staff referred to how members of the staff team were supportive of each other and how much they enjoyed supporting these residents. They said there was a ‘family feel’ in the home and that they liked the physical space.

Staff provided positive feedback about the support they have from their manager. One staff member said, “she is brilliant and has really encouraged me.”

Staff were particularly passionate when talking about supporting residents who were at the end of their lives and one staff member said what made her proud was how they were able to offer emotional support and give time to the families as well as the residents.

On the day of our visit (a hot day in August) we saw evidence that staff were cared for with hydration stations (providing free drinks and snacks) at various locations around the home.





### 3.7 Visiting health care professionals

We heard from the care home manager that she is disappointed with the level of care from the GP. She, along with residents and their families, has raised her concerns with the CCG and CQC, and the local practice (Lingfield). They have a weekly phone call with the practice, but they would like the GP to visit the home once a month to see the residents. She told us, "There are no regular face to face visits, we have a virtual visit on a Thursday. Even for end-of-life care, they send a paramedic."

We heard from one resident "the staff were very helpful with doctor stuff. I'm not happy with the GP not visiting".

Another resident said "the GP hasn't visited for years. I spoke to him on the phone".

*The care home clinical lead: leadership through COVID-19 and beyond document, published by NHS confederation – PCN Network [click here](#) states that:*

***The clinician leading the home round should have advanced assessment and clinical decisions skills and ensure that there is appropriate and consistent medical input from a GP or geriatrician.***

#### **Recommendation:**

**Care Home Clinical Lead within the PCN should consider whether improvements can be made to access to GP support. Healthwatch to raise this with Surrey Heartlands.**

Staff told us that there was always a nurse on shift at the home and other professionals would be involved as and when required. For example, support was given through the local hospice service and additional and/or specialist support would be sought from the districts nurses as and when required. Occupational therapists and physiotherapists also supported the service and ensured that residents' physical health needs were being met.

The registered manager told us that the chiropodist visits once per month, and the dentist and opticians visit on a regular basis. The dentist visits under the domiciliary care contract. Audiology issues are raised via the GP, and tissue viability nurse and community mental health team visit regularly.



One resident told us “I would like a sight specialist to visit – I am gradually going blind”.

Staff showed a good awareness of the need to escalate any concerns about changing health needs. They would speak with the nurse or the manager if they noticed that someone was quieter than normal, for example. One staff member gave an example of how they would report concerns if a resident was starting to have difficulties swallowing as they were aware a referral to a specialist may be required.

Staff were positive about the training they had received, and this included both mandatory and specialist nursing training depending on their role.

### 3.8 Visiting

Visiting seems to be working well, with access at pre-covid levels.

One resident told us “My family visit when they want to.”

A family member, whose wife was a new resident, told us that currently he is allowed to visit 24 hours per day. We saw the Covid “visiting bubble”, and one family member told us that they had used it.

### 3.9 Staying in touch

It was evident that there was close involvement with many of the families of the residents and some people visited every day. Most of the residents had phones in their rooms and/or mobile phones and devices they could use to stay in touch with their friends and family. One resident told us that she can call her family whenever she wants to, and they can call her. We were told that the staff help residents with phone calls, emails and WhatsApp when needed. Every effort had been made to maintain this contact during the pandemic and there was a dedicated visiting space that ensured people could see their family member when guidance allowed. We heard that staff tell residents when they have spoken to their friends and family.

There was a care plan in place which ensured staff were aware of the preferences of family members with regard to how they were contacted –



by phone or email for example – and how often they wanted to be contacted.

### 3.10 Feedback mechanisms

It was apparent that there was good communication between residents, their families, staff and the manager. We saw a suggestion box in the entrance hall, and we were told by residents and a family member that a questionnaire had been circulated the day before our visit.

One resident told us *“If I wasn’t happy with anything I would speak to the manager, if that didn’t help then I would go to my family.”*

Staff working at all levels had a good understanding of the need to manage complaints and concerns – they would try to resolve minor issues themselves and would escalate more significant concerns to their manager, the care coordinator or the nurse depending on what the issue was.

One staff member said they would try to gauge how serious a complaint was and would offer to take the conversation into a private area if the person wanted to discuss issues further. Another staff member said, *“I will make changes to resolve issues if I can, or tell the manager if needed.”*

A family member told us that *“in terms of complaining, I feel I could trust them with my family member, they are responsive to any suggestions made.”*



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## 4. Next steps

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This report and the response from the service provider will be shared with commissioners and regulators of the service and will be published on our website.



## 5. Service provider response

<b>Service Name:</b>	Greathed Manor
<b>Service Manager:</b>	Neema Clinton
<b>Visit date:</b>	9 <sup>th</sup> August 2022

Factual accuracy	
<b>If you have any concerns about the <i>factual accuracy</i> of the report, please clearly identify the sections, content and corrections that are required in the space below:</b>	
The amendments have been made within the body of the report.	

Organisation response to the report	
<b>Please provide your response here. This will be included in the final report.</b> <b>(THIS RESPONSE WILL BE PUBLISHED IN FULL)</b>	
<b>What we found:</b> <b>HEADINGS</b>	
<b>Respondent Name:</b>	
<b>Respondent Job Title:</b>	

Feedback on the visit
<b>If would like to provide some feedback to Healthwatch Surrey on the</b>



**visit itself, please provide this in the space below:**

My understanding is that the visit was conducted very well, attending inspectors were very courteous and polite and made the process as stress free and pleasant as possible.

We thank you for this.

**RESPONSES MUST BE PROVIDED WITHIN 10 WORKING DAYS OF RECEIPT OF OUR REPORT TO ENSURE IT IS INCLUDED IN THE FINAL PUBLISHED REPORT**


## 6. Appendix

### 6.1 What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to 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 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 firsthand. All our Authorised Representatives have a current DBS check in place.

Healthwatch Enter and Views 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 Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead 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 where they are protected by legislation if they raise a concern.

## **6.2 Purpose of Visit**

The purpose of the visit was to listen to the views and experiences of people who live and work within the home.

## **6.3 Strategic drivers**

Our Enter and View programme is one of our strategic priorities for 2022/2023, enabling us to hear the voices of seldom heard groups; on this occasion- care home residents.

## **6.4 What we did**

The visit to Greathed Manor was an announced visit. Before the visit we gave the care home posters to display around the home to make staff, residents and their families aware of our visit. This poster included a QR code which links to our feedback form on our website. We saw the posters displayed when we visited. We also gave the home Healthwatch Surrey “Problem Praise Suggestion” leaflets, which residents and family members could use to send their feedback via post. We gave out Healthwatch Surrey branded thank you postcards to all the people we spoke to.

We spoke to 7 residents, 3 family members and 7 members of staff, one paper questionnaire was returned by post.

Five Authorised Representatives (ARs) of Healthwatch Surrey conducted the visit.

On arrival we were greeted by the registered manager. We explained what we would like to do. One member of our team was seated in the private lounge and staff members were brought in to give their feedback. Two ARs were shown around by the manager. Two ARs were shown around by another member of staff. On all occasions, we checked with staff who would have the capacity to talk to us. We were allowed to take photographs. All the questions we asked were answered openly. We observed the surroundings to gain an understanding of how the home works and how the residents engaged with staff members and the facilities, these findings were recorded on observation sheets. We used a semi-structured questionnaire when talking to residents, family members and staff.

We explained to residents, their family members and staff that we were from Healthwatch Surrey and that we were gathering experiences of what



it's like to live at Greathed Manor, and particularly to find out whether they would know what to do if they wanted to give feedback about the service.

