

Virtual Engagement- Manager Questionnaire

Name of the home:

Name & contact details:

Date completed:

We would be extremely helpful if you would answer the questions below and return the completed questionnaire to Healthwatch East Riding prior to our planned Virtual Engagement. This will assist our volunteers greatly in having an understanding of your setting prior to the engagement. Thank you very much.

**Introductory/General Information Questions**

Name of manager and care home

How long have you been a registered manager within your organisation?

How long have you been a manager at this home?

Do you feel your CQC rating accurately reflects the level of care you provide?

How many residents do you have currently?

How many beds do you have available?

How many rooms have ensuite facilities?

How many additional residents’ bathrooms and toilets are there?

**Safety**

How many full-time members of care staff does the home employ?

How many part-time members of care staff does the home employ?

How many care staff are on shift during the day?

How many care staff are on shift over-night?

How many other staff does the home employ?

How are staff absences covered?

How are maintenance and repairs dealt with in your setting?

**Effectiveness**

Is residents’ food cooked and prepared on the premises?

How do you cater for different diets?

Is there a Menu /food & drink options clearly displayed anywhere for residents to look at?

What is your food hygiene rating?

Can you provide us with a copy of the weekly/monthly menu plan?

How is resident’s weight and fluid intake monitored?

How often do residents have their hearing tested/ hearing aid’s checks carried out?

How often do residents have their sight checked?

How often do residents have foot care?

How do you record and monitor this?

Which of the following services does your home have access to? (Please tick)

Incontinence Assessments Mental Health

Foot Care Hospital Transport

Dentistry Dietician/Nutrition

Wheelchair services Falls Team

GPs Speech & Language Therapy

District Nurses

Hearing services

opticians

Other (please specify):

Do you have any problems accessing any of the above services? (if so please specify)

Have you experienced any issues with residents going to and returning from Hospital?

How are staff training needs identified and provided?

**Care & Responsiveness**

Is day care/respite care provided?

Do residents have end of life plans in place?

Are care plans regularly reviewed/revised or adapted?

Are residents and relatives involved in this process?

How do you keep the residents’ friends and family informed of their relative’s care and activities?

How often are residents’ meetings held?

How often are relatives’ meetings held?

Does the home provide external trips for residents? (if so how often?)

What measures do you undertake to ensure residents feel connected to the local community?

What measures are in place to identify loneliness or difficulties residents might have in adapting to the transition to your care home?

Do you have a complaints policy in place?

How does the home cater for religious and cultural needs?

How many of your residents are from the BAME Community?

Which of the following facilities do your residents have access to? (please tick).

Telephone WiFi/internet

Computers/laptops Ipad/tablet/Echo

Zoom/Teams/Skype/Face-time

**Visiting**

How is the home being kept up to date with current Covid guidance?

Do you feel adequately supplied with PPE/sanitiser/Covid tests etc?

What are the current visitation rules within the home? How has it been implementing and managing this?

How has the vaccination process been?

How was the take up of the vaccine among staff?

What are your plans for the future for keeping everyone safe?

**Leadership**

Do you feel supported in your role of manager?

Do you experience any difficulties with staff recruitment and retention?

Do you experience any difficulties dealing with staff absences?

Are staff meetings held regularly? How often?

What other organisations do you work with to support care provision within your care home? (please tick)

Local Authority Multi-Disciplinary teams

Safeguarding team Clinical Commissioning Groups (CCG)

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any specific Quality Assurance Systems in place? (If so please specify)

Are there any other issues you would like to make us aware of that affect your service provision?

Healthwatch East Riding of Yorkshire (HWERY) is always keen to engage with and support our local health and social care providers. Are there any areas which you think HWERY might be able to help and support your service with?

For more detailed information about the work of Healthwatch, please take a look at our website: [**www.healthwatcheastridingofyorkshire.co.uk**](http://www.healthwatcheastridingofyorkshire.co.uk)

Alternatively you can contact us by any of the following means:

Telephone: 01482 665 684

Email: [enquiries@healthwatcheastridingofyorkshire.co.uk](mailto:enquiries@healthwatcheastridingofyorkshire.co.uk)

By Post:

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Healthwatch ERY

Hull CVS

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