

# Enter & View Visit Report

**Name of Service:** Whitestones Care Home

**Service Address:** 139 Manchester Road, Chapel-en-le-Frith, High Peak SK23 9TW

**Date of Visits:** First: 3<sup>rd</sup> October 2016; Second: 25<sup>th</sup> October 2016

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**WHAT IS ENTER AND VIEW?** Healthwatch Derbyshire (HWD) is part of a network of 148 local Healthwatch across the country established under the Health and Social Care Act 2012. HWD represents the consumer voice of those using local health and social services.

The statutory requirements of all local Healthwatch include an 'Enter and View' responsibility to visit any publicly funded adult health or social care services. Enter and View visits may be conducted if providers invite this, if HWD receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the service at first hand.

Visits conducted are followed by the publication of formal reports where findings of good practice and recommendations to improve the service are made.

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## 1. Visit Details

**Service Provider:** Derbyshire County Council (DCC)

**Time of Visit (from/to):** First: 10:45hrs - 14:00hrs  
Second: 10:30hrs - 12:30hrs

**Authorised Representatives (ARs):**

1. Dr Lesley Surman (first visit)
2. Ms Shirley Cutts (first visit)
3. Mr David Weinrabe (second visit)

**NB: This Enter & View visit included a second announced supplementary visit arranged in order to gather additional more in-depth information focussing specifically on the short-term care provision at Whitestones. This is outlined under Section 7 (Additional Issues) of the report.**

**Healthwatch Responsible Officer:** David Weinrabe (Enter & View Officer)  
Tel: 01773 880786 or Mobile: 07399 526673

## 2. Description & Nature of Service

Whitestones is a residential home supporting people who are living with dementia. The home provides 36 long-term care beds including one double room for long term care residents who are part of a couple, three short-term beds and two beds for those requiring re-ablement.

## 3. Acknowledgements

Healthwatch Derbyshire would like to thank the service provider, Care Home Manager, residents, visitors and staff for their contributions to this Enter and View visit.

## 4. Disclaimer

This report relates to findings gathered on the specific dates of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all residents and/or staff and/or family members/friends but does provide an account of what was observed and presented to HWD ARs at the time of the visit.

## 5. Purpose of the Visit

- To enable Healthwatch Derbyshire ARs to see for themselves how the service is being provided in terms of quality of life and quality of care principles
- To ascertain how respite care services are organised and identify implications for the service and users following the closure of respite care beds at the Ecclefold Resource Centre
- To capture the views and experiences of residents, family members/friends and staff
- To consider the practical experience of family/friends when visiting the service in terms of access, parking and other visitor facilities
- To identify areas of resident satisfaction, good practice within the service and any areas felt to be in need of improvement
- To support DCC Direct Care Services internal quality audit system.

## 6. Strategic Drivers

1. The Derbyshire County Council decision in November 2015 to close the short-term care beds at Ecclefold Resource Centre, Chapel-en-le-Frith and reassign 3 short term care beds to Whitestones. This reassignment formed an alternative option, along with two other existing homes in the locality, for users of the Ecclefold short-term care provision to obtain continuity of their short-term care needs.

Healthwatch Derbyshire was contacted by relatives prior to the bed closure at Ecclefold Resource Centre earlier this year, who felt strongly that their loved one's well-being would be compromised if respite/short-term care was taken up at Whitestones. Healthwatch Derbyshire took on board the concerns expressed to them and following their organisational procedures, approved an unannounced Enter & View visit to take place.

2. Over and above the preceding 'driver', during 2016/2017, Healthwatch Derbyshire has been commissioned by DCC to conduct a range of unannounced visits to their residential services across the county. The service profile and range includes 22 services supporting older persons and four services supporting people who have

learning difficulties. Whitestones Care Home represents one of these services and therefore the rationale for the Enter & View visit arranged represented the combination of both of these ‘drivers’.

## 7. Introduction/Orientation to Service

**First visit:** On arrival ARs met Angela Hewitt, Unit Manager, and were invited in to undertake their visit. ARs undertook an approximate 15 minute introduction to the setting where they were advised on any circumstances that they should be aware of and/or may reasonably restrict some aspects of their visit. These were outlined and acknowledged as being:

1. Very few residents had capacity for rational, reliable, conversation.

ARs were also advised as to which residents were most suitable to engage with and which staff might be available to talk to during the visit. An orientation tour was given and general introductions to residents and staff were made during the process.

**Second visit:** The AR had pre-arranged to meet the Unit Manager, Angela Hewitt, and the Deputy Unit Manager, Kathy Powner. Only one person was receiving short-term care at the time of this visit whilst two other people were occupying re-ablement beds. Arrangements were made to speak to the person having short-term care, however those undergoing re-ablement were advised by the Unit Manager as not being in an appropriate physical or mental condition to be interviewed.

## 8. Methodology

ARs were equipped with various tools to aid the gathering of information. The following techniques were used by the ARs:

- Direct observation of interactions between staff and residents
- Participant observation within therapeutic/social activities where appropriate
- Assessing the suitability of the environment in which the service operates in supporting the needs of the residents
- Observing the delivery and quality of care provided
- Talking to residents, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided
- Observing the quality and adequacy of access, parking and other facilities for visitors.

Information was recorded on the ARs checklists and questionnaires, along with making supplementary notes.

## 9. Summary of Key Findings

### First visit:

- Only 1 resident ‘interviewed’ was capable of rational conversation
- 10+ residents were observed during the visit including six interactions with staff
- Two staff (one care assistant and the activities co-ordinator) were interviewed
- One relative was interviewed
- It was noted that a CQC inspection was conducted on 15/05/15 and a report published on 19/08/15 with a rating of ‘good’ and this is supported by this report. The rating and report is evident on the DCC web-site.

### Second visit:-

- Detailed discussions conducted with the Unit Manager and Deputy Unit Manager concerning the short-term care service appeared to suggest that overall they were managed very satisfactorily

- One short-term care client was interviewed
- Only two clients who previously used Ecclesfold services, now use Whitestones for their short term care needs.

## 10. Detailed Findings (from first visit)

### 10.1 Location, external appearance, ease of access, signage, parking

The home was easy to find being located within a quiet, safe and looked after area. There are some parking facilities with a one-way in-out driveway. The home signage was visible from a distance from one direction but limited from the opposite direction.

Overall there was good access into and around the home for all visiting or using the home.

### 10.2 Initial impressions (from a visitor's perspective on entering the home)

You enter the home into a large welcoming space which moves on into a large area referred to as 'the conservatory' from where there is easy access to a garden with a seating area.

The environment appeared clean and bright, contemporarily decorated with modern, relatively new furniture. A signing-in book is located just inside the door. The administrative office is located to one side and the manager's office on the other. We were welcomed by the manager who was just seeing someone off the premises as we arrived.

Overall, the first impressions were favourable.

### 10.3 Facilities for and involvement with family/friends

Visiting times are fully flexible. Generally relatives don't stay overnight but they are at liberty to do so should there be a need.

There are kitchen facilities for use by visitors where they can access refreshments.

Staff make themselves available to discuss care issues with relatives either in person when they visit or by phone (evidence of both seen). However, there were no apparent regular resident meetings where relatives might also be invited.

### 10.4 Internal physical environment

#### 10.4.1 Décor, lighting, heating, furnishing & floor coverings

The environment appeared pleasant throughout with good use of (bright) colour. There is an on-going programme of refurbishment with carpets in the bedrooms gradually being replaced with laminate flooring. Sitting Room/dining areas and corridors are currently all carpeted. The refurbishment programme ensures that the home maintains a pleasant homeliness and the budgets get used appropriately. Furniture was observed to be suitable for wheelchair dependent residents and all furnishings seemed clean/hygienic, in good order and safe.

#### **10.4.2 Freshness, cleanliness/hygiene & cross infection measures**

The overall appearance was that of a bright, clean well maintained and managed home. We saw appropriate precautions being taken of contaminated laundry and good practice in place to look after residents' laundry. There were no unwelcome odours or stains anywhere.

#### **10.4.3 Suitability of design to meet needs of residents**

All accommodation is on the ground floor where able residents are free to move around. The home is designed in a square. The central quad is a garden with raised planters for residents use and seating areas. There is a secure garden area with seating for residents on the other side of the building. All bedrooms are large and have a patio door opening out onto the garden areas.

There are several sitting/dining rooms making the environment more homely and conducive to activities. When there is activity for all residents to share (which happens at least monthly) the conservatory area is used giving many residents the feeling of having 'gone out'.

There is a tea room (café) within the home operated by volunteers and the activities co-ordinator, which is open several times a week. It is also used before/after the funeral of a resident, particularly when the cortège has left from the home.

There is adequate signage around the home and the décor attempts to differentiate areas e.g. all toilet doors (except one) are painted lime green. Bedrooms are painted in neutral tones to allow for residents to add their personal touches, but the communal areas have various colour schemes.

### **10.5 Staff support skills & interaction**

#### **10.5.1 Staff appearance/presentation**

All staff were polite and welcoming to us. Those we spoke with were enthusiastic and proud of their work and eager/happy to talk to us about what they did and the thinking behind their activities.

ARs were informed that the induction process for new staff is thorough and there is a zero tolerance for poor staff attitudes and/or behaviours.

#### **10.5.2 Affording dignity and respect**

All interactions observed between staff and residents were calm, friendly and respectful. Evidence of the importance placed on dignity was observed with every resident having a sheet introducing, 'This is me ...' facts prominently displayed in their rooms for new members of staff.

Some bedrooms had 'gates' installed at the threshold to the rooms particularly with residents on the 'end of life' pathway. This provided for degrees of privacy preventing other residents from wandering into the room, and at the same time kept them safe whilst allowing staff to maintain frequent observation.

#### **10.5.3 Calm, empathic approach to care giving**

The home has a calmness to it achieved in no small measure by the way staff interact with everyone. We saw the same attention to interactions being used

with ourselves and residents alike; calm but lively exchanges, good eye contact and listening skills and good use of humour used well.

The activities co-ordinator maintained a diary of residents' activity which showed who had been invited to what activity and their response. This generated knowledge about resident's preferences and supported a tailored approach to encouraging resident's participation.

#### **10.5.4 Attentiveness and pace of care giving**

Staff were seen to take their cues from residents. Whilst residents are encouraged to stay in the communal areas ARs were informed that most of the residents seemed to prefer returning to their rooms after breakfast. One resident, who would be distressed by being moved from her position in the corridor, was served and happily ate her lunch where she was.

#### **10.5.5 Effective communications - alternative/augmentative systems and accessible information**

The staff talked of the various means of communication available to them which they use when circumstances require.

Although relatives have ready access to staff, a relative suggested that a book in the room of each resident would allow for informal written communication between staff and family/friends to share findings and experiences.

### **10.6 Residents' physical welfare**

#### **10.6.1 Appearance, dress & hygiene**

Residents were dressed in their own clothes which were clean and chosen by themselves where possible.

All rooms had en-suite toilet and shower, a bath was available if preferred.

#### **10.6.2 Nutrition/mealtimes & hydrations**

The various communal areas all accommodate dining so a more social environment is created. There is flexibility with all meal times with residents being able to partake of their meals whenever they wish. The home has a 'rolling breakfast' running from early to late morning.

We saw residents enjoying lunch in various locations of preference, i.e. the dining areas, their rooms and one where they were comfortably sat in the corridor. The menu is limited but influenced by the residents and requests are accommodated where possible.

Beverages are available throughout the day and are regularly encouraged.

#### **10.6.3 Support with general & specialist health needs**

A practice nurse visits the home twice a week and sees all the residents. Specialist advisors are brought in as needed.

#### **10.6.4 Balance of activity & rest**

This is achieved through responding to resident's personal needs and wishes.

#### 10.6.5 **Ensuring comfort**

There are various communal areas which enables residents to always find places of activity or places of quiet. Lighting and furnishings are appropriate to area.

#### 10.6.6 **Maximising mobility & sensory capacities**

Residents are free to move around the home where they can and activity is gently encouraged. The use of sensory aids such as glasses and hearing aids form part of the information contained in the 'This is me ...' information posters.(10.5.2)

### **10.7 Residents' social, emotional and cultural welfare**

10.7.1 Residents are encouraged to personalise their rooms with their own furniture, pictures, knick-knacks etc. The environment allows for the development of relationships and for individuals to pursue their own hobbies for those who have capacity to indicate this wish.

#### 10.7.2 **Choice, control & identity**

Residents have their own rooms which are personalised by them and/or their relatives. Residents are free to go out with friends and family where possible. There is one double room available.

Residents are encouraged to participate in activities brought into the home from the community; there is evidence of such activity adorning the garden. There is monthly entertainment where a social environment is created.

ARs were told that it was quite usual for a resident to sit down with staff in their offices and remain there for a considerable amount of time.

#### 10.7.3 **Feeling safe and able to raise concerns/complaints**

Residents appeared relaxed and calm. Staff listened to residents and were ready to respond to their needs. The entrance door was kept locked and all other doors opened out onto secure gardens.

The relative interviewed said that they felt able to raise concerns and felt confident that they would be positively responded to.

#### 10.7.4 **Structured and unstructured activities/stimulation**

ARs were informed that many residents are not too keen to engage in activities but there is nonetheless a programme of activities arranged. The evening entertainment is reportedly better attended. There is no coercion to attend but gentle encouragement is given.

There are PC and Internet facilities for the use of residents and family/friends.

#### 10.7.5 **Cultural, religious/spiritual needs**

There is a small quiet room which is used for worship. Worshipful gatherings are facilitated by the activities co-ordinator fortnightly and a local minister attends if requested.

#### 10.7.6 Gardens - maintenance & design/suitability for use/enjoyment

The home is enjoying a recent flurry of attention which their gardens have received from DCC. They are accessible to all residents as their rooms have patio doors which lead out onto a gardened area. There are some raised flower beds to allow residents involvement for those with an interest. The gardens looked neat with pleasant areas to sit.

## 11. Additional Issues

### 11.1 Short-term care

On the second visit, the AR was informed by the Unit Manager and Deputy Unit Manager of the following:-

### 11.2 The background

11.2.1 The short-term care service at Ecclesfold ceased as a provision in July 2016 but the Ecclesfold Day Care Service continues to operate. The Unit Managers informed the AR that where appropriate any short-term care clients at Whitestones are facilitated to continue attending the Ecclesfold day resource whilst they use the Whitesones services.

11.2.2 Prior to, and immediately after, the closure of the Ecclesfold short-term care service, Whitestones had received a significant number of provisional bookings from previous users of the Ecclesfold service. A number of visits and contacts (approximately 10) were made either directly by people wanting to access the Whitestones provision or by relatives who were considering it for their loved ones.

11.2.3 Following this initial interest shown, the majority of provisional bookings made were cancelled but the reasons are not known. It is also not known as to where the individuals concerned eventually obtained their short-term care provision needs. One relative who visited was apparently disappointed that they could not secure short-term care support at Whitestones more spontaneously, as was suggested happened at Ecclesfold, rather than having to plan/book in advance.

### 11.3 The present

11.3.1 Currently Whitestones supports approximately eight clients who regularly use the short-term care service at Whitestones at various times throughout the year. Of the eight clients, two previously used Ecclesfold services, one of whom uses Whitestones once a month for an overnight stay which was their pattern of usage when the Ecclesold service was available to them. The person continues to regularly attend the Ecclesfold Day Care Service when at Whitestones (see 11.2.1)

11.3.2 Whitestones maintains a system of dedicating two full-time members of staff to co-ordinate and support short-term care clients.

### 11.4 The process & organisation of short-term care

11.4.1 Whitestones appears to maintain appropriate systems to ensure that those who access their short-term care provision are assessed fully to determine that their needs can be adequately met and that they feel comfortable in staying within the home. An overnight stay for new clients is arranged and used as a focus for comprehensive assessment of needs. This overnight assessment period is used to decide between all involved (the client, relatives and social workers) as to the suitability of using the Whitestones short-term care service.

- 11.4.2 Whitestones appears to maintain a clearly person-centred approach to meeting needs of their clients. Whether it is long-term or short-term care clients, they seek to achieve the greatest physical and social comfort possible for clients when they stay with them (see 11.5 for further details).
- 11.4.3 The managers acknowledge that the Ecclesfold environment (being more of an Activities Centre) and nature of clients that used that short-term care service, are distinctly different from the homely environment created at Whitestones in supporting people with long-term and more advanced states of dementia. However, Whitestones feels confident in providing short-term care according to the needs of individuals regardless of the presence of dementia and there are no explicit admissions criteria.
- 11.4.4 As a consequence of the Ecclesfold bed closures, Whitestones were requested to reconfigure the grouping of their short-term care bedrooms which currently are split with two being in one location and the third in another. This therefore has yet to be completed due to the fact that some long-term residents would need to vacate their bedrooms in order to achieve this.

It is still the intention to move towards this new grouping of bedrooms when the opportunity arises. However, the Unit Manger indicated that past experience of such configuration can lead to challenges with the short-term care group feeling more isolated. The AR was informed by the Unit Manager that in the past, existing residents have also felt uncomfortable when a number of short-term care clients may share a table for mealtimes where everyone senses being a 'stranger'.

- 11.4.5 Whitestones has a system in place for obtaining feedback from short-term care clients through a brief "end of stay" questionnaire. These are left in rooms for clients to complete and they are helped to complete them by staff where necessary. The AR was shown some examples of feedback from clients who had also been Ecclesfold service users however whilst they were positive, these were one or two years old. The AR also observed that they appeared to have been completed by a staff member but this was not recorded on the "end of stay" form itself.

## **11.5 Flexibility of service in meeting needs**

- 11.5.1 As referred to under 11.4.2, Whitestones appears to operate a distinctly flexible person-centred service in attempting to meet the needs of both the long-term and short-term clients. This is borne out from the findings of the first visit. The managers informed the AR that they were not aware, during the Ecclesfold closure process, of how much information was conveyed to clients and relatives in explaining the approaches taken by them to ensure that all clients needs are met as best they can.

The AR discussed strategies used by the home in maintaining privacy of clients particularly in their bedrooms. The managers stated that clients do wander around the home freely and whilst staff monitor as closely as possible, some may enter bedrooms that are not their own. All personal effects have discreet labelling to ensure that it is clear who they belong to. However those with sufficient capacity (of which there are none in long-term care) may have keys to lock their bedrooms. Currently one long-term client has, in the past, become distressed when other clients wander into their bedroom especially if at night time. The client concerned likes to sleep with the door open and so the home has installed a gate system across the threshold and alarm sensor mats to alert

night staff as a safety and security measure for the person's comfort and confidence. The managers were clear that such approaches would, where necessary, be afforded to short-term care clients if necessary and it had been previously noted during the first visit that such systems were installed for clients on an "end of life" pathway of care (10.5.2).

- 11.5.2 Whitestones has programmes of activities and stimulation for long and short-term clients alike and will, through their assessment systems, try to ensure that any interests that clients have are provided for.
- 11.5.3 Clients, whether in short or long-term care, have freedom to use the home as they wish. If clients wish to stay mainly in their rooms, they may do so and be provided with personal entertainment of their choosing, e.g. television, radio, hobby activities etc.

## **11.6 The client experience**

- 11.6.1 During the first visit ARs reported that two residents were observed who had transferred from Ecclesfold short-term care services. One, whose condition had deteriorated a little, was seen to be happily occupied with the activities co-ordinator doing a jigsaw whilst the other informed ARs that they felt that there was more to do in Ecclesfold than at Whitestones. However, ARs were informed that the Activities Book record indicated that this client had been invited to partake of some activity but had declined and chosen to spend some time in their room.
- 11.6.2 During the second visit the AR interviewed a short-term care client who had used the service on a number of occasions. They were in their bedroom watching TV and appeared content. In discussion about the care and experience at Whitestones, the person stated with respect to staff that, "**they look after you**". Whilst the person appeared to have a more active social life when at home informing the AR that they had a mobility scooter and attended a social club 2 days a week, they were content with their stay at Whitestones and referred to it as being "**relaxing**". The person acknowledged that there were few if any other clients who they could talk to but did not feel this a frustration and appeared content with their own company and spending time reading and other more passive activities. The person when discussing the book they were reading also said they liked to read the newspaper but did not have one available. They said they were comfortable asking staff if this could be arranged.

## **11.7 Conclusion**

- 11.7.1 As far as the evidence is concerned, Whitestones appears to be offering an effective short-term care service which operates as flexibly as possible to meet the clients' needs.
- 11.7.2 The philosophy of the home and nature of service is recognised to be distinctly different from that which Ecclesfold previously represented for their short-term care users.
- 11.7.3 The service at Whitestones predominantly supports clients living with dementia. Whilst they evidently provide a caring, flexible and well organised short-term care service, clients who have greater capacity than many of the long-term residents, may find such an environment to be less attractive in which to spend a short-term stay.

11.7.4 Since Ecclesfold short-term care services were withdrawn only two past users of that service now attend Whitestones on a regular basis. However, the Whitestones service remains well used by other clients and the beds available are ‘booked up’ for the greater part of the year.

## 12. Elements of Observed/Reported Good Practice

- Resident’s feelings, dignity and choices leading engagement with staff
- The ‘*This is me ...*’ poster in each of the resident’s rooms
- Bedroom privacy strategies of some gated thresholds and sensor mats
- Residents had freedom of the home
- The use of the café pre and post funeral
- Maintenance of activities record
- Dedicating members of staff to co-ordinate and support short-term care clients.

## 13. Recommendations

- 13.1 To check that all toilet doors are painted in what was observed to be a consistent lime green colour (10.4.3)
- 13.2 To advise of strategies for regular involvement of residents and relatives contributions to care home issues (10.3)
- 13.3 To consider whether maintaining a communications type record in clients bedrooms may be a useful way to share information between clients, staff and relatives (10.5.5)
- 13.4 To review the intended reconfiguration of the short-term care beds to ensure such a change would enhance the quality of experience for any future users (11.4.4)
- 13.5 To review the design of the Short-term Care “end of stay” questionnaire to ensure that staff who complete them on behalf of clients can be clearly identified (11.4.5)
- 13.6 To improve the short-term care “end of stay” questionnaire system to ensure that consistent feedback is obtained following each stay from both clients and relatives (11.4.5)
- 13.7 To review the NHS Choices web-site to ensure that all the good practice and positive approaches taken are clearly profiled (Section 12)

## 14. Service Provider Response

No.	Action Required	Outcome
13.1	Decorator to be contacted and match up the paint to all other doors	Decorator has confirmed this will be completed by end of November
13.2	<p>To hold more regular meetings with residents and relatives.</p> <p>To make this a quarterly arrangement in the aim relatives will feel comfortable to contribute and attend regular meetings.</p>	<p>First meeting scheduled for December 1<sup>st</sup> 2016 and then to continue March 2017 June, September December</p>
13.3	<p>Any family are welcome to have a communication book in any rooms to share informal information with staff.</p> <p>Some residents have a communication board where reminders and gentle prompts are recorded for the resident to remind them who has visited and when events are taking place, who visits on what day etc</p> <p>One resident has a wipe clean board and another has a chalkboard, there are actually 6 communication boards in place on day of action-plan.</p> <p>Some resident prefer a calendar which they find useful</p>	<p>At the meeting, relatives will be prompted to continue to use communication boards, books or anything that is suitable to the resident's individual needs.</p> <p>This will be brought up with staff to encourage those relatives of residents who struggle to retain information or communicate information to encourage means of communication for both visitor's staff and the resident.</p> <p>This will be encouraged and become part of the original assessment of need on admission.</p>

No.	Action Required	Outcome
13.4	<p>To relocate one more bed as and when available to the green corridor, out of the three beds 2 are on the green corridor and one is just around the corner on red wing at present.</p>	<p>To continue to work on agreed plans to locate all 3 short-term beds together as and when this is possible. 2 beds are already located in the same wing.</p> <p>As a room becomes available, this is the intention however it is unrealistic to set a time scale on this as it is difficult to say when a room will become available.</p> <p>An email has gone out to all senior care staff to inform them that the change is to go ahead at the next available opportunity.</p>
13.5	<p>This questionnaire has now been reviewed by the Care Workers that manage the short-term care users and amended, this clearly identifies the:</p> <ul style="list-style-type: none"> <li>• Name of the client</li> <li>• The date</li> <li>• The name of the person completing the form</li> <li>• and a signature</li> </ul>	<p>The old blank forms have been removed and the new amended forms put in circulation, the 2 link workers that care for short stay users have been given the new forms to complete from now on.</p>
13.6	<p>To encourage relatives and visitors to access the NHS web site so they can record their own personal findings.</p> <p>To now log onto the website more regularly to look at what comments have been uploaded and to also send in our own records of compliments and representations.</p>	<p>Managers to implement this with immediate effect.</p>