



Westcroft Nursing Home Ltd.

5 Harding Road, Hanley, Stoke-on-Trent ST1 3BQ

Telephone: 01782 284611 / 287121

Email: ketan.patel@3abcare.co.uk

www.3abcare.co.uk/westcroft

Annual Quality Assurance (February 2026)

Westcroft Nursing Home carried out its annual quality assurance survey for residents and their relatives during January 2026. This was done to monitor, review and evaluate the Home's various services. It was encouraged that forms were filled in with the residents or relatives name on it. This was asked so the Home could identify individual's issues and act accordingly, as the focus of the questionnaire is on quality improvement.

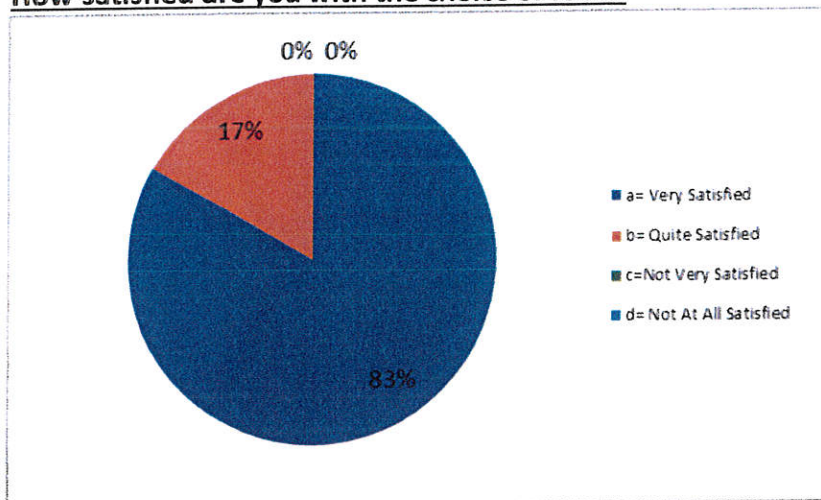
There were a total of thirty seven questions to answer, which included questions relating to food, daily living, personal care, premises, laundry and management. There were four answer options for every question. They were: very satisfied, quite satisfied, not very satisfied and not satisfied at all. After each section there was space made available for any other comments.

All questions were analysed in detail. The next few pages show the analysis in the form of charts and graphs, from one or two questions in each section of the questionnaire. Also included in this booklet are the comments made by the residents and relatives.

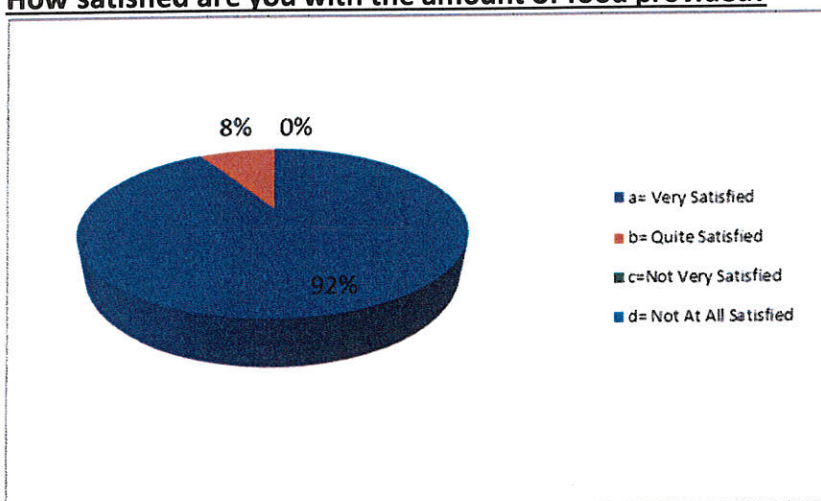
Included at the back is a copy of the questionnaire.

Ketan Patel
Managing Director
February 2026

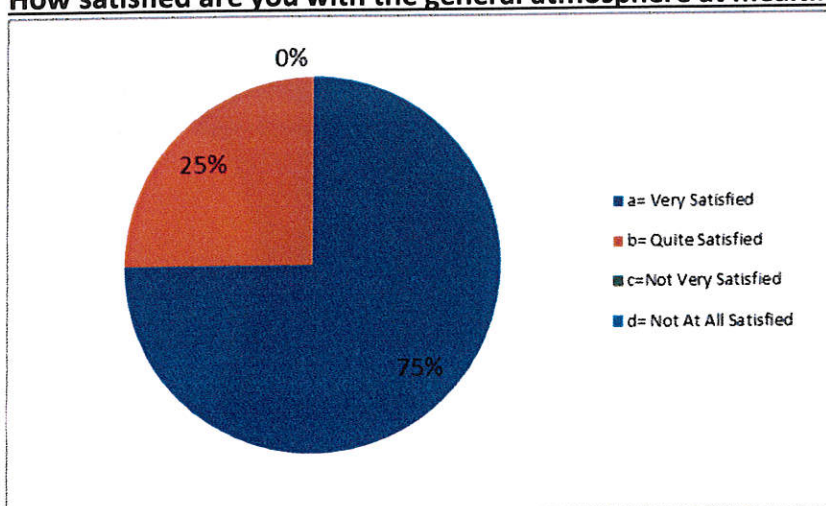
How satisfied are you with the choice of food?



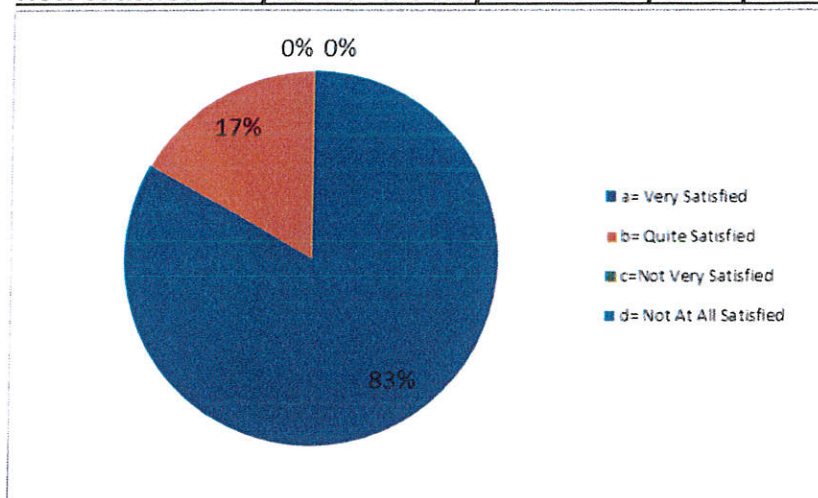
How satisfied are you with the amount of food provided?



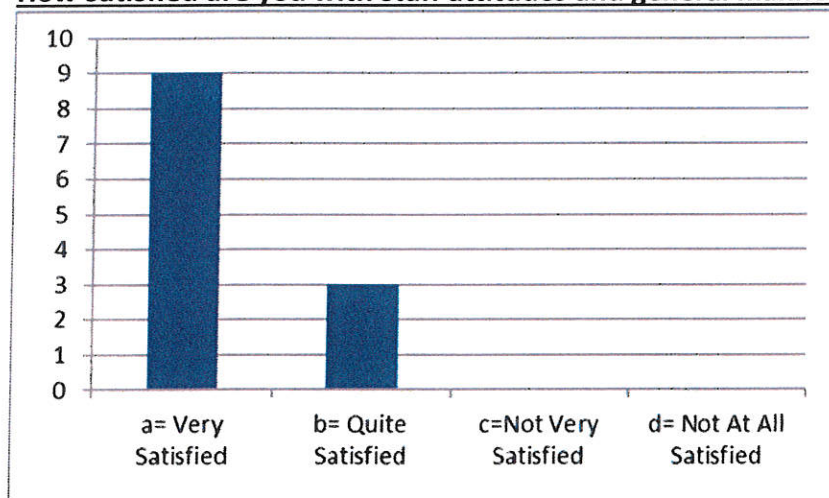
How satisfied are you with the general atmosphere at mealtimes?



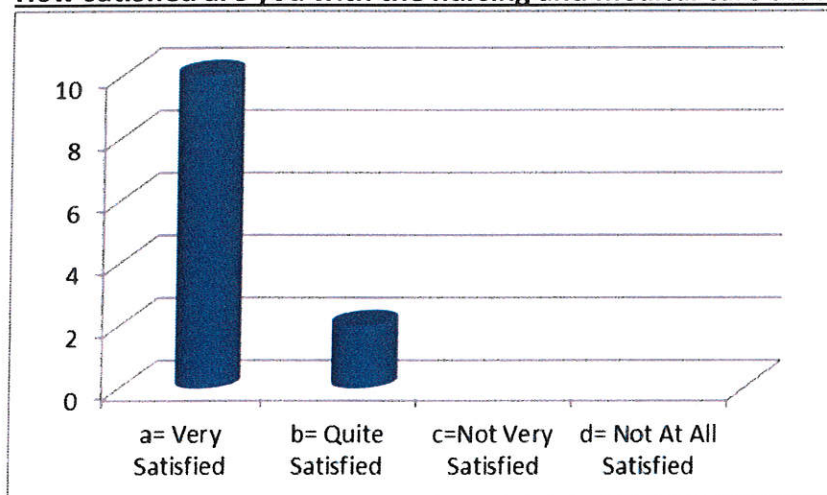
How satisfied are you with the way that staff try to help and look after you?



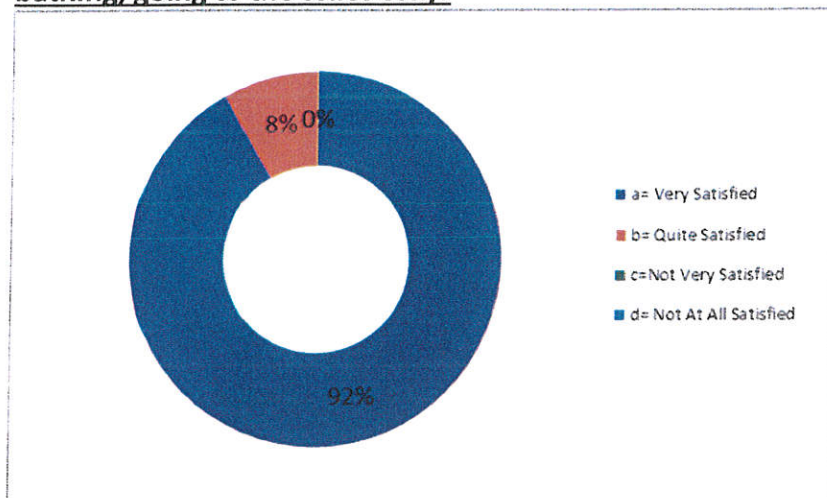
How satisfied are you with staff attitudes and general manner?



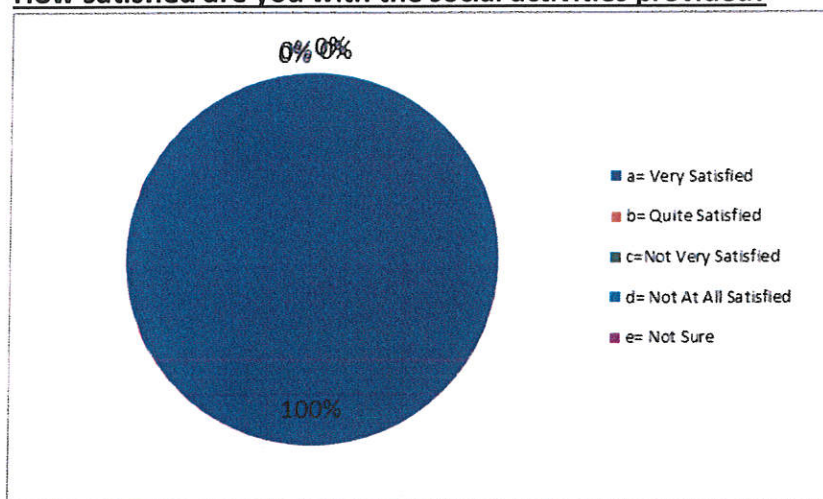
How satisfied are you with the nursing and medical care that you receive?



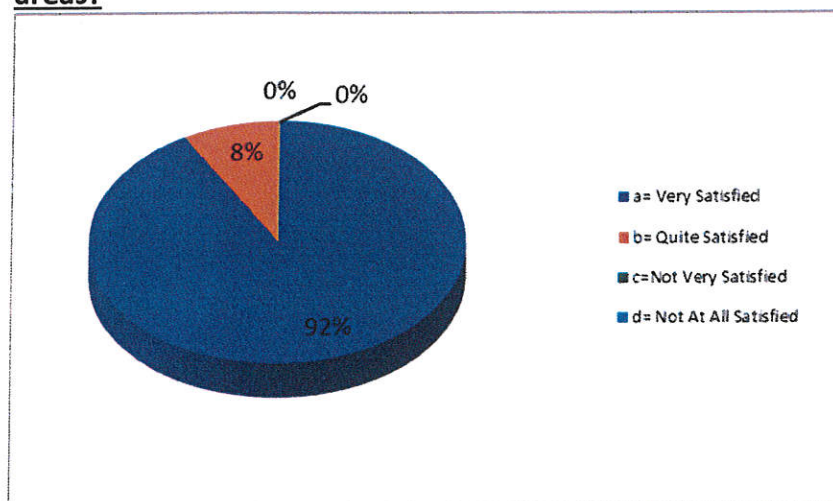
How satisfied are you with the arrangements for your personal care (e.g. for washing, bathing, going to the toilet etc.)?



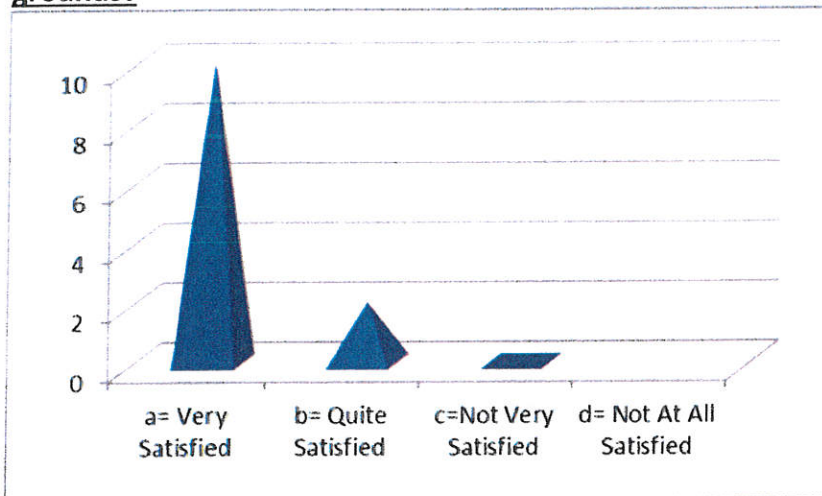
How satisfied are you with the social activities provided?



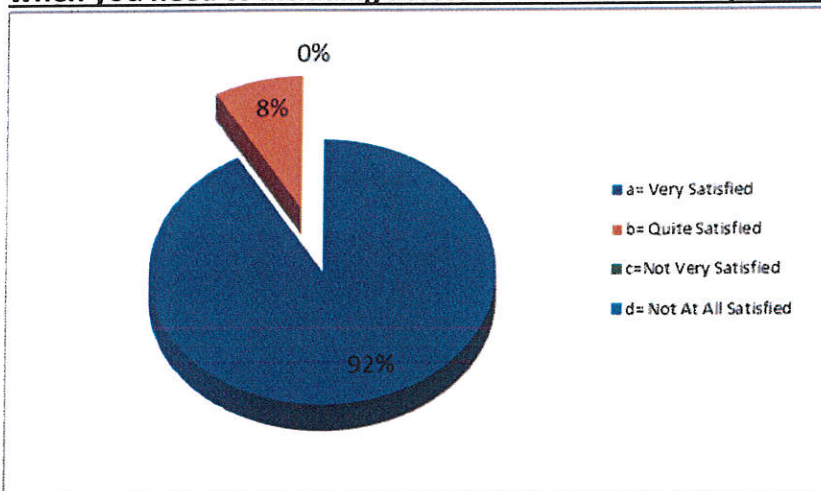
How satisfied are you with the accessibility of the lounges, dining room and other public areas?



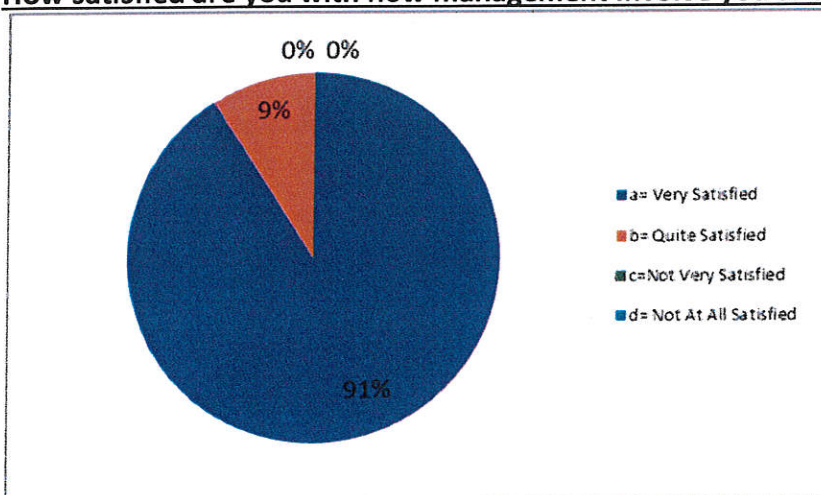
How satisfied are you with the general cleanliness and tidiness of the building and grounds?



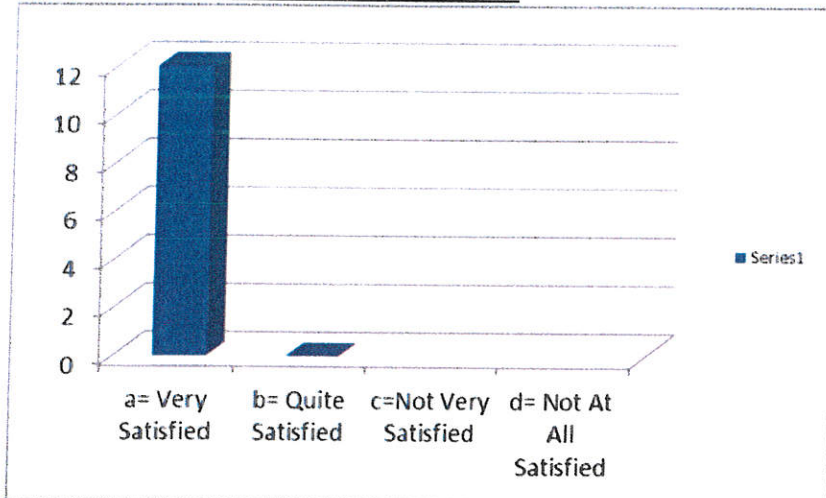
How satisfied are you with the availability of the Home's manager to discuss any problems when you need to including access to the Home's complaints procedures?



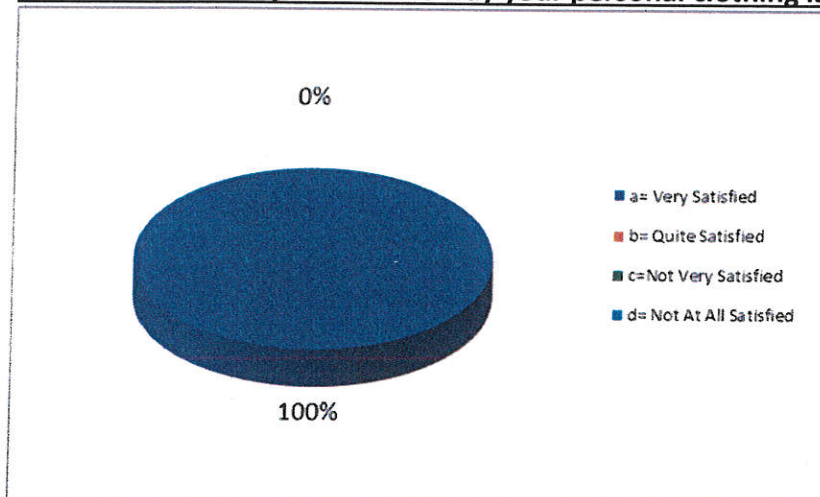
How satisfied are you with how management involve you and your families in the affairs.



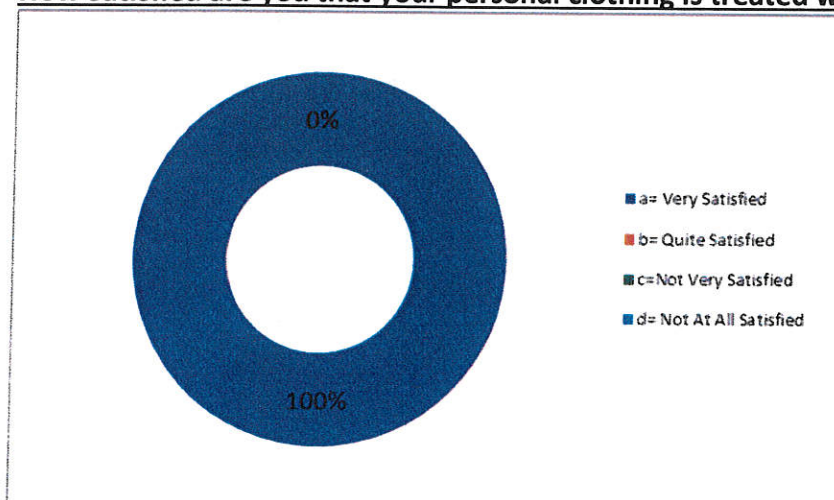
How satisfied are you as a resident that you feel safe and well protected and not exposed to unnecessary risk of injury or harm?



How satisfied are you with the way your personal clothing is washed?



How satisfied are you that your personal clothing is treated with respect?





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Residents and Relatives comments (January 2026)

“I would like to see more snacks and crisps” - Residents comment.

**“I am very happy to be here”. “Very clean and tidy Home”. –
Relatives comment.**

**“I am Happy with everything”. Residents comment on the general
cleanliness of the Home.**

**“They always ask me what I want and I’d like and always give me a
choice”. Residents comment.**

**“I think they’re ever so good”. Resident’s comment when asked
about the laundry services.**

“Food is beautiful, I have no complaints”. Residents comment.

“I think teatime could be a little later”. Relatives comment.

**“Well maintained inside and out”. Relatives comment on the
premises.**

**“I do think were quite lucky” – Residents comment when asked
about the nursing and medical care they receive in the Home.**



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Our response/what changes have been put in place – February 2026

Overall, the feedback we received was very good and was very complimentary to our staff. There were no major changes required in what we do here for our Residents.

Some of the residents had requested food preferences which had been taken into account.

One of the relatives asked for a later teatime. This can be accommodated for her their one, and they can have their tea when the time is right for them.

Westcroft Nursing Home

January 2026

Residents Questionnaire

Westcroft is committed to provide a quality assurance programme to monitor, review and evaluate the Home's various services. Our focus is on quality improvement and to enable us to achieve this, I will be grateful if you could complete the following questions giving your honest opinion.

I reassure you the information you provide will be treated with the utmost confidence.

Thank you for your co-operation.

Please answer the following questions in terms of whether they are:

A = Very Satisfied

B = Quite Satisfied

C = Not Very Satisfied

D = Not Satisfied at all

Name: (Optional).....

1. CATERING AND FOOD

A B C D

How satisfied are you with:

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. a) the choice, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. b) variety and | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. c) amount of food provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Efforts to satisfy your individual requirements
(including any religious and cultural requirements) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. How menus are planned? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. How food is presented (e.g. to make it attractive or
easy to eat? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. a) the starting times for meals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) the time taken over meals (e.g. too rushed or too slow?) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Seating and table arrangements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The general atmosphere at mealtimes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Additional snacks and drinks provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Any other comments?

2. PERSONAL CARE AND SUPPORT

How satisfied are you with:	A	B	C	D
11. The way that staff try to help and look after you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Their availability – do they come to help you when you need them (e.g. when you ring for help?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. How staff carry out their work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Staff attitudes and general manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The nursing and medical care that you receive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Any additional services or treatment or arranged (e.g. chiroprapist, hairdresser?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other comments?				

3. DAILY LIVING

How satisfied are you with:	A	B	C	D
17. The arrangements for getting up and going to bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. The arrangements for your personal care (e.g. for washing, bathing, going to the toilet etc?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Arrangements for cleaning and tidying your room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. The social activities provided or arranged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Efforts to help you keep up with your personal interests and hobbies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. How residents in general get on with each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. How residents and staff get on with each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other comments?				

4. PREMISES

How satisfied are you with:

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 24. The Home's decorations and furnishings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. The facilities and amenities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. The accessibility of lounges, dining room and other public areas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. The general cleanliness and tidiness of the building and grounds? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. How well repairs and general maintenance are carried out? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Any other comments?

5. MANAGEMENT

How satisfied are you with:

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 29. The availability of the Home's manager to discuss any problems when you need to? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Whether they get things done when asked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. How they involve residents and families in the affairs of the Home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Management's efforts to create a good atmosphere? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. As a resident do you feel safe and well protected and not exposed to unnecessary risk of injury or harm? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Do you feel you have the freedom of movement, autonomy and choice that you would expect in such a Home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Any other comments?

6. LAUNDRY SERVICES

How satisfied are you with:

A B C D

35. The way your personal clothing is washed?

☐ ☐ ☐ ☐

36. Collection and delivery times of your laundry?

☐ ☐ ☐ ☐

37. Your personal clothing treated with respect and care?

☐ ☐ ☐ ☐

Any other comments?

Thank you

Care Manager