



Enter and View Report

Clarkson House Care Home

June 2025

Report details

General information about the service

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|------------------------------------|---|
| Name and address of the Care Home: | Clarkson House Care Home, 56 Currier Ln, Ashton-under-Lyne OL6 6TB |
| Type of Care: | Residential and dementia care |
| Number of Residents: | 23 |
| Description of Facility: | Situated in a residential area of Ashton, Clarkson House is a 28 bed care home with a lounge, dining area and gardens. All living areas are easily accessible by wheelchair. The home is ran by Tulsi Homes Ltd |
| Care Quality Commission Rating: | Good. The report can be viewed: Clarkson House Residential Care Home HTML report for assessment AP13710 - Care Quality Commission |

Details of visit

| | |
|---|--|
| Visit date and time | 19/06/25 - 10:30am |
| Healthwatch Tameside Enter and View Representatives | Ayesha Khatun Imogen Shortall Linda Kent Alex Leach |

Acknowledgements

Healthwatch Tameside would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

Disclaimer

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



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“Our Enter and View visits offer a vital opportunity to see services in action, hear directly from those receiving and delivering care, highlighting both good practice and areas for improvement. This work ensures that the voices of Tameside residents are not only heard, but also help shape more person-centered compassionate, and effective care environments.”

Alex Leach, Healthwatch Tameside Manager



Introduction

About us

Healthwatch Tameside is the independent consumer champion for health and care. It was created to listen and gather the public and patient's experiences of using local health and social care services. This includes services like GPs, pharmacists, hospitals, dentists, care homes and community-based care.

Emerging from the Health and Social Care Act 2012, a Healthwatch was set up in every local authority area to help put residents and the public at the heart of service delivery and improvement across the NHS and care services.

As part of this role Healthwatch Tameside has statutory powers to undertake Enter and View visits to publicly funded health or social care premises. These visits give our trained Authorised Enter and View Representatives the opportunity to observe the quality of services and to obtain the views of the people using those services.

What is Enter and View?

Local Healthwatch representatives carry out Enter and View 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 2012 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 first hand.

Healthwatch Tameside 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 our safeguarding policies.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.



Purpose of the visit

The purpose of the visit was to:

- Observe the environment and routine of the venue with a particular focus on how well it supports the dignity of residents and their independence.
- Speak to residents, family members and carers about their experience in the home, focusing specifically on the care and any treatments provided.
- Give staff an opportunity to share their opinions and feedback about the service.

The questionnaires and observations were based on eight care quality indicators developed by the national charity, Independent Age. These were:

| | |
|---|--|
| 1 | Have Strong, visible management |
| 2 | Have staff with time and skills to do their job |
| 3 | Have a good knowledge of each individual resident 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 |



Executive summary of findings

Clarkson House is a well-run and inviting care home that strongly embraces the principle of being the 'residents' home. Many residents expressed they felt comfortable, content and described the home as feeling like their own.

Both residents and their families spoke highly of the staff, highlighting the high standard of person-centred care and the genuine respect shown for each individual's preferences. We observed staff interacting with residents in a kind, and respectful manner demonstrating a clear understanding of their individual needs.

Staff morale was high, with team members reporting strong collaboration and mutual support. They showed a clear dedication to their roles and genuine enthusiasm for improving residents' lives. Staff spoke highly of the owners and management, expressing that they felt well supported in their roles, with encouragement for ongoing personal and professional development.

The home actively seeks regular feedback from residents, families, and staff through various methods to support ongoing improvement. The publication of a 'you said we did' booklet clearly outlines the actions taken in response to feedback, promoting transparency and encouraging more individuals to share their views.

Feedback from resident and staff indicates that there has been a lack of a structured activity programme recently. However, the recent appointment of an activity coordinator is expected to introduce a more organised and engaging schedule.

The home has recently been refurbished internally, enhancing the overall environment. However, some additional minor updates were needed to make it more dementia friendly. The outdoor area also requires some maintenance, particularly the decking and handrail, which the owner acknowledged and confirmed will be addressed.

Since the visit and writing of this report Clarkson House has received an updated CQC rating of good.



Methodology

Prior to the Enter and View taking place

We informed the care home of our intention to conduct an Enter and View visit five weeks in advance. An intention to visit (though not the date and time), the purpose and structure of the visit were clearly shared with the provider in writing.

A key contact was identified from the service provider and a schedule for the day was put together with their input, taking into consideration mealtimes, visiting times for carers and families etc.

The provider was contacted to see if there were individuals who should not be approached or were unable to give informed consent and a comprehensive risk assessment was completed.

We asked the provider to display a poster with details of the Enter and View visit and copies of Family, carers and friends questionnaires were left at the home to return via FREEPOST.

During the visit

The visit was carried out over the course of two hours. The visit date and times are shown on the front cover of this report. During the visit Healthwatch Tameside representatives spent time talking to the staff, relatives and residents using an agreed set of questions.

15 Interviews and observational methods were used to give an overview of this service from a layman's perspective. This data was recorded using standard observation sheets and questionnaires developed by Healthwatch Tameside.

Authorised representatives spoke to 8 residents and 1 relative and conducted short interviews about their experiences of the service using guided questionnaires. 5 members of staff and management were also interviewed.

Following the Enter and View Visit

Initial findings were shared with the provider at the end of the visit. This report was completed within 21 working days of the visit, with a draft sent to the provider for comment. The provider was given 20 working days to respond, and their response is included at the end of this report.



Results of the visit

Observations

Location and external environment

Clarkson House is located in a quiet residential area of Ashton and is close to local amenities and town centre. There was clear signage at the front of the building with designated parking for visitors. On the day there was a limited amount of parking spaces, and representatives noticed that there are no marked disabled parking bays.

The main entrance to the building has several steps therefore is not wheelchair accessible. Representatives were of the view that it would be helpful for a sign to indicate the location of the wheelchair accessible entrance, which is through the conservatory at the back of the home. There is a visible doorbell at the front for visitors to use to gain entry.

The decking area outside the entrance was noticeably worn, with some sections showing signs of deterioration. Additionally, a handrail along the walkway had been secured with tape, suggesting a temporary fix was made. This was raised with the provider during the de-brief at the end of the visit and we were informed the handrail will be reviewed and the decking area will be considered as part of forthcoming renovation plans.

The Garden area is accessible through the dining room patio doors. The garden is well maintained and inviting, with level paved pathways and multiple seating areas enabling residents to relax and socialise. There was ample greenery including trees, plants and lawns, contributing to a therapeutic outdoor space and there is a designated smoking area.



Figure 1: Signage main entrance

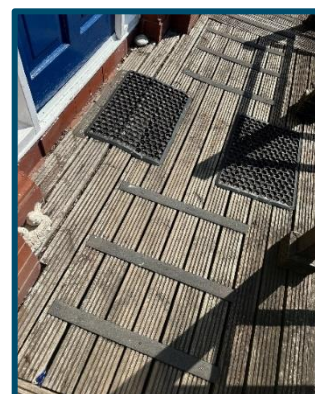


Figure 2: Decking



Figure 3: Gardens



Figure 4: Ramp and wheelchair accessible entrance



Internal environment

The building is on two floors and all areas are wheelchair accessible, the upper floor is accessible via a lift. The reception area was warm and inviting with a comfortable seating area. The managers office is conveniently located near the reception area, making it easy for visitors and residents to speak to management.

Representatives were asked to sign-in and welcomed by the owner, Bijal, who provided representatives with a quick tour of the building. Bijal informed the team that the care home underwent a CQC visit last week and are awaiting the report. Staff were easily identifiable through colour-coded uniforms.

All areas of the home were well-lit, clean, well maintained and decorated in neutral tones and pleasant artwork could be seen displayed throughout. There were no obtrusive smells or noises apparent during the visit. The temperature inside the home was pleasant.

Corridors were accessible and wide enough for wheelchairs and walking aids with grabrails in situ. All areas of the home were secure and external doors were kept locked. In the upstairs corridor two fire extinguishers were noted to be on the floor, presenting a potential safety concern. This was brought up with the provider and we were informed that they had been removed from the wall for redecorating and will be reinstalled afterwards.



Figure 5: Fire extinguishers on the floor

The communal areas of the home include a large lounge, dining room and conservatory. The lounge was furnished with a sofa, comfortable armchairs, coffee tables and a large widescreen TV. There were board games, newspapers and magazines available to residents to use at their leisure. There is a quiet area if residents wanted to meet with visitors.



Figure 6: Corridor

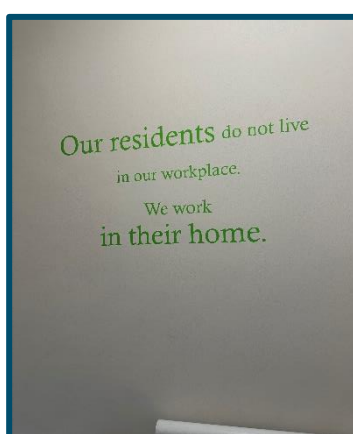


Figure 7: Artwork



Figure 8: Bookshelf



Notice boards and signage

A notice board in the reception area displayed the following information: staff photo board with names, relatives meeting dates, complaints procedure, CQC reports, safeguarding information, whistleblowing procedure and Health and safety information. To the right of the notice board there was a 'you said, we did' booklets in a mail tray, and a comments book. The booklets were not easily visible as they were concealed in the trays. We did not see an 'enter and view' poster or surveys displayed.

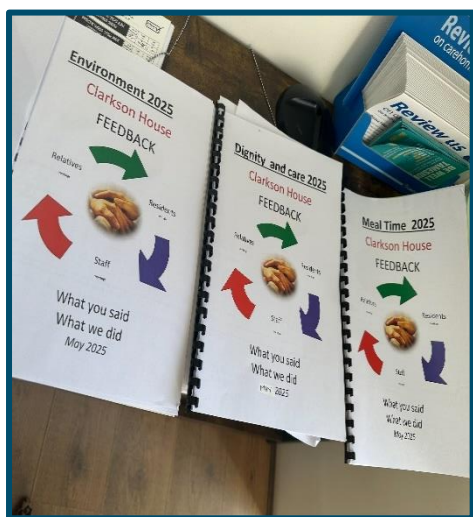


Figure 9: You said we did booklets



Figure 1: Notice Boards



Figure 11: You said we did booklets and comments book

Residents

Residents were appropriately dressed and well groomed, reflecting a good standard of daily care and attention to their wellbeing. Residents appeared comfortable and at ease in their surroundings. Some residents were sleeping in their chairs, others were singing, engaging in conversations and having their nails done by staff. During the visit we saw the newly appointed activity coordinator engaging positively with individual residents, asking them about their interests and encouraging them to get involved in an activity of their choosing.

During the visit Carer staff were seen engaging with residents in a warm and caring manner, being attentive to their needs and asking if they are ok and offering drinks and snacks. We saw a resident moving around the home independently but he struggled to walk back to his chair. Staff were attentive and prompt in getting him his walking aid and a chair to rest, showing a clear understanding of individual needs of the residents.

The cleaner was present during our visit and 'cleaning in progress' signs were seen.



Food

Meals are freshly prepared on site and residents are served 3 meals a day, with a choice of 2 options including desert. Several snacks such as fresh fruit, crisps and cakes are also provided in between meals. A menu of the day was clearly displayed in the dining area with easy to understand pictorial elements, however the information was outdated. The weekly menu offers a varied and balanced selection of meals catering to dietary needs and preferences of residents. Relatives are welcome to sit with their family member during mealtimes. Due to time constraints of the visit, representatives did not have the opportunity to observe lunch time.



Figure 12: Menu of the day

Figure 13: Weekly Menu



Figure 14: Dining room

Bathrooms

Bathrooms were found to be accessible, clean and clutter free and well equipped with hoists, seat risers, bath and shower chairs to support the needs of residents. Bathrooms were fitted with safety features such as non-slip flooring, grab rails and emergency pull cords. Supplies such as soap and hand towels were readily available and a cleaning schedule is maintained by housekeeping staff. Representatives noted the dementia friendly signage in bathrooms could be improved, including taps being clearly marked 'hot' and 'cold' and toilet seats and grab rails could be in a distinctive colour to improve visibility and reduce confusion.



Figure 15: Bathroom



Figure 16: Bathroom

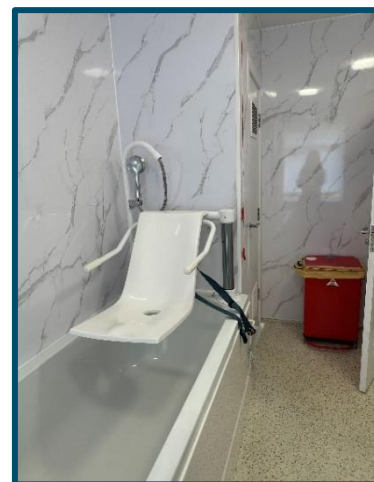


Figure 17: Bathroom



Resident rooms

A sample of resident bedrooms were undertaken as part of the observations. Rooms were easily identifiable with numbers as well as photographs of residents and artwork on doors. Bedrooms were found to be clean, tidy and personalised to individual tastes and preferences with photographs, ornaments, fresh flowers and soft furnishings, helping to create a homely environment for residents.

A 'resident room checklist' outlining essential daily tasks for staff was seen in rooms, demonstrating procedures were in place to maintain hygiene, safety and consistency in care. Rooms were well equipped with furniture including a comfortable chair, wardrobe, bedside tables and adjustable beds. Call bells and mobility aids were within easy reach. Some rooms had televisions, fans and radios. Rooms provided adequate privacy, with doors that could be closed and windows allowing natural light and ventilation.

The home observed a number of dementia friendly indicators in areas used by residents including floor and door colour contrast with walls and signs approximately 4ft from floor level.

Representatives noticed that the grab rails in the corridors on both floors were not in a distinctive colour, and this has been put forward as a recommendation.



Figure 18: Resident room checklist



Findings from speaking to staff, residents, family, friends and carers

1: Have Strong, visible management

Staff and management feedback

During the visit we spoke with five staff. We were unable to speak to the manager due to being on leave and a survey was returned to us at a later date. Staff length of service ranged from 3 weeks to four years.

The manager has been at the home for over two years as deputy manager and recently promoted to manager in May 2023. The manager explained she oversees daily operations and enjoys all aspects of her role. The manager is hands on and visible around the home and her office is conveniently located on the ground floor, enabling her to have direct contact with staff, relatives and residents. She takes pride in knowing that through her role she is contributing to positive changes at Clarkson House, making a real difference to the lives of residents. She is committed to guiding and supporting staff to work together to provide the highest standard of care.

All staff gave consistent feedback about management, highlighting their approachability, open door policy and support. Several mentions were made about management always being around the home and staff appreciate the 24/7 support that is available. Staff also felt that they are listened to and their ideas are welcomed. Staff comments included:

- *Much better since new owners have come in*
- *Will listen to suggestions, we got new tabards as a result*

Resident, family, friends, and carer feedback

Of the eight residents we spoke with, four reported that they did not know the manager, while four said they did. Those who were familiar with the manager provided positive feedback:

- *Manager is a good woman*
- *Bijal is nice, been a manager here for two years*

One relative commented that the management team are helpful and approachable.

2: Have staff with time and skills to do their job

Staff and management feedback

The manager ensures staff receive regular training, which is discussed at supervisions and appraisals. Staff development is encouraged and opportunities include NVQs, role changes and ad-hoc training courses. When asked how management ensure staff have the time to care for



residents, the manager explained a dependency tool directs the level of care required for each resident and staff ratio levels, which is reviewed monthly or when required.

Staff gave positive feedback about the training available, noting that there is a wide range of courses offered, including refresher sessions. They also mentioned that requests for additional training such as NVQ's and shadowing opportunities were supported and accommodated.

Comments included:

- *I have everything I need, can ask if I need anything*
- *I asked for more face to face and got this*
- *I went from carer to senior through a shadowing opportunity*

Resident, family, friends and carer feedback

All the residents we spoke with expressed praise for the staff, and the overall feedback suggests residents feel well supported and cared for. Several residents specifically highlighted staff being attentive to their needs and take the time to engage in conversations with them.

- *Have a good laugh with them*
- *Staff are fair and genuine, look after us, really good crowd*
- *Staff are brilliant here, I get what I need and when I want a chat they always make time*

One relative gave the following feedback about the care their family member receives:

- *It is a family run care home, this seems to be the best in Tameside. I know all the staff here by name.*

3: Have a good knowledge of each individual resident and how their needs may be changing

Staff and management feedback

The manager explained a pre-admission assessment is completed before a resident moves into the home, covering their needs, preferences and allergies and risks. A care plan is then devised, with input from the residents family. This plan is reviewed monthly or sooner, as required. Staff communicate any changes to management, and updates are discussed during handovers.

Staff reported that they had sufficient time to spend with residents and were well informed about their needs, including being able to identify changes and follow the appropriate reporting procedures. They told us they could access resident information through a digital system, which they found effective. However, one staff member mentioned that while they have enough time to provide care, they couldn't always find time to engage in activities with the residents.



Resident, family, friends and carer feedback

Feedback from both residents and relatives regarding staff understanding individual needs was very positive. Residents told us staff make an effort to get to know them personally and accommodate their preferences, such as clothing choices, daily routines and how they like to receive care. Residents gave the following comments:

- *They know me well and I tell them as well.*
- *I choose my own clothes. Staff manages washing well.*

4. Offer a varied programme of activities

Staff and management feedback

The manager explained that activities are tailored to individual residents preferences. For example, residents who prefer not to join communal areas are offered one to one activities. The home also welcomes pet visits in residents rooms, and future pet related activities are planned. Efforts are made to help residents maintain their hobbies, such as supporting a former ex-veteran to attend cenotaph ceremonies, and arranging outings like pub visits, shopping trips, and visits to the zoo or beach. Families are also encouraged to take part in events, such as family days, BBQ's and bonfire nights. Activity programmes are reviewed regularly and resident feedback is gathered through meeting and surveys.

Staff described a variety of activities and events available to residents, including walks, games, dancing, colouring, gardening crafts, sports and themed events like disco. While some staff noted that a regular schedule of activities had not always been in place, they highlighted that a new activities coordinator has just started which is expected to bring more structure to the programme. Residents are offered a choice of activities and staff actively encourage and support participation, while respecting each individuals preferences and choices.

Resident, family, friends and carer feedback

We found that residents enjoy the activities at the home and gave us examples of having nails done, group activities and playing with soft toys. One resident explained that there used to be activities such as bingo, however there isn't as many on offer at the moment. One resident told us that she doesn't want to join in with activities and this is respected, and another resident told us they can't join in due to being bed bound. Family, carers and friends gave the following feedback:

- *My father cant join in due to being bed bound but they do accommodate where possible, such as bringing activities to his room.*



5: Offer quality, choice and flexibility around food and mealtimes

Staff and management feedback

The manager stated that residents have open choice for breakfast, with two meal options provided for lunch and dinner. Menus are designed around residents preferences, and regular feedback on meals is sought. The manager emphasized that residents' requests are accommodated where possible, as the home is considered their own. Plans are in place to include residents favourite meals in future menu's. Meal times were determined through a resident survey, and kitchen staff hours were adjusted accordingly. To support hydration and nutrition, a variety of snacks and drinks such as tea, cold beverages, fruit loaves, potato cakes, crumpets, fruit salad or biscuits are offered in between meals.

Most staff reported that there is a good variety of food available, with residents able to order off menu, dine in their rooms, or eat outside of set meal times. However, one staff member felt there was limited meal choice and portion sizes could be larger. Dietary requirements, such as diabetic friendly options and allergies are catered for. Mealtimes are made enjoyable with background music, and residents are seated in groups to promote social interaction and staff sit with residents, providing assistance when required. One staff member reported that a carer had become a cook, and the home should have proper kitchen staff. We asked the owner at the debriefing about kitchen staff and were told all kitchen staff had completed appropriate food related training. Staff comments included:

- *Good old fashioned meals available*
- *We have a singalong at dinner*

Resident, family, friends and carer feedback

Residents were complimentary of the meals at the home, noting a good variety of options and generally high quality food served in adequate portion sizes. Several residents particularly mentioned enjoying the fish and chips as well as the traditional roast dinner on Sundays. One resident commented that the quality of the meat could be improved. Residents told us they have the flexibility to request food outside of the standard menu and mealtimes.

Residents commented:

- *Food is superb, cooked perfectly*
- *They have a decent menu and it makes me full*

Additionally, a relative shared that staff have a good understanding of dietary needs to support their family member.



6: Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists

Staff and management feedback

The manager informed us that a regular chiropodist visits the home every 6 weeks, and a hairdresser attends every 4-6 weeks. An optician visits every 12 weeks or as needed, and GP visits are arranged when required. The home also uses digi-heath, a digital health solutions app which provides access to online clinicians for advice and medical support. Staff mentioned a community dentist visits when required.

Resident, family, friends and carer feedback

Residents reported they are able to see health professionals when required. They told us staff assist in arranging appointments and travel where family are not able to. A few residents noted that professionals such as a GP, optician, chiropodist and dentist attend the home regularly, which helps them maintain their overall wellbeing. A relative highlighted a dentist and chiropodist came last week and these seem to be on a regular basis.

7: Accommodate residents' personal, cultural and lifestyle needs

Staff and management feedback

The manager explained that time is dedicated to understanding each residents backgrounds, religious beliefs and lifestyle preferences to ensure an inclusive environment that respects individual identity. Staff also shared examples of accommodating needs, such as providing Italian cuisine for an Italian resident and supporting residents in attending Church services and facilitating religious practices such as communion.

Resident, family, friends and carer feedback

Residents shared that their individual preferences, beliefs and routines are acknowledged and accommodated and feedback suggests that staff promote an inclusive and person centred approach to care with the following comments:

- *I can keep soft toys*
- *Father or vicar comes into the home*
- *I can go to my own room to watch TV when I want to*
- *A hairdresser comes to the home to do my hair*



8: Be an open environment where feedback is actively sought and used

Staff and management feedback

Management informed representatives that an open door policy is in place, allowing staff, residents and relatives to make contact in person, by phone or via email. A suggestions box is available in the reception area and feedback is regularly gathered through various channels. This includes bi-monthly relatives' meetings, quarterly residents surveys, staff surveys and a 'you said we did' update every four months to show how feedback is addressed. The manager emphasised that complaints are viewed as constructive and used to drive improvements, with all feedback helping to ensure residents receive appropriate support. The manager also noted that some families require as much support as the residents themselves, as they experience the care home transition for the first time.

Staff interviewed reported feeling comfortable raising concerns directly with the manager and felt confident they would be listened to. Staff are also given opportunities to share their views through monthly staff meetings, 1-1 sessions, appraisals and group discussions. When we asked staff if there was anything staff would change, suggestions were given for a need for specific kitchen staff and have an extra carer staff member.

Resident, family, friends and carer feedback

When residents were asked if they get opportunities to feedback about the home, one resident agreed, three residents told us they would tell a staff member, and four didn't know. Most residents knew how to make a complaint and they felt comfortable speaking to management or senior staff. We asked residents if there was anything they would change about the home, all of the residents told us they wouldn't change anything, with one resident commenting they would like a swimming pool. Residents gave the following comments:

- *Nothing needs to change, feels like home*
- *It's like a home and my bedroom is my bedroom*
- *Everything runs smoothly*
- *I don't feel the need for change*

A relative told us they know how to make a formal complaint and would speak to staff or management if they had concerns.



Recommendations



- 1. Repairs to outdoor handrail and decking:** Worn outdoor decking area needs attention and handrail along the walkway requires repair. This was flagged up with the provider on the day.
- 2. Fire extinguishers to be mounted on the wall or stand for safety.** This was flagged up with the provider on the day.
- 3. Making the home more Dementia friendly:**
 - a) We recommend that bathrooms and toilets incorporate colour contrasted grab rails and toilet seats, and where possible taps clearly labelled 'hot' and cold' to reduce confusion and enhance safety.
 - b) The handrails in the corridors on both floors lack sufficient visual contrast with the surrounding walls, we recommend they are painted in a bright, distinctive colour to improve visibility and accessibility.
- 4. You said we did booklets:** These were concealed within mail trays, making them difficult for residents and visitors to notice. Care home to improve their visibility by adding labels to the trays or relocating to a more noticeable area.
- 5. Creation of an activity schedule:** The current activity programme was not on display, we recommended that an activity programme is prominently displayed within the home and include pictorial elements to make it more engaging and accessible.
- 6. Signs for accessible parking and entrance:** The main entrance is not wheelchair accessible and there were no marked disabled bays in the home's car park. A clear sign should be placed at the main entrance to indicate the location of accessible parking and wheelchair user entrance, which is at the back of the home.



Response from service provider

Thanks for the report and coming in and doing an inspection – it was a pleasure to read the report and the feedback given.

During the de brief we had, we discussed that the home was bought Oct 22 and since then a full refurbishment has been taking place and the majority of the recommendations made in the report relate to areas that have not been touched as yet. We have mainly been concerned with the internal renovation to make the building safe and comfortable for the residents.

The outside of the building will be attended to as soon as we have completed the inside.

With regards to recommendations, we have completed 2, 4 & 5.



Contact Us

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