



## Springbank

143 Rochdale Road East, Heywood, OL10 1QU

Website:

EAC ID: 124041

Owner:	<input type="text" value="Mr P &amp; Mrs C Burgoyne"/>
Person in charge:	<input type="text" value="Mrs Carol Fielding"/>
Job title:	<input type="text" value="Manager"/>
Telephone:	<input type="text" value="01706 365497"/>
e-mail:	<input type="text"/>

### YOUR DESCRIPTION

Springbank is a home from home.

Very friendly and lively home. A loving and caring atmosphere which is evident as soon as you enter the home, whether a client, visitor or new member of staff.

All staff employed are dedicated carers, willing to undertake any further training required to meet the needs of the clients.

### ACCOMMODATION

<b>Private rooms</b> Single <input type="text" value="16"/> Double <input type="text" value="1"/> Total ensuite <input type="text"/> Total reg. beds <input type="text" value="20"/> <b>Communal rooms</b> Number of lounges or seating areas <input type="text" value="3"/> <input checked="" type="checkbox"/> Hobby room	<b>Residents may bring</b> <input checked="" type="checkbox"/> Own furniture <input type="checkbox"/> Own decoration <b>Building type</b> <input type="checkbox"/> Purpose built <input checked="" type="checkbox"/> Conversion Storeys: <input type="text"/> <b>Wheelchair access</b> <input checked="" type="checkbox"/> To all floors <input type="checkbox"/> Ground floor only <input type="checkbox"/> No access	<b>Rooms have</b> <input type="checkbox"/> Phone point <input checked="" type="checkbox"/> TV point <b>Lifts</b> <input checked="" type="checkbox"/> Full lift <input type="checkbox"/> Stair lift <input type="checkbox"/> No lift <b>Outdoors</b> <input checked="" type="checkbox"/> Garden Seating areas <input type="text" value="One"/>	<b>Details of any associated housing</b> <div style="border: 1px solid black; height: 70px; width: 100%;"></div> <div style="border: 1px solid blue; padding: 5px;"> <b>WEEKLY COST</b>  <table> <tr> <td><b>Personal care</b></td> <td><b>Nursing care</b></td> </tr> <tr> <td>From: <input type="text"/></td> <td>From: <input type="text"/></td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/> Accept local authority rates</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Accept Continuing Care funding</td> </tr> </table> </div>	<b>Personal care</b>	<b>Nursing care</b>	From: <input type="text"/>	From: <input type="text"/>	<input checked="" type="checkbox"/> Accept local authority rates		<input type="checkbox"/> Accept Continuing Care funding	
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## LIFESTYLE

### Pets

- Pets accepted  
 Home has a pet

### Decision making

- Residents' committee  
 Relatives' committee

### Smoking

- Smokers not accepted

### Daily routines are

- Fully flexible  
 Flexible to a degree  
 Not known

### Meals

- Meal times are flexible  
 Meals can be taken in own room  
 There is a choice of menu  
 Residents assist in planning meals  
 Meals are prepared in the home  
 Snacks are available at any time  
 Vegetarians are catered for  
 Special diets are accommodated

### Family and friends

- Overnight facilities available  
 Can usually accommodate visitors

## REGISTRATION and SPECIALISMS

- Care only    Beds:   
 Nursing    Beds:   
Year registered:   
Year built:

### Registration categories

Older people generally

### Care specialisms

### Care for people who need:

- Minimal help  
 Moderate help  
 A high level of help

### Can usually accept people with:

- Visual impairment  
 Deafness  
 Urinary incontinence  
 Faecal incontinence  
 Moderate memory problems  
 Severe memory problems  
 Disruptive behaviour  
 Challenging behaviour

### and/or people who:

- Walk with a frame  
 Use a wheelchair  
 Are bedfast  
 Wander indoors  
 Wander outside

### Duration of care:

- Short / respite     Day care  
 Longer stay     Home care  
 Trial visits can be arranged  
 Dedicated beds for respite care  
 Dedicated beds for convalescence

## CULTURE and RELIGION

If the home is particularly suited to particular groups of people, please describe:

### Specific requirements addressed?

- Religious     Dietary     Language

Languages spoken:

## ACTIVITIES

- Entertainment in the home  
 Outings  
 Regular activities programme  
 Facilities for hobbies  
 Involvement in gardening  
 Own minibus

How often are activities organised?

## LOCATION

Location type:   Shops walkable

**Distances**    **yards**    **miles**    **Distances**    **yards**    **miles**

Local shop:      Bus:

GP:      Town centre:

For a free profile on EAC's websites [www.housingcare.org](http://www.housingcare.org) and [www.firststopadvice.org.uk](http://www.firststopadvice.org.uk), and inclusion in FirstStop's printed reports for care seekers, simply post or fax this form to:

**EAC, 3rd floor, 89 Albert Embankment, London SE1 7TP Fax 020 7820 3970**