

healthwatch

Havering

Covid-19 and Care Homes



October 2020

Healthwatch Havering is the operating name of
Havering Healthwatch C.I.C
A community interest company limited by guarantee
Registered in England and Wales
No. 08416383



What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and are able to employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, who are supported by a team of part-time staff and volunteers.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups and the Local Authority to make sure their services really are designed to meet citizens' needs.

***'You make a living by what you get,
but you make a life by what you give.'***
Winston Churchill

Introduction

The Covid-19 pandemic of 2020 took the world by surprise.

At the end of 2019, stories began to circulate of a strange new infection that was running rife in the Chinese city of Wuhan (of which few people outside China had then heard). During January, news emerged that the infection was spreading both within China and, gradually, to other countries. Initially, in Europe, Italy appeared to be badly affected; then Spain; then the first person in the United Kingdom became infected. Soon, people were dying because of the infection. By mid-March, it became apparent that drastic action was needed to reduce, if not halt, the spread of the disease; on 23 March the Prime Minister instructed people other than key workers to “stay home, stay safe and protect the NHS”.

The infection was so novel that, even at the time of writing this report, there is no single name for it - the scientific name, “severe acute respiratory syndrome coronavirus 2” (abbreviated SARS-CoV-2), is not particularly easy to say or remember, so the generic name “Coronavirus” has become common (even though that is a family name for a range of viruses); another term, Covid-19, is also in common use and will be used in this report.

Nationally, the imperative to prevent the NHS being over-run by Covid-19-infected patients became paramount: one consequence was that, across the United Kingdom large numbers of care home residents who had been in hospital for any reason were discharged back to their care homes without being tested for Covid-19.

As of 9 October, worldwide some 35.8 million cases of Covid-19 infection had been reported, with 382,686 known cases in England and 41,432 deaths¹. In Havering, there had been 1,815 known cases and 286 deaths (about 0.1% of the population of the borough).

¹ The statistics in this report, unless stated otherwise, are drawn from national statistics provided by the Office of National Statistics (ONS) or derived from them. © Crown Copyright, used in accordance with the Open Government Licence

Although Havering has one of the largest concentrations of care homes in London, and the largest population of people over 65 years of age, the number of deaths in care homes was remarkably low - the first death in a care home occurred during the week ending 3 April; no care home deaths were recorded after 26 June until the week ending 9 October. The total of deaths in care homes was 44 (up to 9 October).

One of the criticisms (in hindsight) of the government and NHS that emerged was that care home residents in hospital at the time were discharged from hospital to care homes without being tested for Covid-19 infection. Although a more detailed breakdown is not available, Barking, Havering & Redbridge University Hospitals Trust (BHRUT) have advised that between weeks ending 22 March and 31 May, 53 people were discharged from Queen's Hospital, Romford and 44 from King George Hospital, Goodmayes into care situations (including foster care)². The statistics suggest that, other than in mid-April when the pandemic was at its worst, it is unlikely that discharges from hospital to care home led to many deaths in those care homes.

Given the age and, in general, frailty of care home residents, when the Government ordered a nation-wide lockdown on 23 March, it was inevitable that they would be subjected to higher levels of protection than the general public. Visitors were no longer permitted to enter care homes and opportunities to visit were greatly restricted, if allowed at all. This inevitably caused great distress to family members and residents alike. As lockdown continued, various concerns emerged about the wellbeing of care home residents: the availability of personal protective equipment for staff; the movement of care home staff from home to home; the mental health of the residents, given the denial of visitors.

Appendix 1 to this report gives relevant statistics.

² BHRUT response to Freedom of Information request: see the Appendix 1 to this report

The survey

The pandemic and consequent lockdown generally caught the public unawares; it was only in mid-March that the seriousness of the situation became obvious, and there was little time to prepare (and panic buying of “essentials” such as toilet rolls and baked beans ensued).

During the first few months of lockdown, it did not seem appropriate to trouble people by asking them to complete a survey but, in June (some three months into lockdown) Healthwatch Havering concluded that it would be useful to survey friends and relatives of care home residents to find out what they felt about their experience since lockdown began so that lessons can be learned for the future.

The survey was launched online in July and closed at the end of September. It was supplemented by three online videoconferences, one in July and two in September. The survey was conducted anonymously and participants were not asked to name the care home in which their relative or friend was a resident.

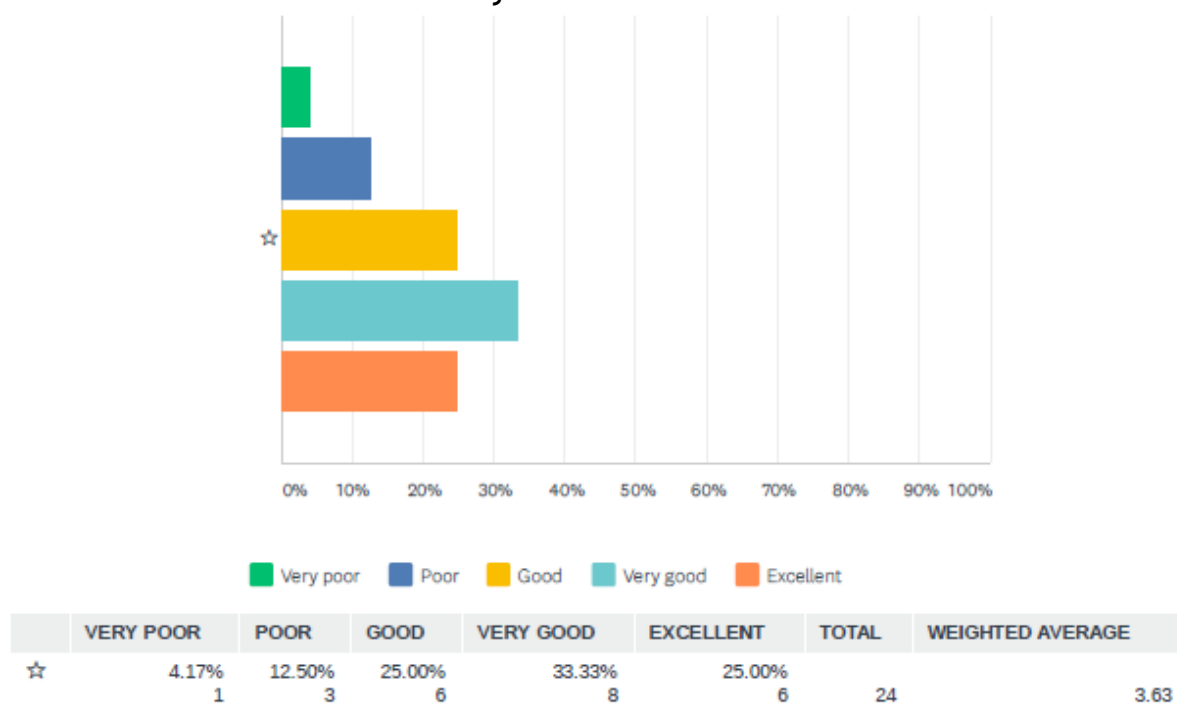
Participants were asked to rate their experience of the care given to their friend or relative, mainly on a scale from 1 (Very Poor) to 5 (Excellent), although there were also some Yes/No answers and detailed comments.

Overall, the weighted average score was 3.8, bordering Very Good, which indicates that, in general, people were satisfied with the care offered *under the particular circumstances* of the Covid-19 pandemic. Inevitably, and unsurprisingly, people were distressed by the difficulty (if not impossibility) of seeing their loved ones as they would have prior to the pandemic but were prepared to tolerate the restrictions on doing so that were the result of the pandemic, accepting their inevitability.

It is important to bear in mind that everyone will have experienced the homes' response to the pandemic lockdown differently, even those commenting on the same home's response.

Survey results

Q1 Have you managed to communicate and keep in touch with the care home staff and was this easy to achieve?



Q2 Have you managed to get adequate feedback from staff?



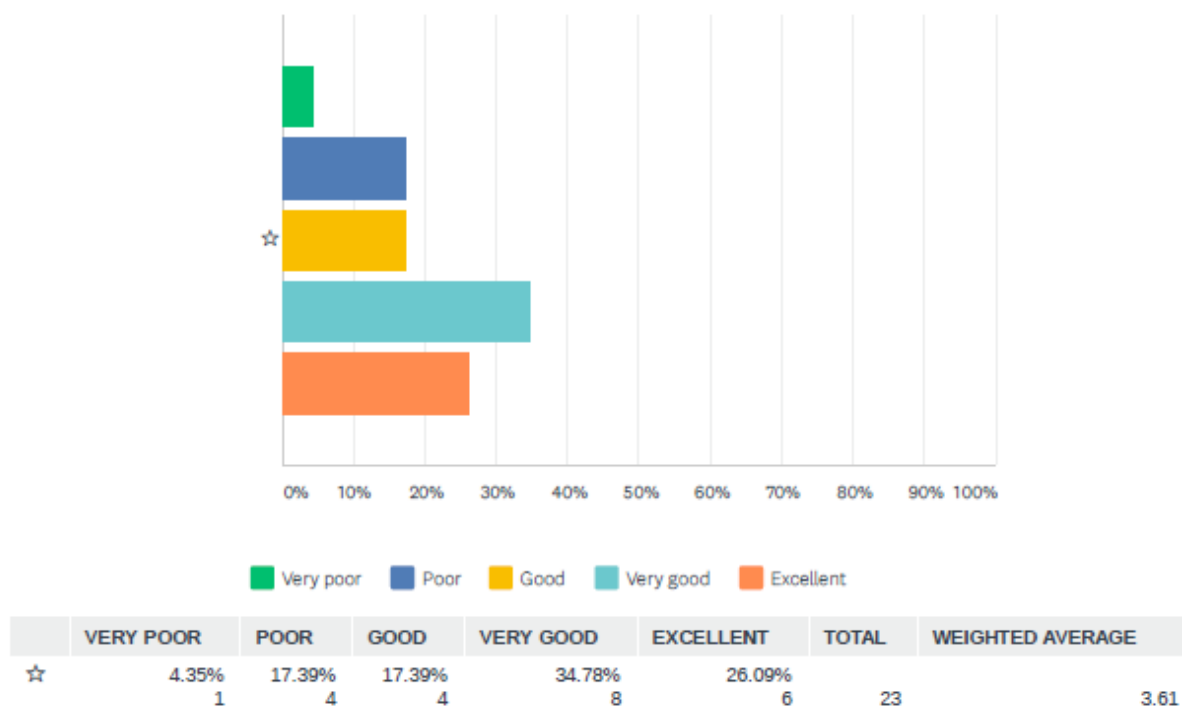
Q3 Have you managed to keep in touch with your loved one and, if so, how?



Responding to this question, people gave comments including:

- Able to arrange garden visits up until 18 August when taken into hospital since then not strong enough to sit in garden
- Visited in garden 6 times since April now back in lockdown no visiting
- Short walk just nearby wheeling relative on days not too hot. We met at front door and kept mask on while outdoors
- We have been able to meet my mum in a small marquee in the grounds
- My mother doesn't respond well on the telephone, so the outdoor visits have been wonderful
- It has been very difficult to get information with the care home staff regards the family trying to ensure human, verbal and visual contact with our relative which is paramount to their emotional and physical wellbeing. Even at this stage it is a constant battle to have any form of contact with our relative. There seems to be a total lack of common sense. It is very bizarre that many members of different staff can have contact with our relative but we are refused which is resulting in severe emotional and mental repercussions on our loved relative. It seems she is in a concentration camp. She has lost her power of speech due to stroke and on the occasion where we were allowed to see her at a distance in the garden the staff had not put in her hearing aids which removed the one method of communication we had with her as all others removed, no touching. I feel the staff need training as each resident's needs are individual and the present methods of care are cruel

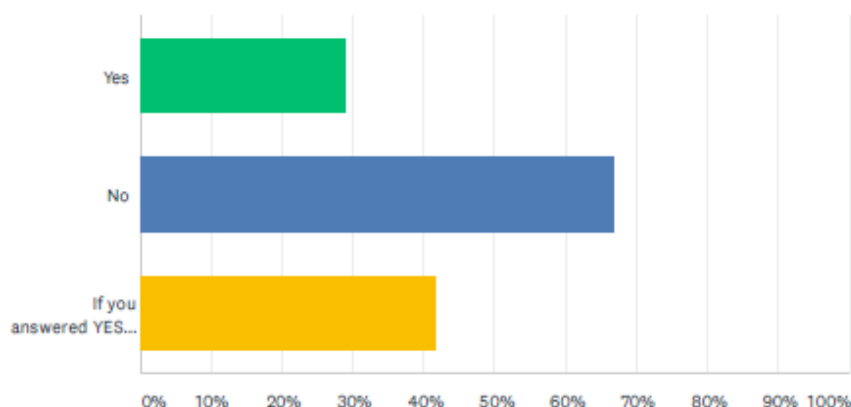
Q4 How effective have you found the care home to be in meeting your relative/ friend's communications needs, enabling you to keep in touch to raise any concerns?



Responding to this question, people gave comments including:

- Speak to care home staff on a daily basis
- Visits very good, telephone contact not so good
- No leeway to visiting at present. I live abroad and have just been able to visit my mother after 7 months. My mother's home will not agree to my daughter visiting in my place. We are her only immediate family
- They have taken the time to make sure all residents have been offered face time with relatives
- I have not been in the home yet as my wife has only been there for 2 months. Generally, I am quite happy with the standard
- They are restricted by the guidance

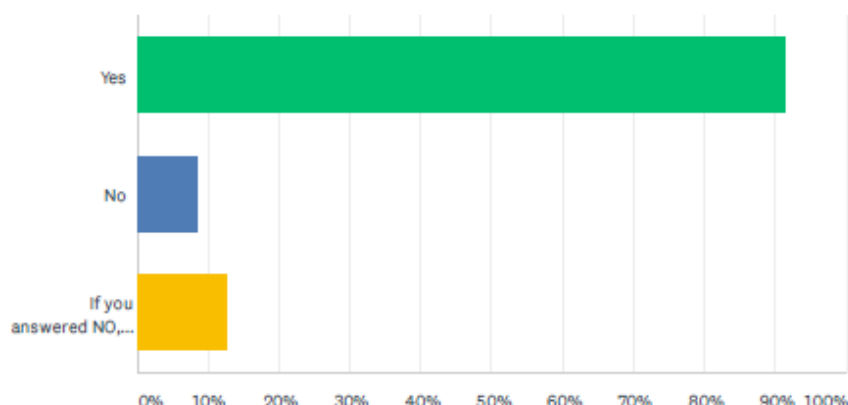
Q5 Were you able to offer any support to the Care home and if so, how was this achieved?



Responding to this question, people gave comments including:

- By sending cards and letters of appreciation to the staff.
- Short walking nearby accompanied, with me wheeling chair. Done with mask on while weather warm.
- Met at front door
- I handed in person specific supplies for my relative at the front door plus biscuit and chocolate treats for staff.
- The only support we have been able to give has been through co-operation and encouragement.
- I offered as per government guidelines to be regularly tested if I could visit home on a weekly basis to attend to personal needs of our relative e.g. do hair, nails etc to maintain some form of human contact with family to help our relative whose life on this earth is limited and family contact is vital
- I offered to help with volunteer gardening but they refused all help, even outdoor help! No logical explanation as to why outdoor help is so hazardous but this demonstrates home's over-protective approach to this crisis.

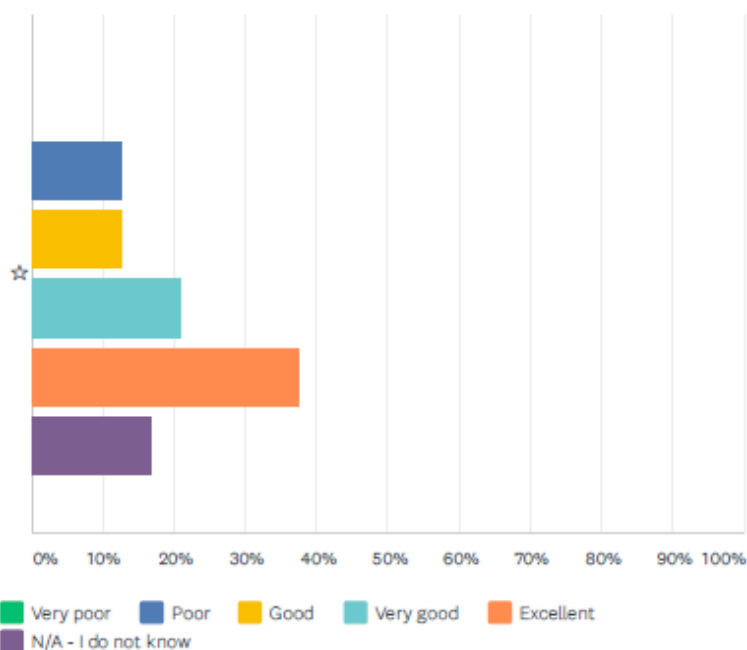
Q6 Do you feel the home achieved a safe environment?



Responding to this question, people gave comments including:

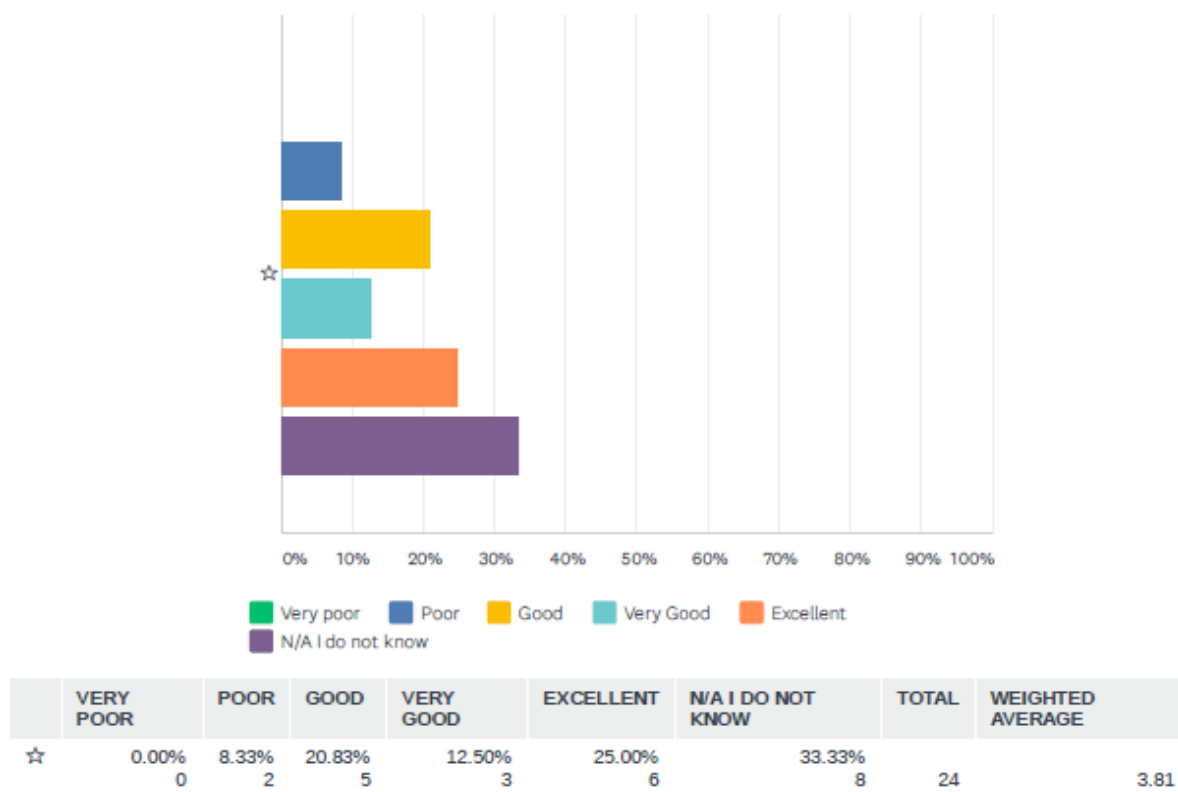
- Many different members of staff have regular contact with our relative, then they go out into community where Covid is present but on any occasion we have seen them with our relative they have not worn PPE, no mask wearing.
- Staff not always wearing masks
- The home has been great

Q7 How would you rate the home's arrangements for Personal Protective Equipment?

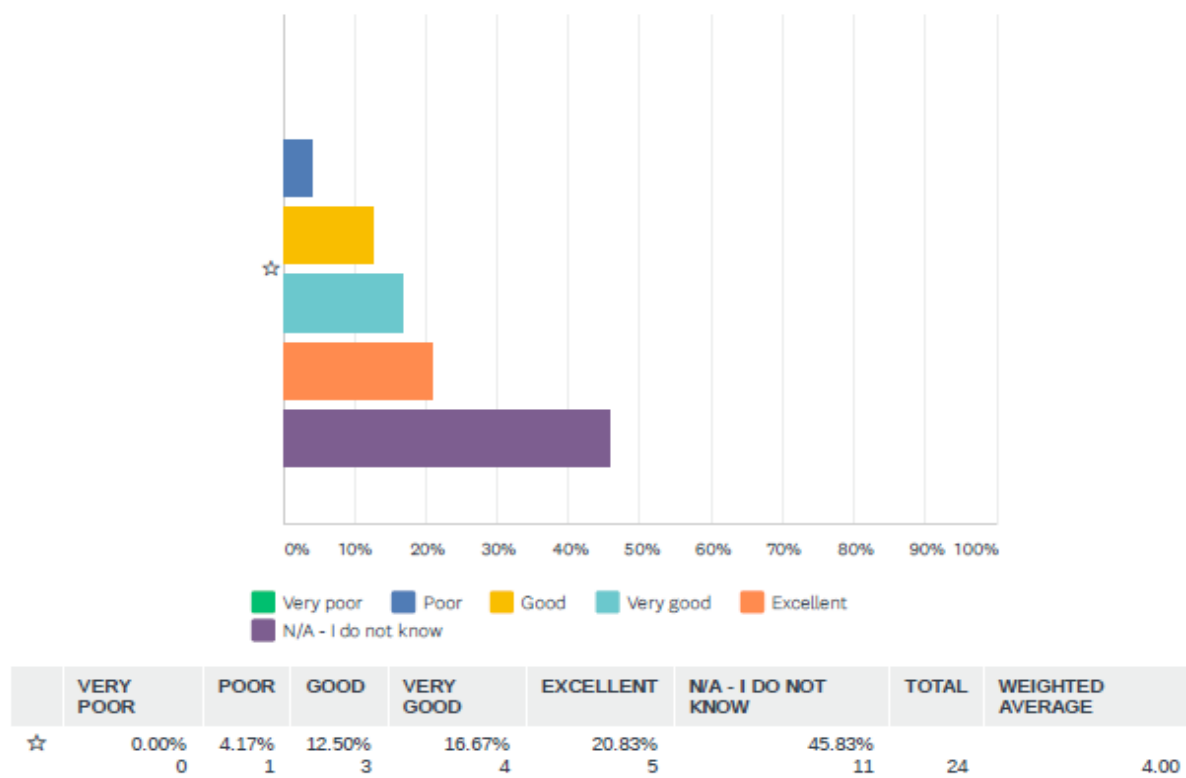


	VERY POOR	POOR	GOOD	VERY GOOD	EXCELLENT	N/A - I DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	12.50% 3	12.50% 3	20.83% 5	37.50% 9	16.67% 4	24	4.00

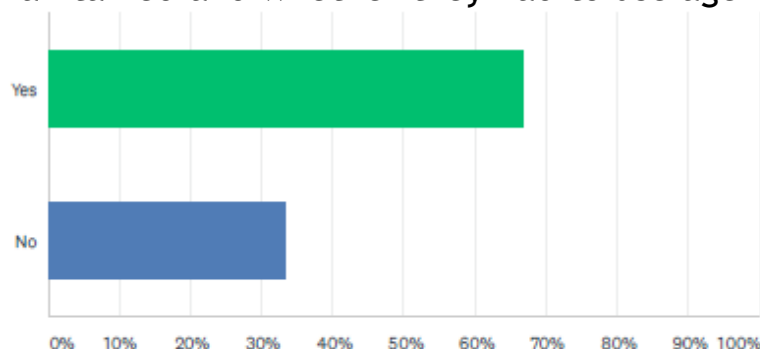
Q8 How would you rate the home's arrangements for testing staff and residents for Covid-19?



Q9 How would you rate the home's arrangements and facilities for residents who needed to be quarantined?

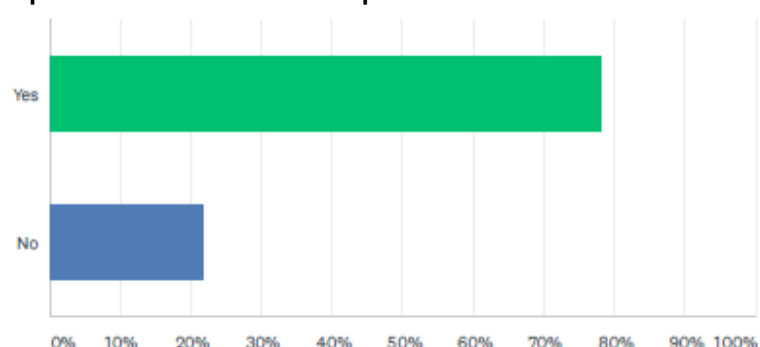


Q10 Did the manager or staff advise you on how their staffing levels were being maintained and whether they had to use agency staff?



ANSWER CHOICES	RESPONSES	
Yes	66.67%	16
No	33.33%	8
TOTAL		24

Q11 Are you confident that you were kept up to date on whether the home had people who had tested positive for Covid-19?

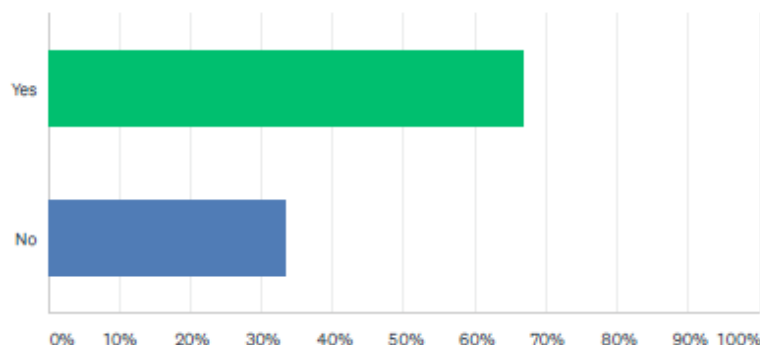


ANSWER CHOICES	RESPONSES	
Yes	78.26%	18
No	21.74%	5
TOTAL		23

Responding to this question, people gave comments including:

- No members of staff or residents have been positive. The home kept abreast/ahead of precautions.
- No cases at all in my mother's care home
- Their concern about covid was very reassuring
- Praise God, they have all been safe
- The home did not have COVID at all no residents had the virus excellent

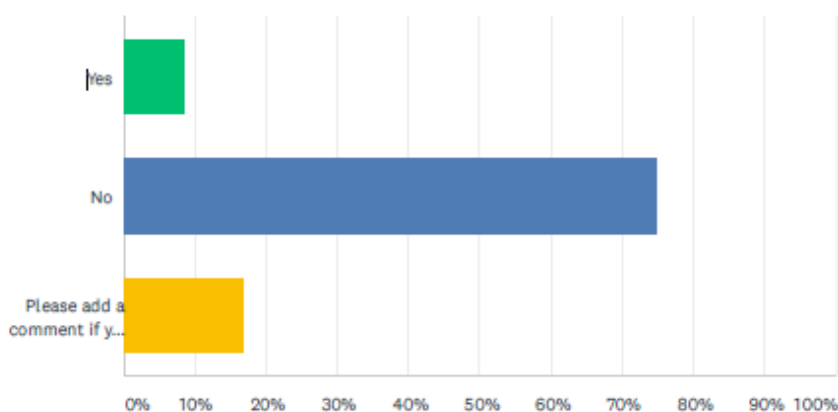
Q12 Have you been kept informed about the needs and any changes to your loved one's care plan?



Responding to this question, people gave comments including:

- Decision made to put my mother on a Prozac drug without first advising me. Video call with doctor and drug prescribed and started. I received a phone call to tell me this had happened
- No communication, on phoning always told they are busy, call back in one hour; still busy and on and on the same story. Told call when manager on duty but impossible to get through

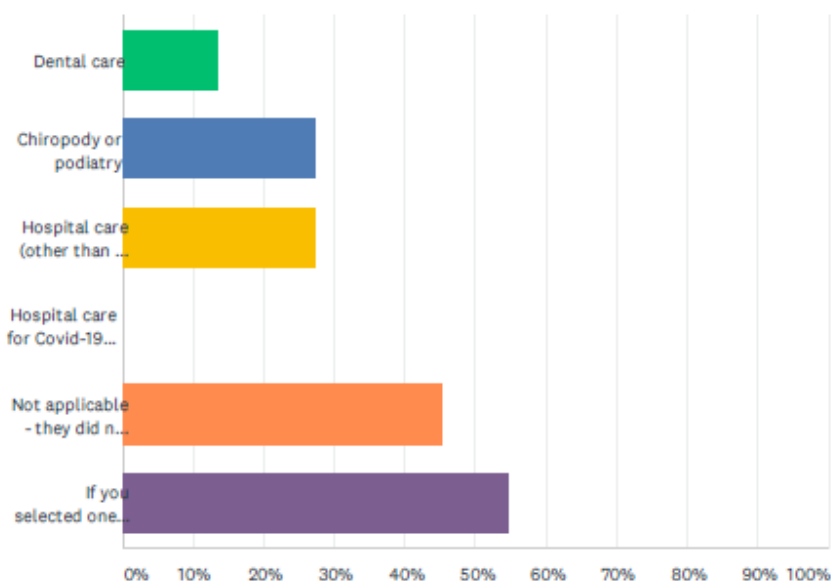
Q13 Have you had any concerns regarding the medical care at the home, and their care plans?



Responding to this question, people gave comments including:

- Have phoned when he had a fall
- There have been the inevitable difficulties regarding outside help for optician, hearing, dentist etc, but that has been unavoidable
- Doctors did not visit home when I thought an actual visit was required. How many undiagnosed ailments have occurred due to doctors not visiting homes? If we could shop with face masks, doctor visits should have been achieved!

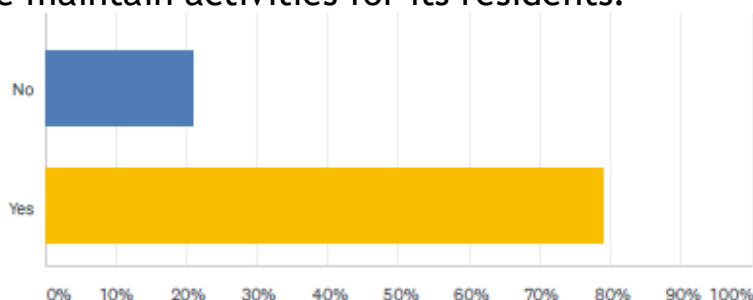
Q14 Has your friend/relative required additional care since the crisis began, and how was the service they received?



Responding to this question, people gave comments including:

- Broken dentures: I collected them and took them for repair (Excellent service)
- Mum required it but she did not receive it. Care home staff not qualified even to cut fingernails. She has had a stroke and her fingers curl up and long nails could cut into hand. All care homes are very isolated.

Q15 Did the home maintain activities for its residents?

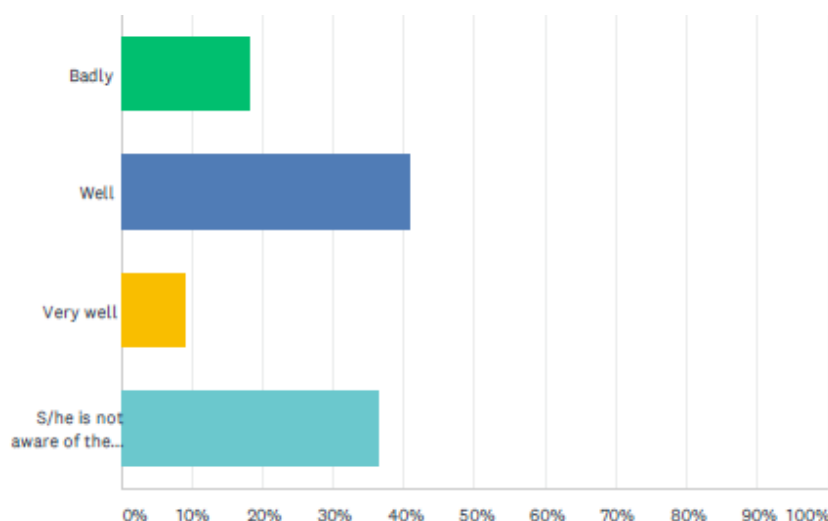


Responding to this question, people gave comments including:

- Very good on Facebook
- Believe all outside entertainments cancelled. Believe staff may have carried out some sessions
- Think the home has done the best they could at this time with activities and residents' birthdays & celebrations
- The activities programme has been very good and often posted for relatives to see. But how many games of bingo and quizzes should one person have to partake in. Mum needed some physical exercise which she needs assistance with due to the stroke but she has not had this therefore has lost mobility and confidence

- Think the home has done the best they could at this time with activities and residents' birthdays & celebrations

Q16 How has your friend/relative been able to cope with life during the pandemic?

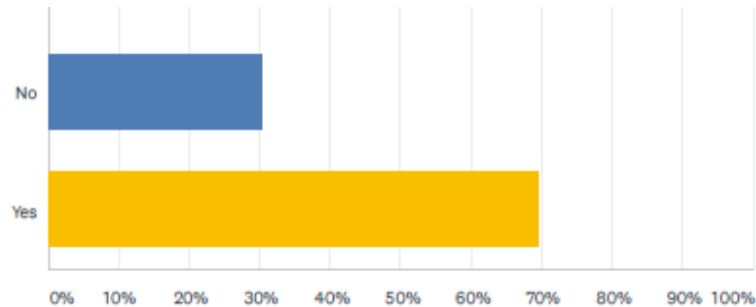


Responding to this question, people gave comments including:

- I feel a lack of regular family visitors has led to a decline in both mental and physical health.
- Not sure - sometimes better than others
- Some frustration. Does not like change of routines
- I visited my mother every six weeks from France where I live. I have done this since 2006 when my father died. The last time I saw her was in January 2020. My next trip was cancelled and all subsequent ones until 11th July 2020. I have been able to visit for 6 consecutive days for half hour outside. **She no longer recognises me**
- Although have put well, she is finding things very difficult
- Relative's mental health has got a lot worse in this period
- It's been hard on everyone concerned, but the home has done the best they can to make everyone as safe and relaxed as possible
- Mum really misses visitors, not badly but not well!
- She has coped amazingly especially considering she is also grieving loss of her husband 6mths ago. BUT her low points are very low and she feels imprisoned as she has lost all her liberty. The home has not asked how she is coping or what can be done to assist. Her poor mental health affects her desire to want to get up and be mobile and hence she is losing what little mobility she has left. **SHE IS DETERIORATING AND I FEEL SO HELPLESS**

UNABLE TO HELP HER. PLEASE TELL OUR GOVERNMENT NOT TO FORGET
CARE HOME RESIDENTS.

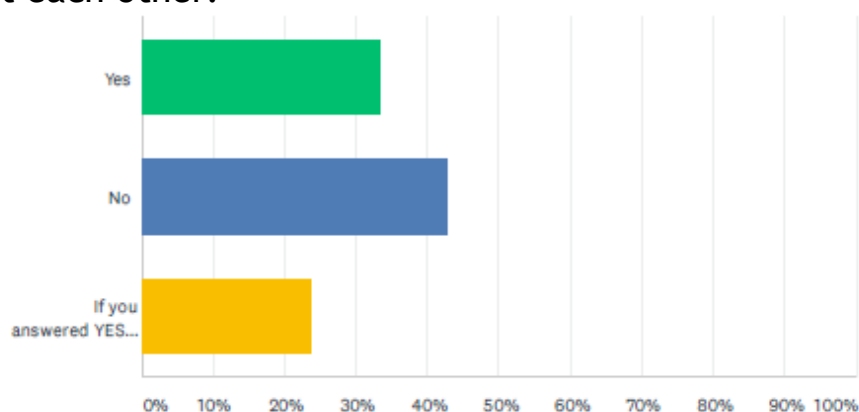
Q17 Have friends and relatives been able to offer each other support?



Responding to this question, people gave comments including:

- Havering Dementia Carers support group have kept in touch and are there to help with advice if needed
- Giving lifts to care home sometimes and allowed to visit in bedroom or garden, as well. Masks worn.
- There was a WhatsApp group set up so that relatives have the option of joining
- A couple of Zoom meetings for relatives to keep us all up to date and an opportunity to ask questions, share ideas.
- As a family we communicate with each other which is supportive.

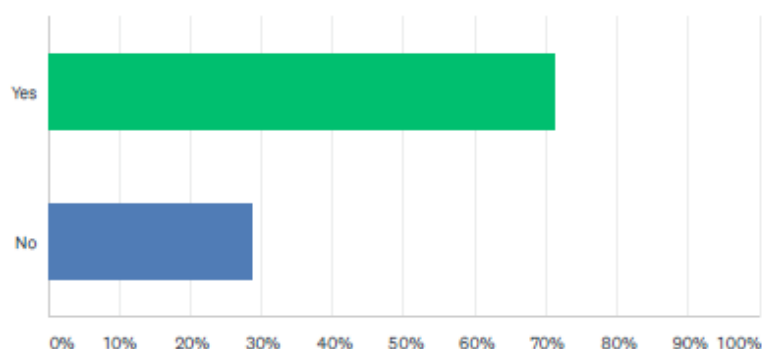
Q18 Would you like there to be a way for friends and relatives to support each other?



Responding to this question, people gave comments including:

- For places like the above group to be able to meet up and chat
- We have this set up with almost daily calls to each other
- I would like to know if other relatives are as frustrated as me, then we could petition the home and government together.

Q19 If you have not been able to visit your friend/relative, do you know when that might be possible?



Responding to this question, people gave comments including:

- Have visited twice, but the home is now in lockdown again.
- Need to know what will happen when the weather changes - they have told me of an area they would like to use but needs to be approved by the CQC
- Visits in an outside marquee began as soon as the government gave permission. The home had already anticipated and prepared for it.
- Only one person once a week - which has now stopped
- We have been able to visit weekly since the beginning of July
- We have had a garden visit which has been explained above
- The home thankfully has been more lenient than government guidelines, allowing up to 3 visitors at a time in a carefully managed outdoor setting. Very sensible.
- The home set up a place outside with social distancing and with protection provided excellent

Q20 What has impressed you most about the way the home has handled the crisis?

- Regular testing for residents and staff and no visitors inside the care home
- Their care, compassion, and selflessness, especially when it has meant putting themselves and their own families at risk
- Caring for residents is top priority
- Compassion and flexibility. Professional and can-do attitude in spite of rules for Virus
- Their anticipation of events and emphasis on residents' mental as well as physical wellbeing. The Zoom meetings with relatives.
- They have kept the residents and staff safe and have kept residents entertained and occupied. There seems to have been a really good community feel within the home. The manager has been very open with relatives, and very thorough in safeguarding against Covid.
- I believe the staff deserve the most praise. They continue to look after everyone to the best of their ability under such horrendous circumstances
- They have cared for mum very well, considering the circumstances
- The home has had no Covid in it which is great and my relative's physical health has Improved
- They have kept us informed at every level and there has been no case of Covid-19 in the Home
- My wife has settled from the first minute and seems comfortable. I feel they are providing a better standard of life than I did
- Very poor training of staff. Total lack of human understanding
- The home has kept virus-free. The dedication of the caring staff in working throughout.
- Transparency throughout, clear rules clearly communicated. Attention to detail and going above and beyond in the care shown to residents. A dedicated team giving consistent care of a high standard
- Keeping the families/friends informed
- The home has had no Covid in it which is great and my relative's physical health has Improved
- Keeping them safe from COVID
- Staying Covid free

Q21 Staff and residents have had a difficult time the last 4 months.

Can you see any positives that we need to ensure remain part of the recovery and new ways of working and living together?

- Not having recovering covid sufferers sent into care homes
- Continuity of staff had been very important, particularly for residents
- That residents are allowed to see their loved ones more regularly
- People use masks indoors explaining why and are very scrupulous on hygiene. Continue to communicate in the easiest way. Perseverance and cheerfulness and optimism.
- Outdoor visits by relatives have had a positive effect on frail residents, but cannot continue in the same way through the winter
- We need to see dementia relatives in care homes
- It is hard to say as we are not able to go into the home. But the sense of community that, as far as we can make out, has been strengthened and development has been good, as for many weeks there was no outside contact
- I think that families are really important to the health and wellbeing of our relatives in care.
- They need to maintain their connections to their past and present. We are that connection
- Think maybe homes need to share ideas.
- People seem to have more time for each other and are constantly checking to make sure everyone is happy. It's great to see people making more time for each other
- Since my wife has been in the home, I have realised how stressed I was. I am more relaxed; my friends have noticed a change for the better in me. Also, the guilt I expected to have has only materialised occasionally.
- To continue to use social media to enable us to thank the staff as well as see what everyone is doing.
- Designated family member being able to visit and help with care of relative in the home as has been allowed elsewhere. A safe bubble.
- There are no positives in being locked in a home for over 4 months. Please survey the residents who can explain first-hand how it feels to be the last in society to be still locked away when their carers can shop/socialise/go on holiday!!!
- Open and honest communication. Staff need recognition for their unwavering commitment to those they care for.
- Well done on your hard work and compassion

Conclusions

It is clear that the majority of participants in the survey were appreciative of the efforts of care homes' managers and staff to keep their loved one safe during a situation that was without precedent and in circumstances that were traumatic for all concerned. The distress experienced by those residents aware of their surroundings at the near total exclusion of visitors can only be imagined; their relatives and friends experienced similar feelings but accepted the inevitability of the restrictions and that they were introduced to protect their loved ones' health and safety from infection.

That said, some themes emerge from the survey:

- Most participants found communication with care home staff easy to maintain but many felt more could have been done
- Feedback about staff was generally very good
- Most homes tried to ensure contact was maintained, including visits outdoors, but not always successfully, with some participants feeling that more could have been done ("It seems she is in a concentration camp"; "I live abroad... [but the] home will not agree to my daughter visiting in my place")
- Homes were not always open to offers of help from relatives and friends of their residents
- Although generally relatives and friends felt that homes achieved a safe environment and made good use of personal protective equipment (PPE), there was concern that staff were not always using PPE and that some residents were being cared for by different members of staff, some of whom were attending more than one home and generally moving about in the community
- Most participants were confident that homes were keeping them up to date regarding Covid-19 infection among staff and residents - this is borne out by the relatively low number of deaths in the homes in the period under review (see Appendix 1)

- There was, however, concern that relatives and friends were not informed about changes in their loved ones' care plans although there were few general reservations about medical care
- Residents were generally able to access health care such as dentistry, chiropody and hospital care when needed
- Generally, homes were able to continue to offer activities to keep residents engaged - although there was criticism of an over-reliance on bingo!
- Most residents appeared to have coped well with the restrictions imposed by lockdown. But there was concern about the mental health consequences of prolonged inability to see visitors. Feelings of being imprisoned and losing liberty were reported, leading to diminished mobility and an inability to recognise visitors
- The ability of residents to support one another was welcomed
- Participants nonetheless found much to be impressed about in the way homes had coped with the situation
- Homes need to nurture their relationship with residents' friends and relatives, and keep them informed of all relevant developments

At the time of writing this report, England has gone into another period of lockdown and the Government have issued updated guidance on outsiders' access to care homes ³. It is to be hoped that the lessons learned during the initial lockdown can be applied in the interests of residents during the coming period.

During the initial phase of the pandemic, despite all the difficulties, homes in Havering were able to control infection well, ensuring that

³ New guidance to support safe care home visits during lockdown, DHSC, 4 November 2020 (<https://www.gov.uk/government/news/new-guidance-to-support-safe-care-home-visits-during-lockdown>)

the number of fatalities from Covid-19 among residents was lower than elsewhere, with some homes experiencing none. Homes and their staff are to be congratulated for that achievement; and may that vigilance and care continue.

Healthwatch Havering would like to thank all respondents to the survey and videoconference calls for their help and co-operation, which is much appreciated.

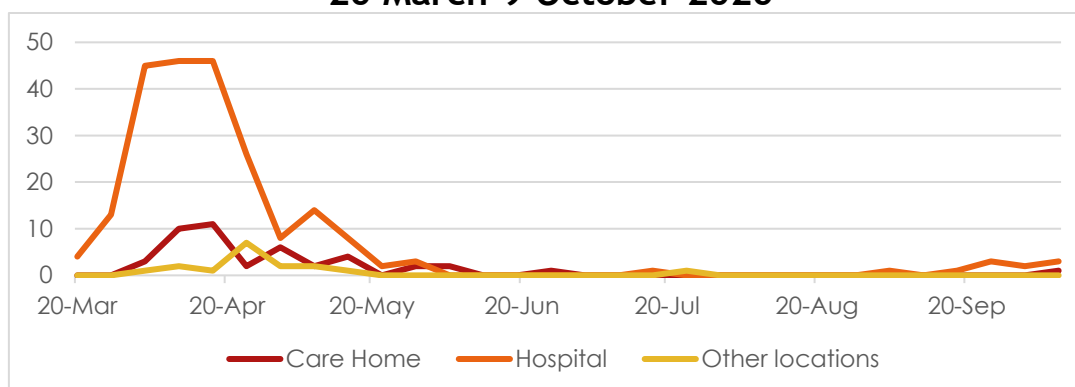
Disclaimer

This report relates to the videoconferences in July and September 2020 and the related survey and is representative only of those individuals who participated. It does not seek to represent all service users' relatives.

This report is dedicated to the memory of all who lost their lives as a result of the Covid-19 pandemic.

Appendix 1

**ONS reports: Mortality from Covid-19 in Havering,
20 March-9 October 2020**



Week Ending	Deaths		
	Hospital	Care Home	Other locations ⁴
20-Mar	4	0	0
27-Mar	13	0	0
03-Apr	45	3	1
10-Apr	46	10	2
17-Apr	46	11	1
24-Apr	26	2	7
01-May	8	6	2
08-May	14	2	2
15-May	8	4	2
22-May	2	0	0
29-May	3	2	0
05-Jun	0	2	0
12-Jun	0	0	0
19-Jun	0	0	0
26-Jun	0	1	0
03-Jul	0	0	0
10-Jul	0	0	0
17-Jul	1	0	0
24-Jul	0	0	1
31-Jul	0	0	0
07-Aug	0	0	0
14-Aug	0	0	0
21-Aug	0	0	0
28-Aug	0	0	0
04-Sep	1	0	0
11-Sep	0	0	0
18-Sep	1	0	0
25-Sep	3	0	0
02-Oct	2	0	0
09-Oct	3	1	0

Key: No deaths = -9 = 10-19 = 20 or more

⁴ Source ONS: Deaths at Home, in the Hospice, in other Communal Establishments and “Elsewhere”

**Persons discharged from BHRUT Hospitals to care homes,
March-May 2020**

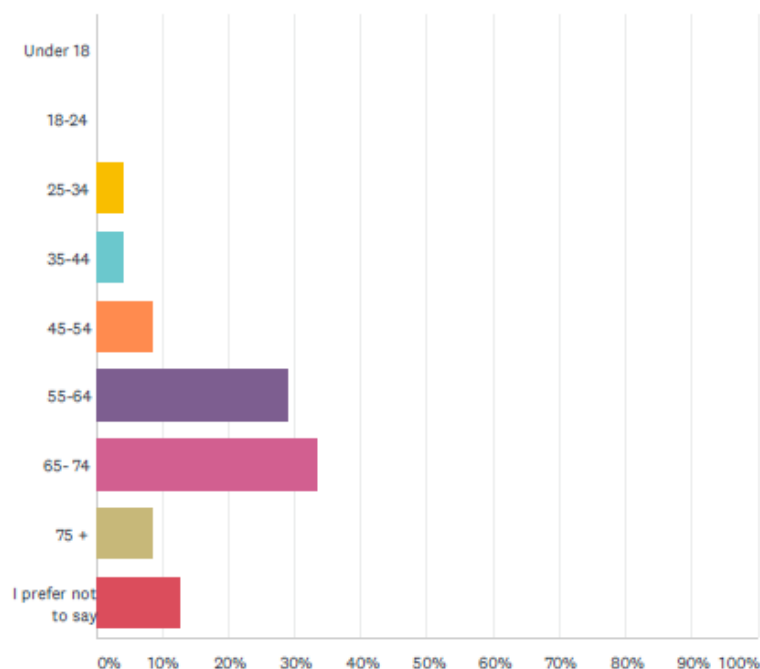
Week Ending	King George Hospital	Queen's Hospital	Grand Total
22/03/2020	2	2	4
29/03/2020	5	8	13
05/04/2020	4	7	11
12/04/2020	5	4	9
19/04/2020	5	6	11
26/04/2020	8	3	11
03/05/2020	4	2	6
10/05/2020	4	9	13
17/05/2020	5	4	9
24/05/2020	0	6	6
31/05/2020	2	2	4
Grand Total	44	53	97

Source: Response to Freedom of information request from BHRUT

Appendix 2

Demographics of participants in the survey

Age range:



ANSWER CHOICES	RESPONSES	
Under 18	0.00%	0
18-24	0.00%	0
25-34	4.17%	1
35-44	4.17%	1
45-54	8.33%	2
55-64	29.17%	7
65- 74	33.33%	8
75 +	8.33%	2
I prefer not to say	12.50%	3
Total Respondents: 24		

Gender: Women: 87.5%; Men 12.5%

Ethnicity: White British: 96%; White Other: 4%

There were no respondents from an ethnic minority (probably reflecting the ethnic mix in care homes in the borough)

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?



Call us on **01708 303 300**

email enquiries@healthwatchhavering.co.uk

To join the Healthwatch Havering Friends Network,
[click here](#) or contact us as above



*Healthwatch Havering is the operating name of
Havering Healthwatch C.I.C.
A community interest company limited by guarantee
Registered in England and Wales
No. 08416383*

*Registered Office:
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