

Care home life, what it's really like!

Barnes Court Care Home



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Acknowledgements

Healthwatch Sunderland would like to acknowledge the support of the residents who allowed us into their home and talked openly and honestly with the team. We would also like to thank those staff members, family and relatives who took time out of their day to answer our questions and give their feedback.



Table of Contents

1. Introduction	3
2. Background and rationale.....	4
3. Methodology	5
4. Findings - Summary	6
5. Appendices.....	20
Appendix 1 - Questions for residents	20
Appendix 2 - Questions for Managers	21
Appendix 3 - Questions for staff	22
Appendix 4 - Questions for friends and relatives.....	23



1. Introduction

What is Healthwatch?

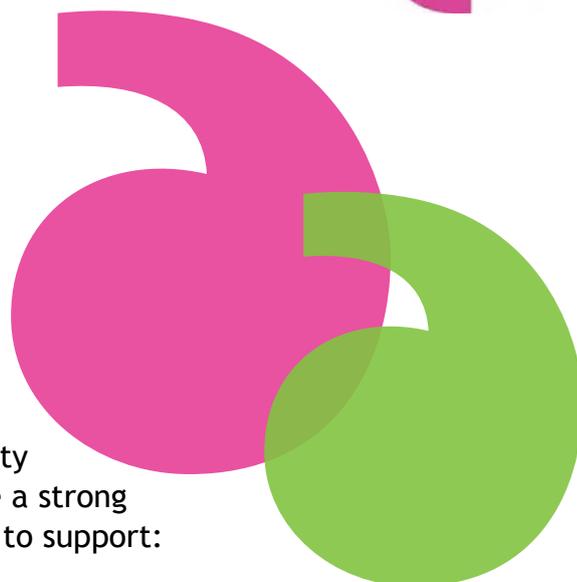
Healthwatch England is the national consumer champion in health and social care. It was set up by the government to ensure that people's views around health and social care services are listened to and fed back to service providers and commissioners with a view to improving services.

There is a local Healthwatch for every Local Authority area in England. Healthwatch Sunderland aims to be a strong local consumer champion working with our partners to support:

- People to shape health and social care delivery
- People to influence the services they receive personally
- People to hold services to account.

We achieve this by:

- Listening to people, especially the most vulnerable, to understand their experiences and what matters most to them
- Influencing those who have the power to change services so that they better meet people's needs now and into the future
- Empowering and informing people to get the most from their health and social care services and encouraging other organisations to do the same.





2. Background and rationale

Independent Age and Healthwatch Camden have recently carried out some initial research into the information currently available on care homes. The results indicated that there is a need to provide qualitative information on care homes that goes beyond basic safety standards. It shows that the information needed by people looking for a suitable care home, should provide a real sense of what a home may be like to live in.

Healthwatch Sunderland have responded to this need and will be carrying out visits to all 47 care homes currently available to older people across Sunderland. The complete results will be published to enable members of the public to make more informed choices when considering which care home to move into for themselves or their relatives.

To enable this, 8 indicators have been devised to be used and will focus specifically on issues of quality, such as how much residents and family can have a say in how the home is run, and whether residents are able to pursue their hobbies etc.

The 8 indicators are:

1. A strong visible management
2. Staff with time and skills to do their jobs
3. Good knowledge of each individual resident and how their needs may be changing
4. A varied programme of activities
5. Quality, choice and flexibility around food and mealtimes
6. Ensuring residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate resident's personal, cultural and lifestyle needs
8. Provide an open environment where feedback is actively sought and used.



3. Methodology

An initial pre-visit meeting with the home Manager, Mandy was held at Barnes Court Care Home. This was to explain the reason for the ‘Care home life - What it’s really like!’ visit, to understand the needs of the residents and to arrange a visit that would cause as little disruption as possible.

The ‘Care home life - What it’s really like!’ visit took place on the 31st January 2018 and was carried out by Healthwatch Sunderland staff and volunteers who are trained so that they can effectively capture the resident’s experience.

At the visit residents were asked a range of questions via a set questionnaire (see appendix 1). The questions were constructed to reflect the objectives of the visit. Observations were also made on the physical environment and staff/resident interaction.

Staff and relatives were also given questionnaires to complete (see appendix 2, 3 and 4).

We also ran a facebook campaign asking local people to comment on their experiences of care homes across Sunderland. Any feedback we received was incorporated into the findings.

4. Findings - Summary

The Healthwatch team collated the survey findings we gathered from residents, their family and friends, staff and Managers and our observations made during our visit. The findings have been scored against the eight indicators in terms of the degree which they were met, from strongly disagree to strongly agree. A neutral rating indicates both positive and negative feedback, which when averaged results in a neutral score. A summary of this can be found below:

Here is the key which shows the indicator scores



Strongly disagree



Disagree



Neutral



Agree



Strongly agree

1.	A strong visible management	 Neutral						
2.	Staff with time and skills to do their jobs	<table border="0"> <tr> <td>Time</td> <td>Skills</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Disagree</td> <td>Agree</td> </tr> </table>	Time	Skills			Disagree	Agree
Time	Skills							
								
Disagree	Agree							
3.	Good knowledge of each resident and their changing needs	 Agree						
4.	A varied programme of activities	 Neutral						
5.	Quality, choice and flexibility around food and mealtimes	 Neutral						
6.	Regular access to health professionals	 Strongly agree						
7.	Accommodation of resident's personal, cultural and lifestyle needs	 Agree						
8.	An open environment where feedback is actively sought and used	 Neutral						



Findings

Barnes Court Care Home is a purpose-built home with three floors located on Wycliffe Rd, High Barnes, Sunderland SR4 7QG. The home provides care for up to 89 people.

Care is available for individuals with complex physical and neurological needs on the ground floor, with dementia care on the first floor and nursing care on the second floor. There is a full-time Activities Co-ordinator employed at Barnes Court.

Facilities include lounges and dining areas on each floor, hair and beauty salon, games room, and a combined activities room and bar area where residents and their families and friends can socialise. The home also has its own mini bus.

See the latest CQC inspection report here:

<http://www.cqc.org.uk/location/1-310512450>

At the time of our visit there were 55 residents living in the home. Due to the capacity of some of the residents, the Healthwatch team were only able to support 9 residents to fully complete the survey. The team received 10 staff and 3 relative surveys back.

The results of these surveys are given below:

Indicator 1 - A strong visible management

The indicator states that the Manager should be visible within the care home, provide good leadership to staff and have the right experience for the job **The Healthwatch team gave this a NEUTRAL rating which indicates both positive and negative feedback, which when averaged results in a neutral score.**

All but one of the residents which the Healthwatch Team supported to complete the survey process knew the Manager and the majority of them were able to name her. When the team asked the residents what they think of the Manager they gave a mixed response. Here are some of those responses; “We have had quite a few Managers, this one rarely comes upstairs,” “She is OK, she picks at me sometimes” and “She is nice, helpful and friendly and says what she means. She is to the point. The Assistant Manager is nice too.”

Relatives who completed surveys knew the Manager by name. Here are some of their comments; “Mandy has been here nearly two years. She is a strong leader with integrity and caring values. Mandy’s door is always open” and “Do not know a great deal about her. She is usually in the office.”

All of the staff members who responded to the survey process felt supported by the Manager. They added that she is approachable, listens to them and answers questions and offers advice. Here are some of the comments we received; “She



explains how to reduce risk and review a situation” and “I have always had a good experience when I need to speak to Mandy. She will always help if she can.”

The Manager of Barnes Court told us what attracted her to her current role, she said “I have worked in the private healthcare sector for 30 years, progressing through the various positions in a residential and nursing care setting. I have always been passionate about providing high levels of care to the elderly, vulnerable and infirm; in my position as Manager, I am able to make this happen.” She went on to tell us what she enjoys about her current role “No two days are ever the same. I am fortunate to manage a care and nursing setting which houses people of all ages, illnesses and conditions. I am able to work with my team to ensure we really make a difference to the lives of our residents and their families.”

The Deputy Manager said “I felt I wanted to directly influence the care the residents received within the home environment.” She went on to tell us what she enjoyed about her role “I love contact with residents. The fact you can build long term and lasting relationships with them and their families.”

Indicator 2 - Staff with time and skills to do their jobs

The indicator states that staff should be well trained, motivated and feel they have the resources to do their job properly.

The Healthwatch team **DISAGREE** this was met for staff time and **AGREE** this was met for staff skills.



The majority of the residents when asked what they think about the staff at the home gave a range of positive responses. Here are some of the comments we received; “They are all excellent and I definitely feel I am well looked after,” “The staff here are good” and “They are friendly enough, but they often talk over me when they are changing my bed. I’m not happy about this” and “95% of the staff are OK, the same as every care home.” Not all of the residents felt that the staff have time to stop and chat to them. Here are some of the comments we received from residents

when the Healthwatch team asked them about staff time; “They haven’t got time to stop and chat, they are busy, but they always say good morning,” “They don’t always have the time, but they are generally very good” and “They are friendly and always ask if I’m OK. I have just had a family bereavement and they came in to check on me.”



One resident stated that they had asked staff to brush their teeth twice a day, as they were unable to do this for themselves. While they were explaining this, they showed their teeth to the Healthwatch team member to point out how dirty they were and added that this is not getting done and they would also like it documented in their care plan. One of the Healthwatch team was able to pass this issue on to the Manager during a later correspondence and was told that this is already documented in the individuals care plan.

All relatives stated that they feel that staff time can sometimes be an issue at the home. One person said that at times when their relative has to wait to be attended to by staff, an explanation is always given as to the reason why the wait has occurred. She added that generally her relative's buzzer is responded to very quickly by staff. Another relative said "On the whole they have enough time, but there is rarely anyone available to take him out into the community." The relatives went on to say that they feel the staff have the skills to care for their relative. One respondent said "We observe the more experienced staff explaining and encouraging less experienced staff to develop their confidence."

Four of the staff respondents stated that they feel they have enough time to care for the residents at the home. Some of them added that they prioritise their workload to enable this. The majority of the staff who completed the survey, shared that they feel the amount of paperwork to be completed (although they noted the importance of doing this) was the main barrier to them spending more time with the residents.

When asked how they ensure staff have enough time to care for the residents in the home the management stated that an additional staff member is on each shift to 'float' between the units to ensure staff breaks are covered and busy periods. The staff try to work as a team with units assisting each other when needed. The Manager added that she regularly 'walks the floor' to monitor if staffing levels are appropriate. The Deputy Manager said "As a nurse, I lead by example; I am never too busy to aid my residents."

All of the staff who responded to the survey said that they are encouraged to undertake training which is appropriate to their roles and aims to build on their knowledge and skills. They went on to explain a range of things they enjoy about their jobs. These included; "Flexibility with my rota to accommodate my academic life," "I absolutely love my job, even more so when you can make residents smile and happy" and "Being able to support residents with everyday tasks, promoting independence and to see each resident happy and content."

Management stated that staff are given the opportunity to identify their own training needs during supervision sessions. There is a package of mandatory training which is in place that staff members need to undertake each year to ensure that the most up-to-date methods and practices are followed. Voluntary training is advertised throughout the home and staff are encouraged and incentivised to continually grow their skills. The Deputy Manager added that



through peer feedback she encourages staff to discuss informally what works well within the home to enable the sharing of this knowledge.

Indicator 3 - Good knowledge of each resident and changing needs

The indicator states that staff should be familiar with resident's histories and preferences and have processes in place for how to monitor changes in health and wellbeing.

The Healthwatch team AGREE this was met.

All of the residents stated that they feel the staff know them, know what they need and their likes and dislikes.

When the relatives were asked how well the staff at the home know their relative, one relative said that they feel the staff know their relative quite well and another said that staff know their mum very well, as she has been in residence at Barnes Court for a long time. They went on to say that during this time the staff have encouraged their mum to become more and more independent. The relatives added that staff either let them know of changes to their relative's needs either by phone, during their visits to the home or that the resident themselves will share changes with them.

Staff and management stated that they and their colleagues get to know a residents life history, personality and care needs when a resident first arrives into Barnes Court by various ways. These included, a pre-assessment which is undertaken for each potential new resident then key information is shared with staff during handover meetings to ensure their health and care needs are immediately known. Staff are encouraged to introduce themselves to all new residents as soon as they are admitted into the home. Staff are welcome to access, read and contribute to individual care plans, life history documents and notes at any time. Staff also engage in conversation directly with residents and their relatives and information is passed onto staff through day to day conversations between team members.

Indicator 4 - A varied programme of activities

The indicator states that care homes should provide a wide range of activities (and ensure residents access these) in the home and support residents in taking part in activities outside the home.

The Healthwatch team gave this a NEUTRAL rating which indicates both positive and negative feedback, which when averaged results in a neutral score.

The residents told the Healthwatch team that karaoke and entertainers are available at Barnes Court. Some of the residents stated that they are not interested in taking part in the activities, others said that they are there if you need them. Two of the residents stated that their own physical disabilities made it difficult for them to join in group activities and another resident told a



Healthwatch team member that the activities are mainly focused on older residents. Several of the residents said that they like to spend time in their own rooms either watching TV, listening to the radio or listening to music; the Healthwatch team witnessed this during our visit.

One person, who was bedbound, stated that they were not able to access group activities and that one-to-one time with a staff member was not available.

When asked about going on trips outside of the home one resident said that there are trips to the cinema and another said that they had been to the beach. The majority of residents stated that there are not any outside trips available to them. Some of their comments included; “Not while I’ve been here, but there is a van outside, so I am presuming there will be when the weather gets warmer” and “I used to go to bingo with a staff member, but I haven’t been for about a year now. There is a mini bus but it only takes one wheelchair user and the hoist is broken.”

Four of the residents which the Healthwatch team supported to complete the survey process stated that the activities at the home are easy to access, with one person saying “Yes, they come around and tell you.” One person said the activities are not easy to participate in and the remaining residents did not answer this question.

During the Healthwatch team visit one team member met the newly appointed Activities Co-ordinator and witnessed an activity taking place in a large communal room on the first floor. Residents took part in a seated, physical activity while music was being played.

Other Healthwatch team members chatted to one of the residents in the bar area, which was situated on the second floor. The resident showed the team various jigsaw puzzles which she had brought into the home and one that she was busy undertaking at the time.

When the Healthwatch team asked the residents if they are still able to peruse their hobbies and the things they used to enjoy before they came to live at Barnes Court, they gave a mixed response. Some of the residents said no to this question, but this may have been due to the changes in their health, others did not answer this question. One person said that they are still able to listen to their music, which is really important to them, one added that they can still complete jigsaws, although due to a change in their physical health they have stopped knitting as they now find this frustrating. One resident stated that they enjoy having a cigarette, but these are being limited by the home, as her family had shared their concerns about her health.

When relatives were asked what they thought about the activities which are available to their relative and how they were encouraged to take part, the Healthwatch team received the following comments;

“The activities are on the notice board and that their relative sleeps a lot.”



“Dad chooses not to take part. There is nothing outside of the home at all, which makes him ‘stir crazy’. Staff ask but if he says no, I’m not sure what encouragement they give.”

“Mum joins in with most of the activities which are available. Staff know what she likes and doesn’t like and staff ask throughout the day if she would like to join in.”

Two of the relatives who responded to the survey stated that their relatives can no longer do the things they used to enjoy when they lived at home, but this may have been due to their own individual health. Another relative said that they felt their mum was able to peruse many of her interests and takes a keen interest in listening to the staff tell stories of their own families.

Staff members gave us a list of activities available at Barnes Court, these included; bingo, entertainer, karaoke, one-to-one interaction, keep fit, baking, arts and crafts, movie days, coffee mornings, quizzes, visits from a petting zoo and TV.



(Activities notice board)

Staff added that the following activities are available to residents outside of the home; visits to the beach and to the theatre, day centre, bowling, gym, shopping, coffee shops, the local park and trips to the cinema. One staff member was unsure if there were any activities available outside of the home and another said, “The only time I have seen the residents going out is to the lights at Christmas time. I think the residents could get out more on trips.” Staff added that relatives also take their family members out.



Staff stated that they encourage residents to take part in activities by offering reassurance and support and prompting residents when sessions are about to begin. One staff member said that this question was not applicable. The Manager and her Deputy added that there is a structured activities schedule at the home, which residents are encouraged to take part in, with activities being tailored to individual resident's needs. They stated that residents are encouraged to take part by the home accommodating individual likes and dislikes and developing a schedule which meets the resident's needs and requests. Each of the four units in the home have a weekly activities board.

Indicator 5 - Quality, choice and flexibility around food and mealtimes

The indicator states that care homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink including between mealtimes. The social nature of eating should be reflected in how homes organise their dining rooms and accommodate different preferences around mealtimes.

The Healthwatch team gave this a NEUTRAL rating which indicates both positive and negative feedback, which when averaged results in a neutral score.

When the Healthwatch team asked the residents what they think of the food at the home, there was a mixed response, which ranged from excellent to poor. Several of the residents stated, "You can ask for whatever you would like and the kitchen staff make it for you." One resident stated that there is no choice around the time of day that you have your main meal. This is served at lunchtime and is not to her preference as it is too close to breakfast time. This resident now buys her own microwave meals, which the staff heat up for her at tea time.

One resident said about the food at Barnes Court; "I am looking forward to the omelette which I have asked for at teatime." Another resident told a member of the team that there is always a wide range of drinks available throughout the day. These included milkshakes, fruit juice, water and cordials.

One resident stated that they miss green vegetables, another added that they miss the fresh fruit platter, which used to be available each day to residents.

The majority of the residents stated that they enjoy mealtimes and that they choose to eat their meals in the dining rooms so they can socialise with other residents. Some residents said that they choose to eat in their own rooms and this is facilitated by the home. Here are some of the comments received; "I like getting my belly filled and having a chat" and "I choose to eat in my room most of the time, as the other residents don't chat much."

One of the relatives said that the quality and choice of food at the home is 'OK'. The other relative said that her mum likes some of the food at the home and has met with the chef to devise a menu to suite her individual tastes. Her mum still



chooses to buy some of her own food and this is respected by the staff at the home.

When asked how confident they were that their relatives were supported to eat and drink as much as needed, one person answered 'OK' and the other said that they were very confident, although their mum would like to see more home baked goodies.

Both relatives stated that the home ensures that mealtimes are a sociable time. One said "The staff have a lovely rapport with all of the residents, including mum at mealtimes. I can often hear the staff and residents laughing and giggling at mealtimes - it's lovely."

Both the Manager and her Deputy informed the Healthwatch team that there has been a recent review of the menus at the home and food is now offered to the resident's tastes and requests. One went on to say that there is a range of traditional home cooked food as well as a range of international foods, such as curries and Italian foods. A range of sandwiches and burgers etc are also available.

There was a mixed response from staff members about the quality and variety of choice of food at the home with many stating that they feel the menus can be repetitive and one person said that some 'old recipes' could be available that residents could relate to, depending on their age. Another team member felt that the choice for the afternoon meal is good, although the teatime meal choices are very limited. One staff member felt that the food at the home is improving but that healthier snacks should be available throughout the day. Several staff members said that they feel the variety of food choices are good and reiterated that the kitchen staff will make the residents whatever they request. Staff informed the Healthwatch team that daily menus are shown to residents to enable them to make choices and alternative will be made by the kitchen staff if required. Choices are made for those residents who are not able to do this for themselves. Snacks and drinks are available at certain points throughout the day, although residents who are able can prepare drinks themselves at any time. One Manager informed the Healthwatch team that snacks included the provision of fruit. Packed lunches are provided if a resident is going to be out at mealtimes.

The Manager, her Deputy and many of the staff went on to say that residents can choose where they eat their meals, although one staff member said that this is not always the case throughout the home. If a resident doesn't want a meal at a set mealtime a meal will be provided when they are ready to eat. One staff member added that in these circumstances meals can be kept for up to two hours and then soup or sandwiches are offered to residents.

Staff and management told the team that staff are available to encourage and prompt residents at mealtimes and to offer appropriate support to cut up food and feed residents where required.



(Ground floor dining room)

When asked how mealtimes at Barnes Court are made a sociable time, staff and Management told us that staff try to encourage residents to eat their meals in the dining rooms and ensure that no one is left sitting alone, unless that is their personal preference. Residents are sat with their friendships groups and staff also sit with residents at the table to interact and enjoy a cuppa and a chat with them. Background music is played in the dining rooms and staff ask individuals if they are enjoying their meal. One Manager added that mealtimes are never rushed and relatives are also invited to dine at the home.

Indicator 6 - Regular access to health professionals (GPs, dentists, opticians, chiropodists etc)

The indicator states that residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.

The Healthwatch team STRONGLY AGREE this was met.

When the Healthwatch team asked the residents about their access and the provision of healthcare available to them at the home only two of them could not recall having access to a dentist or an optician, this may have been due to their own individual health or capacity. The rest of the residents asked stated that they have had access; some visiting local dental practices or community dental services. Some of the residents said that they see an optician who visits the home, with one resident adding “The optician is lovely and she helped me choose some glasses which I wouldn’t normally have picked, but I like them.” Two of the residents said that they had not accessed an optician as they have perfect eye sight.

When the Healthwatch team asked the residents what happens when they need to see their doctor or have an appointment at the hospital the residents stated that appointments are booked through either the home management or one of the nurses and that staff members accompany them to appointments. One resident added that their sister attends appointments with them. One resident said “I ring my GP myself, as I am trying to be as independent as possible” and another added “I have regular visits from the Nurse Practitioner from my GP practice to check I am OK.”

One relative stated that they felt the access to healthcare professionals was ‘OK’ and another said “Mum is able to ask for visits and staff are always willing to



assist. She has also spoken to healthcare professionals on the phone.”

Management and staff members informed the team that there are regular visits to the home from a range of healthcare professionals such as; Chiropodists, GPs, Community Psychiatric Nurses (CPNs), Tissue Viability Nurses (TVNs), representatives from Continence Services and Opticians. Residents also visit dental and other services within the local communities. They reiterated that staff and relatives escort residents to these appointments. One staff member did not answer this question and another answered, not applicable.

One staff member said “There is always a nurse present and referrals are made to healthcare professionals as and when required as well as regular check-ups.”

One Manager said “We have regular visits from all members of the Multi-Disciplinary Teams (MDTs), some of which are initiated by ourselves and some during the review process.”

Indicator 7 - Accommodate resident’s personal, cultural and lifestyle needs

The indicator states that care homes should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs and shouldn’t make people feel uncomfortable if they are different or do things differently to other residents. **The Healthwatch team AGREE this was met.**

Only one of the residents which the Healthwatch team supported to complete the survey process stated that they currently followed a religion and they added that they would like to go to church, although a priest had been to visit them in the home.

Some of the male residents were able to shave themselves, but stated that staff will assist them if they couldn’t manage. Some residents added that they have their hair cut/styled by the hairdresser who visits the home each Monday, although one resident said “I have some shears and I am able to still cut my own hair” and another added that although he owns his own shears the staff cut his hair for him.

None of the residents had any complaints about the laundry system at the home, with one resident saying “My clothes are cleaned, ironed and I always get my own clothes back.” One other resident added that their relatives take their laundry away with them to clean.

One relative stated that their relative has no current specific lifestyle, religious or cultural needs and the other relative said “Not really, but she likes having her visitors regularly and appreciates the quiet areas where she can see them.”

Relatives stated that their relatives have their hair cut within the home. One relative felt that the laundry service at the home could be improved as their relative did not always get their own clothes back, although the other relative had no issue with the laundry. Both felt their relative was always clean and appropriately dressed.



The Manager and one staff member said that the home finds out about individual specific lifestyle, religious or cultural needs at the point of pre-assessment and as part of the admission process. The Deputy Manager stated that the home values diversity, this is reflected in the care plans and she gave an example how a residents wishes are respected “We have a female resident who prefers female staff members to aid her with her personal care needs.” Several staff members did not answer this question and two staff members stated that all residents are treated the same. Others informed the Healthwatch team that local members of the clergy offer mass and Holy Communion in the home and family members also take residents out to visit local churches. Another example given was that kitchen staff cater for vegetarians and other dietary needs and preferences.

One staff member said “person preferences are always taken into account.”

The Manager and her Deputy stated that they ensure that the laundry staff get the residents own clothes back to them by ensuring each resident has their clothes marked with both their name and room number on them. As mistakes can sometimes happen staff often check the resident’s drawers and wardrobe to ensure there are no items of clothing there in error. The Deputy also said that the night shift are happy to wash residents clothing individually.

They went on to say that residents are showered/bathed at least once a week and thoroughly washed every morning and evening, unless they refuse this. This happens on a more regular basis if required. Residents are encouraged to wear fresh clothing and night clothes each day and also encouraged to change during the day if their clothing becomes stained. Families are asked if they are happy with this aspect of the relatives care and staff also ask the resident if they are comfortable in what they are wearing.

Indicator 8 - An open environment where feedback is actively sought and used

The indicator states that there should be a mechanism in place for residents and relatives to influence what happens in the home, such as a residents and relatives committee. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

The Healthwatch team gave this a NEUTRAL rating which indicates both positive and negative feedback, which when averaged results in a neutral score.

When the Healthwatch team asked the residents if anyone ever asks what they think of the home and if they are happy, there was a mixed response. Five residents said that this is the case, one resident said “Not very often, but it is easy to let them know if there are any concerns.” Two people said they don’t get asked with one person adding “They know I’m unhappy, I don’t want to be in a home.” Four of the residents said there is nothing they would like to change about



the home, with one resident adding “I quite like it here and my cousin comes along to take me out.”

Here are some of the things which the residents at Barnes Court would like to change;

“The fact that they are short staffed.”

“I’d like a few more activities and days out.”

“I would like some home baked food and some food to aid my weight loss.”

“Resident meetings are missing.” (Three other residents told a Healthwatch team member that were unaware of the availability of residents meeting).

“Treats now and again.”

When the residents were asked what they would do if they wanted to make a complaint about the home, the majority of them said they would speak to either, their relatives, the Manager or her Deputy or their Social Worker. One resident said “I have wrote a letter of complaint to one of the providers Senior Managers and it didn’t get resolved. I was disappointed that the letter was opened by someone other than the person named on the envelope, even though it was marked as private and confidential.”

Both of the relatives asked stated that they feel welcome participants in the life of the home. One person said that their relative can have their say on how they home is run via letters or phone calls whilst the other respondent stated that their mum had been involved in interviewing new care staff for her floor. Both added that if they need to make a complaint about the home they would speak to Mandy, the home Manager and felt confident that the complaint would be acted upon appropriately.

When asked how residents and their families have a say in how the home is run the Manager stated that she operates a monthly resident and relative meeting, yearly company surveys and an ‘Open Door Managers Surgery’ where she encourages residents and visitors to bring their suggestions and where possible she acts upon them. The Deputy Manager stated that the Manager’s door is always open, the whole team are open to feedback and suggestions, hold regular meetings and reviews and have good, healthy relationships. Residents and their relatives are encouraged to be as honest in their feedback as possible.

Staff added that there is a suggestion box available to both residents and staff, where they can leave their comments. One member of the team stated that all staff are more than willing to answer any questions or direct residents to the correct person to speak to. Another added that is an online review system in place. Some staff members reiterated that there are regular resident and relative meetings held and that both residents and their families can speak to the Manager and make suggestions on ways to improve the service.



The Management went on to say how they make use of the feedback or complaints they receive; feedback is discussed with the team at meetings and analysed as part of the monthly compliance reporting and an action plan is developed to address any areas for improvement. Staff gave the following examples of how feedback has been used; “Residents have a say on mealtimes and the menu” and “One of our residents needed specialise care and after a meeting with the family, more staff training took place.”

Both Management and staff members explained how the staff can have their say on how the home is run, these included; monthly staff meetings for each department, staff supervisions and annual appraisals. This is where ideas can be shared or issues can be raised and addressed, the Manager’s door is never closed and staff can talk to Senior Company Managers if needed.

Two staff member felt that they don’t have an opportunity to have their say on how the home is run.

The Deputy Manager added “The staff work their best through some very challenging and difficult circumstances. We encourage them to be open and honest with us.”



5. Appendices

Appendix 1 - Questions for residents

1. Do you know the Manager of the home?
2. What do you think of the Manager?
3. What do you think about the staff here?
4. Do the staff have the time to stop and chat with you?
5. Do the staff know what you need and what you like and don't like?
6. What activities are there for you in the home?
7. What activities are there outside the home?
8. Is it easy to join in the activities?
9. Do you get a chance to do any of the things you used to enjoy before you came here?
10. What do you think of the food here?
11. Is there enough choice of what you eat and when you eat?
12. Do you enjoy mealtimes?
13. Have you seen a dentist to check your teeth or an optician to check your eyes recently?
14. What happens if you need to see a doctor or have an appointment at the hospital?
15. Is there respect for your religion or your culture here in your home?
16. Do you get asked what you think about the home or if you are happy?
17. Would you like to change anything about the home? Have you told anyone about this and what happened?
18. What would you do if you wanted to make a complaint about the home?



Appendix 2 - Questions for Managers

1. **Have strong, visible management**
What attracted you to the role of care home manager?

What do you enjoy about the role?
2. **Have staff with time and skills to do their jobs**
In what ways do you encourage staff to develop their skills?

How do you encourage staff to develop their skills?
3. **Have good knowledge of each individual resident and how their needs may be changing**
How do you ensure that staff get to know a resident's life history, personality and health and care needs when the resident first arrives?

How is information about a resident's tastes and their health and care needs updated as these change?
4. **Offer a varied programme of activities**
What activities are available for residents inside and outside the home?

What encouragement and assistance do you give to residents so that they can take part in activities?

How do you support residents to continue to do the things they used to enjoy before coming into the home i.e. hobbies/interests/pets
5. **Offer quality, choice and flexibility around food and mealtimes**
What systems are in place to support residents to eat and drink at mealtimes and outside of mealtimes?

What choices do residents get about what they eat and drink and when and how they eat and drink?

In what ways do you try to make mealtimes sociable?
6. **Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists**
Please tell us about visits from health professionals such as GPs, nurses, dentists, opticians, chiropodists or other health care support mechanisms.
7. **Accommodate residents' personal, cultural and lifestyle needs**
How does the home find out about and cater to residents' cultural, religious and lifestyle needs? Can you give an example?

What provision is there for residents to regularly get their hair cut/styled?

How do you ensure that the laundry staff getting the residents own clothes back to them?

What mechanisms are in place to ensure that residents are always clean and appropriately dressed?
8. **Be an open environment where feedback is actively sought and used**
In what ways can residents and their family have a say in how the home is run?

Are staff able to have a say in how the home is run?

How do you make use of feedback or complaints from residents and relatives?



Appendix 3 - Questions for staff

- 1. Have strong, visible management**
What support do you receive from the manager?

How easy is it to talk to the manager when you want to ask a question or raise an issue?
- 2. Have staff with time and skills to do their jobs**
Do you feel you have enough time to care for residents?

Are you encouraged to continue to develop your skills? In what ways?

What do you enjoy about your job?
- 3. Have good knowledge of each individual resident and how their needs may be changing**
How do you ensure that staff get to know a resident's life history, personality and health and care needs when the resident first arrives?

How is information about a resident's tastes and their health and care needs updated as these change?
- 4. Offer a varied programme of activities**
What activities are available for residents inside and outside the home?

What encouragement and assistance do you give to residents so that they can take part in activities?
- 5. Offer quality, choice and flexibility around food and mealtimes**
How do you make sure residents are able to eat and drink at mealtimes as well as outside of mealtimes?

What choices do residents get about what they eat and drink and when and how they eat and drink?

In what ways do you try to make mealtimes sociable?
- 6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists**
Do residents have regular, preventative dental and optometry (eye-care) appointments?
- 7. Accommodate residents' personal, cultural and lifestyle needs**
Can you give an example of how the home caters for religious and cultural needs?
- 8. Be an open environment where feedback is actively sought and used**
In what ways can residents and their family have a say in how the home is run?

Can you provide an example of how a resident or their family member has influenced how the home is run?
Do you feel staff can have a say in how the home is run?



Appendix 4 - Questions for friends and relatives

- 1. Strong visible management**
Do you know who the Manager of the home is?

Is the Manager friendly and helpful?
- 2. Have staff with time and skills to do their jobs**
Do you think the staff have the time and skills to care for your friend/relative?
- 3. Have good knowledge of each individual resident and how their needs may be changing**
How well do you think the staff know your friend/relative's life history, personality and health and care needs?

Does the home notice and respond when your friends/relative's needs change?
- 4. Offer a varied programme of activities**
What do you think of the activities available for residents inside and outside the home?

Is your friend/relative properly encouraged and supported to take part in the activities?
- 5. Offer quality, choice and flexibility around food and mealtimes**
What do you think of the quality and choice of food?

Are you confident that your friend/relative is supported to eat and drink as much as needed?

Do you think that mealtimes are sociable?
- 6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists**
Does a dentist and an optometrist (optician) come to see your friend/relative regularly or only if there is a problem?
- 7. Accommodate residents' personal, cultural and lifestyle needs**
Does your friend/relative have any specific lifestyle or religious or cultural needs? Are these respected and accommodated?
- 8. Be an open environment where feedback is actively sought and used**
Do you feel that you are a welcome participant in the life of the home?

In what ways can you and your friend/relative have a say in how the home is run or give feedback?

Would you know how to make a complaint if you wanted to?

Would you feel confident to make a complaint and do you think it would be acted on appropriately?



DISCLAIMER:

- The observations made in this report relate only to the visits carried out.
- This report is not representative of all residents' views; it only represents the views of those who were able to contribute within the time available.

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