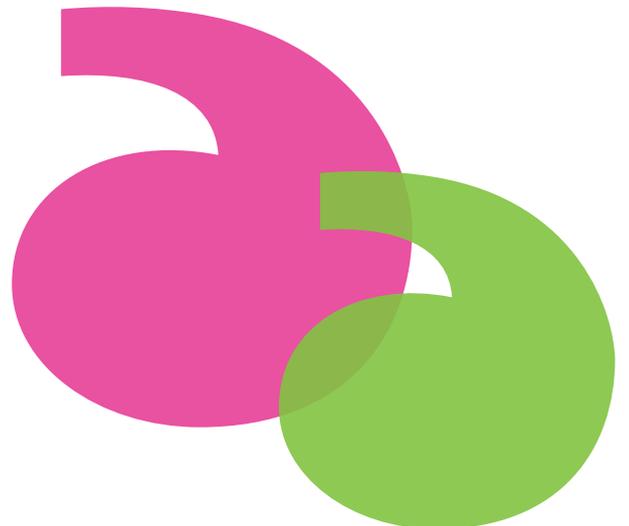


Care home life, what it's really like!

## Elizabeth Fleming



Date of Healthwatch Sunderland visit:  
24<sup>th</sup> November 2017





---

## Distribution List:

**Elizabeth Fleming**- Lorraine Woods, Manager

**Four Seasons Health Care** - Tim Hammond, Chief Executive

**Care Quality Commission** - [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Healthwatch England** - Katie Johnson, Development Officer

### **Sunderland Clinical Commissioning Group:**

Dr Ian Pattison, Clinical Chair

David Gallagher, Chief Officer

Debbie Burnicle, Deputy Chief Officer

Janet Farline, Clinical Quality Officer

Aileen Sullivan, Lay Member Patient and Public Involvement

### **Sunderland Local Authority**

Graham King, Head of Commissioning

Anne Fairhurst, Commissioning Specialist

Fiona Brown, Executive Director of Adult Services

### **Health and Wellbeing Board**

Councillor Graeme Miller, Portfolio Holder, Health, Housing and Adult Services

Karen Graham, Office of the Chief Executive, Sunderland City Council

**Public Health** - Gillian Gibson, Director of Public Health, Sunderland City Council

**Sunderland Care Alliance** - Angela Richardson, Network Development Officer

**HealthNet Sunderland** - Gillian McDonough, Chief Officer of VCAS

**Sunderland Echo** - Joy Yates, Editorial Director

**Age UK Sunderland** - Tracy Buck, Director

**Independent Age** - Catherine Seymour, Policy and Research Manager

**Sunderland Alzheimers Society** - Wendy Hunter, Service Manager

**Action on Dementia Sunderland** - Ernie Thompson, Chairman

**Sunderland Carers Centre** - Graham Burt, Chief Executive Officer

**Essence Service** - Anthony Gonzales, Service Manager

**MP Houghton and Sunderland South** - Bridget Phillipson

### **Local Councillors for Hetton**

Councillor James Blackburn

Councillor John Cummings

Councillor Doris Turner

## 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.....	13
Appendix 1 - Questions for residents .....	13
Appendix 2 - Questions for Managers .....	14
Appendix 3 - Questions for staff.....	15
Appendix 4 - Questions for friends and relatives .....	16



---

## 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, rather than safety, 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, Lorraine was held at Elizabeth Fleming. This was to explain the reason for the ‘Care home life - What’s 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’s it’s really like!’ visit took place on the 24<sup>th</sup> November 2017 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	 Strongly agree						
2.	Staff with time and skills to do their jobs	<table border="0"> <tr> <td><b>Time</b></td> <td><b>Skills</b></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Agree</td> <td>Strongly agree</td> </tr> </table>	<b>Time</b>	<b>Skills</b>			Agree	Strongly agree
<b>Time</b>	<b>Skills</b>							
								
Agree	Strongly agree							
3.	Good knowledge of each resident and their changing needs	 Strongly agree						
4.	A varied programme of activities	 Strongly agree						
5.	Quality, choice and flexibility around food and mealtimes	 Strongly agree						
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	 Strongly agree						



---

## Findings

Elizabeth Fleming House, Off Market Street, Hetton-le-Hole, Houghton-le-Spring, DH5 9DY

Run by [Four Seasons \(Bamford\) Limited](#)

Elizabeth Fleming House is a purpose-built care home which provides personal care for up to 36 both older and younger people. Care is provided for those with dementia, physical or mental health needs, either long-term or for respite care.

Residents have access to a TV lounge, on-site hairdressing, sensory garden, patio area, flower gardens, grounds and Wi-Fi.

See the latest CQC inspection report here:

<http://www.cqc.org.uk/location/1-318001637>

At the time of our visit there were 35 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch team were only able to support 4 residents to fully complete the survey. The team received 15 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 STRONGLY AGREE this was met.**

Some of the residents at Elizabeth Fleming had difficulty identifying the Manager but this may have been due to their own individual health or capacity. Others stated that they did know who she was and they all said that she was nice or very good. For those who were unable to name the Manager the Healthwatch team witnessed positive interactions between them where they appeared comfortable in her presence.

Relatives/friends who replied stated that they knew who the Manager was and found her helpful and friendly.

All staff who completed the survey responded positively when asked about support offered by the Manager and informed us that the Manager and her Deputy operate an open door policy, making them both very approachable and very easy to talk to. They also went on to say that they feel fully supported in their roles and if advice or assistance is needed with anything the management always helps out.

The Manager stated that she began her career at the age of 14 where she volunteered in a local mental health hospital. She has now worked with the elderly for 33 years and is very passionate about her job. She enjoys everything about her role and feels very fortunate to be working with such a great team.



## 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 **AGREE** this was met for staff time and **STRONGLY AGREE** this was met for staff skills.

The residents when speaking to the Healthwatch team commented that staff were friendly and caring and that they felt well looked after. When asked if the staff had time to stop and chat to them all residents spoken to said that they did have the time, with one adding that they were also very busy.

Relatives/friends who completed the survey felt that the staff had enough time for their relative/friend and that they feel part of the family and comfortable enough to ask staff questions when necessary.



When asked about having enough time to care for residents the responses from care staff were mixed, some stated yes and others said sometimes adding that it depended on the day as no two days are the same.

All staff commented that they are encouraged to take part in training and there is plenty of training available. Other comments included that training is sought out by management and that they also ask staff if there is any extra training that they might be interested in. All staff commented that they really enjoy their job and informed us that they enjoy “Getting to know residents and establishing friendships with other staff members”, “Seeing our residents happy and fulfilled” and “Making people happy”.

The Manager informed us that she strives to encourage the team to complete training to enable them to do their jobs to a very high standard. She gave an example of how she does this “One of our carers was encouraged to

apply to university to complete her nurse training, she was successful and is now in her first year at university. I believe we must empower our staff to get the most out of their role which in turn leads to excellent care”.



---

### **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 STRONGLY AGREE this was met.**

When asked if staff know their likes and dislikes one resident replied yes with another stating it depended upon the staff member. Others weren't sure but this may have been due to their own individual health or capacity.

Relatives/friends who completed the surveys responded positively to this question. One relative stated her mam had only been in the home for week so they were still getting to know her but staff were actively asking for details. Another relative said that her husband who has Huntington's disease is the only one in the home with this condition but with her help the home continually discuss his changing needs and often get specialist from outside when required.

The staff and Manager stated that a good knowledge of the residents is built up through speaking to residents and their family which is wrote in 'My choice booklet' which all staff take the time to read. One staff member also stated that where possible they talk to staff at other homes if the resident has come from another establishment. They added that the care plans are evaluated monthly or as a resident needs change. Changes are recorded in the daily hand over and the information is cascaded to the team daily and through staff meetings.

### **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 STRONGLY AGREE this was met.**

The care home provides a range of in house activities including bingo, arts and craft, film nights, baking, entertainment and a new virtual reality headset experience that has been introduced to the home in partnership with Newcastle University. Outside the home residents are supported to trips to Beamish, the shops and the beach etc. On the day of the Healthwatch visit the home received a visit from the local nursery which included the children sing songs in one of the lounges. The Healthwatch team witnessed the residents thoroughly enjoying this and said they were looking forward to them making more regular visits.

The majority of the residents we spoke to joined in on the activities and found them easy to take part. The Healthwatch team witnessed two residents coming into the lounge to take part in the singing when the nursery children arrived. One also commented that there was always something going on and how much she liked the Activities Co-ordinator. The Healthwatch team observed friendly interactions with the Co-ordinator and the residents who showed the Healthwatch team round on the day.



Friends/ relatives acknowledged the range of indoor and outdoor activities available in the home. On relative did mention that she had had a meeting two weeks previously with the Manager about the entertainment available and requested some more one -to-one time with staff for her family member. Although she did acknowledge her family member does join in activities depending upon their mood and go along to outside trips such as Beamish.

## 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 **STRONGLY AGREE** this was met.



The majority of the residents told us that the food was really nice with a wide range of choice available to them. They also stated that there is two choices available and if you didn't like either of these you can request soup or a sandwich. The majority of the residents informed us that they eat in their room as they prefer this but are often encouraged to join others in the

dining area. Friends and relatives also agreed that the quality, choice and flexibility of food and the mealtime experiences were good.

Staff and Management reiterated that residents are given a choice of two meals and added that these are also available to view on the today's menu board (seen above) or they can request something else. Mealtimes are protected (a period of time when activity is reduced so staff can be available to help serve and supervise meals and assist residents who need help to eat and drink. This time also include limiting visitors) and a domestic and other staff members to help support the residents to eat and drink. They also provide high calorie snacks in between meals and monitor food and fluid intakes to ensure everyone is having an adequate diet and fluid intake. Mealtimes are made sociable and enjoyable by putting on music and residents are encouraged to sit at tables together and make conversation with staff supporting those who need it.

During the Healthwatch visit we witnessed staff supplying residents with tea, coffee and juice and biscuits.



---

## **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.**

All residents spoken to said that they have regular healthcare check-ups. Some stated that they have visits to the home from opticians, dentists and GPs, others said they visit the GP in the local community. One resident mentioned they had had their eyes recently tested and as a result been issued with new glasses.

Of the relatives/friends who completed the survey only one was able to comment on this question and they stated that their husband saw health professionals as and when needed and was happy with the access and level of care.

The Manager and staff informed us that they have a dentist, podiatrist and optician that come into the home on a regular basis and GPs and other professionals such as Speech and Language Therapist (SALT) or the Tissue Viability Nurse (TVN) as and when needed.

## **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.**

During our visit the Healthwatch Sunderland team noted that residents were appropriately dressed and their clothes were clean. Gentleman were shaven and all residents' hair was clean and well kept.

All residents felt that their religion and culture was respected. With one resident commented that once a month she goes to church with support from the home. Some of the residents also stated that they have their hair done on a regular basis which they enjoy.

Of those relatives/friends who responded about culture only one commented to say that her mam is a catholic and as she is new to the home but will be looking to join in on the available religious services that the home has to offer.

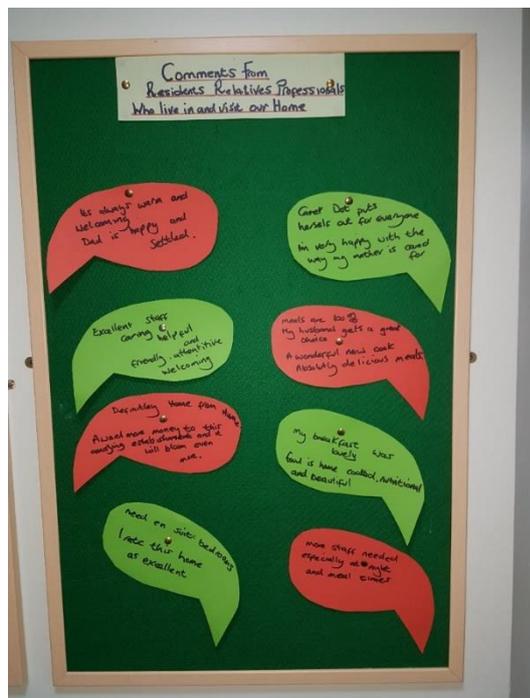
Staff and management informed us that they gather information on admission and include it into residents care plans to help promote person centred care. They also told us that they have weekly visits from a local vicar and residents can visit a church of their choice if they wish.



## 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 **STRONGLY AGREE** this was met.



Whilst on the visit the Healthwatch team asked the residents if they ever get asked what they think about the home, all the residents replied to say that they do, with some commenting that this happens on a regular basis. When asked if they would like to change anything none of the residents had anything that they wanted to change. They all also knew, how and who to complain to if they needed to.

Relatives /friends when asked felt that they were very much welcome participants of the home. They all felt that they could feedback in the way that the home was ran and one relative gave an example of how she had brought up at a meeting with the care home about the availability of one to one

time for her relative. She felt confident her issues were listened to and would be addressed. Others also stated that they felt confident to make a complaint and felt it would be acted on appropriately.

The Manager and staff informed us that residents and their relatives/friends can have their input into the home by using a dedicated i-pad that is used to collate feedback daily. The i-pad feedback is then incorporated into their residents meetings to see if the home can improve resident care. Staff members gave examples of how this has worked; a new family member noticed the home had no resident signing in and out book and fed this back, which the home acknowledged and acted upon and it now is in place. Another example given was when the times of meals were changed and most of the residents and relatives didn't approve, so again the home listened to the feedback and the times of meals were changed back to the original times.

The Manager also explained that she operates an open door policy and encourages families to talk to her if they have any concerns. She also stays back late and works weekends to give families who work the opportunity to come and see her.

Staff when asked if they could have a say on how the home is ran all agreed except one individual who commented that they could sometimes.



---

## 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. Is it easy to join in the activities?
8. Do you get a chance to do any of the things you used to enjoy before you came here?
9. Do you go on trips outside?
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. Is there respect for your religion or your culture here in your home?
15. Do you get asked what you think about the home?
16. Would you like to change anything about the home? Have you told anyone about this and what happened?
17. 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?
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**  
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**  
Do residents have regular, preventative dental and optometry (eye-care) appointments?
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?
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.

© Healthwatch Sunderland 2017