

Care home life, what it's really like!

Highcliffe Care Centre



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11th December 2018





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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.



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1. Introduction

What is Healthwatch Sunderland?

Healthwatch Sunderland is the independent local champion for people who use health and social care services. We're here to make sure that those running services put people at the heart of care.

By speaking to Sunderland residents we aim to understand their needs, experiences and concerns of accessing and using local health and social care services. We can then speak out on their behalf to local service providers, focusing on people's concerns about current services and ensuring they are listened to and addressed by those who are running services.

We encourage and work with local services to involve Sunderland residents in the changes to health and social care provision. The ultimate aim is to get things right for the future, with health and social care services which meet the needs of the local community.



We champion what matters to you and work with others to find ideas that work.

We are independent and committed to making the biggest difference to you.





2. Background and rationale

Research carried out in 2016 highlighted that there is a need to provide qualitative information on care homes which 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.

Since 2017 Healthwatch Sunderland has responded to this need and began carrying out visits to all care homes currently available to older people across Sunderland. The aim is that these visits will be carried out on an annual basis to ensure the findings are current and up to date.

To enable members of the public to make more informed choices when considering which care home to move into for themselves or their relatives, the complete results are available via our website, where you will also find a promotional video which will explain the work fully: www.healthwatchesunderland.com.

Professionals and members of the public are also welcome to contact us if they need further information or access to the reports in other formats.

The work is based on 9 indicators which 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 9 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, chiropodists, audiologists etc.
7. Accommodate resident's personal, cultural and lifestyle needs
8. Provide an open environment where feedback is actively sought and used
9. Provide a physical environment which is suitable for the needs of the residents



3. Methodology

The ‘Care home life - What it’s really like!’ visit took place on the 11th December 2018 and was carried out by Healthwatch Sunderland staff and volunteer 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 designed to reflect the objectives of the visit. Observations were made on the physical environment and staff/resident interaction etc.

Staff and relatives were also given questionnaires to complete (see appendix 2, 3, 4 and 5).

We engage with local people on an ongoing basis, encouraging them to share their feedback 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 nine 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	 Agree
2.	Staff with time and skills to do their jobs	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Time Agree</div> <div style="text-align: center;"> Skills Strongly agree</div> </div>
3.	Good knowledge of each resident and their changing needs	 Agree
4.	A varied programme of activities	 Agree
5.	Quality, choice and flexibility around food and mealtimes	 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	 Agree
9.	Provide a physical environment which is suitable for the needs of the residents	 Agree



Findings

Highcliffe Care Centre is a purpose built property set in its own grounds in the mainly residential location of Whitchurch Road, Witherwack, Sunderland, SR5 5SX.

The home has capacity for 60 residents aged 65 plus, in single en-suite rooms and offers both residential and residential dementia care. Residents are welcome to furnish their rooms with their own items.

Highcliffe Care Centre has six communal areas in total including a café, three lounges and two reception areas. The internet, a hearing loop system and an accessible garden are also available for residents to utilise and enjoy.

Activities are provided seven days a week and are delivered by the homes' Wellbeing and Activities Lead, Wellbeing and Activities Assistant and Resident Liaison Officer.

Prior to new residents bringing pets to live with them at the home, an assessment of the homes' existing residents would be carried out. This would take into account allergies and phobias.

The home operates protected mealtimes on an individual need basis (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 includes limiting visitors). The administration of medications and treatments are avoided during mealtimes. Family members are welcome to assist their relative at mealtimes if they wish to do so and a quiet area will be prepared to facilitate such requests. Mealtimes are flexible to accommodate visits from medical professionals.

See the latest CQC inspection report here:

<https://www.cqc.org.uk/location/1-135570407>

At the time of our visit there were 53 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch team were only able to support four residents to fully complete the survey and one resident to partially complete the survey. The team received five staff and three 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 AGREE this was met.

When asked about the Manager at Highcliffe, one of the residents who engaged with the survey process was unaware of who the Manager is, which could have been due to their own individual health or capacity. All of the other resident



respondents stated that although they couldn't recall the Manager's name, they had met him and knew he is based in the homes office. Comments about the Manager included;

"He's good."

"I don't know him that well, but he seems like a nice chap."



Main reception

All of the relatives who responded to the survey knew the Manager by name and gave the following responses;

"He is a personable young man, who has worked his way up to the management of the home. He is hands on, friendly, polite and helpful - always."

"Scott is the kind of person who appears to get on with everybody. He joins in a lot of the entertainment that they put on in the home. He is always there if you want to ask his advice."

"A little inexperienced. Nice enough and I believe he wants to do well."

All of the staff who responded to the Healthwatch survey commented that they feel supported by their Manager. They all gave positive comments about their experience of talking to the Manager when they want to ask a question or raise an issue. Staff comments included;

"He is always there to talk to if I have any problems and always has a solution to my issue."



“I have no concerns or issues approaching the Manager. I always receive answers or guidance on how to deal with issues.”

When asked what attracted them to their current role, the Manager said; “Making a difference to all of our residents, giving them a choice and having control of their lives and environment.”

The Deputy Manager said; “After progressing my career, from Carer to Home Trainer and Team Leader, working 50 hour weeks I now see Highcliffe as my home and residents as my family. I am now in a position to make an even bigger difference in their lives.”

During the Healthwatch team visit the Manager was observed by the team responding himself, to one resident’s alarm bell.

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.

When the residents were asked about the staff at the home, all of the respondents commented positively. Their comments included;

“Very good, they look after me.”

“They’re alright. I’m looked after - well fed and watered!”

“Lovely, they’re no bother and nothing is the bother to them.”

When asked if the staff have time to stop and chat to them, the residents all gave positive comments, although indicated that the staff at the home are always busy. One resident said; “They are short staffed, but they do their best. They are always dashing about.”

When asked if the staff have the time to care for their relative, one relative stated that the home is currently understaffed, which can lead to staff being pushed for time. The two remaining relatives said;

“Yes, most certainly. They make the time to care for all the residents. This has always happened - my mother has been here in Highcliffe for eight and a half years. I have never felt any of the staff didn’t have the time.”

“The staff appear to be eager to entertain the residents without interrupting their daily duties of looking after my sister.”

All of the relatives went on to comment that the staff at the home have the necessary skills to care for their relative. Comments included;

“I have never come upon any staff who did not have the skills to look after my sister. They are all there when you want them.”



“I have always been extremely impressed by the wide range of skills used to care for my mother.”

The staff respondents agreed that they have enough time to care for the homes’ residents. They went on to say that they are encouraged to develop their skills by being presented with training opportunities and undertaking these. One staff member said; “I went on a course recently and thoroughly enjoyed it.”

When asked what they enjoy about the jobs, all of the staff responded positively, putting the residents at the heart of their responses. Their comments were;

“Ensuring a high standard of care is delivered and providing a good quality of life to those in need of support. I also enjoy being a good support to colleagues.”

“Cooking to a good standard of quality food for residents to enjoy.”

“Time spent with residents on a one to one.”

When the management were asked how they ensure staff have enough time to care for the residents, the Manager said; “By working the floor alongside staff. By doing this I can see the level of care provided and if staff are struggling, then we would have to increase staff. Myself, the Deputy Manager, Team Leader or Super Numerary (a staff member who is present in excess of the normal or requisite number) are there to assist when and where needed.”

The Deputy Manager said; “By having Super Numerary time on the floor, I am not counted in the numbers, so pitching in allows the care staff some relief and extra time to spend with residents for us all.”

Both the Manager and his Deputy commented passionately when asked how they encourage the staff at the home to develop their skills. The Manager said; “As a



trainer myself, staff development is key to me. Having well trained staff ensures positive outcomes for all of us.”

The Deputy Manager said; “I’m a big encourager of staff education being a constant part of the role. It allows for development in the home and if all staff are upskilled when there are sickness or job vacancies residents won’t suffer while waiting for new staff training.”

During our visit one of the Healthwatch team noted there was a high staff presence and that they were supporting residents, appearing to know them well and aware of their individual needs.

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.

When asked if the staff at the home know them, know what they need and their personal preferences, three residents stated that this was the case, one resident could not hear the question and the remaining resident said; “Not necessarily. I do my own thing as I don’t need assistance. They are there if I need them.”

The relative respondents agreed that the staff at the home know their relative’s life history, personality and health care needs. One relative stated that they supplied some information about their relative when they first came to live at the home. Another relative said; “Extremely well. They know by the look on her face, tiny changes in response and attitude. They have commented at different times on some of the more unusual events in my mam’s life. They have read and understood her story.”

Two of the relatives responded when asked if the home notice and respond to changes in their relatives needs and stated that this is the case. Comments included; “Yes, always. They have changed diet needs, the way she likes her hair done, removed facial hair, done her nails, made sure she wears the clothes she likes - all the things which show they know her.” They went on to say that the home keeps them informed of any changes either via the telephone or during their visits to the home. One of them added; “They will let me know what is happening and often check to ensure my approval, as mam cannot do this herself.” The third relative didn’t respond to this question.

The management and staff informed the Healthwatch team that they get to know the life history, personality and health and care needs of new residents by firstly undertaking a pre-admission assessment, introducing themselves and speaking to the resident and their family members. Using this information they then develop an individual care plan and a life story board for the resident and all staff are updated at detailed handover meetings. They went on to say that changes in a



residents likes, dislikes and health and care needs are updated daily/monthly or as required, into the resident's care plan and also placed on the '7 day handover' to ensure staff are aware of changes.

"The Senior will let us know if there are any changes regarding a resident."

The Healthwatch team observed one staff member assisting a resident to drink a fortified drink. She took care as she encouraged the resident, using his name when doing so. The resident went on to finish the drink, which he looked to have been enjoying. The staff member then made the resident another drink and supported them to drink it.

The Activities Coordinator who was serving residents with their refreshments in one of the communal lounges, addressed residents by name as she made her way around the room ensuring everyone had a drink of their choice. The plate of biscuits were shown so residents could make their own choices.

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 AGREE this was met.

Although some of the residents stated that they join in the activities provided at the home, other respondents informed the Healthwatch team that they no longer take part. Residents informed us of some of the opportunities available to them, which included; Singers, bingo, games, music and visits from choirs. When asked about activities outside of the home, one of the residents went on to say that they had recently been on an outing to a local pub where there had been singing, which they had really enjoyed. Two of the residents did not respond to this question and another two residents stated that they no longer wish to go on trips outside of the home.

When asked if it is easy to join in with the home's activities, two residents stated that the staff inform them when an activity is about to start, with one resident adding that they regularly receive a copy of the activity schedule. One resident informed the Healthwatch team that they sit in the lounge area, which gives them the opportunity to socialise. Two residents did not answer this question, which may have been due to their own individual health or capacity.

One resident who had stated that they do not wish to join in group activities was asked if the Activities Coordinator spends one to one time with her, she agreed and said that this is the case sometimes. She went on to indicate that this was adequate for her needs.



December 2018

○ Social
○ Physical
○ Psychological

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
3rd 10:30am Sit & Be Fit One to Ones 2:30pm 3D Reminiscence with Adele	4th 10am Coffee Morning 2:30pm Cookery Club Norma Ryan	5th All Day Hairdresser 10am Pamper Sessions 2:30pm Afternoon Exercise	6th 10am 1pm 2pm Audio Book Club Arts & Crafts	7th 10am MOVIE MORNING 3pm Making Music	1st 10am Audio book club Music Morning 2pm Movie Afternoon	2nd 10am Games Morning 2pm Sunday Afternoon BINGO
10th 10:30am Sit & Be Fit One to Ones 2pm GAMES AFTERNOON	11th 10am Coffee Morning & Weekly Sparkles 2:30pm Cookery Club Margaret Allison Audrey Bryant	12th All Day Hairdresser 10am-12pm CARERS GROUP 2:30pm Afternoon Exercise	13th 10:30am 1pm 2pm Morning Sing-along ANDY JAMES SINGER	14th 10am Story telling board 3pm Making Music	15th 1pm-4pm CHRISTMAS FAYRE & CHRISTMAS JUMPER DAY	16th 10am Walking Club 2pm Sunday Afternoon BINGO
17th 10am Thornhill School Choir 10:30am Sit & Be Fit One to Ones 2:30pm 3D Reminiscence with Adele	18th 10am Residents Committee Meeting 2:30pm Cookery Club Brenda Pritchard	19th All Day Hairdresser 10am Pamper Sessions 2:30pm Afternoon Exercise Kitty McGrath	20th 10:30am 1pm 2pm Morning Sing-along Arts & Crafts 5:30pm XMAS PANTO	21st 10am MOVIE MORNING 3pm Making Music	22nd 10am Life Story Work & One to Ones 2pm Gentleman's Club	23rd 10am Walking Club 2pm Flower Arranging Olive Lister
24th CHRISTMAS EVE	25th CHRISTMAS DAY	26th BOXING DAY	27th 10:30am Morning Sing-along 2pm Arts & Crafts	28th 10am Story telling board 3pm Making Music	29th 10am Life Story Work & One to Ones 2pm Gentleman's Club	30th 10am Walking Club 2pm Sunday Afternoon BINGO
31st NEW YEARS EVE	Please note some activities are subject to change due to unforeseen circumstances. However we do aim to keep changes to a minimum and to keep you informed should they occur. Thank you.					

Some of the resident respondents informed the Healthwatch team that they enjoy using the homes garden in the warmer months. One resident said; “I used to be a gardener in Barnes Park and I will sit in the garden here in the summer.”

When asked if they are still able to undertake past hobbies and interests, the residents who engaged with the Healthwatch survey informed the team that due to their own individual health and capacity they were no longer able to do so. Residents did however inform us that they still enjoy watching the TV, colouring in and playing bingo. Comments included; “I can have a little drink here if I would like one and I still enjoy playing bingo.”

All of the relative respondents indicated high levels of satisfaction with the provision of activities at the home. Their comments included;

“I have always been impressed with the variety of activities.”

“She seems to enjoy what activities are on the rota.”

“A lot of effort goes into this, it’s pretty good.”



All of the relatives agreed that their relatives are encouraged to take part in the available activities at the home. Comments included;

“Staff use gentle persuasion, but don’t push.”

“Staff let me know when she has joined in, which is quite often.”

“I have been asked to help out and have done, but not on a regular basis. I have joined in resident and relative meetings too.”

When relatives were asked if their relatives can still participate in past hobbies and interests, one relative informed us that this may be difficult at Highcliffe Care Centre as most of the residents have dementia. Another relative stated that due to the decline in their relative’s health this has become more difficult, although they do still enjoy watching the activities. Another relative stated that their relative still enjoys crayoning and crafts.

Staff and the management of the home gave us a comprehensive list of activities which are available to residents inside the home, these included; arts and crafts, flower arranging (finished displays are used for decoration throughout the home), virtual reminiscence, visits from the PAT (Pets as therapy) dog, seated and core muscle exercise sessions, story boards, coffee mornings, holistic therapies, gardening club, knit and natter, gentleman’s club, book club, cooking classes, puppet shows, card games and dominoes. The management went on to say that



the home has its own small mini bus to ensure residents are out and about as much as possible and they and some staff gave examples of available outings, these included; walking club, visits to local tea dances, the beach, Beamish Museum, the Wetlands Trust, pub lunches and afternoon teas. However, one staff member stated that there are no activities available to residents outside of the home.



Communal lounge and garden area



Residents are issued with an activities planner so they are aware of the activities schedule. Staff and the management informed the Healthwatch team that residents are encouraged to take part in activities by staff informing them what is going on and discussing options with them, explaining the benefits of taking part and staff offering support and assistance when necessary. The Manager added; “Staff actively create relationships, which once established can play a big part in getting a resident involved.”

The Manager also informed us that if residents enjoy going to activities prior to living at the home, arrangements are made to enable them to keep attending so that their relationships outside of the home are maintained. The Deputy Manager added; “One resident has a carer escort them to things such as church every Sunday, to the bookmakers for the horse racing, the pub for a pint and to line dancing on a Wednesday night.”

During our visit the Activities Coordinator was observed by one member of the Healthwatch team in the ground floor communal lounge, sitting on the sofa between two residents, with another resident on a nearby chair. They were chatting whilst using the ‘Weekly Sparkle’ magazine as a facilitation tool. (The Weekly Sparkle is a reminiscence newspaper specially developed to provide daily stimulation, interest, enjoyment and fun for older people and people living with dementia.) They were talking about past news articles which were documented in the publication as the Activities Coordinator prompted the residents to answer



questions and finish sentences. They all seemed very relaxed and to be enjoying the experience.

Another Activities Coordinator was observed speaking to family members who were sitting in a group in the same lounge, celebrating their relative's birthday. The staff member and relatives seemed to know each other well, with the staff member informing them about a fitness session that their relative had been involved in the day before the Healthwatch visit.

TVs were present in each communal lounge at the home and also in individual resident's rooms. There were also two pianos present in the home and a staff member informed the Healthwatch team that one resident in particular can play and utilises them.

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 AGREE this was met.

When asked what the food is like at the home, the majority of residents stated that it is good. Their comments included;

“Very good - there's too much food! I can have a glass of wine with my food.”

“It's good, I'm not fussy and like it all.”

The remaining resident said; “I'm diabetic and sometimes I want a salad, but it isn't always available.”

When asked about the choice of food, two of the residents indicated that this can sometimes be an issue, although other respondents indicated high levels of satisfaction in this area. Comments included;

“I can't always get my usual diet here, but I manage with what's on offer.”

“There is a good selection - I am eating enough, look at my spare tyre!”



“I would tell them if there was nothing on the menu I like and they would make me something else.”

Residents indicated that they have choice when it comes to where they eat their meals, with some respondents eating in their own rooms and others in the communal dining areas. Some residents added that they enjoy mealtimes, with others saying they don't have much appetite. One resident stated that the meal service is sometimes slow.

Two of the relatives commented positively when asked about the quality and choice of food at the home, with one person adding; “I have regularly been offered changes in times if my visit was at mealtimes.”

The remaining relative stated that the food at the home is generally not great. All relatives who responded to the survey informed the Healthwatch team that they are confident that their relatives are supported to eat and drink as much as is needed. One relative told us; “This is something that has become a particular problem over the years - recommendations by and to the dietitian have been followed. The care taken to get mam to eat in the last week has been wonderful.”



Relative respondents informed us that the home ensures mealtimes are sociable times by encouraging residents to eat in the communal dining areas and by staff chatting to residents. One relative added; “Everyone is spoken to by service staff and care staff in polite, encouraging manner. If mam has to take extra time, this is OK and she is never rushed.”

When the staff at Highcliffe Care Centre were asked about the quality and choice of food, one staff respondent stated it is ‘fair’. The remaining staff members said; “Residents can have a choice and if it's not on the menu they can have whatever they wish - nothing is a bother to the kitchen.”



The 'tea trolley'

“Quality of food and presentation has improved. Residents are encouraged to choose meals prior to mealtimes, there are various options offered.”

The Manager and his deputy went on to explain how they ensure high standards of quality and choice of food;

“The menu is developed by our Head Chef. This is then presented to the Resident

Committee for approval or changes prior to being approved. We have a meal comment book and I sample the main meal daily.” (The Manager).

“Preference sheets are completed in care plans and reviewed with the residents regularly. Residents choose the menu options at committee meetings. All choices are sought even if not in stock. Recent requests for ‘Surf and Turf’ at lunch was facilitated by tea time after a trip to the shops.”

Staff and the management informed the Healthwatch team that residents are encouraged to eat and drink both at mealtimes as well as outside of mealtimes by being offered a choice of what they want to eat, the home has its own ‘café’ area which has beverages and cakes available 24/7, hydration stations are present on both floors of the home, the ‘tea trolley’ delivers drinks and snacks at 10.30am, 2.30pm, 7pm and 9pm, a request service is available from 7am - 6.30pm and freshly baked goods are also on display in the communal areas. Staff commented;



Drinks stations available to residents and their visitors

“Regular snacks such as fruit, crisps, biscuits, pastries and sandwiches are encouraged between mealtimes.”

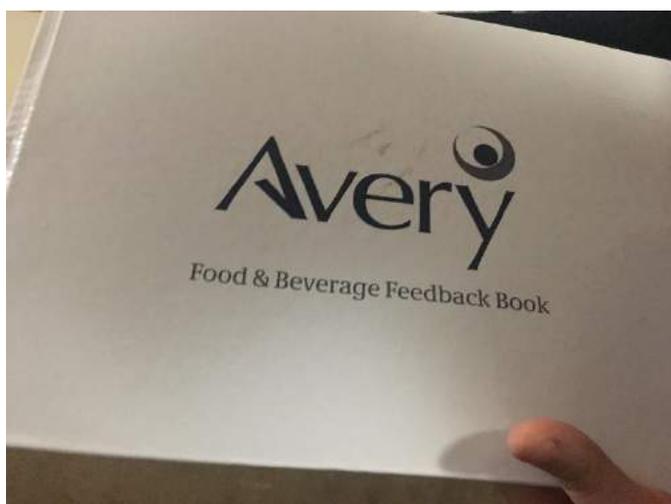
They went on to say that residents also have choices of where they would like to eat, which include; the dining room, foyer, their own room or in the communal lounge areas. Mealtimes can also be flexible to meet the needs of the individual



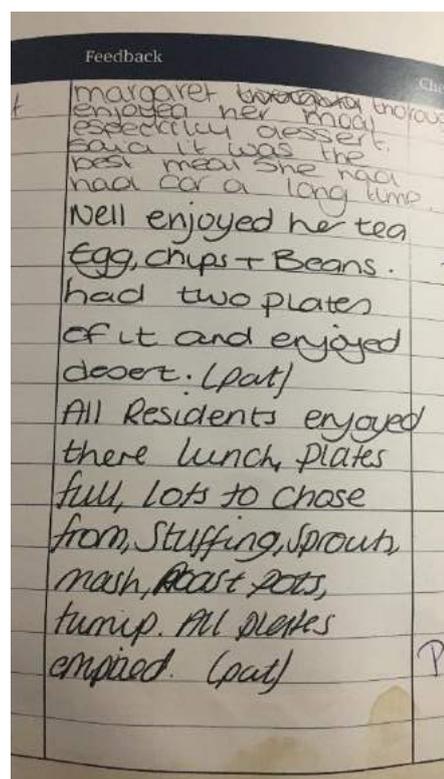
residents. These times at the home are made sociable by staff encouraging residents to eat in the communal dining areas, where quiet music is played, they can sit alongside their friends, staff assist when needed and conversation is facilitated and encouraged by staff too. The Deputy Manager said; “Everyone is encouraged to eat in the dining rooms and mealtimes have a restaurant feel to them. Families are encouraged to join mealtimes and are offered more intimate socialising on tables set in quieter areas.”

During the Healthwatch team visit to the home the tea trolley was being taken around the home offering a selection of hot, cold and fortified drinks, alongside biscuits and freshly handmade macaroons. During the team’s engagement with one resident, the home’s cook entered the room to ask the resident’s opinion on the macaroon. One member of the team noted that the Chef then proceeded to enter other resident rooms to do the same.

During the visits a member of the Healthwatch team witnessed one resident was struggling to drink from her cup, due to her physical health was assisted to do so by a member of the Healthwatch team. This was brought to the attention of the Manager before the end of our visit.



Resident comments about the food at Highcliffe Care Home are logged, signed off and actioned upon if necessary





Indicator 6 - Regular access to health professionals (GPs, dentists, opticians, chiropodists, audiologists 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.

The majority of the residents when asked about their access to healthcare professionals stated that they have recently seen a dentist and an optician. Resident comments included;

“I can’t recall seeing an optician, but I haven’t been here long. I have a sore eye, which the staff know about and are looking out for me.”

“My hearing is good and I had my eyes checked a few weeks ago and got new glasses.”

“I was having problems with my false teeth, so the dentist came out a few weeks ago and I had impressions done. I have hearing aids, which have been more bother than enough, so I’m not using them.” The resident made the Healthwatch team aware of her frustrations around her hearing loss and the team were able to bring this issue to the attention of the Manager at the end of our visit.

All of the residents who responded to the question, ‘What happens if you need to see a doctor or have a hospital appointment?’ stated that they would inform a member of the home’s staff if they were unwell and the staff would arrange an appointment for them. They went on to say that either their family members or staff would accompany them to appointments outside of the home.





All of the relative respondents to the survey process indicated high levels of satisfaction with the provision of healthcare to meet the needs of their relatives at the home.

Both the staff respondents and the management commented on the high levels of regular visits from healthcare professionals to the home. These included; GPs, District Nurses, Opticians, Dentists, Diabetic Nurses, Chiropodists and Social Workers. The Deputy Manager said; “District Nurses visit daily. We are aligned with a GP (Redhouse Surgery) to facilitate more frequent visits for all. We host a quarterly professional’s breakfast in which we invite all professional visitors, including Social Workers, Dentists, Nurses, GPs and anyone who has input into the care of our residents to give an informal Multi-Disciplinary Team (MDT) to reduce call outs.”

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.**

None of the residents the Healthwatch team spoke to stated that they currently practice a religion. When asked about the laundry system at the home, we received the following comments from residents;

“My clothes are named and I am happy with the laundry service. It’s very efficient.”

“All of my clothes are laundered for me, it’s very good.”

“I don’t always get my own clothes back, but they look for your items and get them back to you.”

“It’s mostly OK, but a pair of my thinner trousers have gone missing. They are looking for them for me.”

Residents also stated that the staff at the home paint their nails if they wish, wash their hair and they can make their own choices about which of their clothes they wish to wear. One resident added; “A lady comes in here to do our hair and we pay.”

During the Healthwatch team visit, residents at the home looked relaxed. The hairdresser was present and was being supported by one of the care staff to style residents’ hair in the home’s dedicated salon.

One of the relatives informed the team that their relative has specific religious needs, they stated that their relative follows the Church of England religion, but only attends church now for weddings and funerals. Another relative said; “Not a church goer, but I know it would be arranged if needed.”



The dedicated hair salon



Relatives told us that there is a hairdresser who regularly visits the home to cut and style the residents hair, which they pay for themselves.

Two of the relatives stated that the laundry service at the home is very good or amazing! The remaining relative stated that there are problems with the laundry and that some items have been damaged. All of them agreed that their relatives are always clean and appropriately dressed. One saying; “If you let her, she will keep things on longer than she should, but the staff keep an eye on her.”

When asked how the home finds out about and accommodates a residents’ cultural, religious and

lifestyle needs, the staff and management of the home informed the Healthwatch team that this information is gathered during the pre-admission assessment process. Details are then incorporated into the individuals care plan. Comments included;

“Residents go to church on a Sunday and they have Holy Communion in the home.”

“We have a Burmese gentleman who has an alternative diet and regular visits from a Buddhist Monk. This gives a great therapeutic effect and he really enjoys speaking in his native tongue. We have weekly visits to church and have an in-house prayer service.”

When the management were asked about the provision for residents to have their hair cut and styled they informed us that there are two visits per week from a hairdresser and the staff at the home also wash and style residents hair at other times of the week.

When asked how the management ensure the laundry staff get residents own items of clothing back to them, the Deputy Manager said; “At a relatives meeting in the Summer, missing clothes was a topic of concern brought up by more than one



person. I decided to incorporate laundry staff into the admission of residents and property lists and clothes labelling are used to know whose items are whose.”

The management then went on to inform the team what mechanisms are in place to ensure residents are always clean and appropriately dressed;

The Manager said; “Senior staff check residents when administering medications in the morning.”

The Deputy Manager said; “Detailed preferences are in section 11 of the care plan. Any soiled clothes are to be changed as soon as possible. Hands and faces washed as needed after snacks and meals.”

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 AGREE this was met.

When the residents were asked if they get asked if they are happy at the home, the Healthwatch team received a mixed response. Although all of the residents who responded to the survey stated that they are happy at the home. Their comments included;

“Yes, I do and I’m well happy! I’ve got my room and my TV.”

“I like it here. I belong in Southwick, so it’s nearby.”

“There is no alternative for me, but it seems as if it has a good reputation.”

None of the residents that the Healthwatch team spoke to had anything which they would like to change about the home.

When asked what they would do if they ever needed to make a complaint about the home, the residents who responded stated that they would either approach their family members or the home’s staff. Comments included; “I would tell Karen (Activities Coordinator), she is very nice and helps you if you need anything or if you’re worried.”

Two of the relatives who completed the Healthwatch survey strongly agreed that they feel welcome participants in the life of the home. The remaining relative said; “Hmm??? Maybe...I complain a lot.”

All of the relatives went on to say that both they and their relatives can have a say on how the home is run by attending regular meetings or speaking to any of the staff. They added that if they ever needed to make a complaint about any aspect of the home they would speak to the Manager or, again ‘any of the staff’ at the home. Two of the relatives stated that they would feel confident that their



complaint would be acted upon appropriately. One relative commented; “I have only done this once and it was taken seriously and dealt with. I spoke about it and then wrote a letter. I got a written reply and follow up action was taken. The remaining relative said; “Yes...and no!”

Staff and management informed the Healthwatch team that both residents and relatives can have their say on how the home is run by speaking to the management at any time, as they have an open door policy, leaving suggestions in the suggestions box or feedback book, leaving reviews on the website, attending resident or family and friends meetings, through ‘resident of the day’, attending the Managers Clinic, at care reviews or by taking part in the residents recruitment panel.

The Managers told us that they use feedback and complaints. They stated that all feedback is welcomed, discussed, weighed up, acted upon and feedback to all involved.

When asked how they can have a say on how the home is run, two of the staff who responded to the survey did not complete this question. The one remaining staff member said they can speak to the Manager. The management informed the Healthwatch team that staff can have their say by attending staff meetings, appraisals, supervisions and Personal Development Reviews. Staff can also leave suggestions in the homes suggestion box.

Indicator 9 - Provide a physical environment which is suitable for the needs of the residents

The indicator states that care homes should be suitable for their resident’s needs. Be comfortable, homely, well maintained with high standards of hygiene. **The Healthwatch team AGREE this was met.**

All of the residents who responded to the question; ‘Is the home always clean and tidy?’ agreed that it is. The majority of residents stated that the home’s



temperature can be too warm for them, but this is resolved by removing jumpers/cardigans and opening windows. Another resident stated that they are sometimes cold but will add clothing accordingly. One resident said; “Yes, it’s fine for me.”

All of the relatives agreed that the home is at a comfortable temperature for their relatives. Two went on to say that windows were opened if the room is too warm, one stating that they are shut again when the room cools, the other stating that they can be left open and the room becomes cold.

Two of the relatives agreed that the home is always kept hygienically clean and tidy, one person adding that ‘there is never a smell present’. The remaining relative said; “More or less, it’s difficult to do so.” All informed us that the home is always well decorated, well maintained and a dementia friendly environment.

One relative went on to leave a very personal and heart felt comment about the level of support and care their relative has received from the staff at Highcliffe Care Centre.

During the Healthwatch visit the team noted that the ground floor level at Highcliffe Care Centre accommodated residents who required residential care, some of whom, it was explained showed early stages of dementia. The team were informed that the first floor of the building housed residents who presented with more advanced stages of dementia.

The team also noted that the home had a warm and welcoming atmosphere, felt cosy and a tasteful refurbishment had recently been completed. Fresh flowers were present throughout the communal areas of the home, which the staff member who showed the team around the home explained are changed on a weekly basis and arranged by the residents and Activities Coordinators. They also noted that some areas of the home did have an unpleasant odour present.



The Highcliffe Champions for; Dementia, Health & Safety, Infection Control, Dignity in Care, Care Planning, Confidence, MCA & DOLs, Moving and Handling and End of Life



The management stated that temperature control is part of regular maintenance and health and safety checks and that heating can be altered in all rooms separately to ensure maximum comfort.

They added that they ensure the building and its contents are well maintained and decorated by having an ongoing plan of renovation and daily maintenance. There are also 'daily walk-arounds' by the Manager, Maintenance Man and Housekeeper.

Management went on to say that they ensure the home is always hygienically clean and tidy by employing a Housekeeper 12 hours a day seven days a week, who completes regular audits of standards. Comments included; "All staff duties include hygiene and infection control methods, enforced through annual retraining."

When staff were asked how the home is made dementia friendly, one staff member felt that this is an area of the home which needs more work. Another indicated that coloured meal plates and handrails are used throughout the home and there are a lot of vibrant colours used.

The management informed the Healthwatch team that the home is made a dementia friendly environment by the addition of appropriate signage, there are pictures in the corridors to encourage conversations, the development of story boards and residents who wish to undertake tasks such as cleaning, tea trolley and food preparation are encouraged to do so.

The Deputy Manager said; "NO JUDGEMENTS! All residents, no matter of mental health or capacity are encouraged to be who they are and do what they wish in the safest way possible."





5. Appendices

Appendix 1 - Questions for residents

1. Who is 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? (your daily routines, personality, lifestyle, clothing etc.)
6. What activities are there for you in the home?
7. What activities are there outside the home? (Groups, trips etc.)
8. Is it easy to join in the activities?
9. If you would like to use the garden are you able to?
10. Do you get a chance to do any of the things you used to enjoy before you came here? (i.e. bringing in pets, hobbies, interests etc.)
11. What do you think of the food here?
12. Is there enough choice of what you eat and when you eat?
13. Where do you eat your meals? (Is it your choice to eat there?)
14. Do you enjoy mealtimes? (What do like/dislike about mealtimes?)
15. Have you seen a dentist to check your teeth or an optician to check your eyes or an audiologist to check your hearing recently?
16. What happens if you need to see a doctor or have an appointment at the hospital?
17. Is there respect for your religion or your culture here in your home? e.g. Are you able to wear your own clothes, get your hair/nails done, have a shave, are the laundry staff good at getting your own clothes back to you?
18. Is the home always clean and tidy?
19. What is the temperature like here? Are you ever cold or too warm?
20. Do you get asked what you think about the home or if you are happy?
21. Would you like to change anything about the home? Have you told anyone about this and what happened?
22. 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/Deputy 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 ensure staff have enough time to care for residents?
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 likes/dislikes and their health and care needs updated as these change and passed on to staff?
4. **Offer a varied programme of activities**
What activities are available for residents inside and outside the home?
Does the home have access to its own transport and able to use this for trips and activities outside of the home?
What encouragement and assistance is given to residents so that they can take part in activities?
How are residents supported 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**
How do you ensure high standards of quality and choice of food?
What systems are in place to support residents to eat and drink at mealtimes and outside of mealtimes?
What choices do residents have about what and when they eat and drink?
What choices do residents have about where and how they eat and drink?
Does the home have permanent drink stations available to residents?
In what ways do you ensure that mealtimes are sociable?
6. **Ensure residents can regularly see health professionals**
Please tell us about visits from all health professionals such as GPs, nurses, dentists, opticians, audiologists, 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 of how these have been accommodated?
What provision is there for residents to regularly get their hair cut/styled?
How do you ensure that the laundry staff get 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?
How do you make use of feedback or complaints from residents and relatives?
In what ways are staff able to have a say in how the home is run?
9. **A physical environment suitable for the needs of the residents**
How do you ensure that a comfortable temperature is maintained in resident's rooms and all communal areas?
How do you ensure the building and its contents are well maintained and decorated throughout?
How do you ensure that the home is always hygienic and clean?
In what ways do you make the home a dementia friendly environment?



Appendix 3 - Questions for Care Staff

- 1. Have strong, visible management**
What support do you receive from the Manager?
What is your experience of talking to the Manager when you want to ask a question or raise an issue?
- 2. Staff with time and skills to do their jobs**
Do you feel you have enough time to care for residents? If no, why?
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 you and other members of your team 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 and how do you know if there has been changes?
- 4. Offer a varied programme of activities**
What activities are available for residents inside the home?
What activities are available for residents 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 do you think of the quality and choice of food?
How do you make sure residents are able to eat and drink at mealtimes as well as outside of mealtimes?
What choices do residents have about what and when they eat and drink?
What choices do residents have about where and how they eat and drink?
In what ways do you try to make mealtimes sociable?
- 6. Ensure residents can regularly see health professionals**
Please tell us about visits from all health professionals such as GPs, nurses, dentists, audiology, opticians, chiropodists or other health care support mechanisms?
- 7. Accommodate residents' personal, cultural and lifestyle needs**
Can you give an example of how the home caters for resident's religious and cultural needs?
- 8. Be an open environment where feedback is actively sought and used**
In what ways can residents and their family/friends 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?
How do you, as a member of staff have a say in how the home is run?
- 9. A physical environment suitable for the needs of the residents**
How is the home made dementia friendly?



Appendix 4 - Questions for Activities Coordinator

1. **Have strong, visible management**
What support do you receive from the Manager?
What is your experience of talking to the Manager when you want to ask a question or raise an issue?
2. **Staff with time and skills to do their jobs**
Do you feel you have enough time to provide varied activities for residents? If no, why?
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 you and other members of your team get to know a resident's life history and personality when they first arrive at the home?
4. **Offer a varied programme of activities**
What activities are available for residents inside the home?
What activities are available for residents outside the home?
What activity provision is made for those residents who cannot or do not wish to undertake group activities?
What encouragement and assistance do you give to residents so that they can take part in activities?
How do you ensure that residents have the opportunity to continue to take part in their hobbies and interests?
5. **Accommodate residents' personal, cultural and lifestyle needs**
How are activities tailored to meet a resident's religious and cultural needs?
6. **Be an open environment where feedback is actively sought and used**
In what ways can residents and their family/friends have a say in what activities are delivered both inside and outside the home?
Can you provide an example of how a resident or their family member has influenced the provision of a new activity?
How are the activities provided evaluated to ensure residents are continuing to enjoy them?
How do you, as a member of staff have a say in how the home is run?
7. **A physical environment suitable for the needs of the residents**
How is the home made dementia friendly?



Appendix 5 - Questions for Friends and Relatives

1. **Strong visible management**
Who is the Manager of the home?
Please tell us a little about the Manager?
2. **Have staff got the time and skills to do their jobs**
Do you feel the staff have the time to care for your friend/relative? Please explain.
Do you feel the staff have the skills to care for your friend/relative? Please explain.
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?
How do they let you know about the changes?
4. **Offer a varied programme of activities**
What do you think of the activities available for residents inside and outside the home?
Please tell us how your friend/relative is encouraged and supported to take part in the activities.
Now they live at the home, is your friend/relative still able to do the things they used to enjoy i.e. hobbies, interests, pets? Please explain.
5. **Offer quality, choice and flexibility around food and mealtimes**
What do think of the quality and choice of food?
How confident are you that your friend/relative is supported to eat and drink as much as needed?
Please tell us how the home ensures that mealtimes are sociable?
6. **Ensure residents can regularly see health professionals**
Please tell us about your friends/relatives access to health professionals such as GPs, nurses, dentists, opticians, audiologists, chiropractors or other health care support mechanisms?
7. **Accommodate residents' personal, cultural and lifestyle needs**
Does your friend/relative have any specific lifestyle or religious or cultural needs?
How do you feel the home respects and accommodates these needs?
What provision is there for your friend/relative to regularly get their hair cut/styled?
How good are the laundry staff at getting your friends/relatives own clothes back to them?
Is your friend/relative always clean and appropriately dressed?
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/or your friend/relative have a say in how the home is run or give feedback?
How would you make a complaint about any aspect of the home, management or the staff if you needed to?
Would you feel confident to make a complaint and do you think it would be acted on appropriately?
9. **A physical environment suitable for the needs of the residents**
Do you always find the home at a comfortable temperature for residents?
Is the home always hygienically clean and tidy?
Is the home always well decorated and well maintained?
Do you think the home is a dementia friendly environment?



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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