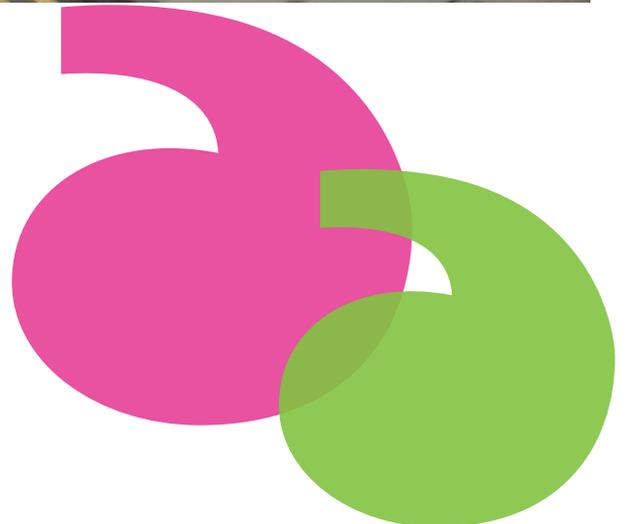


Care home life, what it's really like!

Springfield House Care Home



Date of Healthwatch Sunderland visit:
28th November 2017





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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?

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, Pauline Gilkerson was held at Springfield House 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 28th 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	 Agree
3.	Good knowledge of each resident and their changing needs	 Strongly agree
4.	A varied programme of activities	 Agree
5.	Quality, choice and flexibility around food and mealtimes	 Strongly agree
6.	Regular access to health professionals	 Agree
7.	Accommodation of resident's personal, cultural and lifestyle needs	 Strongly agree
8.	An open environment where feedback is actively sought and used	 Agree



Findings

Springfield House is a purpose built facility located on Bunker Hill, Philadelphia, Houghton-le-Spring, DH4 4TN. The home offers accommodation and personal care for up to 50 people, including some people who may be living with dementia.

Facilities include: en-suit rooms, hydro-spa baths, interactive multi-sensory equipment and facilities. Residents also have access to a therapeutic garden with large patio area and water feature, in addition to a secure raised decking area overlooking the local Philadelphia Cricket Ground.

See the latest CQC inspection report here:

<http://www.cqc.org.uk/location/1-117499965>

At the time of our visit there were 47 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch team were only able to support 7 residents to fully complete the survey. The team received 7 staff and 3 friends/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.

The majority of the residents supported by the Healthwatch team to complete the survey process were unable to identify the Manager of the home, but this may have been due to their own individual health and capacity. One person was able to name her and said “She’s very nice, helpful and friendly.”

The friends and relatives who completed the survey told us that they know the Manager and added that she is friendly and helpful. One of them said “She is approachable and knowledgeable.”

Staff who completed the survey told us that they feel well supported by the Manager at Springfield House. Two of the staff members did mention that the Manager is extremely busy and is sometimes difficult to catch, but she always makes the time for them. All said that the Manager is easy to talk to and here are some of their comments; “I feel I can talk to the Manager at any time and can raise any issues.”

“I know I only have to ask and she will make time for me.”

One of the Managers informed us that they have worked at Springfield House as Manager for 11 years after working her way up through the ranks over the years. The other Manager stated that they have worked for the company for approximately 20 years. They started their career in care after caring for their grandparent who had dementia and has progressed to their current role over that



time. The management told us that they both enjoy being hands on with the residents and added: “Seeing happy, content residents” and “Being in a managerial role can be hard as you don’t always get the quality time due to paperwork.”



(Art display on corridor walls)

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.

When asked what they think of the staff at Springfield House the residents gave the Healthwatch team a range of positive comments. These included; “They are nice and good to me. We can ask them for what we want,” “They look after everyone” and “They are wonderful, we can’t fault them.” The team went on to ask the residents if they feel the staff have time to stop and chat to them. Two of the residents said that staff were too busy for this, but the others who were asked said that staff always find the time to chat. One resident said “Yes, they will always have a word, a joke or a sing and dance.”

Two of the friends/relatives said that they feel the staff at the home have the time and skills to care for their friend/relative. Another stated that they feel all the staff have the time, although some staff have better and more skills than others.

Two of the staff asked stated that they have enough time to care for the residents at the home. One added “Each day is different, staff have the skills to prioritise all tasks on a daily and nightly basis.” The rest of the respondents to the survey



said that they felt that some days there is not enough time and this can be due to different factors such as; things which happen during the day, staff shortage or sickness.



All of the staff asked stated that they are encouraged to undertake training to enhance and develop their skills. Encouragement is given at supervisions, meetings and appraisals. They went on to tell us the range of reasons why they all enjoy their jobs, which included; “Caring for vulnerable people and making them feel wanted.”

“Knowing the service users are safe, well cared for and happy.”

The management told us that the staff at the home have to undertake a schedule of monitory training, but as well as this, there is other training available for those who want to progress within the company.

(Poster displaying staff Dementia Champion)

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.

All but one of the residents were able to tell the Healthwatch team if they felt the staff know what they need and what they like and don’t like. One of the respondents told us that they weren’t sure if this was the case, but the others felt the staff do know them and their preferences.

Friends and relatives stated that the staff know their friend/relatives life history, personality and health and care needs and notice and respond to changes in need.

Management and staff asked wrote that they get to know residents by having conversations and building relationships with them, their friends and relatives as well as professionals such as GPs, District Nurses and Social Workers. The information gathered is used to develop and update the individual care plans. Care plans are updated by senior members of staff on a regular basis and all staff are encouraged to read them and other supporting documentation. Other ways to find out about residents utilised by the home are ‘All about me’ forms and Life History books. Staff also told us that information about a residents changes in needs are also shared during staff meetings, handover meetings, toolbox meetings, evaluations and feedback forms.



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.



(Weekly Activity Schedule)

Residents told us about the range of indoor and outdoor activities available at Springfield House, which include; dominoes, darts, bingo, visits to the Empire Theatre, growing things in the garden, cake decorating, arts and crafts and festive activities (including the Christmas Fayre). One resident said “I love to be outside. We visited Clay’s Garden Centre and I loved it.” Another resident stated “The activities are easy to join in but I am not interested in them. The girls still come and tell me when they are on and ask me if I would like to join in.”

During the Healthwatch team visit we witnessed both staff and residents preparing items for the annual Christmas Fayre, while joking and laughing with each other.

Some of the residents stated that there were some activities which they missed doing now that they live at the home. They did also identify that their own health issues were an attributing factor to this now being the case.

Two of the friends and relatives felt that there is a good range of activities available, while one other person felt that there are more activities needed inside



the home. All asked felt that their friend/relative are properly encouraged to take part in the available activities.

Staff and management wrote that there is an Activities Coordinator employed by the home. There is an activities schedule designed and displayed on one of the notice boards so that both residents and staff are aware of which activity is on and when (see page 10). Activities vary daily and staff added the following to the list of available activities which the Healthwatch team had received from the residents; word games, singing, dancing, pantomimes, visits from local school children, visiting entertainers, baking and quizzes etc.

If residents need assistance to take part in the activities, staff members, their friends and relatives can take part to offer emotional and physical support. One staff member said “I like interacting with the residents. I encourage them to join in, I will dance with them. I enjoy going into activities and helping when I can.”

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.

All of the residents asked spoke positively about the food at Springfield House, adding that there is plenty of choice, with additional options if they don't like what is on the menu. Here are some of the comments residents gave to the Healthwatch team about the food; “I am gluten free and they have a list of what I can eat - they do their best.”

“The food is beautiful, I enjoy everything.”

“I'm never hungry.”

All of the residents which were supported to complete the survey process stated that they enjoy mealtimes at the home. One resident said “You can eat your meals wherever you want, they don't stop you from doing anything here. You can eat in the garden in the summer if you like.” Another resident told the Healthwatch team that they enjoy eating their meals in their own room and this is respected by the staff. Other residents stated that they enjoy eating in the main dining rooms as it gives them a chance to chat with other residents and staff.

One of the friends/relatives stated that they feel that both the quality and choice of food at the home is good. Another two felt they could not comment as they have not been present at mealtimes.



Two people said that they feel confident that their friend/relative is supported to eat and drink as much as they need and the other person felt that drinks should be encouraged more between meals. All friends/relatives felt that mealtimes at the home are sociable.

During the Healthwatch visit we witnessed the drinks/snack trolley being taken around the building. Staff were giving residents a choice of hot and cold drinks and biscuits. Staff knew residents preferences and both staff and residents seemed very familiar with each other and relaxed in each other's company.

Staff and management stated that Springfield House has two dining rooms available for residents with different abilities. Residents are encouraged to eat in the dining rooms with staff available to assist where needed. Food is suitable for each individual resident, to suit their dietary requirements, which is reflected in their care plans. Staff offer encouragement to both eat and drink and ensure that residents have the correct specialised equipment to help them with meals eg. correct cutlery, cups, plates etc. They went on to say that both drinks (which are also available for visitors) and food are offered throughout the day and that the drinks/snack trolley rounds are at 11am and 2pm.

To encourage social mealtimes residents are 'matched up' with others residents and staff are available to facilitate conversation.

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 AGREE this was met.

Residents told the Healthwatch team that they are visited at the home by a range of health professionals which included; chiropodist, GPs, opticians, dentists and nurses. Here are some of their comments; "My eyesight problems have been sorted out since I came into the home and my diabetes has been checked."

"My son takes me to the optician and the dentist."

Friends and relatives reiterated that various professionals visit the home regularly and upon request.

Staff and Management also reiterated this is the case and added that appointments are made by senior members of staff who also ensure that residents attend their appointments. They also added that the home has an allocated GP who visits the home to undertake a weekly ward round.



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 STRONGLY AGREE this was met.**

Residents stated that there are two professional hairdressers 'The Singing Sisters' who come to the home 4 days per week to cut/style their hair.

One of the male residents said that the staff assist him with bathing and shaving if necessary.

Some residents discussed the fact that they are able to make their own choices about which of their clothes they wear and that the laundry staff are good at getting their own clothes back to them most of the time. One resident added "There has been the odd time I haven't got things back, but I'm not surprised as they look after so many people."

Local members of the clergy attend the home on a regular basis to deliver services and facilitate the singing of hymns. One resident told a Healthwatch team member that she is visited individually by members of her own church's congregation.

All of the friends/relatives stated that their friends/relatives have no specific lifestyle, religious or cultural needs.

Staff said that any lifestyle, religious or cultural needs are discussed with the resident, their friends and relatives and these are respected. Particular foods are sourced where necessary. Staff said that as well as religious visitors to the home, religious programming is shown on the communal TVs. One staff member said "Religion specifications are taken into consideration reflecting our equality and diversity policy."

The Management gave an example of how a resident's lifestyle needs were met; "If a resident follows a vegetarian diet we would ask their family for their likes and dislikes, order the necessary food and state clearly on the care plan and ensure the kitchen are aware."



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.

The Healthwatch team asked the residents who took part in the survey process if they get asked what they think about the home. Not everyone answered this question, but this may have been due to their own health and capacity. One resident said that they don't get asked what they think of the home. Two other residents stated that they do get asked, one from their own visitors and the other resident said "Lots of people ask if I'm happy and I couldn't get anything better."

Only one of the residents asked stated that they would like to change something about the home. This included the fact that their room is situated adjacent to the lounge and can get noisy and that they would also like additional support around their visual impairment. After the visit the Healthwatch Engagement Coordinator liaised between the Manager at Springfield House and a local charity to facilitate some support for the resident around this.

Other residents said "No, everything is fine" and "I'm very happy and have no complaints."

Residents told the Healthwatch team that if they ever needed to make a complaint about the home they would speak to the Manager, staff of their family members.

All friends and relatives who took part in the survey said that they feel welcome participants in the life of the home. They also told us about the various ways that they and their friends/relatives can give feedback and have a say in how the home is run. These include; attendance at regular meetings, speaking to the Manager and one to one meetings with senior staff members. They all said they would know how to make a complaint if necessary, would feel confident doing so and would also feel confident that their complaint would be acted upon appropriately.

Both staff and management gave a range of mechanisms which are in place to encourage feedback at the home, here are some of them; the resident and family feedback system, the ballot box, regular family and resident meetings where suggestions and questions are encouraged from all attendees, staff can be approached at any time and families are encouraged to be open and honest in the yearly questionnaire. Staff gave two examples of how resident and family feedback have been used within the home; "One resident wanted to make some soup, so she made some for tea" and "We now have a service user board for feedback in the dining room."

All of the staff who completed the survey process stated that they feel they can have a say on how the home is run. The management told us that they have an



open door policy and regular staff meetings to enable staff to speak to them at any time to offer suggestions and feedback.

The survey directed at the management asked how they make use of feedback or complaint from residents and relatives. One Manager responded by saying “We always feedback to everyone about their feedback or complaint either personally or in writing.”



(Corridor area of home)



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.

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