

Care home life, what it's really like!

# Springfield House



Date of Healthwatch Sunderland visit:  
5<sup>th</sup> February 2019





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## **Acknowledgements**

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



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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.*





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## 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](http://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



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### 3. Methodology

The ‘Care home life - What it’s really like!’ visit took place on the 5<sup>th</sup> February 2019 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 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	 Strongly agree
2.	Staff with time and skills to do their jobs	Time  Agree      Skills  Strongly agree
3.	Good knowledge of each resident and their changing needs	 Agree
4.	A varied programme of activities	 Strongly 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	 Strongly agree



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## Findings

Springfield House is a purpose built home, located at:

Bunker Hill  
Houghton le Spring  
DH4 4TN

Telephone: 0191 512 0613

Provider: Northumbria Care Ltd

Provider's Website: <https://www.springfieldcarehomes.co.uk>

Provider's Facebook: <https://www.facebook.com/SpringfieldHouseCareHome>

See the latest CQC inspection report here:

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

The home has the capacity to support 50 residents aged 65 years and over, under the category of Older Persons Dementia and Enduring Mental Ill-health (EMI).

All rooms are en-suite and residents are actively encouraged to personalise their own rooms, with the home taking into consideration, health and safety requirements and fire regulations to ensure rooms are always safe. Pets are also welcome at the home, subject to their policies which are required to ensure the safety and wellbeing of all of the residents.

Although Springfield House does not have any dedicated double rooms, adjacent rooms have previously been assigned to couples, allocating one room as the couple's bedroom and one as a private lounge area.

There are four communal areas throughout the home for residents to use, which have access to hearing loop systems. Residents can also use the homes WiFi to access the internet if they wish to do so.

Springfield House boasts a secure multisensory dementia friendly garden, as well as raised terracing and patios overlooking the adjacent Philadelphia Cricket Club.

Activities are provided for residents seven days a week 365 days a year and are facilitated by two full time Activity Coordinators. At the time of the Healthwatch Team visit the home were in the process of recruiting an additional part time Activities Coordinator to enable them to offer more provision of 1-1 activities.

Springfield House operate protected mealtimes (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).

At the time of our visit there were 50 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch Team were only able to support two residents to partially complete the survey. The team received six staff, seven friends and relative surveys back and one from the GP, which is aligned to the home.



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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.**

From the two residents the Healthwatch Team supported to partially complete the survey process, one resident was able to point out the Manager, although they could not name him. The second resident was unable to give any feedback about the Manager. This may have been due to their individual health or capacity.

One resident told us a little about the Manager; “He is very nice - the bosses are always good.”

All of the respondents who completed the ‘Friends and Relatives’ survey knew the Manager of the home by name and gave a range of positive comments about him. These included;

“Simon is a new Manager at Springfield and seems to be liked by staff and residents. He is very approachable.”

“He is very positive, caring, efficient and is very approachable.”

“Accessible, friendly, approachable and a good Father Christmas.”

When staff were asked what support they receive from their Manager, all staff respondents gave positive comments, which included;

“Total support at all times. Best Management Team ever!”

“I feel the Manager is very supportive and is very approachable to the residents and the staff team within the home. He demonstrates good knowledge and understanding regards those assisted.”

The staff were then asked about their experiences of talking to the Manager when they want to ask a question or raise an issue. Again all of the staff who responded to the survey process gave a range of positive comments, which included;

“Always available and ready to listen.”

“The Manager makes you feel at ease if you want to raise issues, concerns and remains confidential throughout the process.”

When asked what attracted him to the role of Care Home Manager, the Manager said; “The opportunity to make a difference. To encourage staff, to help.”

The Deputy Manager told us why they were attracted to their role; “I started as a Care Assistant and worked my way up. I enjoy the challenge of this role.”



We then went on to ask both the Manager and his Deputy what they enjoy about their roles. The Manager said; “Helping/encouraging staff to develop. Provide security for residents and families.”

The Deputy Manager said; “Knowing that I have made a difference.”

During their visit, the Healthwatch Team witnessed various relaxed and friendly interactions between residents and the Manager. Residents appeared to be pleased to see him and enjoy their conversations with him. The Manager was able to give the Healthwatch Team a brief overview of some of the residents background and life history.



Wall art completed by residents

## 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 gave this an AGREE rating for staff time and a STRONGLY AGREE rating for staff skills.**

The residents who responded to the survey gave the following responses when asked what they think about the staff at the home;

“They are nice, they look after me and are very kind.”

“Some are very good. Kelly will do anything for me.”



One of the residents went on to say that the staff occasionally have time to stop and chat with them, although they are always busy. This resident added; “They will do anything for me.”

All but one of the respondents to the ‘Friends and Relatives’ survey indicated high levels of satisfaction when asked if they feel the staff at Springfield House have enough time to care for the residents. Their comments included;

“I am always impressed with the level of staffing.”

“Very much so. They are well organised, know their jobs. They engage with the residents and visitors alike. They always have time for the residents.”

“Absolutely. Having a relative who is in need of specialist care is distressing. Watching and getting to know the staff has greatly alleviated our concerns.”

The remaining respondent said; “Not really - staff seem to be thin on the ground. Vulnerable residents are often left alone for long periods. I don’t think it is the staffs fault, of course, there’s just too few.”

All but one of these respondents (who did not complete this question on the survey), informed the Healthwatch Team that they feel the staff also have the correct skills to care for the residents of the home. Their comments included;

“Very much so. Lovely friendly girls (and boys!).”

“From my perspective it is clear the staff access training in all aspects of caring for patients with dementia. A complex situation which is handled with care and compassion.”



The staff team



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“Yes - all staff seem well trained. It’s a policy of the home, even the support staff (like domestics) are trained to handle residents if needed.”

When asked if they feel they have enough time to provide varied activities for residents, the Activities Coordinator stated; “Yes, I thoroughly enjoy my job and will do anything I can for the residents.”

When the care staff were asked if they feel they have enough time to care for the residents, they agreed they do, with a couple of staff members adding that if there are not enough staff on duty or if residents need extra assistance time can sometimes be an issue.

All of the staff respondents stated that they are encouraged to continue to develop their skills by undergoing training courses. One staff member said; “Within Springfield House I feel I have been encouraged to develop my skills. I previously completed my Level 5 Diploma in Leadership in Health and social Care and there is also continuous ongoing training available.”

Staff were then asked what they enjoy about the jobs, with all respondents putting the residents at the heart of their responses. Comments included;

“Absolutely everything! It is so rewarding to make people smile and be happy.”

“I enjoy caring for the residents, ensuring they lead a happy, independent as possible life in a caring environment.”

“The satisfaction of doing a task which is beneficial to the resident and them being happy and appreciating it.”

The Manager and his Deputy stated that they ensure the staff have enough time to care for the residents by supporting good time management, having enough staff on duty and ensuring that all admissions to the home are suitable in terms of the staff skill mix and that their care needs are balanced with those of the existing residents.

They went on to say that they encourage staff to develop their skills by giving them positive feedback, identifying their strengths and weaknesses and building upon these, by offering training, supervision sessions, staff meetings and by talking to the staff about events and issues.

The Healthwatch Team witnessed several interactions between residents and the staff at the home. One team member noted that they had seen a transfer of a resident from a chair to a wheelchair which had been carried out in a gentle manner, with the staff member telling the resident what she was doing and where the resident was to be taken to.



### 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 they feel the staff at Springfield House know what they need and what they like and don't like, one resident was able to inform the Healthwatch Team that this is the case. The remaining resident was unable to answer this question, which may have been due to the individual's health and capacity.

All of the respondents to the 'Friends and Relatives' survey indicated that the staff at the home know the residents life history, personality and health and care needs extremely well. All but one of the respondents, who stated that they did not understand the question, said that the staff at the home both notice and respond to changes in the resident's needs.

"They are lovely with my mam and everyone seems to love her."



All but one of the respondents went on to inform the Healthwatch Team that the staff let them know of any changes via the telephone or face to face during their visits to the home. The remaining respondent said; "Sometimes if I ask. I would prefer to be kept fully up to date, but it is not volunteered."

The staff and the management informed the Healthwatch Team that they ensure they and their

colleagues know a residents likes, dislikes and life history when first arriving at the home, by speaking to the resident themselves, their family and a range of health and social care professionals who have been involved in their care. Family members are also asked to complete a 'This is me' document. All information is used to develop the residents person centred care plan, which is always accessible for staff to read to help familiarise themselves with the residents information. Debriefing sessions and handover meetings are also held for this purpose.

Information about residents is updated in their individual care plans as needed and at least once a month. Senior Care Staff review each care plan once a month to make them aware of any changes and they hand this information on to staff both



at the beginning and end of a duty. Senior staff also hold de-briefing sessions with staff and carry out observations and supervisions too.

#### 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.

One of the residents was able to respond to the questions in this section of the survey. When asked about the activities available to them at the home, they spoke enthusiastically about an external entertainer which had visited the home the previous weekend. They added that they had enjoyed dancing along to the music with staff members and that the staff had relied on residents showing them the steps, which they loved.

The resident went on to say that staff inform residents when an activity is about to begin. The Healthwatch Team witnessed this during our visit, with several staff members encouraging residents to join in an activity which was about to start and escorting them to the activities room.



Activities Schedule



All of the respondents to the 'Friends and Relatives' survey indicated high levels of satisfaction when asked about what they think about the activities at the home. Their comments included;

“Varied and the residents always seem to be enjoying themselves.”

“There are a wide variety of activities in and out. My mother is very satisfied.”

“Great! Activities are vitally important in the care of my mother. I would like to see more activities offered if possible, though I understand this may not be possible.”

These respondents went on to say that staff encourage the residents to take part in activities, with one person adding; “My mother is very keen on activities, and is always asked to take part. They use my mother to encourage the others.”

Some of the respondents stated that their friends and family members are no longer able to take part in past hobbies and interests, but indicated that this was due to a decline in their health or capacity. Other comments received included;

“My relative loves dancing and visits are made to a local tea dance.”



“My mother continues to knit and colour in and now takes part in quizzes.”

When the Activities Coordinator was asked about the range of activities they provide to residents inside the home they provided the following list; bingo, word games, 1-1 time with residents, dominoes, knitting, seated exercise, baking, quizzes, church services, arts and crafts, colouring in, hairdressing and hand massage. She added that she would facilitate anything which the residents enjoy.

When asked about the range of activities they provide outside the home, the Activities Coordinator gave the following list; visits to Washington Arts Centre for their tea dance, church visits, trips out shopping and to the park or to the beach.

The Activities Coordinator went on to say that special one to one activity time is provided for those residents who cannot or do not want to take part in group activities. These include; reading books and magazines, hand massage and pamper sessions. She added that she encourages residents to take part by asking for their help, which makes them feel wanted and special and ensures they can still enjoy



past hobbies and interests by finding out what these are and encouraging participation.

Staff and management informed the Healthwatch Team that residents are encouraged to join in activities in various ways, which include; staff informing residents when an activity is about to begin, staff taking part too and assisting residents to the location of the activity if required, by offering praise, asking them if they would like to help or run an activity themselves, by staff finding out residents strengths and weaknesses and tailoring activities around these. Staff comments included;

“I ask if they would like to come and help me and this ensures they feel wanted and special.”

“I feel I encourage residents to be active in activities by being involved myself, in various activities. If they like singing, dancing, or like to read, I will offer reassurance and encouragement to participate.”

“All residents are able to take part in activities, for some they will need to be on an individual basis, others can join in groups.”

The Activities Coordinator and Management Team informed us how residents are able to undertake past hobbies and interests, by the home first finding out what these are during the pre-admission assessment stage, adding the activity to the schedule and encouraging participation.

The Activities Coordinator added that residents and their family members can suggest new activities and family can be involved if they wish. She went on to say that activities are evaluated by asking residents about them and listening to what they say.

The Management Team stated that Springfield House have their own mini bus, with a tail lift which is used for trips outside the home. They and the staff also added to the list of activities available both inside and outside of the the home; visits from local school children, exercise sessions, knit and natter, visits from pets, reminiscence and singing.





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During our visit the Healthwatch Team observed several word games, which were being facilitated by the home's Activities Coordinator. Residents present were all taking part and enjoying the experience, laughing and joking. During the session several care staff popped in to add to the list of 'types of shoes' and 'modes of travel'. The Activities Coordinator ensured all of the residents present were involved and that their input was recognised and celebrated.

The Activities Coordinator informed the residents that there was going to be a visit from 'little people' (children from a local toddler group) that afternoon. The residents were visually excited by the prospect of the visit, with one resident saying; "I do enjoy seeing them."

At the end of the activity session, as the Activities Coordinator was tidying up when she started singing and the residents duly joined in, finishing the song she had just started. This happened several times and was topped off with an enthusiastic round of applause.

One of the Healthwatch Team also noted that a member of staff was present in one of the communal lounges reading to residents on a one to one basis from 'People's Friend' magazine.

The home has a resident budgie, which is housed in one of the main lounge areas and also a large fish tank in the corner of the main dining area. One male resident was observed by the team, moving in his wheelchair, he placed himself in front of the tank and looked relaxed as he watched the fish for some time.

## **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.**

One of the residents was able to answer some of the questions in this section of the survey. They stated that although they felt the meals are 'OK' there is not much choice. They went on to say that they eat their meals in the dining room, although when they hadn't been well recently, the staff had brought their meals to them in their room.

All but one of the respondents to the 'Friends and Relatives' survey stated that they are happy with both the quality and choice of food at the home. Their comments included;

"There is a decent choice of food. My mother thinks the quality is excellent."

"My mother seems happy with choices."



The remaining respondent said; “I don’t know, there is a policy that families cannot join at mealtimes, so I don’t have a clue.”



The Manager stated that Springfield House operate protected mealtimes (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).

When asked if they feel confident that their friend/relative is supported to eat or drink as much as is needed, all but one of those who answered this question agreed that they are happy with this aspect of care. The remaining respondent wrote; “I would like to see a member of staff who is dedicated to giving fluids to the residents. This is one area I feel is not as good as it should be.”

Some respondents informed the Healthwatch Team that they feel the home makes mealtimes a sociable time by setting small tables of four or six and that the dining areas are always clean and tidy. One respondent stated that as the home operates protected mealtimes this prevents them from supporting their relative at mealtimes which is something they would be keen to do.

Staff respondents stated that both the quality and choice of food available to the residents is good. Management went on to say that they ensure this is the case by speaking to residents and their families, constantly changing the menus and using Apetito (food producer for the health and social care sector), which gives a great quality and nutritious food.

When the staff and management were asked what systems are in place to support residents to eat and drink in mealtimes and outside of mealtimes, they informed the team that staff support the residents into the communal dining areas, there is



special cutlery available and assistance to eat and drink for residents who require it. There are regular visits around the home from the 'tea trolley' and water dispensers are also available. Comments included; "The residents are shown a menu of the meals that are available to them. Those residents who need assistance to eat are seated on the assisted table, so staff can monitor their dietary intake. Staff also give residents finger food that appeals to them."

When asked what choices are available to residents about what and when they eat or drink, the staff stated that a resident's likes and dislikes are discussed upon admission to the home and detailed in their individual care plan. Two options are given at mealtimes and alternatives are prepared if these are not suitable. Residents can ask for refreshments at any time of the day and this will be accommodated. They went on to say that residents can eat or drink in the communal areas of the home or in their own rooms, although the staff try to encourage residents to eat in the dining rooms to encourage socialisation. As well as this background music is played and conversation is encouraged and facilitated by staff.

During the Healthwatch visit the team witnessed the 'tea trolley' being taken around the home. A staff member was serving tea, coffee and fresh milk to the preferences of the residents and she later returned to ensure they were finishing their drinks and provide top-ups if required. This staff member knew the residents by name and both enjoyed conversation and some laughter too.





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## **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.**

One of the residents was able to answer some of the questions in this section of the survey. They stated that they could recall being seen by an Optician and GP at the home recently and added; “They are good at looking after you.” They went on to say that their sister accompanies them to hospital appointments.

All of the respondents to the ‘Friends and Relatives’ survey showed their contentment with the level of healthcare provision at Springfield House. Comments included;

“I’m in every week (along with the care home nurse and podiatrist). The practice regularly come and carry out home visits outside of ‘scheduled’ Thursday meetings.” (Local GP)

“Brilliant accessibility to health care support.”

Staff informed the Healthwatch Team that Senior Care staff make the necessary appointments for residents to see a range of healthcare professionals. They listed a range of healthcare professionals who are involved in the residents care, these included; GPs, Podiatrists, Nurses, Nurse Specialists, Dentists and Opticians. Visits are documented in the residents care plan and updated regularly. Their comments included; “The residents needs are met as we are involved in the Coalfields project and on a weekly visit health professionals liaise with senior management, regards medication reviews, any changes in the residents physical/mental abilities. This builds good rapport and good leadership with all involved.”

## **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.**

Neither of the residents who were supported by the Healthwatch team to complete the survey process were able to answer the questions in this section. This may have been due to their own individual health or capacity.

None of the respondents to the ‘Friends and Relatives’ survey stated that their friend, relative or patient had any specific lifestyle, religious or cultural needs.



Recently refurbished bathroom

When asked about provision for residents to have their hair cut/styled, all but the GP who responded to the survey process knew that a hairdresser visits the home on a regular basis to ensure the resident's hair is well kept and that the laundry service at the home is either good or great! All but one indicated that their friend, relative or patients are always clean and appropriately dressed. Comments included;

“So, so - but nothing to do with staff, she's difficult to manage sometimes.”

“Everyone always looks splendid. Its clear care is taken with the residents appearance.”

The Management Team confirmed that a hairdresser attends the home three times a week. They ensure that the laundry staff get residents clothes back to them after the laundering process by clothes being marked with names and room numbers. They went on to tell us that they ensure that residents are always clean and appropriately dressed by ensuring that there are adequate supplies of toiletries and clean clothes available. Each resident has a key worker, who concentrates on their allocated residents needs, which are documents in their care plan.

The staff and Management Team informed the Healthwatch Team that they ensure they find out about residents cultural, religious and lifestyle needs at the pre-assessment stage and during discussions with family members. All information is then documented into their individual care plan.

Staff members went on to say that the home accommodates these needs by having visits from a Minister/Vicar on a monthly basis, to hold a service for the residents, of which many attend. Comments included; “Staff or the Activities Coordinator take residents to church on a Sunday, so they can continue with their religious beliefs.”

The Activities Coordinator stated that she tailors the activities to meet the residents religious and cultural needs by respecting all their needs and beliefs.



## 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.

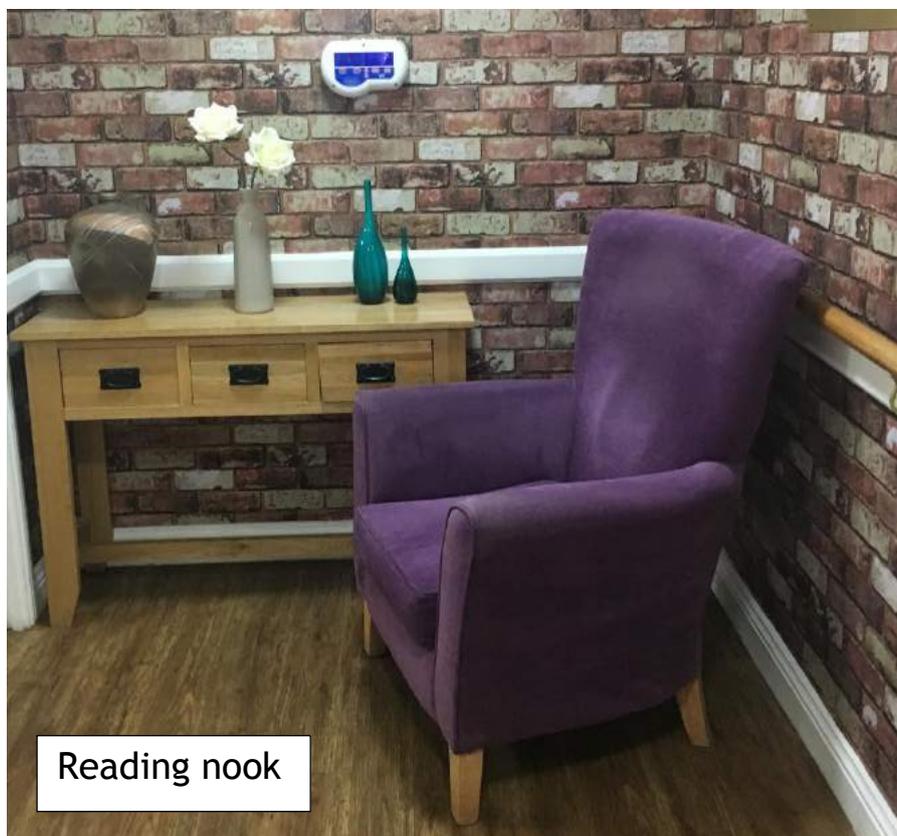
**The Healthwatch team AGREE this was met.**

One of the residents was able to answer some of the questions in this section of the survey. They informed one of the Healthwatch Team members that they had been asked if they are happy at the home and added; “I like it here.”

When the resident was asked what they would do if they ever wanted to make a complaint, they indicated that this would happen very rarely and said; “They are all very kind to me. They always speak and give me a nod.”

All of the respondents to the ‘Friends and Relatives’ survey stated that they are welcome participants of the home. One respondent said; “In everything, but mealtimes.”

They informed the Healthwatch Team that they and their friend or relative can have their say on how the home is run by attending regular family meetings, by meeting with one of the Management Team or by speaking to staff at any time. One respondent was unsure about this and one added; “Whether results occur varies.”





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When asked how they would make a complaint about any aspect of the home, if they needed to, relatives said; via email, in a face to face meeting, via telephone, the Manager operates an open door policy, by speaking to the owner of the home or speaking a staff member. They all went on to say that they would feel confident to make a complaint. All but one of the respondents said that they would feel confident that it would be acted upon appropriately.

Staff and the Management Team said the residents and their families and friends can have their say on how the home is run by attending family meetings and the management have an open door policy which allows family and friends to speak to them at any time. Comments included; “Meetings are held with residents, family and friends, so they can be actively involved with various discussions, and or suggestions, to benefit their family members. It creates a positive, friendly atmosphere within the home.”

The Management Team said that they make use of feedback and complaints from residents and their relatives and take them seriously. They use them to make changes to the home and always try to resolve them in a timely manner. Comments included; “We warmly welcome all residents, family and visitor feedback and will always carefully consider any comments or suggestions made, where a positive impact can be made to any individual’s quality of life at Springfield House, we will always endeavour to promptly accommodate this, providing of course that in doing so there is no resultant detrimental effect on other service users, or the suggestion would go against professional medical advice or regulations and Management are always available and happy to discuss our concerns with families.”

An example given included; “We increased natural light in the lounge, following a general discussion with families visiting their loved ones.”

When asked how they can have their say on how the home is run, staff said;

“We have regular staff meetings and there are opportunities to voice your opinion.”

“During supervision sessions I’m encouraged to talk about any concerns or ideas that I may have, which could help towards the running of the home. If I had something on my mind, I would feel comfortable going to see the Manager / Assistant Manager.”

“The Manager of the home has an open door policy, so if I had any suggestions, I would be able to discuss and put my opinion forward.”

This was reiterated by the Management Team.



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## 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 STRONGLY AGREE this was met.**

One of the residents was able to answer some of the questions in this section of the survey. They indicated high levels of satisfaction when asked if the home is always clean and tidy. They said; "I have no complaints there."

The resident told the Healthwatch Team that the temperature at the home is usually nice and warm, but the odd time it is cold. This resident then showed the team member the radiator in their room, which they switched on and stated that they have control over this.

All of the respondents to the 'Friends and Relatives' survey stated that they feel the home is always at a comfortable temperature for the residents and always clean and tidy. They also indicated a high level of satisfaction when asked if the home is always well decorated, well maintained and a dementia friendly environment.

Staff said that the home is made a dementia friendly environment by having suitable décor, furniture, equipment, lighting and temperature, ensuring everyone is kept safe, noise levels are kept to a minimum, corridors are free from obstacles, dementia friendly signage is used and by having contrasting coloured doors. All staff are also fully trained in dementia care. Comments included; "The décor is styled differently in each area that the residents are familiar to. Bathrooms / toilets are clearly labelled and have visual pictures. The flooring is even with no shadows. Pictures, photographs etc. are from their era and they have memory boxes outside their individual rooms."

The Management Team stated that they ensure the home is at a suitable temperature throughout by having thermostat controls, which allows radiators to be turned up or down. The management always complete regular walk-arounds to ensure this is the case. There is a rolling programme of decoration and refurbishment, which has seen the refurbishment of two bathrooms, one dining room and one lounge over the last six months as well as three of the bedrooms getting new flooring. They ensure that the home is always hygienically clean by conducting regular walk-arounds.

The Management Team went on to say that they ensure the home is a dementia friendly environment by recruiting the correct staff, providing training for staff, by using memorabilia, doll therapy and appropriate crockery and cutlery.



Dementia friendly signage is around the home



The Healthwatch Team noted that different areas of the home have their own décor, creating a range of atmospheres and sense of place. There were lots of items of interest in the corridors to draw the residents interest, with dementia friendly signage being used throughout the home. All of the Healthwatch Team agreed that Springfield House appeared to be clean, well decorated, well maintained and smelled fresh throughout.

Domestic staff were present throughout the Healthwatch Team visit to the home. One team member noted that they were paying particular attention to detail, skirting boards were being scrubbed and floors cleaned.

Dementia training opportunity for friends and relatives



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## 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?



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## 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?



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## 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?



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## 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?



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## 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, and 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, chiropodists 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?



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**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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