



Care home life, what it's really like!

The Laurels Care Home



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Acknowledgements

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



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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 15th April 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		Agree
2.	Staff with time and skills to do their jobs	 Time Neutral	 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		Agree



Findings

The Laurels Care Home is a purpose built home, located at:

Francis Way
Hetton-le-Hole
Houghton-le-Spring
DH5 9EQ

Telephone: 0191 517 3763

Provider: Four Seasons Health Care

Provider's Website: <https://www.fshc.co.uk/the-laurels-care-home/>

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

See the latest CQC inspection report here:

<https://www.cqc.org.uk/location/1-128588859/contact>

The Laurels Care Home caters for elderly people, aged 60 years plus who require either general nursing care, general residential care and residential Enduring Mental Ill health (EMI). It has 50 beds with 48 rooms hosting en suite facilities. All rooms are single, but two large rooms can be adapted to accommodate couples, which has happened in the last few months and was very much appreciated by family members. Residents are encouraged to bring personal items to furnish their rooms, the home feels this is very important to become orientated and to make the transition period of moving in a little bit easier. There are currently no residents with pets living at the home, but this would be considered on an individual basis and subject to a completed risk assessment.

The home has four communal areas, including lounges and a garden that is accessible for residents to use. The garden has good access and is protected by a surrounding fence for privacy. Residents can access the home's Wi-Fi on their devices and a hearing loop can also be accessed.

An Activities Leader is employed for 33 hours a week and there is a post currently advertised for an Activities Leader as a job share. Activities are provided at The Laurels for up to 4 days a week at present, but this will when the recruitment of new staff is in post.

The Laurels try to operate a protected mealtimes policy (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), but the home also appreciates that family members do want to assist their relatives with their meals and they happily support this.

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 five residents to fully complete the survey and one resident to partially complete the survey. The team received ten staff (one Manager, four Senior Care



Assistants, four Care Assistants and one Activities Coordinator) and two friends and 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.

None of the residents who completed the survey process were able to name the Manager of the home, but this may have been due to their own individual health and capacity. When prompted by a relative who was present at the time, one of the residents remembered that the Manager had visited her at home before moving into The Laurels. Another resident stated that she had met the Manager.

One of the relatives was able to name the Manager correctly, but both respondents indicated that they knew her and gave the following responses when asked to tell us a little about her;

“She cares for the residents and is always friendly and helpful.”

“She is efficient, kind and very caring.”

When the staff were asked what support they receive from their Manager, all who responded to the survey gave positive comments. The majority of staff did state that the majority of their support comes from their direct work colleagues, although they know the Manager is there if they need her. Comments included;

“The Manager will listen to what I have to say.”

“I feel I am well supported by my Manager.”

“There is support there if I need it, but I tend to turn to my work colleagues instead.”

“I get support from the girls I work with mostly, although the Manager is in the building if I did need her. I have been to talk to the Manager before about issues.”

“The Manager does her daily job. If something important is happening, then she will offer support.”

The staff went on to say that they feel they can approach their Manager when they need to ask questions or raise an issue. Three of the respondents added that their issues aren't always resolved. Comments included;

“I find it easy to talk to my Manager, I will go and ask any questions that I want answered.”

“I have never had any problems, she is very supportive.”



“She is very approachable. I can always go and talk to her about any issues I do have, but they are not always dealt with.”

“I can always talk to my Manager, issues are then sometimes resolved.”

When the Manager of the home was asked what attracted her to her post of Care Home Manager she said; “I have worked within the company for 16 years and I started working as a nurse at a home in Sunderland and became the Deputy Manager in 2003. I took over as Manager of that home in 2007 and when I went on maternity leave in 2011 there was an opportunity for the post at The Laurels which was closer to where I lived. This was a new challenge for me in a new home and I wanted to make a difference.

Working within a care home setting is something that I have done for the last 16 years and this is where I see my future. I take great pride in my work and residents and staff at The Laurels are a part of one large family.

The job is not easy by any means but it is very rewarding. We get excellent feedback on the standard of the care at The Laurels and within the last year we have received a gold standard rating from the local authority.

I have a great team of staff who genuinely care about the residents and we all have a part to play in the effective running of the service.”

The Healthwatch Team then went on to ask the Manager what she enjoys about her role; “Making a difference within my role and seeing the changes that I can make and the benefit and the positive impact that it can make on the home.

I have an excellent relationship with the staff, residents, and their families and they can approach me and are confident in the way that I manage the service.”

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 staff time a NEUTRAL rating, which indicates both positive and negative feedback, which when averaged results in a neutral score and staff skills a STRONGLY AGREE rating.

All of the residents who were supported by the Healthwatch Team to complete the survey spoke positively about the staff at the home. Their comments included;

“There are some nice girls. They are very pleasant.”

“Yes, they’re alright here. I am well looked after.”

“They are excellent. Very pleasant.”

All of the residents went on to indicate that the staff do have time to stop and chat, with some of them also telling the Healthwatch Team that the staff are busy. Their comments included;



“If they pass your door they will ask me if I’m OK and they would stand and have a chat if they have the time.”

“Occasionally they do. They always acknowledge me.”

“Yes they chat and are helpful.”



Both of the relatives who responded to the Healthwatch survey stated that they feel the staff have enough time to care for their relatives and have the relevant skills.

From the staff who completed the survey, two of them indicated that they do have enough time to care for the residents. One of their comments was; “Yes, my job as a Senior can be very demanding and busy at times, but I am supported well by my colleagues.”

Four of the staff stated that they sometimes have the time to care for residents. Here are their comments;

“I don’t always get to help on the floor as much as I would like due to paperwork, phone calls and visiting professionals.”

“Yes, to do the basics, but not enough time for quality time.”

“Sometimes yes, but at times I need to complete paperwork so at these times I’m unable to do activities.”

“Sometimes, it depends on the staffing levels.”

The remaining three staff indicated that they don’t have enough time to care for the residents and all sited low staffing levels for this.



All of the staff indicated that there are a range of courses available to them to develop their skills.

When the staff were asked what they enjoy about their jobs, the majority of them put the residents at the heart of their responses, which included;

“I like helping the residents in any way I can.”



“Being able to make a difference, creating good relationships with service users and their families to be able to deliver care how they like it.”

“Getting to know the residents and helping them.”

“Interacting with the residents and seeing the pleasure they get from the activities and themed days we have at the home.”

One of the staff members did not answer this question on the survey and the remaining person said; “The staff you work with and how we work as a team.”

The Manager informed the Healthwatch Team how she ensures the staff have enough time to care for the residents in The Laurels; “The carers have a difficult job and some days are a lot busier than others. I observe the care staff and listen to their feedback. On the days that appear slightly quieter the staff do make time and chat to the residents whilst making sure all of the care needs are met.

There are senior staff on each unit who ensure all tasks are carried out to a high standard and will report their concerns to the nurse in charge or to myself.



Whilst the home has two units over two floors we very much work as a team and will help each other out when we can.”

When asked how she encourages staff to develop their skills and knowledge the Manager said; “I encourage all staff with their professional development and any staff who do not have a care qualification, National Vocational Qualification (NVQ) level is encouraged and supported to do so.

Staff are supported to develop in the home and we have care staff in training to become Senior Care Assistants.

Within the last six months we have had two Senior Care Assistants commence Nurse training within Northumbria University and the experience they have gained in the home has been invaluable to their Nurse training and the clinical skills that they have obtained whilst working in the home.

SOAR is our on-line learning and is encouraged and staff are supported to complete their modules in a timely manner. (SOAR - personalises the learning experience by allocating online courses that are specific to particular job roles, location and an individual’s career development. It complements practical training to give all the knowledge skills and abilities the individual needs to deliver very good care, everywhere.)

Supervisions and staff meetings where we discuss training needs and any areas of development needed in the home.”

During the Healthwatch Team visit to the home we witnessed one staff member having a chat with one resident, they appeared to be relaxed in each other’s company during this friendly exchange. Another staff member had noticed that one resident’s slipper had fallen off and replaced this gently for her and one other staff member was seen gently persuading a resident not to remove her shoes in one of the communal areas.

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 the residents were asked by the Healthwatch Team, if the staff know them, know what they need and what they like and don’t like, all but one of the residents gave positive responses;

“Yes, I think so. Staff brought me a blanket and wrapped it around me when I was chilly this morning whilst sitting in the lounge.”

“Yes, I think so. They would wonder what was wrong if I seemed unhappy.”



The remaining resident shared that staff hadn't brought a wheelchair to support her when using the toilet and she struggles to walk short distances.

The relatives who responded to the survey indicated that the staff know their relatives well and commented;

“Staff sat and had a good talk to her about her life.”

“Very well and always know if they are not themselves.”

They both agreed that they are informed by the home's staff of any changes to their relative's needs, either over the phone or during their visits to the home.



When staff and the Manager were asked how they ensure that they and other members of staff get to know a new resident's life history, personality and health and care needs when the resident first arrives at the home, they stated that this first happens during the pre-admission assessment and through conversations with the resident and their relatives and friends. A care plan is then formulated and information is then communicated to staff by senior staff members and during daily handover meetings which happen on both units. Staff are also able to read resident care plans to familiarise themselves with this information.

Staff and the Manager then went on to say that residents care plans are updated on a monthly basis or before if required. Staff are updated of any changes during handover meetings and by reading care plans, daily notes, resident diet sheets and



also moving and handling documentation which are kept in residents bedrooms. The Manager added; “We try and ensure consistency of care where it is the same staff caring for the residents so they get used to a familiar face every day.”

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.

All of the residents when speaking to the Healthwatch Team, spoke enthusiastically about the activities which are available to them inside the home, which include; making Easter bonnets, exercise classes, dominoes, bingo, pom poms and weekly visits from a Pat Dog (pet therapy). One resident informed the Healthwatch Team that she has a pen pal from a local school. Resident comments about the activities included;

“There is all kinds on. I join in when I want to.”

“I haven’t been joining in lately, as I have just had an operation. But, I’m getting stronger and doing a little better now, so will be joining in again soon.”

“There is going to be a craft fair soon and on Saturdays we go upstairs and do exercises for our legs and arms.”

“A lovely dog comes in once a week. I love to see him.”

When asked about trips outside of the home, some of the residents were unaware of any, although one of the residents had just moved into the home and another said they had been to Seaham on a trip. Comments included;

“I’ve been to see the sea one day and enjoyed it.”

“I’m not bothered about trips. I’ve heard about them though.”

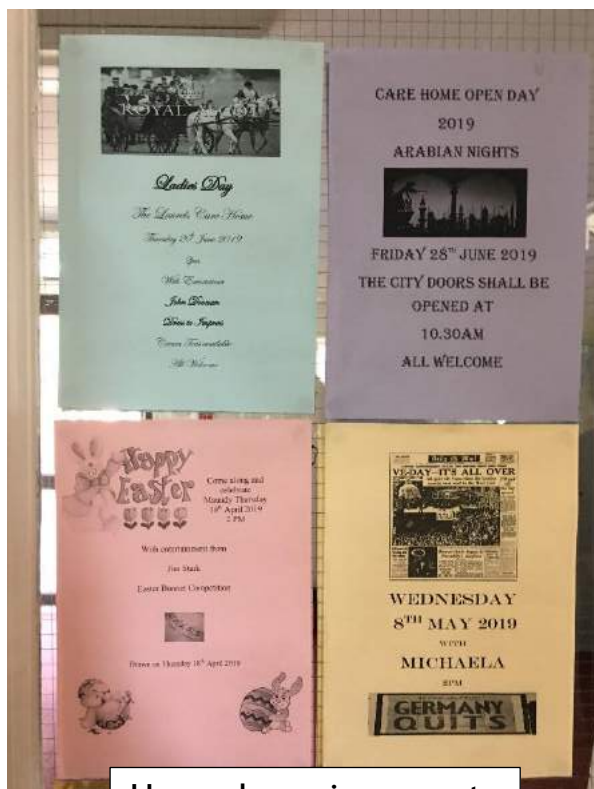
All but one of the residents stated that it is easy to join in the activities if they wish to do so. The remaining resident said that this is the case some of the time.

All of the resident respondents said that they are looking forward to using the garden in the warmer months, although one resident shared that she felt the staff will be too busy to take her outside.

When the residents who were supported to complete the survey process were asked if they are still able to enjoy past hobbies and interests, some of them stated that they can no longer enjoy these activities due to their own physical health restrictions. Other comments included;

“I could always make suggestions on which activities we do in the home.”

“I still enjoy reading.”



Up and coming events



Molly visits the home weekly to see her Grandad

One lady who stated that she likes to knit and read but had recently lost her magnifier so was not able to do so. The Healthwatch Team were able to bring this to the Manager’s attention before leaving the home.

Both of the relative respondents indicated high levels of satisfaction when asked about activity provision at the home. Comments included;

“Good, there is plenty for them to do. They have singers come in, board games, they go on trips out, write to children from a local school and have recently been making Easter hats.”

“Very good. In the warm weather they spend time outside.”

When relatives were asked if their relatives are still able to undertake past hobbies and interests, they said;

“She likes to read and also likes to chat to the other ladies.”

“Yes, you can still take your dog into the home and sometimes people bring other animals into the home with them.”

When the staff were asked about the range of activities available for the residents inside the home, the staff added to the list which the residents had informed the Healthwatch Team about; visits from entertainers, craft days, baking, gardening,



using reminiscence boxes, sing-a-longs, ball games, jigsaws, music therapy, painting, exercise sessions, card making and looking at photos.



Preparations for the Easter Bonnet Competition were in full swing

When the staff were asked about available activities outside of the home they gave us the following list; visits to Beamish Hall Dementia Unit and Museum, shopping, going for walks, outings to community days, trips to the theatre, trips to the seaside, visits to the local school to meet up with their pen pals, local tea dances and the odd night at the Sunderland Dog Racing Stadium.

The Manager said the following when asked about the activities at the home; “We have recently been a part of the following:

We have joined up with the Young Carers Association in Sunderland on some intergenerational work where children who are young carers at a local school have become pen pals with a group of our residents. The children met the residents for the first time at Christmas and there is a visit planned to the school in the Easter holidays where the school will be opened up to allow the residents to have time in the school and enjoying their experience. The students will be giving the residents a tour of the departments, showing them things such as the computer room and technology that they are using.

There is a generational gap of around 80 years for some of the residents and we are looking forward to this and the benefit that it will have on the residents and the pupils will be great.

We access places such as Beamish where the residents go to Orchard Cottage and they take part in reminiscence about their childhood and the war years.

Afternoon teas are held at The Hetton Centre and this is arranged by the local Funeral Director who is keen to integrate and include our residents in the local community. During these afternoon teas there is entertainment, refreshments and



there are residents from other local homes in the area. The residents have greatly benefited from this.

The Laurels is a very social home with regular themed days and entertainment for the residents and their families. The staff get involved with this and these days are very popular and fun filled.

In the home we have one Activities Coordinator and we are currently recruiting for another as a job share. We have a varied program of activities and life histories are obtained from the residents with input from families so that we can plan activities around previous interests and hobbies.

The home shares a mini bus with a sister home and trips are planned in advance and bookings are made with the other home.”



When asked how the staff at the home encourage residents to take part in the available activities the staff and Manager informed us that it is acknowledged that residents have different needs and abilities and the home provides activities based around the resident’s individual needs. Some activities are set up in communal areas to allow residents to do these as and when they wish to do so. Activity sessions are also facilitated in the communal lounges where residents congregate to enable them to see the sessions which helps to build their confidence to take part. Staff are available to sit with residents, tell them it will be fun and also take part and offer assistance when required.



The Manager added; “All residents are encouraged to attend and take part in activity sessions and some residents choose not to participate but like to observe these sessions. We encourage this and this is part of inclusion.”

When the Manager and the Activities Coordinator were asked how they ensure that residents have the opportunity to continue to take part in their hobbies and interests they gave the following comments;

“A life history is obtained with input from families where possible and we use this information to try and maintain and build upon previous hobbies and interests that the residents once had.” (Manager)

“When finding out what hobbies they used to have we try to incorporate this into the activity programme.” (Activities Coordinator)

The Activities Coordinator was then asked how the provided activities are evaluated to ensure the residents are continuing to enjoy them. She said; “Some residents will decline to take part and some residents will tell me that they are not enjoying the activity.”

There were no activities taking place at the time of the Healthwatch Team visit, although there are notice boards around the home depicting residents enjoying a range of different activity sessions.

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 the residents were asked about the food at the home, we received a mixed response. Responses ranged from varies, alright, good, canny and really nice. Comments included;

“There are two choices and sandwiches. They ask you what you want.”

“I have to pick about it. I can’t see and the man next to me points things out to me. As a rule I do enjoy my meals. I like the porridge on a morning, but it could be thicker.”

All of the residents indicated high levels of satisfaction when asked about the choice of food at mealtimes. They informed the Healthwatch Team that there are always two of three options available to them. Comments included; “I have always been able to find something I like and the staff will suggest alternatives if I need them. They make lovely homemade cheese scones here.”



All of the residents went on to say that they eat their meals in the communal dining areas which is their choice and they were aware that they could choose to eat their meals in their own rooms if they wish to do so. They all added that they enjoy and look forward to mealtimes. Comments included;

“I always enjoy my meals. I like the main course the best and my favourite is when they do cut ham and pease pudding.”

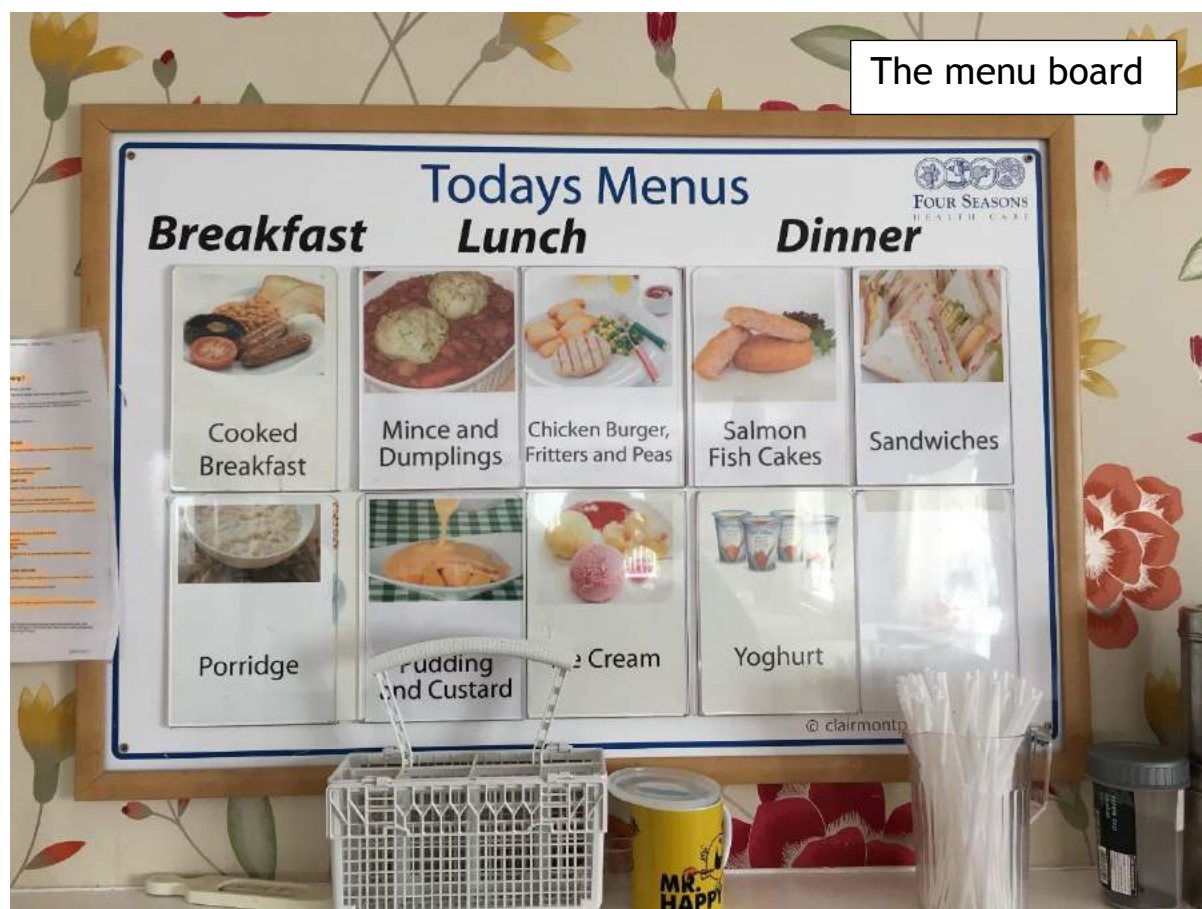
“Yes, I’m up early and always ready for lunch. I’m not so bothered at teatime.”

When asked about the quality and choice of food at the home, the relatives who completed the survey said;

“No complaints. There is a variety every day.”

“There are three choices for each meal, so yes, good.”

Both went on to say that they were confident that their relative is supported to eat and drink as much as needed. They added that mealtimes at the home are made sociable by the home having a lovely dining room, staff are available to encourage and help the residents with their meals and relatives are also able to stay for meals if they need to.



The majority of the staff who responded to the survey stated that they feel the quality and choice of food at the home is either good or excellent. Comments included;



“The food is good. There is a daily menu with two choices from each meal, but the kitchen staff will also try and accommodate outside of these menus.”

“There is a choice of menu every morning, with fresh veg daily. There are multiple choices of sandwiches and home cooked cakes and scones.”

Three staff members gave the following responses;

“I think the food is fair and there is good choice.”

“Residents get a few choices at mealtimes, but some residents tell me that sometimes they would like a different choice that isn’t on the menu.”

“The meals are adequate and they do get a few choices at mealtimes, but I have had a few residents tell me that what they are getting isn’t sufficient for them or would like to see more or less of somethings.”

The Manager explained how she ensures that the food is of high quality and choice is good; “Feedback is obtained from residents by the Chef on a frequent basis and information given in residents and relatives meetings. ‘Quality of Life’ feedback is also gained regarding food and the quality of the food and we take on board any changes that the residents would like to see. The Chef also gets input from the residents when the menus are being devised and their input is valuable.”

When staff were asked how they support the residents to both eat and drink as much as is required they told us that they offer physical assistance when required. They make sure residents are comfortable in the place they have chosen to eat their meal and encourage and use prompts to get residents to try their food. Snacks and drinks are readily available and also given via the ‘Tea Trolley’ which is taken around the home three times a day.

Comments included;

“There are set mealtimes and we stay in the dining room with them. If you notice a resident is struggling, you can assist them.”

“Ensure they are comfortable, have the correct diet, are assisted if necessary.”

When we asked the staff and Manager what choices residents have around what and when they eat, we received the following responses:

“If a resident is not hungry we can offer them a meal later when they feel hungry. Cold drinks are left out on coffee tables in the lounges and there are jugs of water and juices in their bedrooms.”

“Residents can eat and drink whenever they want to.”

The Manager said; “We acknowledge that some residents do not eat at mealtimes due to various reasons and this is incorporated into the resident’s care plan. The catering staff have this information to be able to prepare any specialist diets that may be required such as pureed diets and softer diets.”



The tea trolley



Drinks station

When the staff and Manager were asked what choices the residents can make around where and how they eat and drink we were informed that residents are given choices of where they would like to have their meals, which can be in their own rooms or in the communal dining areas. The Manager added; “Assessment on admission and reviews gives us the information about dietary requirements and the assistance that they may need from staff at mealtimes. We have residents who do not want to eat in the dining room and would like to stay in their room for their meals. We would assess the risks involved and if there is not a choking risk and the resident is safe to do this.”

The Manager added that there is a cold drinks machine in the dining room downstairs that is accessible to relatives and residents at any time. There is an area on the upstairs unit that is accessible for residents and relatives.

Staff informed the Healthwatch Team how they make mealtimes sociable times, this included; residents being encouraged to eat their meals in the communal dining areas and usually sitting in the same seats alongside other residents and staff, residents and staff chat and soft music is played. Comments included;

“By offering choices of where to sit, such as with people that they like to chat to, who have similar likes and dislikes. Some males may have preferences to sit with other males to talk about football or such.”

“A lot of residents have made friendships within the home so like to sit with them at mealtimes.”

The Manager said; “The dining rooms on both units are bright and welcoming. The residents like to sit next to their friends and it becomes a friendly environment where they enjoy their food and the company.”

During the Healthwatch Team visit we witnessed the ‘Tea Trolley’ on its rounds of the home. A selection of hot drinks, biscuits and homemade cake were being served. We spoke to some residents who stated that the cakes were delicious and



always are of a high quality. No spill beakers were also available on the trolley for those residents who require them.

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.

When asked about healthcare at the home, the residents stated that they regularly have access to GPs, Nurses, Chiropodists, Dentists and Opticians. One resident stated that they were unable to comment as they had only lived at the home for one month. Their comments included; “I fell recently and hurt my arm. The Nurse here looked after it for me. She applied a bandage and kept an eye on it. It healed lovely.”

Two residents told us what happens if they need to see a doctor or have a hospital appointment;

“They take you to hospital appointments. If they didn’t I wouldn’t get there or understand what they are saying to me.”

“Staff ask if you’re OK and ask if you need to see the doctor and they come here to see you. Staff take you to the hospital if you have an appointment.”

Both relative respondents stated that medical professionals are called to the home to visit residents if and when required.

When staff were asked about visits from health professionals they all agreed that there are regular visits from a full range of healthcare professionals.

The Manager added; “We have an excellent relationship with the local Nurses visiting the home regularly to discuss any residents who we are concerned about or need some additional advice on.

Each resident has their own allocated GP within the local area. Senior staff will contact the GP to visit the home if they have any concerns about the residents.

We can access the services of a Community Dentist when required and treatment where possible is provided in the home. Families are kept up to date with any treatments.

We have a Podiatrist from the NHS who visits the home throughout the week and will assist and support the staff in the management of any foot related problems.

We have contacts with various health professionals and liaise with them in the management of the resident’s care needs working as part of a Multi-Disciplinary Team (MDT).”



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.**

Some of the residents who responded to the survey stated that there are religious visitors who visit the home. Two residents informed the Healthwatch Team that although they do not follow a religion, they still enjoy taking part in the religious services at the home.

When asked about the laundry service at the home, we received a mixed response. Although some of the residents stated that they are happy with how their clothing is laundered, some also said that items occasionally do go missing or they get the wrong items given back to them.

The residents were aware that there is a hairdresser who visits the home on a regular basis.

During the Healthwatch visit it was noted by the team that the residents we saw were immaculately dressed and their hair was freshly styled.

Although neither of the relatives stated that their relative has any current specific lifestyles or religious or cultural needs, one relative stated that the home respects and accommodates these needs very well. Both respondents were aware that a hairdresser visits the home on a regular basis and stated that the laundry service at the home is either good or excellent.

When relatives were asked if their relative is always clean and appropriately dressed, both agreed and one relative said; "Excellent. Always very smartly dressed."

When staff were asked how the home caters for resident's religious and cultural needs they informed the Healthwatch Team that various religious visitors attend the home to see the residents and that the kitchen staff are made aware of any special diets and liaise with both the residents and their families to meet their needs.

The Manager was asked how the home finds out about and cater to residents' cultural, religious and lifestyle needs, she said; "Within pre-admission assessment we gather information from the hospital staff and family members as part of our care planning process. This information will be communicated within the team so that all grades of staff have an awareness of the needs of our residents. For example; additional foods have been bought on specific request from residents, such as fizzy drinks and certain cereals that we are unable to obtain from our suppliers. The catering staff prepare low fat diets and also high calorie diets for those residents who are nutritionally at risk."



When asked about the provision for residents to have their hair cut and styled the Manager said; “We have a hairdresser in the home every Friday to attend to the hair dressing needs of the residents. We can accommodate mobile hairdressers also if a resident has had a previous hairdresser that they would like to continue using.”

She went on to inform us how she ensures that laundry staff get clothes back to residents; “All clothing is marked and labelled by our own staff to try and minimise the risk of any items of clothing from going missing. The clothing is washed, laundered and returned to the resident’s rooms.

Some families have requested that they continue to do the washing of their loved one and we provide baskets for bedrooms with signage for the staff to accommodate this.”

The Manager added that she ensures all residents are always clean, tidy and appropriately dressed, by herself and senior staff making observations of the residents. Hygiene charts are used to evidence the level of care being carried out and she also listens and responds to any feedback from the residents and relatives about this.

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 living at the home, the majority of respondents said yes, with two saying that this is not the case. Comments included;

“They have said are you staying here, are you happy?”

“They always ask, but I don’t answer. I am fairly happy though. When you can’t look after yourself you need to pack up and go.”

Some of the residents went on to add that they are happy at the home.

None of the residents shared any changes they would like to see at the home, although one resident later said that she would like the ‘Nurses’ to attend to her quicker when she needs to use the toilet.

When asked what they would do if they ever needed to make a complaint, some residents said that they would either tell a member of their family or speak to a member of staff. One resident shared that she would not know what to do, but that she felt sure she would never need to make a complaint.



Feedback station

Both relative respondents agreed they feel they are welcome participants in the life of The Laurels. When asked in which ways they and their relative can have their say on how the home is run, one person did not answer the question and the other said; “They have a book that you can fill in.”

Both relatives stated that if they ever felt they needed to make a complaint about the home they would approach the Manager and would feel confident that their complaint would be acted upon appropriately.

Staff and the Manager explained in which ways residents and their families can have a say on how the home is run including; by attending regular meetings, giving feedback on the home’s iPad, completing feedback questionnaires or by speaking directly staff or to the Manager. We also received the following comment when we asked for examples of how a resident or family member has influenced how the home is run; “Families do have a lot of input to how the home is run. From how the Carers are doing their jobs and when and how it should be done.”

The Activities Coordinator explained how residents and their relatives and friends can have their say on which activities are delivered both inside and outside of the home; “We did set up an Activity Committee, which was made up of staff, residents and family

members.”

The Manager added that she learns from feedback and complaints, discusses them in meetings and also discusses any lessons learned.

Although four members of staff felt they don’t have a say on how the home is run and one person did not answer this question, the remaining staff members who completed the survey stated that this happens by attending staff meetings, speaking directly to the Manager or other staff and giving feedback on the home’s iPad. Comments included;

“Through conversation, making sure everyone knows what needs to be done.”

“We have regular meetings to discuss the best ways to achieve things. New working ways can be created.”

When the Manager was asked in what ways are the staff able to have a say in how the home is run, she said that staff feedback confidentially in questionnaires in the ‘Quality of Life’ system, can attend staff meetings, supervision sessions and in



general communication between her and other staff on a day to day basis. She has also created an open door environment where staff can openly speak to her at any time.

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.

When the residents who were supported to complete the survey were asked if they feel the home is always clean and tidy, all of the respondents agreed that it is.

Comments included;

“Yes, I see the cleaner every day.”

“The beds are regularly changed.”

When asked about the temperature of the home, the majority of the residents stated that the home can be cold at times. Comments included;

“Sometimes on a morning, in the lounge it is cool and they have to put the radiators on.”

“The odd time it can be cold, but I put my jumper on.”

One resident said; “It’s always warm, too warm at times.”

The relative respondents agreed that the home is always at a comfortable temperature for the residents, always hygienically clean and tidy and also well decorated and well maintained. They went on to say that they feel the home is a dementia friendly environment, with one person adding; “Care is given to meet resident’s needs.”

The Manager informed us she ensures that a comfortable temperature is maintained in resident’s rooms and all communal areas by maintenance being carried out and temperature checks taking place. Staff are encouraged to report any areas in the home that need to be addressed and corrected, and feedback from families is also encouraged. Thermometers are also in place in all of the homes communal areas.



When asked how she ensures the building and its contents are well maintained and decorated throughout, she explained that this is done by undertaking daily walk around by both herself and senior members of staff. There is also a monthly safety tour with the maintenance person identifying areas that need to be improved and feedback from staff and families is also listened to and addressed. She ensures that the home is always hygienic and clean by having cleaning schedules completed daily and reviewed monthly, by making

observations and taking note of her first impressions of the environment.

When the staff and Manager were asked how the home is made a dementia friendly environment they informed the Healthwatch Team that this is done by having dementia friendly signage and colour coding, coloured crockery is available, memory boxes are displayed, suitable activities are available, doors are kept locked where appropriate, staff training is provided and orientation boards are displayed. Comments included;

“Our unit upstairs is made dementia friendly - all our plates and cups are blue to make it easier for residents with dementia to see. We have a dementia box for residents to do activities. We have fully qualified, trained staff and training is updated.”

“There are old time photos on the walls, which the residents would recognise.”



Dementia clock



During the Healthwatch visit the team made several observations about the environment to the home. First impressions were noted to be that the home was light and bright and that the décor was pleasant and well maintained. Communal areas were light and spacious. All areas of the home appeared to be clean, although there was a strong unpleasant odour on the first floor of the home.

Resident's bedrooms were seen to be personalised, with natural light coming in through the windows.

Corridors contained photographs and other wall art, some of which relating to the history of Sunderland. The main foyer was decorated with the resident's Easter Bonnets and the prizes for a large Easter raffle were displayed there too.

Dementia signage was present on communal areas, such as bathrooms and toilets.



Some of the home's dementia signage



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, 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?



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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