

Care home life, what it's really like!

# The Mews Care Home



Date of Healthwatch Sunderland visit:  
4<sup>th</sup> October 2018





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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?

Healthwatch England is the national consumer champion in health and social care. It was set up by the government to ensure that people's views around health and social care services are listened to and fed back to service providers and commissioners with a view to improving services.

There is a local Healthwatch for every Local Authority area in England. Healthwatch Sunderland aims to be a strong local consumer champion working with our partners to support:

- People to shape health and social care delivery
- People to influence the services they receive personally
- People to hold services to account.

We achieve this by:

- Listening to people, especially the most vulnerable, to understand their experiences and what matters most to them
- Influencing those who have the power to change services so that they better meet people's needs now and into the future
- Empowering and informing people to get the most from their health and social care services and encouraging other organisations to do the same.





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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 Thursday 4<sup>th</sup> October 2018 and was carried out by Healthwatch Sunderland staff and volunteers who are trained so that they can effectively capture the resident’s experience.

At the visit residents were asked a range of questions via a set questionnaire (see appendix 1). The questions were constructed to reflect the objectives of the visit. Observations were 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	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  Time Neutral         </div> <div style="text-align: center;">  Skills Agree         </div> </div>
3.	Good knowledge of each resident and their changing needs	 Strongly agree
4.	A varied programme of activities	 Strongly agree
5.	Quality, choice and flexibility around food and mealtimes	 Agree
6.	Regular access to health professionals	 Agree
7.	Accommodation of resident's personal, cultural and lifestyle needs	 Strongly agree
8.	An open environment where feedback is actively sought and used	 Agree
9.	Provide a physical environment which is suitable for the needs of the residents	 Strongly agree



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## Findings

The Mews is a proposed built property located on South Burn Terrace, New Herrington, Houghton le Spring, DH4 7AW and is run by Exclusive Care Group.

The home provides accommodation for up to 47 people who require residential or nursing care, some of whom may be living with dementia. Residents are usually aged 65 or over.

All of the rooms are en-suite and primarily for single occupancy. However several rooms are large enough for sharing companions, which the home has accommodated on numerous occasions. New residents at The Mews are encouraged to furnish their rooms with their own furniture to make it as homely as possible.

There is internet access and an enclosed garden which are available for all residents to use and residents also have access to four communal lounges. The home currently has no hearing loop system.

There is a pet cat at The Mews and if a new resident wanted to take along a pet to live with them, this could be discussed with the home's Manager.

Activities are delivered by dedicated Activity Coordinators (One full time and two part time) from Monday to Friday and every other weekend. Care staff offer activities on other days.

The Mews is situated within easy reach of shops, other amenities and public transport links.

See the latest CQC inspection report here:

<https://www.cqc.org.uk/location/1-2193023151#accordion-1>

At the time of our visit there were 43 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch team were only able to support eight residents to fully complete the survey. The team received eight staff and six relative surveys back.

The results of these surveys are given below:

### Indicator 1 - A strong visible management

The indicator states that the Manager should be visible within the care home, provide good leadership to staff and have the right experience for the job  
**The Healthwatch team STRONGLY AGREE this was met.**

When asked if they knew who the Manager of the home was, some of the residents were able to name her and give positive comments about her which included;

“She’s good, I can talk to her and she does her best to sort problems out.”

Some of the residents were unable to name the Manager, but knew she could be found in the home's office. One person went on to say that she is nice.



All but one of the relatives who responded to the survey knew the Manager by name and gave a range of positive comments. The remaining relative stated that the Manager of the home is always visible. Comments we received about the Manager included:

“Judith is very approachable and listens when there is a perceived problem. She takes action promptly when required.”

“Judith leads the team, sets the standards and the culture of the home. She is also very accessible to relatives and friends.”

“Really helpful and keeps you updated if any issues occur - can’t fault the Manager at all.”

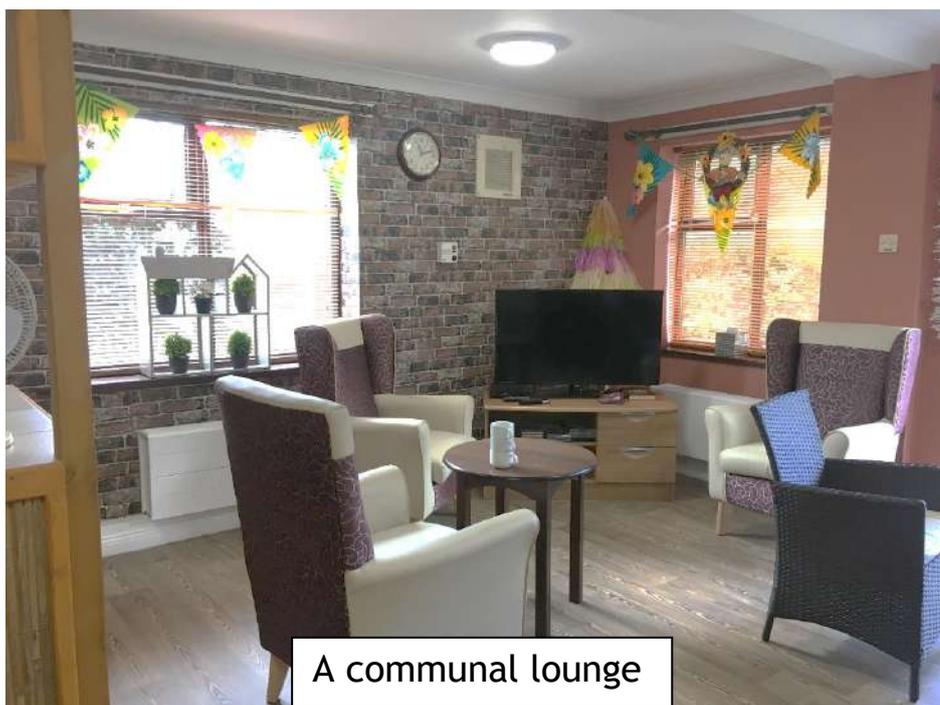
All of the staff who completed the survey stated that they feel supported by their Manager and added that they have good experiences of talking to her if they have questions or need to raise an issue. Their comments included;

“The Manager is approachable and will always listen to my concerns and ideas.”

“Any support I require, either personal or professional, Judith is there for me and I really appreciate her support and guidance.”

“She listens and gives her time to discuss whatever issue or concern I want to tell her.”

When we asked the Manager of The Mews care home what attracted her to her role, she told us that she gained promotion from Deputy at another home in the group. She went on to tell us that making a difference to residents and their families, leading a team and watching them grow is what she enjoys most about her job.





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## 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 a NEUTRAL rating for staff time which indicates both positive and negative feedback, which when averaged results in a neutral score. The team gave an AGREE score staff skills.**

When asked what they think of the staff at the home, some residents gave a mixed response stating that some of the staff are better than others. The majority of residents gave a range of positive comments about the staff at the home, which included;

“There are some good little lasses working here. I have no complaints.”

“They are marvellous, even the two young ones are like family.”

When we asked the residents who took part in the survey process if staff have time to stop and chat to them, all of the residents indicated that this can be an issue. Their comments included;

“They don’t have time to linger. They are in and out as they have someone else to see to.”

“The odd time they sit on your bed.”

“Staff are often too busy to chat.”

All but one of the relatives told us that they feel the staff have the time to look after their relatives. Their comments included;

“Yes, the staff have responded in a speedy manner and do spend some social time with mum.”

“Yes, plenty of staff are employed, which means the residents have good care.”

The one remaining relative said; “The older staff are very good and caring, the younger ones are still learning. At times the home is short staffed, making it hard at times for the carers.”

When staff were asked if they feel they have enough time to care for residents, three of the staff stated ‘yes’, with two of them adding that this is the case if staff are willing to cooperate with each other and one saying; “Yes, but sometimes time can be pushed if we are short staffed or staff are escorting residents out of the building. We can ask the Activities Coordinators to help.”

The remainder of the staff stated that time can be an issue, due to them being busy or the needs of residents being demanding.

When relatives were asked if they feel the staff have the necessary skills to care for their relatives, positive comments were received, which included;

“The staff are well trained, and they have regular training meetings to maintain their skills.”



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“Yes, I have found in my experience while visiting my mother, the skills they use for caring for the residents i.e. oral communication, personal care and generally being there to hold their hands.”

The Manager stated that she uses a dependency tool and ensures that she adheres to appropriate staffing levels to make sure that staff have the time to care for residents.

All of the staff respondents stated that they are encouraged to continue to develop their skills by undertaking available training courses. The Manager told us that she believes it is important to empower her staff, listening to what they want with regard to their development and observing them to ensure they get the training they need.

All of the staff indicated that they enjoy their roles within The Mews, all putting the residents at the heart of their responses. Here are some of their comments;

“I like to make a difference in how the residents feel about life in a care home.”

“I love working in this environment. I get great job satisfaction. I can be myself with the residents, loving a little sing-a-long, making the residents happy and smile makes all of our days.”

“Talking to residents and listening to their stories and experiences of their lives.”

During the Healthwatch visit the team witnessed staff chatting to residents, with both staff and residents looking relaxed and happy in each other’s company.

### **Indicator 3 - Good knowledge of each resident and changing needs**

The indicator states that staff should be familiar with resident’s histories and preferences and have processes in place for how to monitor changes in health and wellbeing.

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

All of the residents the Healthwatch team spoke to stated that they feel the staff at the home know them well, know their routines, personality, lifestyle and what they like and don’t like. Their comments included;

“Yes, they sharp know if I don’t like something.”

“Yes, they know my ways!”

Relatives reported that staff at the home know their relative’s life history, personality and health care needs, one relative said; “Not sure if they know mum’s life history, but with her personality and health care needs they are ‘switched on’. This is based on discussions with them about mum.”

Other comments included;

“All the staff have been briefed on my wife’s needs and history, they know her moods and personality and respond as required.”



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“They are always asking questions about my relative’s past so they can engage with her.”

All of the relatives who completed the survey process agreed that the staff notice and respond to changes in their relative’s needs.

One relative stated that sometimes the home doesn’t inform them when there are changes in their relative’s needs. The rest of the relative respondents said that this happens face to face, during their visits to the home or over the telephone.

Staff and the Manager informed us that they and other members of their team get to know a resident’s life history, personality, strengths, limitations and health and care needs when a resident first arrives at the home by completing a pre-assessment document. They then build on this information by speaking to the resident, their relatives and friends and any health or care professionals who have had involvement with the resident. All information is added to a resident’s care plan, which staff have access to.

Changes to a resident’s tastes and health and care needs are noted during observations and daily assessments, documented in a residents individual care plan and nutrition charts. Updated information is relayed to staff in handover reports and meetings. Care plans are evaluated on a monthly basis and updates are made where necessary.

#### **Indicator 4 - A varied programme of activities**

The indicator states that care homes should provide a wide range of activities (and ensure residents access these) in the home and support residents in taking part in activities outside the home.

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

The Mews care home employs one full time and two part time Activities Coordinators. A programme of activities is available to residents from Monday to Friday and every other weekend. Care staff also facilitate activities on other days.

When the Healthwatch team asked residents what activities are available to them in the home, some gave a list, which included; bingo, crayoning, baking scones and dominoes. A group of ladies who were taking part in a colour therapy session at the time of the Healthwatch visit agreed that the activities room is a friendly place, where residents enjoy each other’s company and have a laugh together.

One resident stated that the activities available are not to their liking.

Resident’s comments included;

“There is always something going on.”

“I’m not keen on doing group activities, but Angela (Activities Coordinator) came and did my nails yesterday. I enjoy watching the TV in my room.”



**The activity schedule**

### Entertainment

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	Dominos	Hands & Nails	Karaoke	One to One	Bridge	Dominos	Sing Along
PM	Singo	Jigsaw	Ballroom Volleyball	Parachute	Film Friday	Jigsaw	Floorboard Games

Please note that activities are subject to change to incorporate residents choices, requirements and outside entertainers

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	Singo	Cake Decorating	Card Games	Hands & Nails	Singo	Dominos	Sing Along
PM	Baking	Chair Exercise	One to One	Arts & Crafts	Film Friday	Jigsaw	Floorboard Games

Please note that activities are subject to change to incorporate residents choices, requirements and outside entertainers

### Activities stimulate the mind and soul

When residents were asked about trips outside of the home, some stated that they don't go on what they would call trips, but they often go out for walks in the local community with staff and visit a local coffee shop.

The residents went on to say that they find the activities easy to join in with, if they wish to do so.

All of the residents who engaged with the survey process stated that there is free access to the home's garden, which they particularly enjoy spending time in the warmer months.

When asked if they are still able to enjoy their past hobbies etc, some of the residents told the Healthwatch team that they were unable to due to their own physical restrictions. One resident stated that he would like to see more of his grandchildren and was looking forward to a visit from his little grandson that evening. Another resident said that although she does get out and about with the home's staff and her own family members, she would like to go out of the home more often.

When relatives were asked what they think of the activities available for residents inside and outside the home, they gave positive comments which included that the programme of activities is varied, well run and good for the residents. One person added they don't know of any activities outside of the home. Two of the relatives named the Activities Coordinator, Angela in their responses as being key to the success of the activities programme in the home.



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Relative comments included; “Really good. The notice board shows what is happening each week.”

All of the relatives told us that they feel their relatives are encouraged to take part in activities, with some adding that this is when the activity is appropriate and when the Activities Coordinator feels their relative would like a particular activity or be able to take part.

Several relatives stated that their relatives are no longer able to engage with past activities and hobbies, but added that this is due to their own capabilities.

One relative commented; “My wife loves to sing and dance and is encouraged to do this.”



The Activities Coordinator, alongside the Manager other staff members who engaged with the survey process gave a list of activities which are available to residents inside the home; bingo, dominoes, card games, baking, quizzes, puzzles board games, colour therapy, reminiscence sessions, external entertainers and animal experiences, hands and nails, ball games, gardening, film evenings, 1-1 individual activities, pat the dog and volunteers from the Age UK Sunderland FaNs project offer a befriending service.

When asked about activities outside the home they gave us the following list; going for walks, visits to a local coffee shop, visiting places of individual interest, pub visits, parks, shopping trips and visits to the seaside. The Activities Coordinator



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added that she liaises with the local church to enable residents to attend their events, such as cream tea afternoons. She went on to say that the home has links with community groups such as Groundwork who offer a range of gardening activities and outings for residents.

When asked, the Manager stated that the home does not have access to its own transport for trips or other activities outside the home.

Both the Manager and the Activities Coordinator said that residents are supported to do the things they used to enjoy before coming into the home, by firstly having discussions with them and their relatives to find out their interests. Life stories and care plan documentation is then completed to detail this information and scheduled activities can then accommodate their preferences.

During the Healthwatch team visit a member of the team was able to have a conversation with the Activities Coordinator, where she elaborated on a few points;

- **Age UK FaNs project** - An ex-nurse who used to work at the home is now a volunteer for this project and makes individual visits to residents who either have no or few visitors. She also assists the staff team during group activity sessions.
- **Visits to a local coffee shop and community links** - The Activities Coordinator takes residents on a rota basis out to a local coffee shop, where staff now know resident's names, which makes them feel part of their local community. She went on to say that she embraces opportunities for residents to get involved in appropriate community activities with local Voluntary and Community Sector groups.
- **Fundraising** - The Activities Coordinator explained that the home raises funds by hosting raffles and seasonal fayres etc. to enable them to offer outdoor trips and activities which have a cost attached to them, such as external singers, the petting zoo etc. She explained that the home doesn't have its own mini bus at this time.
- **Clothes parties** - These take place at the home at least twice a year to enable residents to purchase clothing to refresh their wardrobe. One of the visits is prior to the Christmas period so that seasonal outfits can be purchased for parties and outings with relatives and friends.

The Activities Coordinator informed the Healthwatch team that where possible if residents are unable or unwilling to take part in group activities they will get one to one time with an Activities Coordinator. Activities would include; talking, reading books or newspapers, reminiscence using photographs or doing their hands and nails.

When ask what encouragement and assistance they and other staff members give to residents to ensure that can take part in activities, staff, including the Activities Coordinator informed us that all residents are encouraged to join in or observe the activity, which often leads to participation. Staff ensure that residents know when the activities are taking place, offer reassurance and physical assistance for activity sessions where required, ensure that residents are comfortable in their chairs and have the appropriate equipment for the session. The Activities



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Coordinator added that activities are evaluated, visually observed for the interaction of residents during the sessions. She also acts on feedback from staff and residents as to how changes and improvements can be made to the activities programme.

During the Healthwatch visit the garden was seen to be tidy and there was access from various points around the home. Resident's gardening projects were visible and there was a lot of seating available. There was an awning available, which could provide shade from the sun. The Activities Coordinator explained to a member of the Healthwatch team that the doors leading out to the enclosed garden areas are left open in the warmer months and in cooler months, the doors from the main ground floor dining room are opened by staff members for residents who want to go outside to ensure staff know where they are. Staff are also available to assist residents to go outside if necessary.

## **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.**

The Mews care home operates a protected mealtime 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).

Some residents informed us that the food at the home can vary, with one resident adding that if he would prefer an egg or bacon sandwich instead of what is on the menu, this is accommodated. Another resident told us that the food is 'pretty good' and went on to say that the fish and chips are her particular favourite. Another resident stated that the food at the home does not suit her individual tastes and her family take her out for meals at times. Comments included;

"The food is good and enjoyable. It's not often not enjoyed."

All of the residents agreed that there is always a choice of what and when they eat, with many reiterating that the staff will make alternatives to the menu if required.



**The ground floor dining room**

The majority of the those residents the Healthwatch team spoke to stated that they eat their meals in the communal dining spaces, although there is also an option to eat in their individual rooms if they prefer.

All but one of these residents stated that mealtimes at The Mews are times which they look forward to. Their comments included;

“I sit with my next door neighbour and we have become good friends. He always asked me if I need anything.”

“I enjoy being in the dining room for the conversation.”

The remaining resident stated that they enjoy mealtimes ‘sometimes’ as the room can be noisy as some of the residents are hard of hearing and shout.

Relatives told us that they feel the quality and choice of food at the home is good. One relative added that the food is plain and another added that the food is well presented. They all stated that they are confident that their relative is supported to eat and drink as much as is needed. One relative said: “Very confident and if she needs support it is always available.”

We went on to ask the relatives how they feel the home ensures that mealtimes are sociable. One relative did not answer this question but other relatives told us that staff sit residents in the dining room in their friendship groups and they are encouraged to interact. One relative said; “Mum is encouraged to sit with her



friends - she has resisted going into the dining room, but the staff have persisted and encouraged her to join in.”

When staff members were asked what they think of both the quality and choice of the food provided at the home for residents, they stated that there is always a choice of two meals, but residents can pick an alternative if they wish. Individual food preferences and outcomes of SALT Assessments (Speech and Language Team) are documented in the residents care plans. All but one told us that the quality is good, with the remaining member of staff stating that it is satisfactory.



The Manager informed us that menus are displayed, giving the available choices and food is tasted to ensure its quality and regular food audits are carried out.

Staff added that they make sure residents are able to eat and drink at mealtimes as well as outside of mealtimes, staff stated that residents are supervised during mealtimes. In between meals there are three visits from the drink and snack trolley each day and food and fluid intake is monitored and assistance to both eat and drink is given to those residents who need it. Residents can eat and drink either in their own rooms or in the communal dining rooms, which is encouraged to promote social inclusion. Soft music is played in the background and the staff

encourage and facilitate conversation at the meal tables. Staff comments included;

“Residents enjoy mealtimes as they see other residents from both floors and they chat away with their friends.”

The Manager added that a relaxed and calming atmosphere is maintained during mealtimes. She went on to tell us that there are two sittings at mealtimes to ensure that staff are able to spend the necessary time supporting residents. Adapted cutlery is available to those residents who need it and finger foods are made available if they are preferred. Drink stations are located around the home for residents to access.



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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 AGREE this was met.**

When asked about their access to a dentist, optician and hearing tests, one of the residents asked could not remember seeing any of these professionals whilst living at the home. The majority of the residents stated that they have seen a dentist and an optician and three of the residents had attended external appointments for their hearing checks. One resident stated that they look after their own hearing aid, with one resident telling us that the home's staff look after theirs for them.

All of the residents which the Healthwatch team spoke to stated that if they needed to see a doctor, they would inform the home's staff and this would be arranged. One resident added that the staff would notice if they were unwell. Residents also informed us that staff members would accompany them to GP or hospital appointments outside of the home.

Relatives reported that they are happy with the healthcare arrangements at the home, with regular visits from healthcare professionals as required. One person stated that access to chiropodists seems to be less easy than other health professionals, but other relatives said that their relatives have regular visits from a chiropodist.

Staff and the Manager informed us that the home is visited once a week by a dedicated GP. There are regular visits from the home's dentist, optician and chiropodist. Specialist and District Nurses visit the home daily to see individual residents. They went on to say that if a resident requires the attention of a health professional either the Manager, nurse or senior staff member will contact the relevant service to make the necessary arrangements.

## **Indicator 7 - Accommodate resident's personal, cultural and lifestyle needs**

The indicator states that care homes should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs and shouldn't make people feel uncomfortable if they are different or do things differently to other residents. **The Healthwatch team STRONGLY AGREE this was met.**

When asked if their culture and lifestyle needs are respected at the home, residents told the Healthwatch team that there is a church service at the home once a month. Their clothes are returned to them clean and pressed from the laundry, staff help male residents to shave and they get their hair cut at the home by a visiting hairdresser. Resident comments included;

“The laundry lady, Janet is good, she gets your clothes back to you clean.”



“Angela, the Activities Coordinator keep my nails nice.”



Some of the relatives asked, stated that their relatives have no current specific lifestyle, religious or cultural needs. One relative said their relative has a stoma bag which requires a lot of help and the home accommodates this. Another informed us that their relative follows the catholic religion and feels this is accommodated and well respected by the home, with regular visits by members of the church.

All of the relatives commented that there are regular visits to the home by a hairdresser, with some adding that the care home staff also play a part in styling residents hair.

The relatives were very complimentary about the high standards of the laundry service at The Mews. Their comments included;

“Very good indeed.”

“Janet, the lady who looks after the laundry, is very good with my wife’s clothes.”

All of the relatives who responded to the survey process informed us that their relatives are always clean and appropriately dressed.

Healthwatch team members noted during their visit that residents were clean and appropriately dressed. Some were in the process of being showered and the hairdresser had been in earlier that day. The Manager explained in her survey



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response that a hairdresser attends the home twice a week to wash/style resident's hair, although some residents still prefer to use their regular hairdresser.

The Manager informed us that all residents clothes are marked with their name and room number to ensure laundry staff are available to return their items of clothing to them. She added that she ensures that residents are always clean and appropriately dressed by staff offering support to those who require it to wash, dress, bathe/shower and change their clothing throughout the day.

Staff and the Manager informed the Healthwatch team that there are regular religious services in the home and there are church visitors who regularly bring Holy Communion to those residents who wish to receive it. Menus can also be altered to accommodate these requirements. Comments included;

“If residents have any particular religious or cultural needs, the home will provide support for the residents so they can maintain their 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.**

The Healthwatch team asked the residents if they get asked if they are happy at the home and all but one of them responded to say that staff and Management ask them if they are happy. Some of their comments included;

“They treat you lovely here and they help you as much as they can.”

“I am happy here. The staff and management are great. I feel settled and safe.”

All but one of the residents stated that they like the home as it is and wouldn't change anything. The remaining resident stated that although they go out with staff and their family, they would like to go out more.

All of the residents went on to say that if they ever needed to make a complaint about the home they would approach the Manager. Their comments included;

“There isn't one staff member better than another. They all try their best.”

“I would go to the Manager, but I have nothing to complain about.”

All of the relatives who completed our survey stated that they feel welcome participants in the life of the home and that they and their relatives are able to have their say on how the home is run via regular meetings and chats with staff and the Manager, by completing questionnaires or in writing to the Manager. They went on to tell us that if they ever needed to make a complaint they would; follow



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procedure, go directly to the Manager or staff or by writing to the owners of the home. They all stated that they would be confident that their complaint would be acted upon appropriately. Their comments included;

“Directly to management, but I haven’t had a need to complain.”

“Speak to the Manager, who always seems to get things sorted.”

Staff and the Manager stated that residents and their relatives and friends can have a say in how the home is run by attending relative meetings (dates for which are displayed in the main entrance of the home), completing annual surveys, using the home’s suggestion box or they can speak to any member of staff or the Manager at any time.

The Activities Coordinator told us that residents, their relatives and friends can speak to her about activities and give her both positive and negative feedback about the activities available. One new resident brought into the home a range of colouring books which she shared with other residents and then this became a regular activity.

The Manager added that she reflects on practices after receiving any feedback or complaints, investigates issues and changes practice appropriately.

The majority of staff and the Manager told us that staff are able to have a say on how the home is run by speaking directly to the Manager or attending staff meetings. One member of staff did not complete this question on the survey and another simply said ‘no’ to this question. Staff comments included;

“Heads of departments and management welcome feedback and suggestions at anytime.”

“As a member of staff our say is very important and if there is a matter raised that can improve the home, then this will be actioned to provide the service to the residents, staff and visitors.”

## **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.

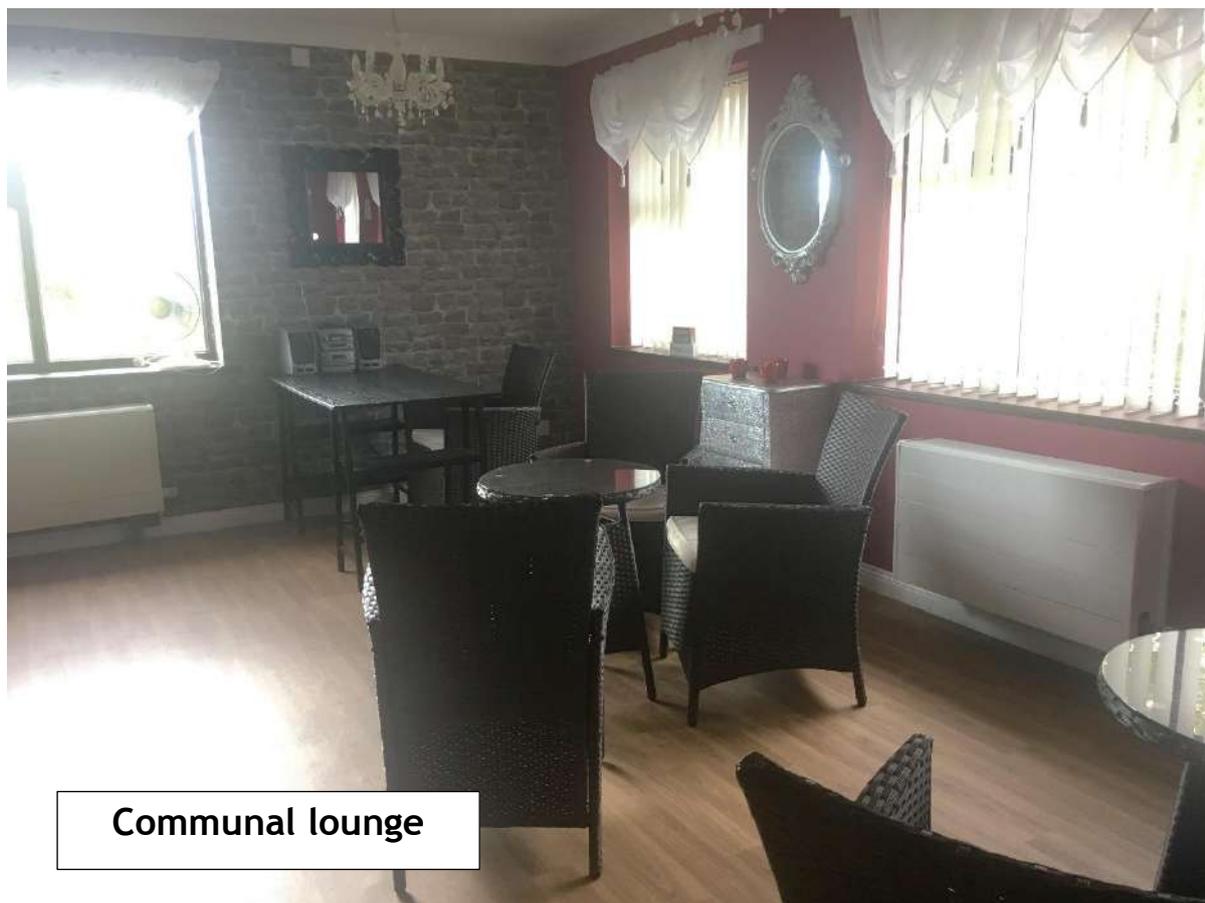
**The Healthwatch team STRONGLY AGREE this was met.**

All of the residents who engaged in the survey process agreed that The Mews care home is always kept clean and tidy.

When asked if the home is kept at a suitable temperature, residents gave a mixed response. One resident stated that the temperature was just right for them. Those residents who said that the home was either too cold or too hot for them told us that their situations had been resolved by additional heating or blankets or by opening the windows in their rooms. One resident said;



“The nights are getting colder, but I told the staff and they provided me with an extra blanket for my bed.”



**Communal lounge**

All relatives stated that they feel the home is always kept at a comfortable temperature for the residents, always hygienically clean and tidy and well decorated and well maintained. They all agreed that the home is a dementia friendly environment.

The Manager stated that she ensures the temperature of the home is suitable for residents by having all the radiators on thermostats, which can be adjusted to ensure rooms are at an optimum temperature. She went on to say that some residents chose to have additional heaters in their rooms.

When asked how she ensures that the building and its contents are well maintained and decorated throughout, she told us that the re-decoration of the home is ongoing. There are regular checks and associated paperwork for the buildings and equipment.

The Manager informed us that she ensures the home is always hygienic and clean by the domestic staff having a cleaning plan to follow which rotates around daily, weekly and monthly. Cleaning emergencies are dealt with straight away.

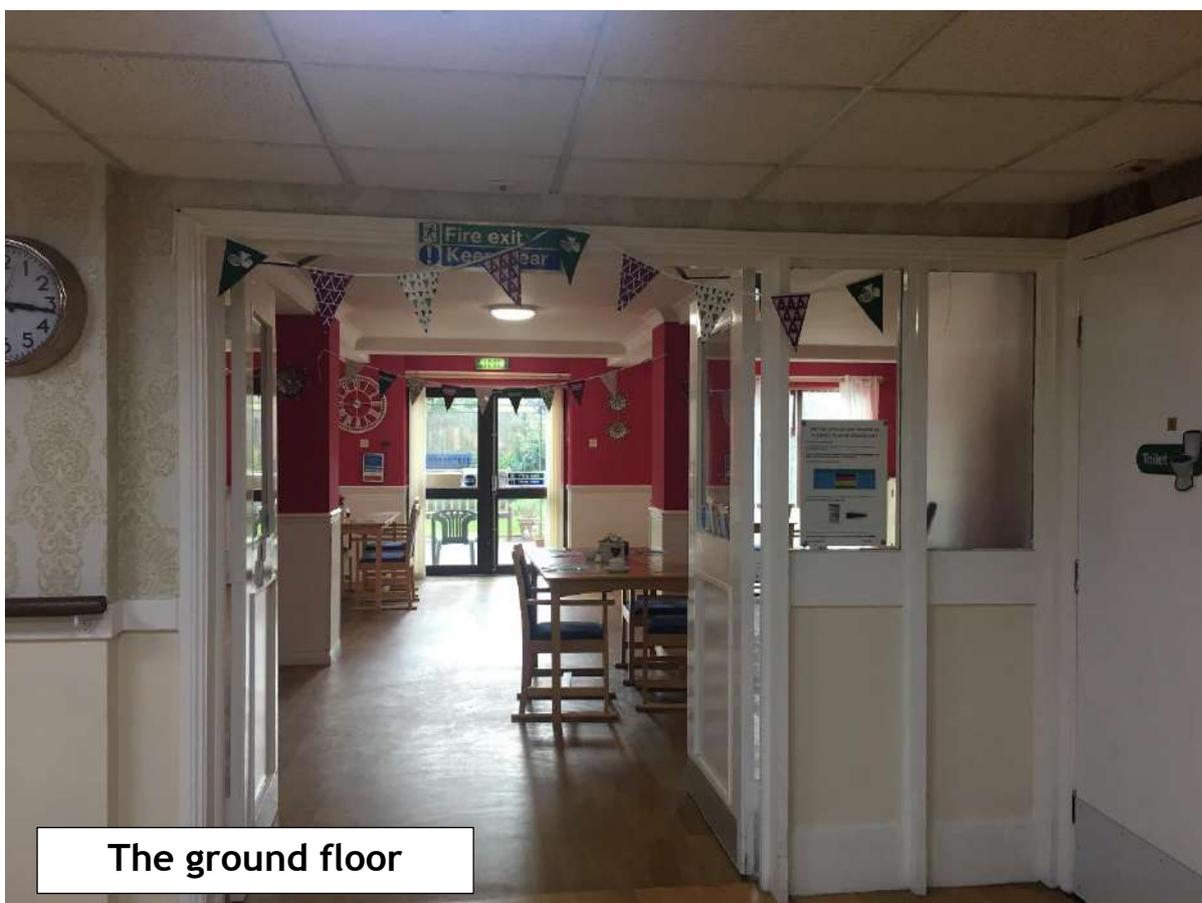
We asked the Manager and her staff how they make the home a dementia friendly environment. They told us that they have easily recognisable signage around the home e.g. on the toilet and dining room doors. Residents have their names on the



doors to their rooms, which are also different colours. Families are encouraged to provide pictures and memory boxes. The home ensures that they have a detailed life history for each resident and there are regular reminiscence activities scheduled. They informed us that good housekeeping is maintained and staff receive annual training on this subject.

One staff member said: “The home ensures a safe environment for everyone, use the correct lighting, flooring, has contrasting walls, bedding, plates and mats. We keep the residents active and engaged, keep their routines.”

During the Healthwatch team visit it was noted that there were no noticeable smells around the home and the communal areas and resident’s individual rooms appeared to be clean and tidy.



The ground floor



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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, 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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