



Care home life, what it's really like!

Washington Lodge



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25th February 2019



Distribution List:

Washington Lodge - June Smith, Manager

Provider - Philip Whitaker, Managing Director, Qualia Care

Care Quality Commission - enquiries@cqc.org.uk

Healthwatch England - enquiries@healthwatch.co.uk

Katie Johnson, Development Officer

Sunderland Clinical Commissioning Group:

Dr Ian Pattison, Clinical Chair

David Gallagher, Chief Officer

Janet Farline, Clinical Quality Officer

Aileen Sullivan, Lay Member Patient and Public Involvement

Anna Davidson, Safeguarding & Quality Admin Support Officer

Sunderland Local Authority

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Health and Wellbeing Board

Councillor Dr. Geoffrey A. Walker, Portfolio Holder for Health & Social Care

Karen Graham, Office of the Chief Executive, Sunderland City Council

Public Health - Gillian Gibson, Director of Public Health, Sunderland City Council

Tyne & Wear Care Alliance - info.twca@sunderland.gov.uk

HealthNet Sunderland - VCAS

Sunderland Echo - Joy Yates, Editorial Director

Age UK Sunderland - Tracy Buck, Director

Independent Age - Catherine Seymour, Policy and Research Manager

Sunderland Alzheimers Society - Helen Williams & Penny Easton

Action on Dementia Sunderland - Ernie Thompson, Chairman

Sunderland Carers Centre - Amanda Brown, Acting Chief Executive Officer

Essence Service - Anthony Gonzales, Service Manager

Total Voice Sunderland – Niall Salmon, Managing Advocate

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 25th February 2019 and was carried out by Healthwatch Sunderland staff and volunteers who are trained so that they can effectively capture the resident’s experience.

At the visit residents were asked a range of questions via a set questionnaire (see appendix 1). The questions were designed to reflect the objectives of the visit. Observations were made on the physical environment and staff/resident interaction etc.

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

We engage with local people on an ongoing basis, encouraging them to share their feedback on their experiences of care homes across Sunderland. Any feedback we received was incorporated into the findings.

4. Findings - Summary

The Healthwatch team collated the survey findings we gathered from residents, their family and friends, staff and Managers and our observations made during our visit. The findings have been scored against the nine indicators in terms of the degree which they were met, from strongly disagree to strongly agree. A neutral rating indicates both positive and negative feedback, which when averaged results in a neutral score. A summary of this can be found below:

Here is the key which shows the indicator scores



Strongly disagree



Disagree

















Neutral



Agree



Strongly agree

1.	A strong visible management	 Neutral		
2.	Staff with time and skills to do their jobs	<table border="0"> <tr> <td> Time Disagree</td> <td> Skills Agree</td> </tr> </table>	 Time Disagree	 Skills Agree
 Time Disagree	 Skills Agree			
3.	Good knowledge of each resident and their changing needs	 Neutral		
4.	A varied programme of activities	 Neutral		
5.	Quality, choice and flexibility around food and mealtimes	 Neutral		
6.	Regular access to health professionals	 Strongly agree		
7.	Accommodation of resident's personal, cultural and lifestyle needs	 Neutral		
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

Washington Lodge Nursing Home is a purpose built property located at:

The Avenue
Washington Village
Washington
NE38 7LE

Telephone: 0191 4661 402

Provider: Qualia Care

Provider's Website: <http://www.qualiacare.co.uk/our-homes/washington/>

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

See the latest CQC inspection report here:

<https://www.cqc.org.uk/location/1-3211319698>

Washington Lodge is a 61 bedded nursing home with 3 separate nursing units. The home presently caters for residents aged 54 to 98. Care is offered to people who have physical ailments requiring nursing care as well as residential care, also residents who suffer from dementia and those who may have some challenging behaviours.

The home is currently in the process of completing the Gold Standard Framework for end of life care. The home also has links with the local hospice, providing end of life care within the home.

On the ground floor there is a male dementia unit which has 18 beds. The unit has access to a lounge with TV, music and a small dining room. A range of activities are also delivered on the unit.

In addition on the ground floor is a dedicated female dementia unit which has 14 beds. The unit has access to a lounge with TV, music and a large dining room. A range of suitable activities are provided on the unit.

The upstairs unit has 29 beds and is predominately general nursing and residential care. Residents on this unit have access to a TV lounge, a quiet lounge with music as well as a large dining room and an area for activity provision.

None of the resident's rooms at Washington Lodge have en-suite facilities, although all rooms have sink units. All of the home's shared bathrooms are large and spacious and are dementia friendly with blue doors and large signage.

The garden is accessed from the ground floor male unit, and is a contained courtyard garden which is looked after by residents and their families.

Residents are able to personalise their rooms with small pieces of furniture, their favourite chair, pictures and photographs.

Wi-Fi access is provided throughout the home for the use by residents.



Activities are provided 7 days a week, with links to the local community, including weekly visits to the local churches. The home also has links to the local schools and colleges.

Students from both Newcastle College and Sunderland College visit the home as part of their health and social care qualifications. The home has just completed a project in conjunction with the Winter Gardens and Sunderland College.

There are no pets living in the home, but families are welcome to bring in dogs.

All mealtimes are protected (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). Families are welcome to join their family member for a meal in either the lounge or their room, although families are asked to refrain from the dining room.

At the time of our visit there were 39 residents living in the home. Due to the individual health and capacity of the majority of the residents, the Healthwatch Team were only able to support two residents to fully complete the survey. The team received four staff and four 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 gave this a NEUTRAL rating which indicates both positive and negative feedback, which when averaged results in a neutral score.**

From the residents who were supported by the Healthwatch Team to complete the survey process one person could name the Manager and the remaining resident stated that although they could not remember her name, they would recognise her. When asked what they think about the Manager, one said 'she is nice' and the other stated that they don't have much to do with her.

The relatives and friend who responded to the survey were all able to name the Manager of the home. Two of the respondents gave positive comments about the Manager;

"I can only speak from personal experience in that June has always made time for me when I have been upset or needed answers to any concerns."

"Lovely lady, very approachable, feel like we can go to her with any query."

One respondent gave a mixed response; "Qualified nurse. Sometimes hands on. Admin takes priority."

The remaining respondent said; "I never see her and haven't had any dealings with her."



The Company Values displayed in the main foyer

When the staff who responded to the survey were asked what support they receive from their Manager, one person stated that they get all of the support they need. All three respondents said that they would like to see the Manager be more ‘visible on the floor’.

When staff members were asked about their experience of talking to the Manager when they want to ask a question or raise an issue, we received mixed responses. Here are the staff comments;

“In my experience, the Manager seems to be very approachable and always has time to listen.”

“Very approachable and always understands. Quick to sort out any issues I may have.”

“The Manager is sometimes off when asking a question and abrupt at times.”

The Manager informed the Healthwatch Team what attracted her to the role of Care Home Manager; “Have been a nurse for 30 years and then worked in care homes for the last five years. This was an opportunity to promote care.”

She went on to say that she enjoys the challenge of making improvements and explained that her role does include a certain amount of admin but she goes on the floor to help when needed and carries out medication rounds and attends meetings with families and social workers.



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 DISAGREE this was met for staff time and AGREE this was met for staff skills.

When the residents who completed the survey were asked about the staff at the home they said;

“They are nice, sometimes they take me out shopping.”

“They are fine, I have my favourites.”

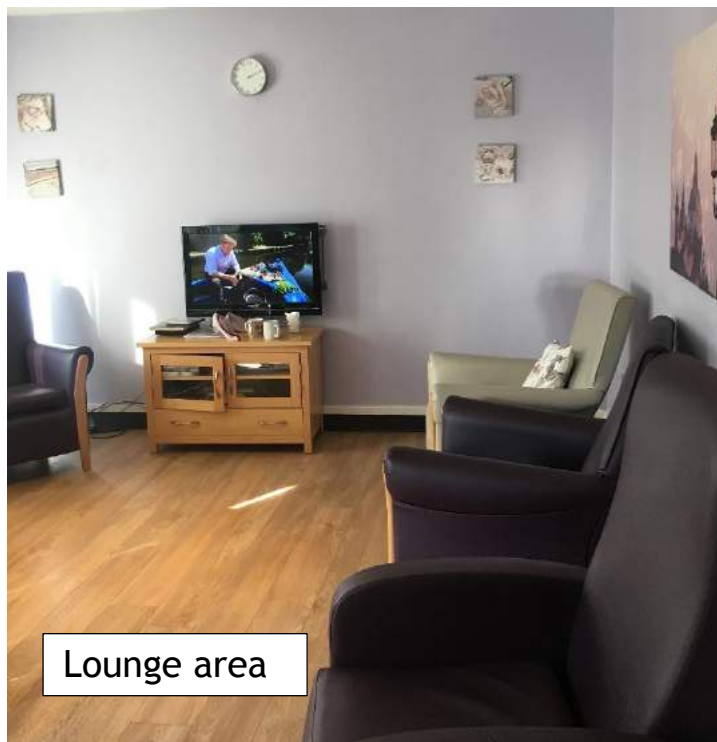
The residents were then asked if the staff have time to stop and chat to them. They said;

“Yes, generally. They are short staffed and busy, but still have time for me.”

“They are very busy and there aren’t a lot of Carers. I see them going back and forth. There are two on night shift and they are not as busy. There are four Carers on during the day.”

When relatives and a friend were asked if they feel the staff have the time to care for their relatives and friends, they gave a mixed response. Their comments were;

“Some yes, some no. I feel they are short staffed. They do their best, some are excellent, others just do their jobs, and others go beyond that. It’s down to staff numbers.”



“I feel the staff are pushed to give residents any time apart from daily chores. However, I cannot speak highly enough about them. They are kind, compassionate, always there, whether it is for my relative and on occasions myself.”

“Yes nothing is too much trouble.”

“No, they need more staff.”

When asked if they feel the staff have the skills to care for the residents, the relatives and friend all agreed that this is the case. Some reiterated the restraints of time on staff.



When asked if they have enough time to care for the residents, two members of care staff said;

“No, I do not feel I give residents enough time due to their needs and amount of staff on the floor.”

“No, I think the residents should be given more time with staff, but this isn’t possible due to staffing issues.”

When the Activities Coordinator was asked if they have enough time to provide varied activities for the residents, they responded; “No, because sometimes I get taken off activities to clean the fish tank or go out to attend hospital appointments with residents.”

Staff stated that they are given the opportunity to develop their skills by undertaking online and practical training sessions. Comments included; “June, my Manager does encourage me at times to develop my skills as June has sent me on courses.”

When asked what they enjoy about their jobs, all three staff respondents put the residents at the heart of their responses. Here are their comments;

“Interacting with residents and feeling I have made a difference in their lives.”

“I enjoy my whole job, but I really enjoy interacting with the residents.”

“I enjoy my job. Love working with the residents, just to see a smile on their faces when or after we have done an activity makes my day and I know I have done my job. Sometimes the residents prefer to chat, then join in with activities.”

The Manager informed the Healthwatch Team that she ensured staff have enough time to care for the residents by using dependency levels. She went on to say that she encourages staff to develop their skills through staff training, National Vocational Qualifications (NVQ) and staff meetings.

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 gave this a NEUTRAL rating which indicates both positive and negative feedback, which when averaged results in a neutral score.

Both of the residents stated that they feel the staff know them, know what they need and what they like and don’t like. One resident said; “Yes, but some of the girls come in from the agency, but they are nice.”

All of the relatives and the friend who responded to the survey process agreed that all of the permanent staff at the home know their relatives or friend well.



Comments included; “The staff are brilliant, they know after a short period of time and understand my dad and his needs.”

All but one of the respondents informed the Healthwatch Team that the home both notices and responds to changes in their relative’s and friend’s needs. The remaining respondents stated that this is the case ‘sometimes’. The majority of the respondents went on to say that they are informed of any changes during their visits to the home or via the telephone. One relative stated that their relative would inform them as they have full capacity and another stated that the home does not inform them of changes.

Staff and the Manager said that they get to know a resident’s life history, personality, health and care needs when they first arrive at the home by talking to the residents and their families. The Manager said; “Care needs are broken down in a resident’s overview, which the home develops.”

The staff comments included;

“We get the chance to read the resident’s care files when it’s quiet or take time out.”

“Formulation meetings when needed, information from nurse and reading care plans.”

Both staff and Manager informed us that resident’s needs, likes and dislikes are updated and staff are kept up to date by care plans being updated and evaluated at least monthly and information is passed on during hand over meetings.

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 gave this a NEUTRAL rating which indicates both positive and negative feedback, which when averaged results in a neutral score.

When the residents were asked about the activities at the home, one resident said that although they are not interested in the group activities, one member of staff comes to her room, chats to her and shows her photographs of her grandchildren. The remaining resident said; “One of the singers has been in three times, he is really good. There are colouring books and cards and some residents just entertain themselves. It’s my choice not to join in.”

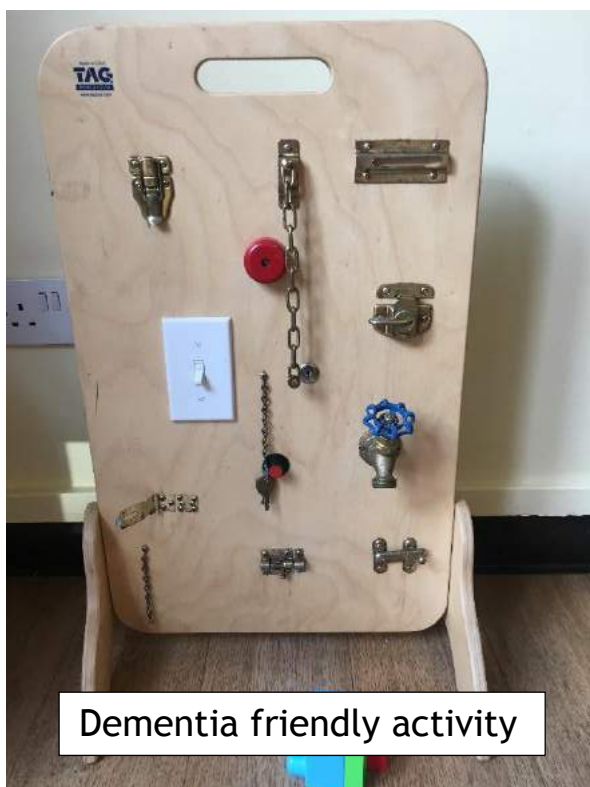
Residents were then asked about the activities available to them outside of the home. One of the residents said that Carers take her to The Galleries Shopping Centre every couple of months, which enables her to do some shopping and go to the bank. She added that she really enjoys these trips. The remaining residents said; “All you have to do is ask and one of the girls will take you to where you need to go. I go into the village to the pub to watch the match and have an alcohol free



beer. I also go to the coffee morning at the church.” This resident went on to say that he would really like to go to a football match at St James football ground. A member of the Healthwatch Team was able to inform the home’s Manager of this wish before they left the home.

Both of the residents stated that the activities are easy to join in.

Residents were asked if they use the home’s gardens; one resident said that it is their choice not to and the remaining resident stated that they are looking forward to using it in the warmer weather.



Dementia friendly activity

Mother’s Day activity



When the residents were asked if they are still able to enjoy past hobbies and interests one resident said that their eyesight has deteriorated so this can be a barrier, although they still enjoy watching their television. The other resident said; “Yes, I still follow the football, go to the local pub to watch the occasional match and enjoy watching the TV.”

Three of the respondents to the relative and friends survey informed the Healthwatch Team that there is not enough activities available in the home, with one person stating that they feel this is due to the staff shortage. Comments included;

“Fabulous, skittles, building bricks, gardening, painting etc.”

“There is a church service once a month. They occasionally take my relative out to Washington Village, but there are generally not many activities. He has



different needs to the other residents, as he has full capacity, but will join in where he can.”

Some of the respondents stated that the range of activities available at the home are not suitable for their relative or friend, with one person adding that if this is the case their relative often observes. Another relative stated that as they were not always present at the home they did not wish to comment.

Two of the respondents went on to say that their relative no longer takes part in past hobbies or interests, but did not indicate whether or not this was due to their individual health or capacity. The remaining respondents stated that their relative and friend still enjoy past hobbies and interests with one giving an example of watching the sport on TV.

When staff were asked about the activities at the home, the two care staff who responded to the survey stated that activities are minimal. One person adding; “I feel there should be more available.”

The Manager stated that there are activities available at the home seven days a week.

The care staff, Activities Coordinator and Manager gave a list of activities available, this included; Bingo, jigsaws, skittles, arts and crafts, cooking, dancing, ball games, pamper sessions, reminiscence, reading, seated exercise, gardening, high tea, men’s afternoons, visits from external entertainers, visitors from local churches and movies.

The Manager stated that the home does not have use of a mini bus, but use taxis for outings.

The staff went on to give a list of activities which are available to residents outside of the home; trips to local coffee shops, bars, churches and shops. The Activities Coordinator added; “We take the residents to a coffee morning on a Thursday at Our Lady’s Church. There are refreshments, such as tea and coffee and most weeks we buy raffle tickets. Every 3rd week we also go to church for a coffee morning and general chat with fellow members of the church. We take the residents out for the day where ever they would like to go.”

When asked what encouragement residents are given to join in activities one of the care staff stated that it is very difficult to engage some residents in activities due to their dementia. One other member of the team said that staff sit with residents who find activities difficult and help them to take part. The Activities Coordinator said; “I always encourage the residents to join in and always ask why they don’t want to join in the activity. I will assist the resident if they are happy for me to do so. Sometimes the residents would rather sit and talk. Also I ask if they would like to do another activity apart from the one we are taking part in.”

The Manager said; “Activities are tailored to residents needs so everyone can be included.”



The Manager informed the Healthwatch Team that they ensure residents are able to continue past hobbies and interests by encouraging families to bring in family pets, residents are currently preparing benches in the garden to be painted and some residents still enjoy knitting and crocheting. The Activities Coordinator added; “Always read the residents care files to see what hobbies and interest they have.”

During the Healthwatch Team visit no activity schedule boards were witnessed. The team did witness visitors from a local church celebrating prayer and Holy Communion with residents and their families. The service was well attended. The Manager showed the team the home’s garden area which had recently been refurbished by male resident’s wives. The enclosed garden is attractive, with seating, shaded area and planning.





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 gave this a NEUTRAL rating which indicates both positive and negative feedback, which when averaged results in a neutral score.

When the residents who were supported to complete the survey were asked about the food at the home, one resident stated that it is 'alright', when asked more about it, they went on to say they eat what is on the menu and there is a choice. The remaining resident said that they are not impressed with either the quality or choice of food at the home and added that they feel the food is overcooked. They agreed that they are given options at mealtimes, but when asked if they wanted an alternative, if this would be accommodated, they said that they had never known anyone get anything different to what is on the menu.

One resident went on to say that they eat their meals in their own room, which is their own personal preference. The remaining resident stated that they eat in one of the main dining areas. Neither of the residents said they look forward to mealtimes, one saying that this is due to the quality of the food and the other as they no longer have much of an appetite.

When relatives and the friend were asked about the choice and quality of the food at the home, we received a mixed response. One person stated that their friend does not like the food, although they haven't seen it themselves. One relative said that they feel the food has improved lately. Comments included; "The food is of high quality. My dad enjoys everything that is put in front of him."

Those whose relatives need support to eat and drink stated that they are confident that they received the appropriate support. When asked how the home make mealtimes sociable, one friend stated that their friend does not particularly enjoy these times as the other residents have different needs. Other ways this happens are; gentlemen are seated together to eat, residents are sat together at small tables and staff are always close by to offer support.

When staff were asked their opinion on the quality and choice of food at the home, both staff members who responded to this section of the survey stated that they would like to see a more varied menu. One of the staff members added that they feel the quality of food is good. The Manager stated that she ensures high standards of quality and choice of food by having daily menu choices and went on to say that the cook will make alternatives.

When asked what systems are in place to support residents to eat and drink at mealtimes and outside of mealtimes the Manager said; "Care staff assist



residents.” The staff stated that residents are supported into the dining areas at mealtimes and snacks are offered morning and afternoon by the tea trolley. Residents are also encouraged to have snacks in their rooms.

The staff and Manager told the Healthwatch Team that mealtimes at the home are regular, but food is available 24 hours a day. If a resident doesn't want to eat at mealtimes, then alternatives are offered at a later time. Choices are offered at mealtimes, but staff added that most residents need assistance to make their choices. All added that although residents are encouraged to eat in the dining



areas, those who wish can eat in the lounge or their own rooms are able to do so. Mealtimes are made sociable times by background music being played, staff talk to residents and residents who can converse often sit together.

During the Healthwatch Team visit we witnessed one of the home visits from the 'Tea Trolley'. A selection of hot and cold drinks, cakes and snacks were being served to residents. There were no completed menu boards on display available on the day.

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.

Both of the residents agreed that there are visits to the home by a local Dentist and Chiropodist, with one resident adding that they had recently received new glasses from a visiting Optician, which he is very pleased with.



One resident told the Healthwatch Team that they feel they need their ears syringing. The team were able to pass this on to the Manager before leaving the home.

When the residents were asked what they would do if they need to see a doctor or have an appointment at the hospital, they responded;

“I go to the Eye Infirmary on a regular basis and one of the staff take me. We go on Patient Transport, which is good.”

“I tell the nurse that I need to speak to a doctor and they sort this out for me. One of the nurses also attend the doctors or hospital appointments with me.”

All relatives and the friend who responded to the survey indicated satisfaction with the healthcare provision at the home. Comments included; “The access to services is the same as if my dad was at home.”

Care staff stated that they report any resident health issues to the nurses on duty. The Manager said; “The GP alliance has just started and we are aligned with the Galleries Medical Practice. This will involve Multi-Disciplinary Teams (MDT) within the care home. Chiropodists, dentists and opticians visit regularly.

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 gave this a NEUTRAL rating which indicates both positive and negative feedback, which when averaged results in a neutral score.**



Both of the residents which the team spoke to stated that they follow a religion, with one of the residents attending the group services at the home, where they receive Holy Communion and the other having one to one visits from a religious visitor in their own room.

When asked about the laundry system at the home, both of the residents agreed that this aspect of the home is good, with clothing being labelled and laundry staff getting their own clothes back to them. One resident went on to say that a new piece of underwear had gone missing, but the home had reimbursed her straight away.



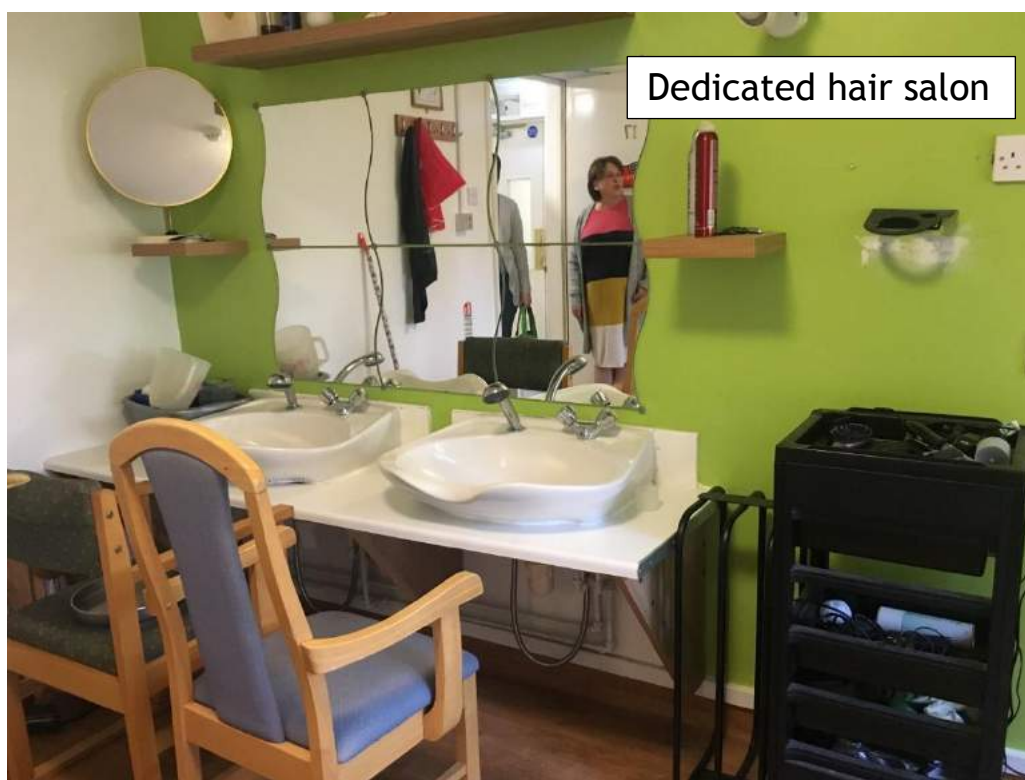
Both of the residents stated that there are regular visits to the home by a hairdresser to cut and style their hair. When asked if their relative or friend has any specific lifestyle, religious or cultural needs, only two people said this is the case. From these two respondents one person knew that there are religious services held at the home, whilst the remaining relative did not know and added that their relative was a regular church goer in the past.

The relatives and friends were all aware that a hairdresser attends the home on a weekly basis to cut and style the residents hair. They went on to give a mixed response about the quality of the laundry system at the home, with some stating it is good and others that laundry items have gone missing or residents were wearing clothing which do not belong to them.

When relatives and the friend were asked if their relative or friend is always clean and appropriately dressed, the Healthwatch Team received a mixed response, with one person stating this is the case, another said 'Yes, not bad'. The two remaining respondents said;

“Most times.”

“There has been occasions when he was a little shabby lately, everything else has been OK.”



The Manager stated that the home finds out about and caters to a resident's cultural, religious and lifestyle needs through discussions with residents and their families. Staff and the Manager went on to say that religious visitors come along to the home to visit residents and offer Holy Communion.



The Manager said that there are weekly visits to the home by a hairdresser. All clothing is marked with resident's initials and room numbers and short term residents have their own laundry basket to ensure all clothing is returned to the correct person after the laundering process.

When the Manager was asked what mechanisms are in place to ensure that residents are always clean and appropriately dressed, she said; "Documentation."

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 asked if they are happy at the home, the two resident respondents gave the following comments;

"I am happy here. I was sad at first to leave my home, but I lived on my own and couldn't walk."

"My disabilities stop me from being happy, but they do their best. They can tell now if I'm anxious and they stop and chat to me and can help to calm me down."

Residents were then asked if they would like to change anything about the home. One of the resident's said that they couldn't think of anything. The

remaining resident said that the home is short staffed and this sometimes means you have to wait for attention, which can make them anxious. They gave the following example; "When I wake up on a morning I like to get up and about straight away, but due to my disabilities I have to wait for staff to help me. Sometimes I have to wait while the Carers are dealing with other residents, which frustrates me."

One resident also stated that they would like to try a different furniture arrangement in their room to enable them to get to the window so they can open



it themselves and get a better view of outside. The Healthwatch Team were able to bring this to the Manager's attention before leaving the home.

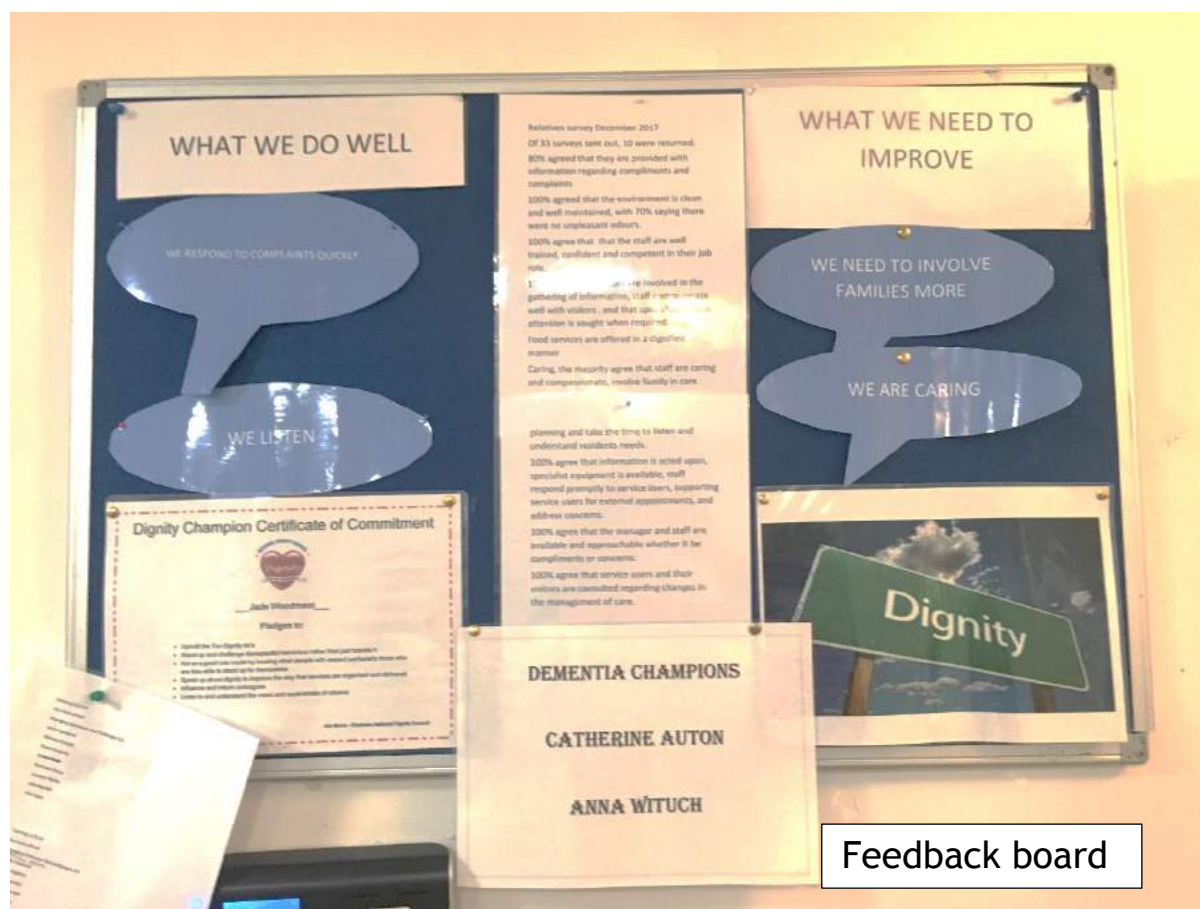
When asked what they would do if they ever need to make a complaint about the home, both of the residents stated that they would see the Head Nurse on duty. One resident added that they had never had to make a complaint."

All but one of the relative and friend respondents to the survey stated that they feel welcome participants in the life of Washington Lodge Nursing Home. The remaining respondents did not answer the question. They went on to say that they and their friends and relatives can have their say on how the home is run by attending meetings and speaking to nurses and other staff. They added that if they ever needed to make a complaint about any aspect of the home they would go directly to the Manager or speak to staff, with all but one person stating that they would feel confident that their complaint would be acted upon. Comments included;

"Definitely. I would have no problem making a complaint."

"Yes, I would see if things have been acted upon."

"No, I wouldn't be confident."





When asked in what ways residents and their family and friends can have a say in how the home is run, the staff respondents and Manager said, they can attend monthly meetings, the Manager has an open door policy, there is a complaints policy in place and there are also surveys which can be completed.

Staff informed the Healthwatch Team that families got together and made sure the garden areas were clean, tidy and a nice place to sit. They went on to say that the garden was awarded with the company's 'Best Garden 2018'.

The Manager said that feedback and complaints are used to improve practice.

The Manager stated that staff can have a say in how the home is run by attending staff meetings and she has an open door policy. Staff added that they can also speak to the nurse if they have any ideas or suggestions.

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.

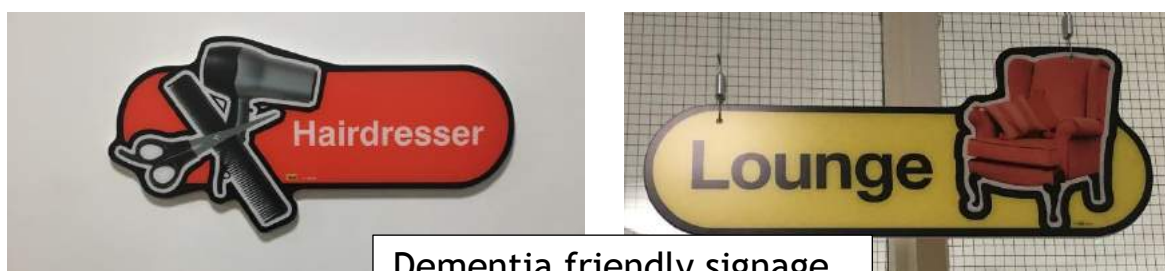
The Healthwatch team AGREE this was met.

Both of the residents agreed that the home is always clean and tidy and they both added that they see the cleaners on a daily basis cleaning and hoovering.

When asked if the home is always at a comfortable temperature, both of the residents stated that they are never cold, but can sometimes be too hot. This has been remedied by one resident being given a fan for their room and the other tells the staff if they are too hot and they open their windows for them.

All relatives and the friend who responded to the survey process stated that they feel the temperature of the home is always at a comfortable level. The Manager stated that they ensure the home is always at a comfortable temperature for residents by having under-floor heating in place and thermostats in all rooms. She went on to say that she ensures the building and its contents are well maintained and decorated throughout by having a programme of maintenance and decoration. She added that domestic staff are on each floor daily to ensure the home is always hygienic and clean.

The staff and Manager informed the Healthwatch Team how the home is made a dementia friendly environment. This included; open spaces, the provision of



Dementia friendly signage



appropriate activities, an accessible garden, there are blue doors to the bathrooms, contrasting wall and floor colours are used, dementia friendly signage, musical memories, memory boxes are used, doll therapy is available and the use of animals and photo and communication cards are in use.

During the Healthwatch Team visit it was noted that the décor throughout the home was plain and in need of freshening up in some areas. The Manager informed the team that all of the carpets throughout the home were in the process of being replaced for washable flooring and some of the rooms were in the process of refurbishment. The team noted that odours were present in some of areas of the home.





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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Healthwatch Sunderland
Hope Street Xchange
Sunderland
SR1 3QD



Tele: 0191 514 7145

Email: healthwatchesunderland@pcp.uk.net

Web: www.healthwatchesunderland.com