

Care home life, what it's really like!

St Marks Nursing Home



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Acknowledgements

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



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1. Introduction

What is Healthwatch Sunderland?

Healthwatch Sunderland is the independent local champion for people who use health and social care services. We're here to make sure that those running services put people at the heart of care.

By speaking to Sunderland residents we aim to understand their needs, experiences and concerns of accessing and using local health and social care services. We can then speak out on their behalf to local service providers, focusing on people's concerns about current services and ensuring they are listened to and addressed by those who are running services.

We encourage and work with local services to involve Sunderland residents in the changes to health and social care provision. The ultimate aim is to get things right for the future, with health and social care services which meet the needs of the local community.



We champion what matters to you and work with others to find ideas that work.

We are independent and committed to making the biggest difference to you.





2. Background and rationale

Research carried out in 2016 highlighted that there is a need to provide qualitative information on care homes which goes beyond basic safety standards. It shows that the information needed by people looking for a suitable care home should provide a real sense of what a home may be like to live in.

Since 2017 Healthwatch Sunderland has responded to this need and began carrying out visits to all care homes currently available to older people across Sunderland. The aim is that these visits will be carried out on an annual basis to ensure the findings are current and up to date.

To enable members of the public to make more informed choices when considering which care home to move into for themselves or their relatives, the complete results are available via our website, where you will also find a promotional video which will explain the work fully: www.healthwatchesunderland.com.

Professionals and members of the public are also welcome to contact us if they need further information or access to the reports in other formats.

The work is based on 9 indicators which focus specifically on issues of quality, such as how much residents and family can have a say in how the home is run, and whether residents are able to pursue their hobbies etc.

The 9 indicators are:

1. A strong visible management
2. Staff with time and skills to do their jobs
3. Good knowledge of each individual resident and how their needs may be changing
4. A varied programme of activities
5. Quality, choice and flexibility around food and mealtimes
6. Ensuring residents can regularly see health professionals such as GPs, dentists, opticians, chiropodists, audiologists etc.
7. Accommodate resident's personal, cultural and lifestyle needs
8. Provide an open environment where feedback is actively sought and used
9. Provide a physical environment which is suitable for the needs of the residents



3. Methodology

The ‘Care home life - What it’s really like!’ visit took place on the 31st 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 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 |  Disagree |
| 2. | Staff with time and skills to do their jobs |  Neutral |
| 3. | Good knowledge of each resident and their changing needs |  Agree |
| 4. | A varied programme of activities |  Strongly agree |
| 5. | Quality, choice and flexibility around food and mealtimes |  Neutral |
| 6. | Regular access to health professionals |  Agree |
| 7. | Accommodation of resident's personal, cultural and lifestyle needs |  Agree |
| 8. | An open environment where feedback is actively sought and used |  Agree |
| 9. | Provide a physical environment which is suitable for the needs of the residents |  Agree |



Findings

St Marks Nursing Home is a purpose built property located on Hylton Road, Millfield, Sunderland, SR4 7YQ which is close to the city centre with good local facilities. The home is run by St Marks Home Ltd.

It is a care home with capacity to accommodate 35 people with nursing and personal care needs, some of whom may be living with dementia, Parkinson's disease, strokes, diabetes and physical disability. Amenities at the home include: fully wheelchair accessible, specialist beds, including air flow mattresses, wet room with an accessible bath, furniture can be provided or own furniture moved in, TV points in bedrooms and private garden for residents.

See the latest CQC inspection report here:

<https://www.cqc.org.uk/location/1-4251861927>

At the time of our visit there were 30 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch team were only able to support seven residents to fully complete the survey and two residents to partially complete the survey due to their individual health and capacity. The team received four staff and four 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 DISAGREE this was met.

Some of the residents when asked by the Healthwatch team had difficulty identifying the Manager but this may have been due to their own individual health or capacity. Other residents who completed the Care Home Life survey knew the Manager by name and some said they recognised the Manager. When asked "What do you think of the Manager?" Responses included:

"Good Manager."

"Lovely, laughs and smiles."

"Alright."

All of the relatives who responded to the survey knew the Manager, when asked to tell us a little about the Manager, they said;

"She is a qualified nurse, very friendly."

"Really good nurse, very kind. Quite unaware of what happens on a daily basis on the floor."

"She is OK but a Manager is only as good as the staff and some of the staff here are not very good."



“Amazing, does job well.”

The staff who responded to the survey gave mixed responses when asked about support they received from the Manager at St Marks. Their responses included:

“Small amount of support, I am not top of her list, but I do get to see her at some point.”

“Not as much support as I would like. I get more than my normal workload, I go above my role.”

“When she gets round to it. Sometimes none - for example if it is not important to her at the time. But Joanne - all the time in the world, she is a good manager.”



When asked by the Healthwatch team about their experience of speaking to the Manager to ask questions or to raise issues, we received the following responses;

“If it’s to do with other people she will support me, if it’s something that has upset me - not so quick to help, turns it around to suit what she thinks. As for Joanne she will get it sorted and help, whatever the cause of the stress.”

“I would rather not say.”

“Most of the time this is discussed at supervision. I find her easy to talk to when not too busy.”

The Manager stated that she has been a care home Manager for 33 years and Manager at St Mark’s for 22 years. When the Healthwatch team asked what she enjoyed about the role the Manager stated;

“I love the fact that each day is different and it is never dull. I love the interaction with the residents and seeing them enjoying their daily lives to their best ability, also the diversity and challenges of the role.”



Indicator 2 - Staff with time and skills to do their jobs

The indicator states that staff should be well trained, motivated and feel they have the resources to do their job properly.

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

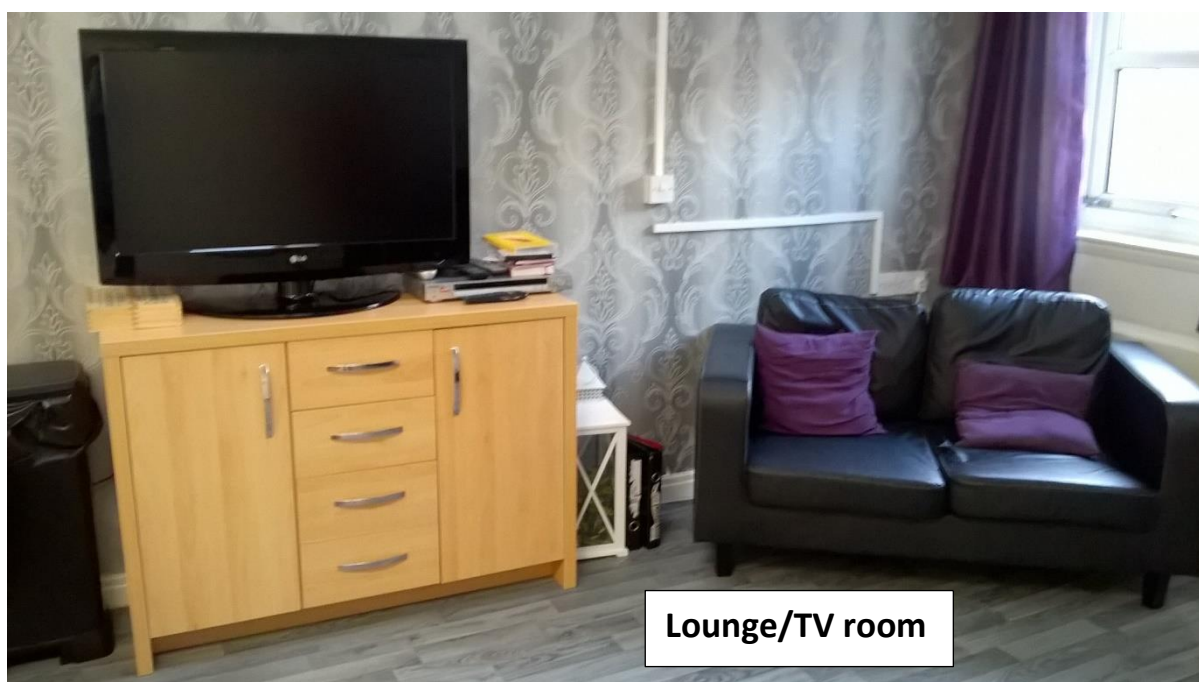
On entering the home the Healthwatch team observed a resident who appeared upset and was crying out, a member of staff came to his aid immediately, saw to his needs, calmed and reassured him.

When asked about staff at the home, residents gave a mixed response stating that some of the staff are better than others. When asked if staff have the time to sit and chat, the majority of residents said that staff are very busy, but if they have time they will chat with them. Comments included;

“Very good, excellent, obviously busy but they chat when they can.”

“Staff are fab, couldn’t do more for you, they chat briefly as they are so busy.”

“Some very good, some not, they don’t often have time to chat.”



When relatives were asked if staff have the time they need to care for their relative, responses were mixed. Comments included;

“Most really excellent, some quite poor.”

“No because they have a lot to do and some are lazy.”

“Definitely yes.”



When asked if they feel the staff at the home have the necessary skills to care for their relative, responses were split. Two relatives respondents said yes, staff do have the necessary skills to care for their relative other comments included;

“Most do, some no.”

“No, once again they have a lot to do and some are lazy.”

When staff were asked if they feel they have enough time to care for residents, they gave the following comments;

“I do what I can one hundred percent of the time. I have to do it. Due to my age now it’s impossible to rush.”

“My job role takes me all over the workplace. I always put other people’s needs first then play catch up.”

“At times no because of paperwork and little or no help from other staff members for group activities.”

When staff were asked by the Healthwatch team if they are encouraged to develop their skills, replies included;

“I don’t need any more skills - you learn as you go along.”

“I don’t need to be encouraged, I can multi task.”

“I go on courses.”

Staff gave the following responses when asked by the team what did they enjoy about their job;

“True working skills.”

“To do a good job overall, stand back and say I have done one hundred percent in my job and to help others.”

“When residents say they cannot do something then find out with support they can and say they enjoy the activity. Also being a friend and a confidant.”

The Manager stated that staff are encouraged to develop their skills by attending regular supervisions, development through staff training and staff meetings to discuss improving skills. The Manager went on to say she ensures staff have enough time to care for residents by undertaking time management, staff skills matrix and dependency levels of residents.



Indicator 3 - Good knowledge of each resident and changing needs

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

The Healthwatch team AGREE this was met.

When asked do staff know your personality, likes and dislikes most of the residents who completed the survey agreed that staff have good knowledge of their personal preferences and lifestyle choices. Comments included;

“They know me reasonably well, routine is set by staff.”

“Yes, they know what I like for my breakfast and know what clothes I like to wear.”

“They get me dressed on a morning, I wear what I want to wear. They know what I like and when I want to get up.”

When relatives were asked if the staff know their relatives life history, personality and health and care needs well, the majority of relatives who responded to the survey agreed that they did. Comments included;

“I hope they are getting to know her quite well. Staff are getting used to her. There were issues at first but they have been resolved.”

“They know her very well.”

“Yes, but my relative has just transferred to the nursing home.”

“The odd one might know something, but no.”

When asked if staff at the home notice and respond to changes in their relatives needs and if relatives are informed of any changes, there was a mixed response from relatives who responded to the survey. Some relatives stated that changes are noticed by staff and they are informed by phone, in person or via the communication book and others stated this didn't happen. Comments included;

“Only if I tell them. They do not let me know about changes.”

“Yes they do notice and respond to changes in my relative and yes they inform me of any changes.”

The Manager and staff informed the Healthwatch team that they get to know residents' life history, personality and healthcare needs when the resident first arrives at the home, by; speaking to residents, their relatives and friends to gain a comprehensive history of the person, through care plans and via 'This Is Me' documentation. One staff respondent did not reply to this question but commented;

“I speak with residents as a person, face to face.”

Staff said that they know residents well enough to notice, report and update changes in their care and needs. The Manager added that this is achieved by;



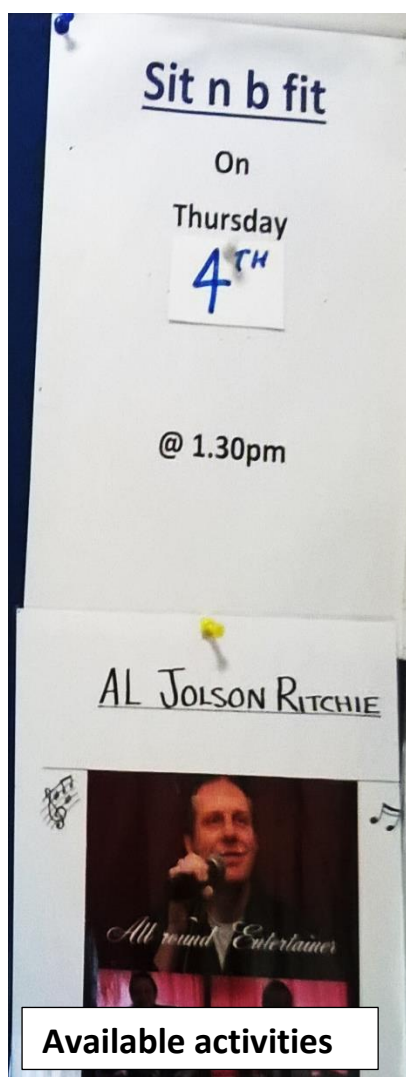
utilising daily records, updating care plans monthly, diary entries and handover book, also through a verbal handover at the start of each shift. One staff member commented;

“I can see if a resident is not well by just looking at them and would report this.”

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.



When asked about activities at the home, residents gave mixed responses, some really enjoyed activities and others preferred to spend time alone.

Comments included; “Bingo, pie and pea night, oh yes I like being here.”

“Bingo, name games, dominoes, colouring and events.”

“I like being in my own space, I have my Xbox, I do like arts and crafts, pie and pea suppers and bingo.”

When asked about outside activities and trips, residents gave examples of some of the excursions they had enjoyed. Comments included;

“The Aircraft Museum at Washington, I enjoyed that very much, we go out on the bus or in a taxi.”

“We go out in large taxis, (places are limited) we go out for meals, to South Shields and to Clays Garden Centre.”

“I feel uncomfortable on a bus and prefer to go out in my wheelchair.”

The residents who liked to join in with activities all agreed that it is easy to join in, staff inform them when activities are taking place and support them throughout. Comments included;

“Staff tell me what is on, they help me into the lounge to take part in the activities as I am in a wheelchair.”

“Yes it is easy to join in with activities, no problems.”



Lounge/sitting room

The Healthwatch team observed staff decorating the home for a Halloween party which was going to take place that evening, residents were watching and appeared to be enjoying the experience.

When asked about time in the garden, most residents agreed that they enjoy spending time in the garden area, weather permitting, however some residents prefer to be indoors. Comments included;

“I sit in the garden in the nice weather, we follow the sun around, front and back, we also had a Summer Fete in the garden.”

“Yes, I managed to grow tomatoes, plant flowers and potter about.”

No, I am not much of a gardener.”

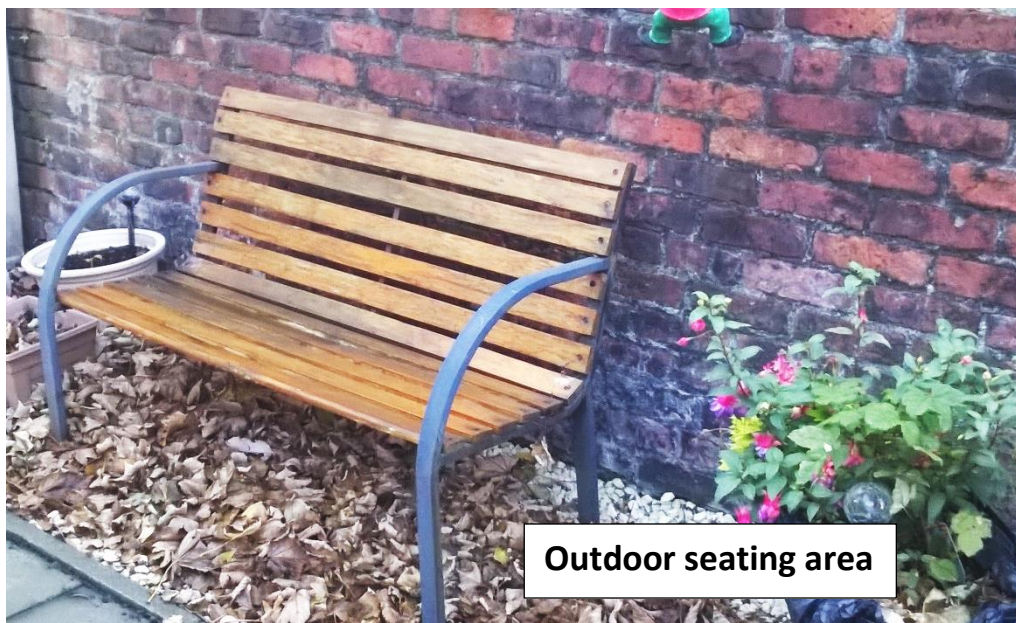
When the Healthwatch team asked relatives what they think about the activities available to residents both inside and outside the home, one respondent did not answer this question. All of the other respondents agreed that the activities at the home are very good/good. Two respondents stated that their relative can no longer join in with activities due to their individual health and capacity.

When asked what encouragement is given to their relative to take part in activities, one relative did not answer this question, other comments included;

“Yes, they are encouraged to join in group activities, including music, keep fit and arts and crafts.”



Halloween decor



Outdoor seating area

When asked if residents continue to enjoy any previous pursuits, relatives indicated that due to their own health and capacity this can be limited. Comments included;

“Yes, she used to join in but can’t now as she is a dementia sufferer. There are little things she can do.”

“Yes, but dementia has worsened.”

“My relative can do nothing and cannot enjoy any previous interests or hobbies.”

The Manager and staff who engaged with the survey process gave a list of activities which are available to residents inside of the home including; quizzes, music, bingo, exercise, cookery, arts and crafts, board games, sing a longs, entertainers, movie afternoons, pie and pea supper nights etc.

Activities outside of the home include; monthly trips out with Oomph team (an organisation that provides outings to care homes across the UK,) gardening, shopping locally and in the city centre, visits to the museum, pub, church services, singing and entertainment and walks. One staff member commented that funding for some of these activities is raised by incurring a small charge for bingo and pie and pea suppers. Other staff members reported that Sue (the Activities Coordinator) does a great



Examples of resident's crafts



job organising the activities but does not receive a lot of support from other members of staff.

The Manager went on to say that all residents are encouraged to take part in activities, including those with physical and sight impairments. Staff give the required assistance to each resident depending on their ability. The home does not have its own transport, but utilises public transport and the Oomph team.

Residents who cannot take part or do not wish to take part in group activities are offered one to one sessions, such as chatting, having a manicure, reading or hairdressing etc.

The Manager and staff reported that residents past activities, interests and their religious and cultural needs are incorporated in trips out. Residents are encouraged and assisted to take part in activities for example by letting residents know that it does not matter how long it takes, as long as they enjoy it! They went on to explain that activities are also tailored to meet residents religious and cultural needs by having a weekly Holy Communion at the home, representatives from the church visit the home on Sunday and residents who wish to attend services of their denomination will be accompanied to do so. The Manager added that relatives are encouraged to visit as often as possible and to have meals at the home and that pets are welcomed into the home.





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 asked by the Healthwatch team about the quality and quantity of the food most of the residents stated that this was good, very good or excellent, with only one resident giving a negative response. This resident explained that they are vegetarian and have had some difficulties with food but the Chef is quite helpful and things are better than they were.

All residents agreed that they have a choice of where to eat, with some preferring to eat in their own room, and others in the dining room where they enjoy a chat with friends. Comments included;

“I look forward to my food, there is plenty of food and drinks at any time.”

“There is plenty of choice, I like to eat in my room and that is OK, I do go into the dining room for Christmas as it’s special.”

“They think I am a fussy eater, I don’t think I am, they do ask what I would prefer to eat.”

Residents also informed that drinks are available throughout the day.

All relatives who responded to the survey agreed the quality, choice and flexibility around food and mealtimes at the home is good.

Relatives gave mixed responses when asked if they were confident that their relative is supported to eat and drink as much as needed. Comments included;

“My relative is just left.”

“I am quite confident.”

“Yes, it takes ages to eat but they persevere.”

“Not confident.”

When asked how the home ensures that mealtimes are sociable, relatives comments included;

“All residents that are able, eat their meals in the dining room.”

“They do not.”



“My relative eats in her room most of the time, probably because of her situation.”

When staff members were asked what they think of the quality and choice of the food at the home for residents, one staff member commented that the food at St Mark’s is of good quality and is of the same type of food that residents would have eaten before they came to live at the home. Another staff member commented that food could be better and is not always what residents want.



When asked how residents are able to eat and drink at mealtimes as well as outside of mealtimes, one staff member said that if a resident asked for a drink or something to eat, she would firstly check that the resident was allowed this and then support if

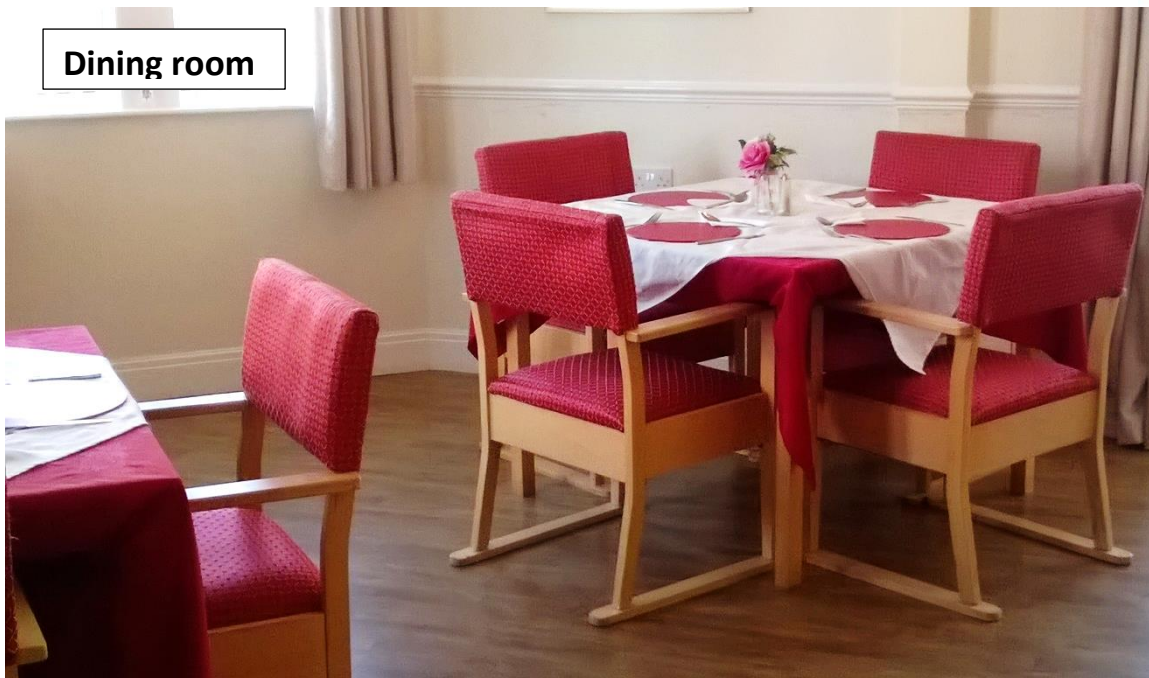
needed. Another staff member reported that in the past she would have made sure that residents got food and drink but she does not have much time now to carry out this task, adding that if residents needed her she would drop what she was doing to help them. The Manager stated that staff are allocated to areas where assistance is needed and that mealtimes are protected (A time period when visiting is restricted at the home), other than for family members who wish to have meals. She also added the drinks trolley is available at all times within the home.

When asked about resident’s choices on what and when they eat and drink only one staff member answered, telling the Healthwatch Sunderland team that residents who have the capacity to choose do so and if they do not like what is on the menu alternatives will be given; she went on to reiterate this answer when asked about where and how residents eat and drink. The Manager said that the Chef speaks with residents on a daily basis to give choices over diet and will provide additional menu choices if required, there is also a permanent drinks station available. Residents have the choice of where they eat, be it the dining room or their own room.

When asked in what ways are mealtimes made sociable, the Manager stated that residents sit together at the dining table and staff sit with them to offer assistance, the TV is turned off and ambient music is played in the background. One staff member answered that they may talk to residents, another that she cannot comment as she does not work on the meals service.



Dining room



The Manager stated that she ensures high standards of quality and choice of food, by regular updating of menu choices, residents are encouraged to suggest meals and are included in menu choices. The quality of food is checked and monitored on a daily basis, at residents and relatives meetings and through the use of surveys.

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 regular access to dentists, opticians, chiropodists, audiologists and other health professionals the majority of the residents who completed the survey agreed that those needs were met at St Marks. Residents went on to tell the Healthwatch team that should they have an external appointment with a health professional they are accompanied by a member of staff. One resident partially answered this question, however, this may have been due to their individual health and capacity. Comments included;

“If I have an appointment the staff will order a taxi and come with me. A lovely staff member took me to the Eye Infirmary.”

“I have got false teeth, no audiology necessary, I go to the Infirmary for check-ups and visit the physiotherapist at hospital every week, one of the girls always accompanies me.”



All relatives who responded to the survey indicated that they are happy with the access to a range of healthcare professionals for their relatives. Comments included;

“If a doctor is needed, my relative is usually seen on the same day.”

“GP, optician and dentist come in.”

“Fantastic, my relative had pneumonia four/five weeks ago. The chiropodist comes in, GP is on hand and prescriptions are always on time.”

The Manager and staff informed that all residents have access to regular visits from all health professionals, they agreed that visits are carried out on an ongoing basis as and when needed. One member of staff went on to say that if a resident asked her about such a visit she would see the nurse in charge.

Indicator 7 - Accommodate resident’s personal, cultural and lifestyle needs

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

When asked if their culture and lifestyle needs are respected at the home, residents told the Healthwatch team that a priest visits the home and gives Holy Communion, the hairdresser visits on a weekly basis and the laundry service is good, sometimes clothes are misplaced but are usually found and returned to the owner. Comments from residents included;

“I am happy with the laundry service, I shave myself, cut my own nails and get a haircut on a Monday when the hairdresser comes in.”

“I wear my own clothes, the home is good and getting my clothes back laundered and pressed. I get my hair and nails done now and again and the pastor comes into the home.”

“I choose my own clothes and get asked when I want a shower, usually every other day.”

The Healthwatch team observed that residents looked clean and appropriately dressed, the ladies’ hair was cut and styled and the gents were clean shaven.

All of the relative respondents stated that their relative doesn’t have any specific personal, cultural or lifestyle needs. One relative stated that dementia has taken over and another stated that although their relative does not have any of these needs they are aware that a priest and vicar do visit the home.



All relatives agreed that there is regular provision for their relatives to have their hair cut and styled at the home.

When asked about the laundry system at the home, relatives said;

“The laundry is very good.”

“There is the occasional mix up, but it is generally good.”

“Laundry service is excellent.”

When relatives were asked if their relative is always clean and appropriately dressed, there were mixed responses. Comments included;

“Most of the time.”

“Not always.”

Two relative respondents agreed that their relative is always clean and appropriately dressed.

When asked, one staff member said that resident’s personal, cultural and lifestyle needs are met at the home. The Manager informed us that residents are asked if they have any religious beliefs when they first arrive at St Marks, if they wish they are accompanied to church services and there is a regular Wednesday service within the home and other religious denominations are represented. She added that the hairdresser visits on a weekly basis, all laundry is tagged and that laundry staff are familiar with most items of clothing. The Manager stated that staff are instructed in the correct cleaning techniques and senior staff observe on a daily basis to ensure that each resident appears clean and appropriately dressed, also care plans are in place.

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 staff or management ask if they are happy at the home, residents gave mixed responses. Some residents stated that they are asked and they are happy, others stated they are not asked but

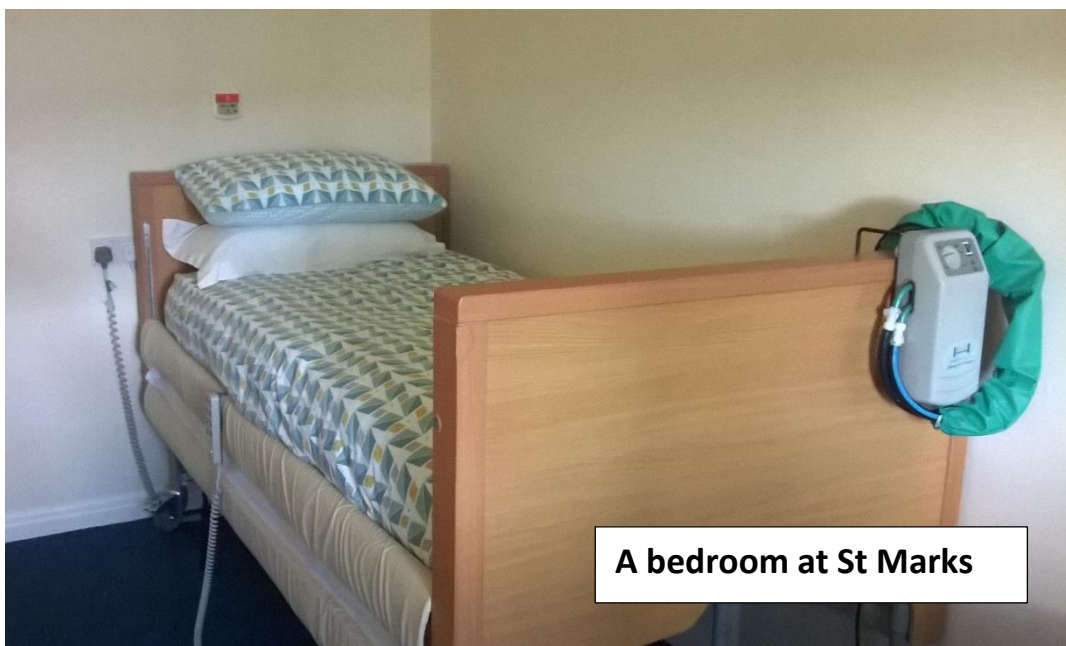


they are happy and two residents said they have not been asked. When asked if they would like to change anything at the home, comments included;

“Everything seems to be running along nicely. I like to go to bed early and watch the TV in my room.”

“I’d like a bigger room.”

“I would like to see more staff, they are run ragged. I have mentioned it to people, everybody knows my thoughts.”



The majority of residents said that if they needed to make a complaint about the home they would speak with the Manager or the nurse in charge, and two of the residents did not answer this question this may have been due to their own individual health and capacity. Comments included;

“I would go direct to the Manager, yes it would be acted upon pronto.”

“I would ask to see the Manager, I feel it would be dealt with.”

“Yes, I would feel confident to complain and would hope it would be acted upon.”

When asked by the Healthwatch team the majority of relatives said that they feel welcome participants in life at the home. One relative stated that they did not feel that they were a welcome participant in life at the home. Comments included;

“Welcome at any time.”

“Like family.”

Most of the relatives agreed that they can have a say in how the home is run by attending meetings or speaking with the Manager. One relative said they do



not feel that they or their relative has a say in how the home is run. Comments included;

“My mam cannot have a say as she has dementia, I speak for my mam.”

“I would ask the Manager.”

The majority of relatives stated that they would speak to the Manager or carers to make a complaint about the home and feel that it would be acted upon appropriately. One relative stated;

“I would not complain as it might come back onto my relative. I do not think a complaint would be acted upon.”

Other comments included;

“I would see Pauline, the Manager, but I have never had to in the year my relative has been here. I would definitely feel confident to make a complaint. Pauline and the staff are good at their jobs, they are like family.”

Staff informed us how residents and their relatives can have a say on how the home is run as well as which activities are scheduled. This included; residents being asked if they have enjoyed activities and would they like these activities to be continued and would they like any changes or the introduction of new activities.

The Manager and staff reported that staff can influence how the home is run by speaking with the Manager and at staff meetings. The Manager stated that she has an open door policy, there are regular resident and relative meetings and surveys are undertaken to gather feedback. Feedback and complaints are dealt with through regular audits to identify areas of improvement needed with action plans being put in place.

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.**

All of the residents who engaged in the survey process agreed that St Marks Nursing Home is always kept clean and tidy.

When asked if the home is kept at a suitable temperature, residents gave a mixed response, several residents explained that the home could be a little too warm for them, with one resident commenting that he feels the cold so has extra bedding during the winter. Comments included;

“No at times I find it too cold for comfort.”

“Sometimes it feels too warm for me.”



All of the relative respondents stated that they feel the home is always at a comfortable temperature for the residents. Most went on to say that the home is always hygienically clean, tidy, well decorated, well maintained and a dementia friendly environment. One relative stated that the home is not always clean and tidy, the décor and maintenance is OK and they do not think the home is dementia friendly.

Other comments included;

“Hygiene and tidiness are pretty good and the decor is dated but fine.”

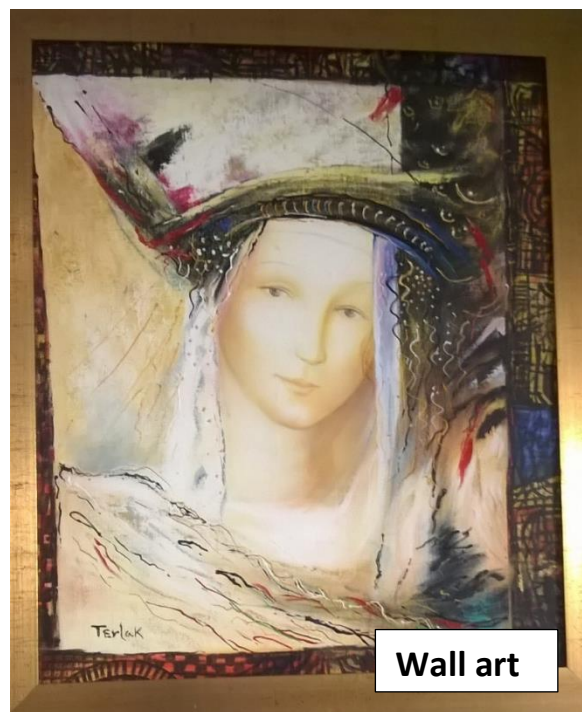
“Yes the home is dementia friendly but there is no EMI (enduring mental illness).”

Only one staff member commented on how the home is made dementia friendly saying, this is accomplished by the use of signage, personal photographs of residents on their own front door, the use of tactile and visual aids and through staff training.

During the visit the Healthwatch team observed dementia friendly signs at the home.

The Manager informed the Healthwatch team that a comfortable temperature is maintained within the home by listening to residents and anticipating their needs accordingly. She added that there is a regular decorating plan for the home and that maintenance checks are carried out on a daily/weekly basis. The home is always kept hygienically clean via daily checks carried out by herself and the domestic supervisor.

The Manager went on to inform us that she ensures the home is dementia friendly through the use of several methods including; staff training, signage to identify personal space and communal areas, visual and auditory stimulus, personalised rooms with familiar objects and by ensuring areas are clutter free and there is a quiet calm atmosphere.





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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