

Care home life, what it's really like!

Washington Grange Care Home



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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 29th October and was carried out by Healthwatch Sunderland staff and volunteers who are trained so that they can effectively capture the resident’s experience.

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

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

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

4. Findings - Summary

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

Here is the key which shows the indicator scores



Strongly disagree



Disagree













Neutral



Agree



Strongly agree

1.	A strong visible management	 Strongly agree
2.	Staff with time and skills to do their jobs	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  Time Neutral </div> <div style="text-align: center;">  Skills Strongly agree </div> </div>
3.	Good knowledge of each resident and their changing needs	 Agree
4.	A varied programme of activities	 Agree
5.	Quality, choice and flexibility around food and mealtimes	 Agree
6.	Regular access to health professionals	 Agree
7.	Accommodation of resident's personal, cultural and lifestyle needs	 Agree
8.	An open environment where feedback is actively sought and used	 Strongly agree
9.	Provide a physical environment which is suitable for the needs of the residents	 Agree



Findings

Washington Grange Care Home is a purpose built home located on Burnhope Road, Barmston, Washington, NE38 8HZ and is run by Barchester Healthcare.

The home provides support for people aged 65 and over who are elderly frail and dementia elderly frail. It has 40 bedrooms, all of which are single rooms and include private en-suite facilities. Residents can bring their own belongings in to the home and are able to bring in pet cats and dogs.

The home has a large enclosed accessible back garden with sensory plants and a seating area. It is also safe and secure, allowing residents their independence to go into the garden without any risk of main roads.

There is a conservatory on the ground floor, a communal kitchen on the first floor and three communal lounges located over the homes two floors. The internet is available to residents if they require access and the home has a hearing loop system.

Activities are provided Monday to Friday 10am - 3.00pm.

The homes does not operate protected mealtimes.

See the latest CQC inspection report here:

<https://www.cqc.org.uk/location/1-125862934>

At the time of our visit there were 40 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch team were only able to support two residents to fully complete the survey and one to partially complete the survey. The team received four staff and two relative surveys back.

Indicator 1 - A strong visible management

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

When asked by the Healthwatch team if they knew who the Manager was and what they thought of her, two residents were able to inform us that they knew her by sight and the other resident was able to tell us her name and commented she is very pleasant.

The two relatives who replied to the survey were both able to name the Manager and give us the following comments;

“She is very friendly, excellent with the residents (kind and patient). She is always ready to help and listen to change what she can.”

“Paula makes herself visible to staff, residents and families. She is quick to respond to a query or complaint and seems to be respected by all the staff. She maintains high standards.”



Staff when asked about what support they receive from management, give complimentary comments including;

“The Manager and the Deputy Manager are very hands on, very approachable and willing to listen to suggestions from staff.”

“I feel the Manager offers good support.”

They went on to tell us that management operates an open door policy, are very approachable and deal with issues as soon as they can.

The Manager was asked by the Healthwatch team what attracted her to the role of Care Home Manager, she replied; “I have worked my way up from Care Assistant, to Senior, to Deputy Manager and now to Manager. I feel I can make more of a difference in resident’s lives, now being able to make the decisions.”

She added that she enjoys knowing that she can made a difference to the residents, encouraging them to live their lives and enjoy living at Washington Grange.



The home’s conservatory

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

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

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

When asked by the Healthwatch team what they thought of the staff, resident’s complimented staff and said;

“Absolutely lovely, I can’t fault them.”

“Very pleasant, good with other residents.”



When asked if staff had time to stop and chat with them residents informed us that they did, but were always very busy. Comments included;

“Not really they are very busy.”

“Yes most of them do.”

“Yes but they are kept very busy.”

During the visit the Healthwatch team observed staff interacting well with the residents and having fun in the main lounge area.



The relatives who responded to the survey stated that they believed that staff had the skills to care for their relative, one commented; “Yes they all have a caring and sympathetic attitude, understand the problems of dementia and work hard to communicate with residents. Their physical handling of residents is exemplary. They are also alert to any medical issues and respond appropriately.”

When asked if staff had the time to care or residents, both relatives who responded to the survey agreed that generally they do but sometimes they appear to be overstretched.

Staff who responded to the survey, were asked by the Healthwatch team if they have enough time to care for residents. Those who responded stated that they have a lot of paperwork to complete which stops them from spending as much time with residents as they would like.



They also told the team that they are encouraged to continue to develop their skills and are happy to take part in courses;

“If you want any training you only have to ask and it will be sourced for you.”

“Yes there are various training courses I am happy to attend.”

The care staff and Deputy Manager went on to tell us what they enjoy about their jobs;

“Making a difference to our residents lives no matter how large or how small. Just to see a smile on their face.”

“I enjoy looking after residents and building a bond with them.”

“I enjoy my job most days. The job role means there is a little stress at times but the job is very rewarding.”

The Manager informed the Healthwatch team that she encourages staff to develop their skills by ensuring they enjoy their work, listening to their views, seeking training which is valuable to their job and encouraging progression when they feel confident to do so.

She ensures that staff have enough time to care for residents by using a tool called Dice, which ensures staffing levels are adequate to the resident’s needs. This is reviewed on a weekly basis or more often if required.

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 by the Healthwatch team if staff at the home know them, know what they need and what they like and don’t like, residents responded positively stating that they either knew them well or as they were new to the home, were getting to know them.

Both relatives who responded to the survey were asked if they thought staff knew their family members life history, personality and health and care needs. Their responses included;

“Very well. My only criticism might be that communication between staff members and between shifts is not always effective e.g. when hearing aids are lost.”

“They know about her health and care. Not sure if they know her life history but details were taken when she went into the home.”

Both relatives went on to inform the Healthwatch team how the home notices and responds to changes in their family member and that they are kept up to date with



this either face to face or on the phone if urgent; “Yes they definitely notice changes - they spot many things, like when she has a water infection.”

During the visit the Healthwatch team observed staff in the main lounge interacting with residents in a way which highlighted they were aware of what they enjoyed and their likes and dislikes. The Activities Coordinator also informed the team about one resident’s history, going into detail about what she did in her past career.



Staff and management informed the team that they get to know residents life history, personality and health and care needs when the resident first arrives at the home by; completing a pre assessment, talking to the resident and talking to their family and friends. The Manager stated; “A pre-assessment is completed before admission. Life history and other information is gathered from family, friends and residents.”

Staff went on to inform us how this information is updated noting changes in a residents tastes and their health and care needs and how this is then communicated;

“Care plans are reviewed monthly, or as and when anything changes to our resident’s needs. This is passed to staff during handovers, daily stand up meetings and individual department 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 AGREE this was met.

When asked about the activities provided in the home those residents the Healthwatch team spoke to, informed that due to their memory they were unable



to give any detail on the in house or outdoor activities they had taken part in, but were able to say that they remembered enjoying them, including the music session they were taking part in at the time of the Healthwatch team visit. They went on to tell the team that they enjoyed the garden area in nice weather and were no longer able to take part in activities they once enjoyed due to their current physical abilities.

During the visit the Healthwatch team observed an activity session where the Activities Coordinator was facilitating a musical session, using musical instruments and dancing with the residents. She made the activity inclusive of those who were in the room and all residents were taking part.

The relatives who completed the survey gave a mixed response when asked by the Healthwatch team what they thought of the activities provided inside and outside of the home;

“This has greatly improved. The Activity Coordinator is planning loads of things. She is very keen and was lovely with mum.”

“Not much is offered outside. Inside activities are reasonably varied.”

They went on to inform that due to their relatives condition and health they are unable to continue with any previous hobbies they once had, but do join in with provided activities with encouragement from staff.

When asked by the Healthwatch team what activities are available for residents inside the home, staff and management told us about the various indoor activities within the home including; visits from entertainers such as singers and local schools, organisations who bring along petting ponies, bingo, arts and crafts, chair exercises and floor and board games etc. The activities mentioned outside of the home included; visits to a dementia café, tea dances, the local Arts Centre, Beamish Museum, garden centres, theatres, the coast for fish and chips and local shopping centres etc.

The Deputy Manager explained, “There is a variety of activities, which vary day to day. Our residents are encouraged to go into the community to interact with children and adults. Excursions are frequently planned.”

The Manager added that the home has access to a mini bus which they share with their sister homes and they also use taxis.

All staff informed the Healthwatch team that they encourage and assist residents to take part in activities by informing them what the activity is, when it is taking place, making the activities fun and encouraging them and their families to join in.

“We encourage all residents to take part and give them a choice of what they would like to do and try to accommodate all, those who refuse to take part we do an activity on a one to one basis.”



When asked how are residents supported to do the things they used to enjoy before coming into the home including hobbies and interests the Manager informed the team; “We have residents who enjoy cooking, we have a kitchen upstairs which is used often to encourage residents to continue and if they wish to go outside for activities we will arrange for staff to escort. We also encourage pet visits throughout the day, we have pet therapy.”

Indicator 5 - Quality, choice and flexibility around food and mealtimes

The indicator states that care homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink including between mealtimes. The social nature of eating should be reflected in how homes organise their dining rooms and accommodate different preferences around mealtimes.

The Healthwatch team AGREE this was met.

When asked what they thought of the quality and choice of food in the home all residents who took part in the survey replied that it was either alright or good, and there was enough choice available for them. Two of the residents then added that they enjoyed eating their meals in the dining room, which was their preference as to where they could eat in the home, as they enjoyed the company of the other residents and staff.



When asked about the quality and choice of food, of the relatives who responded to the survey questions replied to say there was plenty of choice and the quality was OK. The second relative respondent said they found the food was a bit repetitive at times and her mam would benefit from lighter meals than the main meal offered. She is aware that her mother could ask for anything she would like to eat but she often forgets this.

When asked by the Healthwatch team how confident they were that their relative is supported to eat and drink as much as needed, one relative agreed that they were and the other relative agreed her mother is offered drinks all the time but was unsure if

they encourage her to eat. Both relatives commented that the home encourages residents to join other residents in the dining room so they can eat with each other and staff try to make it a sociable experience by staff joining in and sitting friends together.

During the visit the Healthwatch team witnessed staff serving up hot and cold drinks to the resident's personal preference and homemade cupcakes. One staff member also supported a lady to take her supplement drink, spending time with her to ensure she drank it all. The staff member also checked on other residents, ensuring that they were drinking and eating and encouraging them where necessary.

When asked by the Healthwatch team what they thought of the quality and choice of food available at each meal time all staff members who responded to the survey including the Manager and Deputy Manager replied positively, stating that the quality of food is good and that residents have a choice of two options at each mealtime. They added that there is an alternative menu for residents who do not wish to have either of the choices and the Manager informed us that both meals on offer are plated up and shown to the residents to ensure that they know what is being offered.

Outside of mealtimes some staff informed us that residents can eat and drink at any time during the day and the kitchen staff are available from 8am until 6.30pm. Other staff explained that residents are offered and encouraged to have healthy snacks during the day, can have a late breakfast if they wish and if going out of the



home for the day a packed lunch will be made up and a fresh meal is available when they return.

The Manager also explained; “We have fortified diets for those who require them and staff sit with residents at mealtimes to offer support. We also have food and fluid charts so we can monitor food and fluid intake to ensure it is sufficient, if not we can contact the correct professionals.” She added that there is always juice available in all lounges, the tea trolley goes around four times a day and residents are always asked and prompted to have fluids.



Residents are also offered a choice when it comes to where they would like to eat their meals including the dining room, the lounge or their bedroom. Preferences of where they prefer to eat are noted on admission as part of their likes and dislikes and updated as necessary. The Deputy Manager commented; “Our residents are able to choose where they would like their meals served, some like to have meals alone in their room, staff always ask if residents would like to attend the dining room.”



Mealtimes are made sociable by playing soft music in the background and staff sit with residents, chatting and encouraging conversation and offering discreet support to those who require it.



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 the Healthwatch team asked residents if they have access to a range of health professionals, two were unable to answer the question, as they informed us they were unable to remember. One resident talked about several appointments they had attended, including those at the opticians and the GP, adding that she went to these supported by their family member but said staff were also able to support residents if they require this. Two residents went on to explain that if they needed to see a doctor, they would mention this to a staff member or relative and if they had an appointment at the hospital a staff member would go with them.

The relative respondents when asked by the Healthwatch team about access to health professional gave the following replies;

“I usually see to this myself. There is a visiting nurse who does health checks. The staff will contact the GP when necessary.”

“Yes mum has been to the health services she needs to.”

Staff and management informed the Healthwatch team about the range of visits to the home from health professionals including, Dentists, Opticians, Nurse Practitioners, Community Elderly Nurses, GPs and Chiropodists;

“Opticians visit the home regularly, eye sight and hearing tests are carried out annually. The Chiropodist visits the home every six to eight weeks to trim nails and check foot health. GPs visit the home on request and two Nurse Practitioners visit the home weekly.”

One of the carers also added that the GP surgery is going to start a ward round in December so a GP will begin to visit the home on a weekly basis.

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

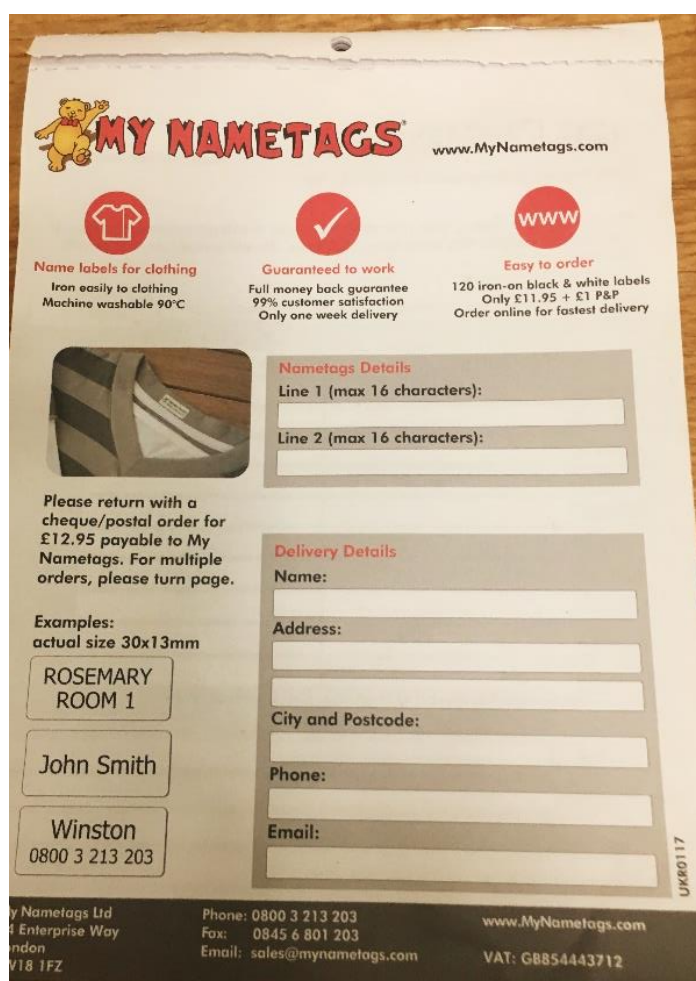
The indicator states that care homes should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs and shouldn’t make people feel uncomfortable if they are different or do things differently to other residents. **The Healthwatch team AGREE this was met.**

None of the residents the Healthwatch team spoke to stated that they had any specific religious, lifestyle or cultural needs, this was reiterated by those relatives who responded to the survey.



Residents went on to tell us that staff launder their clothes which is a good service and that they regularly have their hair washed and styled by the hairdresser who visits the home. Relatives also informed us that their family member have access to a hairdresser every Wednesday in the home and that the laundry service is good on the whole but occasionally clothes have gone missing or been mixed up with other residents.

The Healthwatch team asked staff and management how the home find out and cater to residents cultural, religious and lifestyle needs. Those who responded informed that the home has church visits every six to eight weeks where Holy Communion takes place. Residents are also able to visit their own church if they wish to do so.



The Manager added that residents can visit the homes hairdressing salon once a week when a visiting hairdresser comes in to cut and style their hair. To ensure that residents get their own clothes returned to them after being laundered the home utilises a labelling system. She acknowledged that they have had complaints regarding clothing going into the wrong rooms but she will be addressing this in house. Finally she added when asked what mechanisms are in place to ensure that residents are always clean and appropriately dressed, she commented; “Care staff ask residents each morning what they would like to wear, showing residents the choices and trying to encourage matching outfits.”



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 STRONGLY AGREE this was met.

When the residents were asked if they get asked what they think about the home or if they are happy and if there was anything they would like to change, the following responses were received;

“No I don’t but there was nothing I would like to change.”

“Yes they have asked me and I am happy, there is nothing I would like to change, I would say if there was, I’m happy enough to speak up.”

“Yes I do I like living here.”

The Healthwatch team asked relatives if they felt a welcome participant of life in the home, both respondents replied positively stating;

“Yes definitely staff are very friendly.”

“Yes I am greeted by name and invited to events.”

They went on to tell us how they and their relatives can have a say in how the home is run and give feedback;

“Regular meetings are held to discuss how we feel, attended by the Manager and Deputy.”

Relatives informed us that should they wish to make a complaint they would speak to the Manager or a Senior Nurse and were confident it would be acted on appropriately.

During the Healthwatch visit the team witnessed the suggestion box that the home has placed in the foyer, that residents, family and friends can use. Staff and management also informed us of the open door policy that family are made aware of and use on a regular basis and a resident/family meeting takes place on a regular basis.

Staff gave examples of how family members has influenced how the home is run, these included;

“Family and resident meetings are held in the home every six months, families have lots of suggestions. One suggestion was for CCTV to be installed for resident and staff safety, this has now been completed.”

“Families suggested that we have more outings and have said they will attend to help.”



The Manager when asked how the home makes use of feedback or complaints from residents and relatives informed the team that she deals with all complaints in a timely manner in writing or in person depending upon the situation. All of which is logged in the complaints file.

Staff and the Manager informed that staff can have a say in how the home is run by attending meetings, speaking to the Manager through supervisions and utilising the home's suggestion box. One Carer explained "The Manager has an open door policy, holds staff meeting, supervision sessions and we have a suggestion box."

Indicator 9 - Provide a physical environment which is suitable for the needs of the residents

The indicator states that care homes should be suitable for their resident's needs. Be comfortable, homely, well maintained with high standards of hygiene.

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



When asked by the Healthwatch team if the home was always clean and tidy the residents who took part in the survey all replied positively stating there was never any problems. They also stated that most times the home was of a comfortable temperature, one resident commented that on occasion she was a little bit cold but she would just put her thick cardigan on.

Relatives when asked about the physical environment of the home the two relatives who responded to survey gave mixed responses to the question regarding the temperature of the home. One stated she always finds the home at a comfortable temperature with the other respondent stating that although she

finds the home OK her mum complains she often feels the cold.

The two relatives went on to say that the home is always clean and tidy and smells nice and they find the decoration homely and dementia friendly. Comments included;

"Yes it's nicely decorated. It has nice little nik naks that make it homely."

"The yellow painted toilet doors are a particular good idea."



The Manager explained when asked that they ensure a comfortable temperature is maintained in resident's rooms and communal areas by having thermostats in the resident's rooms and lounge areas which are checked on by staff to ensure the correct temperature for residents.

The staff and management informed that the home is made dementia friendly with the provision of; a memory lane with themed areas, lots of rummage items around the home, lots of old pictures on the walls to aid reminiscence and plenty of things to feel and touch such a garden area where residents can pick flowers etc.



Items in the home's memory lane



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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