



Care Home Life - What it's really like!

The Mews Care Home



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Acknowledgements

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



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1. Introduction

What is Healthwatch Sunderland?

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

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

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



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

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





2. Background and rationale

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

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

To enable members of the public to make more informed choices when considering which care home to move into for themselves or their relatives, the complete results are available via our website, where you will also find a promotional video which will explain the work fully: www.healthwatchsunderland.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 21st January 2020 and was carried out by Healthwatch Sunderland staff and a volunteer 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 Agree</div> <div style="text-align: center;"> Skills Strongly agree</div> </div>
3.	Good knowledge of each resident and their changing needs	 Strongly agree
4.	A varied programme of activities	 Strongly agree
5.	Quality, choice and flexibility around food and mealtimes	 Agree
6.	Regular access to health professionals	 Strongly agree
7.	Accommodation of resident's personal, cultural and lifestyle needs	 Strongly 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

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

South Burn Terrace
New Herrington
Houghton le Spring
DH4 7AW

Telephone: 0191 512 0097

Provider: Exclusive Care Group

Provider's Website: www.exclusivecaregroup.co.uk/our-homes/the-mews

See the latest CQC inspection report here:

www.cqc.org.uk/location/1-2193023151

The Mews has capacity to support 47 residents under 65 (over the age of 18) and over 65 years old. Persons requiring nursing or personal care, who have dementia, a learning disability, physical disability, have a disorder or injury or who may require treatment for disease are accommodated.

All rooms are en-suites and although there are no specific rooms allocated as doubles, the home has previously accommodated couples in some of their larger rooms which provide ample space for two people. When a room is used for double occupancy in this way, the second room is designated as a lounge for the couple in question.

Residents are encouraged to take items in to help personalise their own room. This includes their own furniture, subject to size and suitability. Residents can also take soft furnishings such as bedding and curtains, subject to them meeting requirements regarding fire regulations.

On the ground floor there is a lounge and a bar area, with comfortable seating and a fish tank, both of which have a TV. In addition there is seating in the foyer area for residents to relax and watch the coming and goings of the home. The first floor also has a large lounge with TV, a comfortable seating area in the foyer and a communal coffee area adjacent to the Hairdressers. There is free internet access available throughout the home, although there is currently no hearing loop system in place.

The Mews also has a large, enclosed garden to the rear, which is accessed by doors from the dining room and bar lounge.

The home is pet friendly, but the admission of pets into the home is subject to individual assessment.

Activities are provided daily and are facilitated by two Activities Coordinators who work a total of 47 hours per week over the full seven day period.



Protected mealtimes are in operation at The Mews (a period of time when activity is reduced so staff can be available to help serve and supervise meals and assist residents who need help to eat and drink. This time also includes limiting visitors.)

At the time of our visit there were 39 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 partially complete the survey. The team received six staff (one Manager, one Deputy Manager, two Care Assistants and one Activities Coordinator. The home's Cook partially completed a Carers form and we have included the responses which are relevant to this report) three fully completed relative surveys and one partially completed relative survey back.

The results of these surveys are given below:

Indicator 1 - A strong visible management

The indicator states that the Manager should be visible within the care home, provide good leadership to staff and have the right experience for the job.

The Healthwatch team STRONGLY AGREE this was met.

When residents who were supported through the Healthwatch survey process were asked who the Manager of the home is, neither resident were able to name the Manager, but this may have been due to their own individual health and capacity. One of the residents did, however, point out the Manager's office and said that she knew she would find the Manager in there and she also knew what the Manager looked like.

All of the relatives who responded to the survey knew the Manager of the home by name and when asked a little about her said;

“She is approachable, friendly and knows all of the residents well.”

“She is lovely! Friendly, supportive, kind and really cares about the residents.”

“Compassionate, caring and knowledgeable. She always gives time to provide assurance and support.”

“Debbie is friendly, approachable and acts quickly to get things done. Any problems regarding my sister were always dealt with straight away.”

When staff were asked what support they receive from their Manager, all respondents gave positive comments;

“Any support if I ask for it, she is always happy to help.”

“The Manager is always willing to support me.”

“I get lots of help and advice.”

“Now, with the new Manager, I get good support. It's much better.”



All staff respondents stated that when they talk to the Manager if they want to ask a question or raise an issue their experiences were positive.

The Manager started working at The Mews in August 2018 as Deputy Manager and has been in post as Manager since October 2019. Her Deputy joined her at the home 13 weeks prior to the Healthwatch Team's visit.

When the Manager was asked what attracted her to the role of Care Home Manager, she said; "I have been a Nurse for over 26 years and have worked in a variety of care homes during this time. I have developed a passion for trying to enhance the lives of residents, promoting their wellbeing and independence as much as possible. Although the role of Manager is demanding and difficult at times, I believe it to be the best way to try to improve the lives of residents within the care home environment."

When the Deputy Manager was asked the same question she said; "For personal development, to share my knowledge and share and improve my practice, as the home was rated as Requires Improvement by the Care Quality Commission."

The Manager went on to tell us what she enjoys about her role; "I enjoy the daily challenges (most of the time!) and get a real sense of achievement when we are able to enhance the lives of our residents and when we see them bloom following admission. I enjoy developing good relationships with residents, their relatives and staff and supporting all through some often-difficult times."





Her Deputy added what she enjoys about her role; “The variety of residents and their nursing needs and also my own personal development.”

During the Healthwatch Team visit to The Mews Care Home the Manager took time from her day to give us a tour of the home. She knew the residents by name and was able to direct the team to residents who would have the capacity and/or wished to complete our survey.

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 an AGREE rating for staff time and a STRONGLY AGREE rating for staff skills.

When the residents were asked to tell us a little about the staff at the home, one resident said; “They’re alright.”

The remaining resident said; “I ring the bell and they always come to see how they can help me. They are lovely. They give me hugs and they are cheery. Some of the younger staff call me Aunty, which is lovely.”

When asked if the staff have time to stop and chat to them, the residents said; “Not always, they are busy.”

“Not very often, because they are busy, but if you have something on your mind, they will always stop and listen.”

When asked if they feel the staff have the time to care for their relatives, family members who responded to the survey process gave the following responses;

“Yes, they always have time to spend with us and never make us feel rushed.”

“My sister did not ever want to use her buzzer when needing assistance, the Carers would call in regularly to see if she needed anything.”

“Yes, most of the time. The staff are very caring towards the residents, address them by name and appear to treat them as individuals.”

“You could, in an ideal world, have more staff, however, the staff have always had the time to give really good care to my sister and to support us during a really difficult time.”

When Carers were asked if they have enough time to care for the residents, one Carer said yes, the other said; “Most of the time, yes. However, no when we are short staffed, which can’t be helped.”

The Cook replied to say that although she spends most of her time in the kitchen, she does feel she has time to talk to the residents.



The Activities Coordinator stated that she seems to have the time required to provide a varied programme of activities for residents.

The Manager informed us how she ensures her staff have enough time to care for residents; “By ensuring sufficient staff are on duty at all times and that the skill mix is appropriate, based on both the number of residents and their dependencies.”

The Deputy Manager said; “Staff ratios and supporting shortages in staff.”

All of the relatives agreed that the staff at The Mews have the skills to care for their relatives. Comments included;

“Definitely! They seem well trained and knowledgeable.”

“Yes and I have observed that staff attend training.”

All of the staff respondents stated that they are encouraged to develop their skills, some indicating that the training they receive is relevant to their role within the home; “Yes, have just done Allergen Training and I am also going to complete a National Vocational Qualification at Level 3. I have also just re-done a Level 3 in Food Safety and MUST (a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition) and Nutrition Training from the Dieticians.”

When the Management Team were asked in what ways they encourage their staff to develop their skills, the Manager said; “We have the standard e-learning in place for all staff and arrange face to face training as appropriate. Face to face training held over recent months has included; End of Life Care, Moving and assisting people with dementia, MUST including modified diets, how to fortify foods etc, Challenging Behaviour, Train the Trainer - Moving and Handling and additional e-learning has been provided around food allergies. We also have the ‘Champions’ system in place for Oral Hygiene, End of Life, Skin Integrity, Diabetes, Continence etc. We discuss training needs at staff supervision and try to provide staff with any training they feel they need or that they feel they would benefit from.”

The Deputy Manager stated that she does this by leading by example, renewing resident’s care plans and care needs with the staff, by also sharing knowledge and best practice.

The staff respondents then went on to tell us what they enjoy about their jobs at The Mews;

“Spending time with the residents.”

“I enjoy talking to residents about their younger life, family and things.”

“Spending time with residents. Finding out what they loved to do and meeting and supporting them.”

“We have a good team. I enjoy cooking and developing new menus and cooking for the special menu nights. I get good support from the new Catering Manager.”



Several very positive staff and resident interactions were witnessed during our visit to The Mews Care Home. Residents reacted warmly and confidently to the staff and appeared to be happy to see them.



One of the shared accessible bathrooms

Indicator 3 - Good knowledge of each resident and changing needs

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

The Healthwatch team STRONGLY AGREE this was met.

When asked, one of the residents agreed that the staff at the home understand what they like and don't like, they added; "When I first came here I didn't like to bother the staff, but they sat down with me and explained that they are here for me. Now I press my buzzer if I need anything. They know I don't like to come out of my room much, but they come and get me and take me to the dining room for lunch. Sometimes I don't really want to go, but I know it is good for me and I enjoy it."

Although the second resident respondent didn't answer the majority of this section of the survey, which may have been due to their own individual health or capacity, they said; "The staff let me have a lie in on a morning, but if I lie too long they come and get me up."



The three relatives who completed this part of the survey all indicated that the staff at the home know their relative very well, stating that they take the time to chat to the residents and talk about their lives. Their comments included; “Very well, they really took the trouble to find out.”

All agreed that the home notices and responds to changes in their relatives needs and let them know of any such changes. Comments included;

“They ring us and let us know and take time to chat when we visit.”

“I am informed as soon as I enter the home.”

Staff stated that they get to know new residents, their life history, personality and health and care needs when they first arrive at the home by speaking to family members, the resident themselves or by reading the resident’s care plan. They added that they are kept up to date with resident’s changes in tastes and health and care needs by reading care plans, person centred files and at daily handover meetings.

When the Management Team were asked how they ensure that staff get to know resident’s life history, personality and health and care needs when the resident first arrives, they said;

“We complete a full pre-admission assessment which is available to all staff before a resident comes into the home. We impart information at handovers at each shift change. We allocate a named Nurse, Senior Carer and Key Worker to each resident who develops their person centred care plans and life story, all of which are permanently available to all staff. We have a communications book for staff to read when they come on shift, which details any changes.”

“We look at introducing pen pictures and by looking at the pre-assessment document.”

When they were asked how information about changes to a resident’s likes, dislikes and their health and care needs are updated and passed on to staff, the

Management Team stated that this happens through verbal and written handovers, huddle meetings, daily Heads of Department Meetings, the updating of care plans and use of the communication book. Any changes ‘mid shift’ are verbally passed on to all relevant staff.



Resident’s rooms are painted like their own front door



During the Healthwatch Team visit, one staff member took time with the team to explain the dynamics of the dining room, where residents preferred to sit and the reasons behind this. It was obvious that she knew the individual residents extremely well and understood their individual needs and preferences.

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 the residents were asked about the activities available to them at the home, the residents said;

“I like to play dominoes. There’s a young lass who gets us doing activities. She’s lovely and gets us all chatting, which I enjoy.”

“I join in with some of the activities, but I really don’t like the singers. I can sit outside while they sing.”

When asked about hobbies and interests the residents said;

“I like to do puzzles and colouring in. The staff tidy them away until I need them again. The girls come around all of the time, making everyone happy.”

“When I first came here I used to do a lot of knitting and crocheting, but not so much now. I have crossword books and sometimes watch TV. I like to sit in the reception area of the home.”

When asked if they use the home’s garden area, one resident stated that they used to, but haven’t recently. The other said that staff encourage her to go outside and she enjoys the experience, which involves chatting to staff and other residents.

One of the residents was able to tell us that they have been out in their wheelchair with staff to a local coffee shop. They went on to add that this seems to have stopped. During discussion, they told us that this may be due to the cold weather.

One resident informed the team that the staff come to tell them when an activity is about to begin, to ensure they don’t miss out.

Both residents informed us that they enjoy it when pets come to visit the home.

When relatives were asked what they think of the activity provision inside the home, all respondents gave positive comments, which included;

“Activities have a wide range and there is plenty to do.”

“Good, there’s something for everyone.”

“People always seem to be enjoying the activities. The robotic cats are popular and the idea of having a dog is fantastic.”



Residents proudly showed the Healthwatch Team their Chinese lanterns

When asked about the activities available to residents outside of the home, the relatives who completed our survey said;

“Not sure, there hasn’t been the weather for trips.”

“It’s not something we have needed to think about.”

“Bearing in mind that some residents have limited mobility, these are considered by staff and activities are planned around this for excursions.”

All relative respondents indicated high levels of satisfaction when they were asked how their relative is encouraged and supported to take part in activities. They said;

“Staff always ask her and encourage her to join in. They take the time and don’t rush.”

“She was always asked if she wanted to take part in activities and was got ready in time to take part.”

“Staff always offer and try to encourage. They try to suggest things she might enjoy. They do her nails etc. in her room, play her CDs and chat with her.”

Two relatives responded when asked how the home supports their relative to continue with their hobbies, interests and visits from pets, they said;



The secure, accessible garden

“We bring our dog in sometimes and I know there are other visitors have been able to bring cats in to visit.”

“Staff have taken the time to find out about their work, social and family history, as well as their likes and dislikes. They always chat about things they know are of interest.”

Staff respondents gave the following list of activities which are available to residents in the home; puzzles, board games, parachute games, ball games, music, bingo, dominoes, nails, books and visits from external entertainers such as singers and therapy pets. One member of staff stated that they did not feel there were many activities available.

Some staff members told us about the activities outside of the home include; shopping, visits to cafes, planting flowers and giant outdoor games. One member of staff said; “None, just in the summer, some residents go for a coffee.”

The Activities Coordinator stated that one to one chats and jigsaws are provided for those residents who cannot or do not wish to take part in group activities.

When staff were asked how they encourage and assist residents to take part in the available activities, we received the following comments;

“I help where I can.”

“I ask them to get involved in activities and tell them it will be fun.”



“I ask residents what they would like to do, for example; knitting, bingo or making cakes and ask them if they would like to join in.”

When the Management Team were asked what activities are available for residents inside and outside the home, they added to the list which the staff gave; Church services and Holy Communion, arts and crafts, bingo, skittles, croquet, chair exercise, virtual reality sessions, therapy dolls, film nights with popcorn and hot dogs, flower arranging, baking and cake decorating, shopping trips, attending St Aidan’s Centre for cooking, trips to the Greyhound Races and pub lunches.

The Manager told us a little more about the home’s theme nights and some other upcoming events. “So far we have held an Italian themed evening, serving homemade Italian foods along with Italian wines etc. and we are holding a Chinese themed evening on 25th January in celebration of Chinese New Year. Other themed nights already planned include Valentine’s Day and a Spanish night. Relatives are invited to these evenings and the dining rooms are set up to complement the evening and more of a restaurant service is offered.

We are currently planning some of our summer activities which will include; theming the garden to ‘The Summer of 69’ which includes plans to plant flowers in vibrant colours, have a scarecrow competition with scarecrows based around the theme. We will, weather permitting, then be holding BBQs for residents and their families. We are in the process of organising trips to Beamish Museum as well as picnics to Herrington Country Park once the weather improves and are trying to source local dementia friendly swimming sessions.

We have purchased some robotic cats which have proved a real hit with the residents (two of whom now have their own) and are planning on purchasing some more.

We are trying to build new community links and a monthly ‘Dementia Café’ is currently at the planning stage. We also plan to open our doors to the public for a monthly ‘High Tea’ aimed at people living with a dementia and their relatives, to provide somewhere that they can come along to and enjoy a high tea, in good company and with activities going on but also to improve the lives of our residents through enhanced socialisation with members of the local community.”

The Deputy Manager added that the activities at the home are currently under review.

The Manager stated that the home doesn’t have its own transport, but for local journeys we either use wheelchair accessible buses or taxis or book wheelchair accessible minibuses for outings such as the planned visits to Beamish.

When the Management Team were asked what encouragement and assistance is given to residents so that they can take part in activities, they said;

“Our Activities Coordinators, and our care staff, encourage our residents to participate in activities, but fully support their rights of choice. One to one physical, emotional and psychological support is provided for those residents who



require it. We have magnifying glasses to be used but do not currently have a hearing loop in place.” The sentiment of this response was reiterated by the Deputy Manager.

When asked how residents are supported to continue to do the things they used to enjoy before coming into the home i.e. hobbies or interests in order to promote their wellbeing and independence the Manager replied; “Resident’s life stories are taken on admission and treated as a live document to be built on at any time. From the pre-admission stage onwards, details are taken of residents’ work histories and hobbies and these are used as a basis for care plans and for the Activities Coordinators to develop appropriate and suitable activities both within the home and out in the community.”

During our visit we witnessed a selection of robotic cats in a communal lounge and in individual resident’s rooms. The Manager handed one of the cats to a resident, who immediately began to stroke it. The resident was still sitting petting the cat an hour or so later and looked to be relaxed and enjoying the experience. Another resident spoke to the Healthwatch Team about these cats and stated that they would prefer a baby doll, which they could dress and undress. The team were able to tell the Manager this, who said this request could easily be accommodated.

We also witnessed a gentle exercise session taking place in one of the large, first floor communal areas. This was being facilitated by the Activities Coordinator and another member of staff, who were engaging with all of the residents in the room. They encouraged all to take part and were laughing and joking alongside them. The residents proudly showed the team some Chinese lanterns they had made earlier, which would be part of the Chinese New Year celebrations that coming weekend.



Also observed was a gentleman in the reception area; he was being supported by a Carer to fold the napkins for the lunch table. The staff member stated that this is a ‘regular job’ for the gentleman, who enjoys completing the task.

During our visit, the Manager highlighted this poster of the home’s new pet, Nora, who at that time was on a flight from a animal rescue centre in Romania. The home’s adoption of Nora was being facilitated by the local GP who is aligned to the home and visits residents regularly.



The day after our visit to The Mews, the Manager sent us this photograph of Nora settling into her new home. The Manager told us how the residents are already bonding with Nora and of the therapeutic effect she is having on them.

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

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

The Healthwatch team AGREE this was met.

The residents the Healthwatch Team spoke to gave a mixed response when asked about the food at the home. One resident saying that the food was not to their liking, with the other saying; “The food is good. There are plenty of vegetables and they feed you well.”

Both residents agreed that food and drinks are also readily available outside of mealtimes. Tea and biscuits are presented to residents on a regular basis and one resident told us that they press their buzzer if they need a drink or a snack and staff bring it to them. This resident added; “They always ask if I would like a night time drink and will sit and share a cuppa with me if they have time.”



Both residents stated that there are choices at mealtimes and that alternatives to the menu can be requested too. One resident said; “I once said that I like bread and butter with a nice hot cup of tea, now they are always making sure I have some.”

The residents went on to tell us that they eat their meals either in the communal dining area, which staff encourage, or in their own rooms if they wish to do so, or if they are unwell. They also both added that they enjoy the social aspect of mealtimes, which includes chatting with their friends, although sometimes there isn't always room on their preferred table.

All three relatives told us that both the quality and choice of food at The Mews is good, here are their comments;

“I think it's generally fantastic! The choice is really good and you can always choose something different. The home put on special nights too which are lovely.”

“Good. The special nights are good too and include; Bonfire Night, Italian and Chinese.”

“The choice is very good and quality was good.”

All gave positive responses when asked how confident they are that their relative is supported to eat and drink as much as needed. One relative said; “Very much so. She has all intake recorded. Staff weigh her every week and I think they work out her Body Mass Index too (This is a measure that uses your height and weight to work out if your weight is healthy). I know they have spoken to a Dietician.”

When staff members were asked about the quality and choice of food at the home, we received the following comments;

“There is a daily menu that goes around. There are two main choices, but if residents don't like what's on we have an alternative menu.”

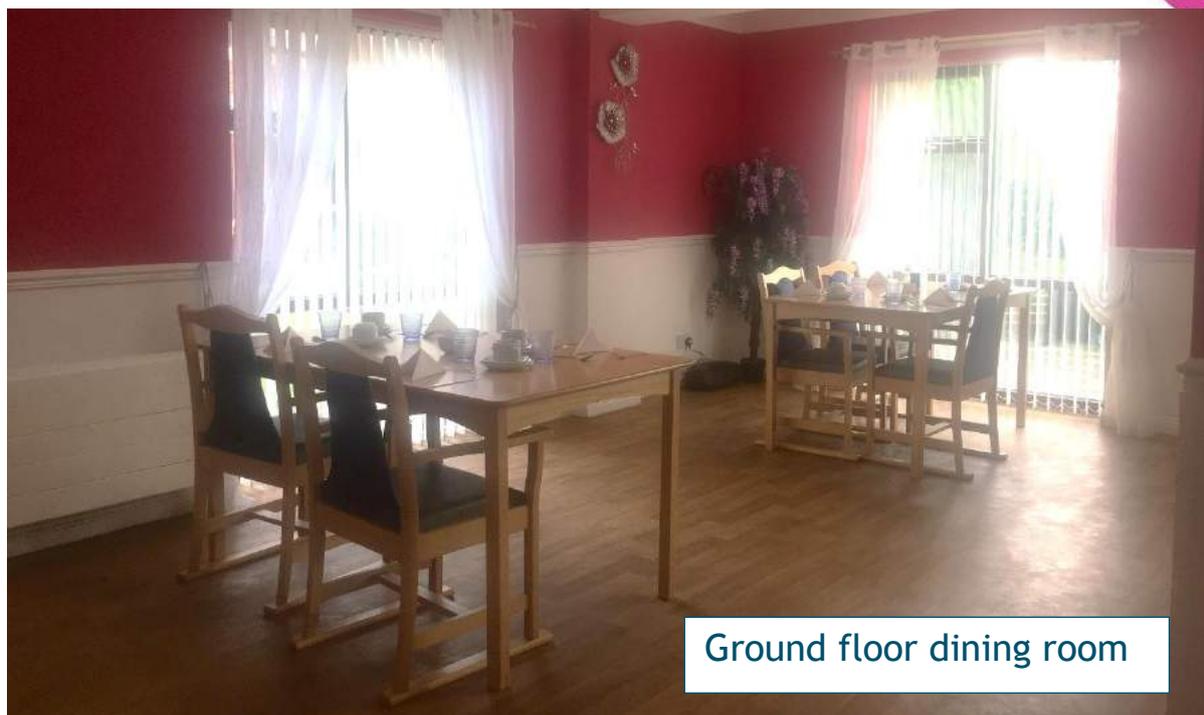
“Sometimes good, sometimes poor.”

The Manager told us how she ensures high standards of quality and choice of food; “We have a four-week rolling menu in place, which has recently been reviewed and updated by our Catering Manager. He has, in addition, had the menus nutritionally analysed and approved by Middlesbrough based Dieticians. He is working alongside the Chefs to ensure consistently high quality both in terms of the standard of cooking and the presentation of foods.

Meals are fortified as appropriate and fortified milkshakes are always available, on both floors of the home.

Staff complete the daily menu choices with all residents each morning, however residents are free to change their minds at any time and request an alternative.”

One staff member informed us that residents can have food and drink whenever they want, but there are set mealtimes and tea trolleys.



Ground floor dining room

The Deputy Manager added; “Staff assess meals as served and the amount of wastage. The staff, Manager and myself taste the meals on a regular basis and feedback to the kitchen. We also get feedback from the residents and their family members.”

The Cook informed the Healthwatch Team how residents are able to eat and drink at mealtimes and what provision is made for them to eat and drink outside of mealtimes; “We try to be flexible. There is always food and drinks in the fridge for staff members to give to the residents.”

The Manager went on to also tell us how this is accomplished; “A variety of snacks and homemade cakes are provided on the tea trolley twice daily and residents are offered varied suppers daily. Snacks are available throughout the day. Fresh fruit is always available.

On each floor, within the dining rooms, there are fridges stocked with juice, milk, fortified milkshakes, yoghurts and supplies of cereals and biscuits which can be accessed throughout the day or night.

Residents are fully supported, according to need, to achieve adequate levels of nutrition and hydration. Support may be in the form of prompts and encouragement or full assistance. We have a range of modified cutlery, crockery and drinkware to be utilised as needed and as appropriate following assessment. Specialist equipment includes large handled knives, forks and spoons, plate guards, angled cutlery, beakers with or without lids and spouts of different gauges.

We work closely with the Dieticians and Speech and Language Therapists to ensure all individual needs are met. Thorough assessment and care planning which takes place for all residents. This includes a full list of individuals likes, dislikes, allergies as well as any modifications required to diet or fluids in line with IDDSI.



(The International Dysphagia Diet Standardisation Initiative (IDDSI) is a global standard with terminology and definitions to describe texture modified foods and thickened liquids used for individuals with dysphagia (medical term used to describe difficulty swallowing) of all ages, in all care settings, and for all cultures).

“Residents who are nursed in bed are fully supported by staff with all meals, snacks and drinks throughout the day or night.”

The sentiment of this response was reiterated by the Deputy Manager.

The Manager said that although The Mews doesn't have any permanent drink stations in situ and on each floor, in the dining rooms, there are fridges stocked with juice, milk, fortified milkshakes, which can be accessed at all times.

Although there are 'set' mealtimes at The Mews, to encourage orientation, particularly in those living with a dementia, residents can in practice take their meals at a time of their choosing.

When asked what choices do residents have about where they eat and drink, staff and the Management Team told us that all residents have the choice as to whether they eat in their rooms, in the lounges or either of the two dining rooms. All of the residents have their particular preferences noted in their care plans, but are also asked at each mealtime where they would like to eat that particular meal. One staff member said; “Residents can eat anywhere they like, as long as they are happy and eating and drinking.”



Food which was served as part of the Chinese New Year celebrations

The Manager added; “However, staff do encourage residents to take their meals in the dining room to promote socialisation and prevent isolation.”

When asked in what ways it is ensured that mealtimes are sociable, the Management Team said;

“We set the tables, ensure a staff presence, both for safety and to encourage sociability and a pleasant dining experience. We have ambient music playing, but at a low enough level to encourage and allow residents to chat to each other and staff. We try to facilitate sociability and friendships by sitting residents with others they can communicate with. Staff engage with residents throughout the mealtime process.”



“We sit residents of similar abilities together to facilitate communication. Staff will chat with them as they are serving the meals.”

One staff member added; “We put residents who get on well together on tables with each other so they can chat.”



Indicator 6 - Regular access to health professionals (GPs, Dentists, Opticians, Chiropodists, Audiologists etc.)

The indicator states that residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.

The Healthwatch team STRONGLY AGREE this was met.

Both residents who were supported to complete the survey process stated that they had seen a Dentist whilst living at the home. One resident did request we ask the Manager to arrange another appointment for her as her dentures were causing some discomfort. The team were able to do this for her before the end of our visit. Both had recently seen an Optician, which had resulted in them both being prescribed new glasses, which one of the residents particularly liked and proudly showed to the team. When asked if they had had their hearing checked, one resident stated that they had, but kept losing their hearing aids and the second resident stated that their hearing was fine and an appointment with an Audiologist was not required.

When asked what they do if they need to see a doctor, one resident informed us that the Doctor visits the home regularly and the second resident simply stated



that they would ask the staff to get the Doctor for them. Both residents said that if they needed to attend a hospital appointment the staff would accompany them.

One resident mentioned that the Podiatrist attends the home to see to their feet.

When asked about healthcare provision at the home for their relatives, the respondents stated the professionals who visits include; GPs, Nurses, Dentists, Optician, Chiropodists, Audiology, Speech Therapists and Physiotherapists.

The staff and Deputy Manager of the home gave us a range of healthcare professionals who attend the home to tend to the medical needs of the residents. The Manager gave the following a detailed response; “We have an aligned GP from Herrington Medical Centre, who visits the home weekly, to hold a Multi-Disciplinary Team (MDT) meeting to discuss any concerns. She will see any residents as needed. In addition, the practice respond quickly to any requests for GP visits. Out of hours, staff contact 111 or 999 as appropriate. We are linked to the NEWS system (National Early Warning Score is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes).

Staff contact the Community Care Home Nurses for advice as needed. In addition, our residential residents are overseen by District Nurses. The Senior Carers within the home will contact the team as needed and request visits.

We have an aligned Dentist who carries out home visits and whom we contact as and when residents require input. He also maintains twice yearly check-ups as routine. Residents are supported to access the community dental clinics as needed or as advised by the visiting Dentist.

Unless residents prefer to stay with their own Optician, we register our residents with Visioncare, who carry out regular sight tests for all. We are able to manage visits, repairs and request sight tests via their on-line service and can download patient prescriptions as needed.

The Chiropodist visits weekly as part of the MDT meeting and for planned routine visits. In addition, when new residents are admitted to the home the Podiatrist is informed and assessment requested. Staff monitor resident’s foot health (skin, nails etc) and contact the Podiatrist should extra assessment or treatment be required. The Podiatrist typically visits within two days from the date of request.

Staff also support residents to attend audiology appointments as arranged. They monitor the condition of any hearing aids and contact the Audiology Department if repairs are required. When issues with hearing are noted, and once issues such as a build-up of wax, have been ruled out or treated by the Community Nurses or GP, a referral is made to Audiology for testing.

If the services of other healthcare professionals is required, the Nurse or Senior Carer (as appropriate) will contact them and request input. Professionals from whom advice is sought include: the Palliative Care Team, Recovery at Home, Crisis



Team, Community Psychiatric Nurses, Speech and Language Therapy, Tissue Viability, PEG nurses (Percutaneous Endoscopic Gastrostomy (PEG) tubes are long-term, artificial enteral feeding tubes that require endoscopic placement and allow direct access to the stomach from outside the abdominal wall).

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

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

One of the residents which the Healthwatch Team spoke to was aware that there are regular religious services which take place at the home. The second resident was unaware of this and said that would very much like to attend. The Manager was informed of this before the team left the home.

Both of the residents stated that the staff support them to choose their own clothing to wear, the Hairdresser visits on a regular basis to cut and style their hair, which they are happy with.

Both went on to say that the laundry service delivers their clothing back to them clean and smelling fresh, although some items do go missing. They both agreed that staff do their best to get their clothing returned to them as soon as possible and it is found most of the time. One resident added that sometimes her clean clothing gets taken to the laundry by mistake.

One of the relatives who responded to the survey stated that their relative does not have any specific lifestyle or dietary needs. Further respondents indicated that their relatives do and that these are accommodated by the home. Comments included;

“All resident's likes and dislikes are considered. Residents are encouraged to join in activities, however, individual wishes are respected.”

“She needs to have a fortified diet, which the staff make sure she gets, including fortified milkshakes, which she really enjoys.”

Although none of the relative respondents stated that their relatives practice a religion, one person said; “I have observed regular Chaplaincy visits and religious services are advertised.”

When the Management Team were asked how the home finds out about and cater to residents' cultural and religious needs, both stated that this firstly happens during the pre-admission process and is developed through care planning discussions and the development of life histories. The Manager added; “Although at present we have no residents with any religions other than Christian and no residents of any ethnic origin other than White British, the processes are in place



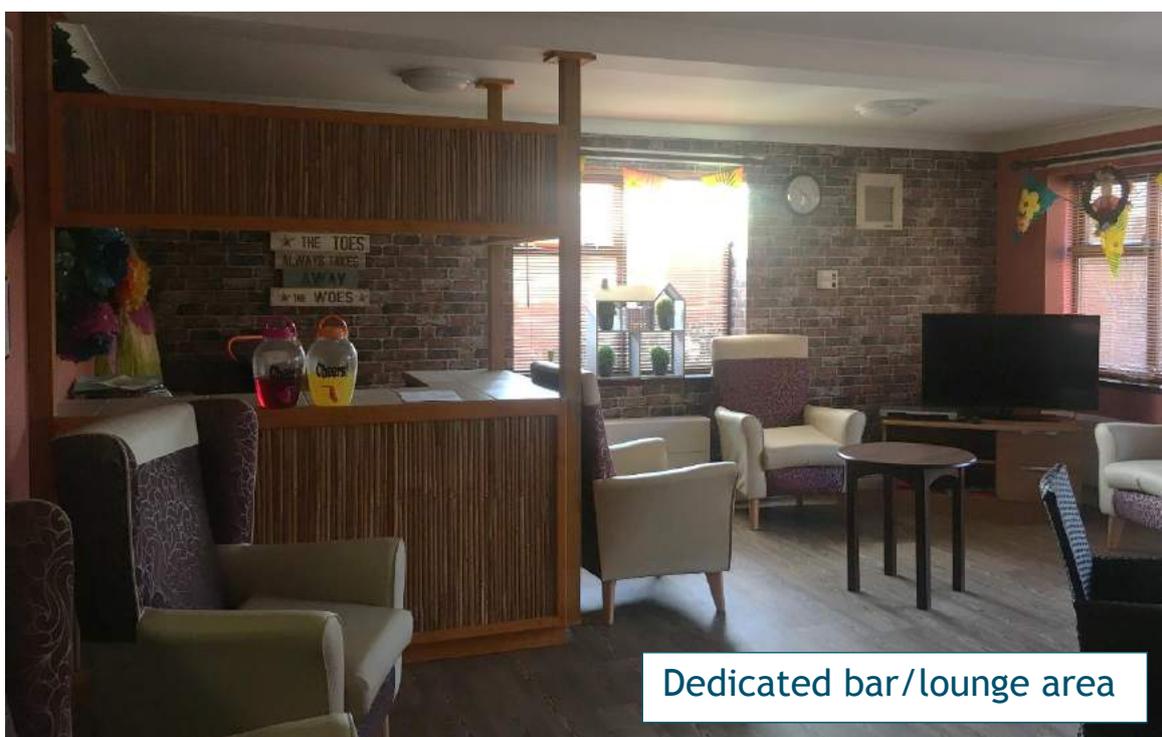
to source input from appropriate cultural or religious groups as needed. Full and detailed care plans would be put in place outlining any specific requirements or wishes. Any wishes around personal, cultural or religious wishes at the time of ill health or death are detailed in each residents End of Life care plan.”

The Management Team were asked how the home finds out about and cater to residents’ lifestyle and dietary needs, both the Manager and her Deputy stated that this also begins with the pre-admission assessment. The Manager went on to say; “Details of any specific needs such as modification of diet or fluids, food allergies, hobbies, work history, preferred routines, assistance required are noted. It is then further addressed and developed post-admission by the building of life histories and through care planning discussions with residents and their relatives. Any specific requirements are disseminated through verbal and written handovers, the daily Head of Department meetings and the use of the communication book. A file is maintained in the kitchen which holds details of all dietary requirements for all residents (eg allergies, special diets required e.g. high protein, low fat, low sugar and any modifications required e.g. minced and moist or pureed diets, thickened fluids (including what level). This dietary information is also detailed on the handover sheets and on the daily menu choice form.”

All of the relatives stated that the home has a visiting Hairdresser who cuts and styles their relative’s hair. Comments included;

“The Hairdresser sees her every week. Sometimes she goes into the Salon, but sometimes she will stay in bed to have it done.”

“They have a lovely salon and the Hairdresser comes in twice a week.”



Dedicated bar/lounge area



When the Management Team were asked what provision is there for residents to regularly get their hair cut and styled, both stated that a Hairdresser visits the home twice a week to accommodate these needs. The Manager added; “We have a stylish hairdressing salon onsite. A note is made in the diary of any residents wishing to have their hair cut or styled each week. In addition, where residents wish to have their own Hairdresser visit, the salon is made available for their use at any time outside our own salon hours. We have one resident who likes to access the Hairdresser in the community and she is supported by her family to access this service.

All of the relatives went on to say that they are happy with the laundry service at the home and that their relative is always clean and appropriately dressed.

Staff and the Management Team were asked to give an example of how these have been accommodated. One staff member said; “There is a Church Service regularly which makes the residents happy.”

The Manager added; “We have one resident who will not eat eggs and so alternative, egg free meals and dishes are provided.

We have several residents who require modified diets. All pureed meals are served, piped, in the separate components to appear as appetising as possible.

Thickener is obtained, on prescription, for all those requiring thickened fluids.

Fridges are available on each floor for the storage of any foodstuffs brought in by family and, in addition, several residents have their own fridge in their room to store drinks and snacks.



The Hairdressing Salon

One resident will only eat toffee flavoured yoghurts, which we are unable to buy from our suppliers and therefore we source them from local shops to accommodate his wishes.”

The Management Team were asked how they ensure that the laundry staff get the residents own clothes back to them. Both the Manager and her Deputy stated that all resident’s clothes are labelled by family prior to them being brought into the home. Within the laundry, each resident has their own docket and clothes are put straight into these after laundering, the resident’s



laundry basket is then taken to the resident's room for clothes to be put away by the laundry staff.

The Manager added; "Where this is not possible (e.g. due to an emergency admission or lack of family support) staff at The Mews will mark them, discreetly, using a marker pen for identification. We have our own permanent laundry staff and an onsite laundry."

The Management Team gave the following comments when asked how they ensure that residents are always clean and appropriately dressed;

"By supporting residents in any way they need, from supervision and prompting, through to full support. By offering baths and showers regularly and recording when these have taken place. By encouraging residents who may be reluctant to engage with washing and bathing. By supporting residents to choose their own clothes."

"Residents are asked daily if they want a shower or a bath. Staff record, personal care and support administered on the relevant charts. Residents are offered choices of outfits where support is needed to make these decisions."

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 asked if there is anything about the home they would like to change, both resident said no to this question. The Healthwatch Team then asked the residents who they would speak to if they ever felt they needed to make a complaint about the home. One resident said that they would speak to staff and the remaining resident said that they would speak to the 'head girl'.

All relative respondents gave positive comments when asked if they feel welcome participants in the life of the home. Here are some of their comments;

"Very much so. Always encouraged to visit and attend activities."

"Very much so. The staff always make us feel welcome. Nothing is too much trouble. The Manager is always approachable and ready to listen."

They went on to tell us how they and their relative can have a say on how the home is run, which included; by speaking to the Manager or her Deputy, completing surveys, attending resident and relative meetings or by using the suggestion box. Respondents added that if they ever needed to make a complaint about any element of the home they would speak to the Manager and then to Head Office if required. One person added; "Initially I would speak to the Manager or



her Deputy Manager. If that failed I know the Complaints Procedure is on the notice board.” All relatives indicated that they would be confident to make a complaint and that it would be acted upon appropriately. One person simply said ‘Yes’ to this question, the others said;

“I would have every confidence.”

“I would feel confident making a complaint and would know it would be dealt with appropriately.”

“If I needed to, I would and the Manager would listen - always.”

The Activities Coordinator told us that residents are asked what activity they would like to see delivered on the activities programme and that activities are evaluated using daily record plans and the facilitation of weekly and monthly evaluations.

The staff, the Manager and her Deputy Manager stated that residents and their family and friends can have their say on how the home is run by attending regular resident and relative meetings, giving feedback on provided surveys and adding ideas into the home’s suggestion box.

The Manager added to this and gave an example of how resident and relative feedback has been used; “I have an open-door policy and residents and relatives frequently visit. I actively encourage feedback, comments and suggestions. Staff talk to residents about their day, what they have enjoyed or disliked and feedback to senior staff. Our Activities Coordinators involve residents in discussions around day to day events. I have a visible presence on the floor and do a twice daily walk round where possible, engaging with residents and relatives.

We responded to issues raised around the variety available on the menu and new menus were developed by the Catering Manager in response to suggestions made, taking into account, suggestions for meals which residents would like to see included.

We are currently in the process of consulting with residents and relatives regarding the changing of the timing of the main meal of the day, with a view to moving it from lunchtime to teatime. A meeting has been arranged for Thursday 30th January, which will also be attended by our Catering Manager.”

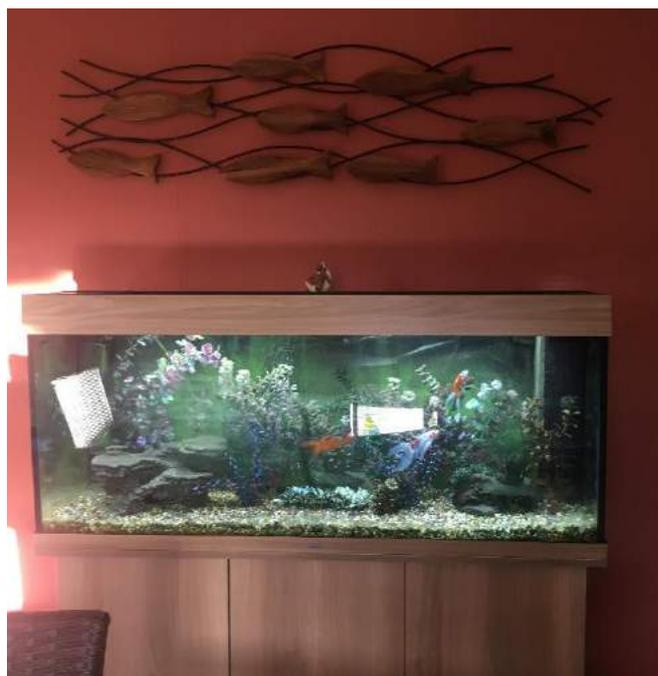
The Manager stated that she uses feedback or complaints from residents and relatives by evaluating the feedback or complaint and looking at ways in which the home can make changes to correct areas of concern. Also by disseminating the feedback to staff via handovers, staff meetings or by escalating to Head Office, where appropriate. The home takes criticism constructively and learns from it in order to enhance the lives of the residents wherever possible.

When staff were asked if they can have a say on how the home is run, one member stated that they don’t feel they can, the remaining staff members said this happens through their attendance at staff meetings and the completion of surveys. One member of staff added; “We get asked to voice our opinions.”



The Deputy Manager added that this also happens through staff supervision sessions and suggestion forms.

The Manager said; “There is a suggestion box in the staff room, so staff can make suggestions at any time (anonymously if they prefer). My open-door policy applies to staff as well as residents and their relatives. We hold regular staff meetings and use this forum to discuss ideas for improvement or any changes. These meetings are minuted and the minutes are available to all staff, with copies in the staff room and Nurses and Senior Carer’s offices.



There are fish tanks on both floors of the home



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 residents were asked if the home is always clean and tidy one resident said; "It's alright."

The remaining resident said; "Yes, as soon as I leave my room, they tidy it."

One resident stated that the temperature of the home is always at a suitable level, where the other resident said that they are sometimes cold, but they solve this by putting on a cardigan.

All relatives stated that the home is always hygienically clean and tidy, with one respondent saying; "The maintenance and cleaning staff are highly visible and always busy."

When asked if the home is always well decorated and well maintained, two relatives simply answered 'Yes' with the two further respondents saying;

"Yes mainly, although some stairwells are a little tired."

"Could do with a touch up here and there, but this is being addressed."

The Management Team told us that the heating at The Mews is controlled by the use of thermostats, which keeps the temperature regulated.

The Manager went on to say that she ensures the building and its contents are well maintained and decorated throughout; "We have a full-time Maintenance Man, who is also on call outside of office hours. There is a full maintenance programme in place for major repairs and replacements and servicing contracts are in place. There is also a decorating programme in place, however any additional decorating that may be needed more urgently will take priority. Daily walk rounds take place to check for faults. The Maintenance Man and I carry out a monthly in depth walk around to identify any areas for upgrading. There is a maintenance book, accessible to all staff at all times, for them to write in any repairs needed and from which the maintenance man works daily. There is an on-call system in place should major repairs be needed out of hours (e.g. leaks, lift repairs etc). During office hours, our Maintenance Manager is contacted at Head Office and the required repair is reported. He then arranges contractors to attend."

The Management Team informed us that they ensure the home is always hygienically clean by employing a full-time team of Domestic staff who work between the hours of 0800 and 1830. The Manager completes daily walk arounds and room checks. There is a Domestic staff book, available to all staff at all times, in which they record any issues they have come across such as carpets that need shampooing.

The Mews accommodates residents who have dementia and require either residential or nursing care. The staff and the Management Team told us that the



home is made dementia friendly by the use of dementia friendly signage throughout the home. The foyer upstairs has wall decals of a sweet shop, a grocers, a wool shop and a tree lined avenue. Comfortable seating is also in place, making this an attractive, peaceful yet stimulating communal area. All bedrooms are decorated differently and colour co-ordinated to promote orientation. Bedroom doors are themed like front doors, numbered and painted in different colours, again to promote orientation. In addition, the name of the resident is in a picture frame outside their room. The external main doors are secured by keypad coded locks and all other external doors are linked to the Nurse Call System which sounds the alarm if they are opened. The home's garden is spacious and is fully enclosed, with coded padlocks to both gates. Dementia friendly activities and equipment, including therapy dolls and robotic cats, which have been a huge success, are also provided.

During our tour of the home the Healthwatch Team noted that all areas appeared to be clean and the decoration was of a good standard and state of repair. Carpets were laid in the majority of the home, and there were some unpleasant malodours present, which may have been due to this. The Manager informed us that the carpets are gradually being replaced with washable flooring.

The staff who responded to the survey process told us that they undertake training around dementia.



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 understand what you need and what you like and don't like?
6. What activities are there for you in the home? Do you have any hobbies and interests? Are you still able to do any hobbies or interests?
7. What can you do outside of the home?
8. How do you know when the activities are taking place?
9. Can you get out into the garden if you want to?
10. What do you think of the food here? Are you able to get food and drink in between meals?
11. Is there enough choice of things you like to eat? Will they make you something else if there is nothing you like?
12. Where do you eat your meals? Is it your choice to eat there?
13. Do you look forward to mealtimes?
14. Have you seen a dentist to check your teeth recently? Have you seen an optician to have your eyesight checked recently? Have you had your hearing checked by an audiologist recently?
15. What happens if you need to see a doctor or have an appointment at the hospital?
16. Are you a religious person? What is the laundry service like, do you get your own clothes back?
17. Is the home always clean and tidy?
18. What is the temperature like here? Are you ever cold or too warm?
19. Would you like to change anything about the home? Do you get asked what you think about the home? Have you told anyone about this and what happened?
20. What would you do if you wanted to make a complaint about the home? Who would you speak to about it?



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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