



Care home life, what it's really like!

Archers Court



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Acknowledgements

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



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1. Introduction

What is Healthwatch Sunderland?

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

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

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



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

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





2. Background and rationale

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

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

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

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

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

The 9 indicators are:

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



3. Methodology

The ‘Care home life - What it’s really like!’ visit took place on the 9th July 2019 and was carried out by Healthwatch Sunderland staff and volunteers who are trained so that they can effectively capture the resident’s experience.

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

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

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

4. Findings - Summary

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

Here is the key which shows the indicator scores



Strongly disagree



Disagree



Neutral



Agree



Strongly agree

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



Findings

Archers Court Care Home, located at:

Archer Road
Farringdon
Sunderland
SR3 3DJ

Telephone: 0191 283 7621

Provider: Orchard Care Homes

Provider's Website:

orchardcarehomes.com/carehomes/archers-court-farringdon-sunderland

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

See the latest CQC inspection report here:

<https://www.cqc.org.uk/location/1-2605887227>

Archers Court has the capacity to support 42 residents aged 65 years and over. The home has one lounge, one conservatory and a dining room on the first floor and the second floor has a lounge, dining room and a quiet room.

Residents are supported under the categories of general residential and general nursing with palliative end of life care.

Archers Court operate protected mealtimes (a period of time when activity is reduced so staff can be available to help serve and supervise meals and to assist residents who need help to eat and drink) however, relatives who travel or cannot get in at other times can be accommodated should a family want to eat together.

All bedrooms are en-suite, the home has four Jack and Jill rooms, which could accommodate a couple for a bedroom and a sitting area or two separate bedrooms, which would enable them to be together. Residents are welcome to personalise their room with their belongings should they wish to do so.

Archers Court has a front garden with seating area. There is a back garden and a decking area with tables, chairs, parasols and a swing. There is also a grassed area for residents use - with supervision.

The home does have Wi-Fi whereby all who are in the building have access using a passcode, unfortunately a loop system is not available at Archers Court.

Requests to bring along pets to live at the home are considered with a risk assessment if required.

The home employs an Activities Coordinator on a full time basis, predominantly working Monday to Friday, however if there are activities over the weekend she will accommodate this.

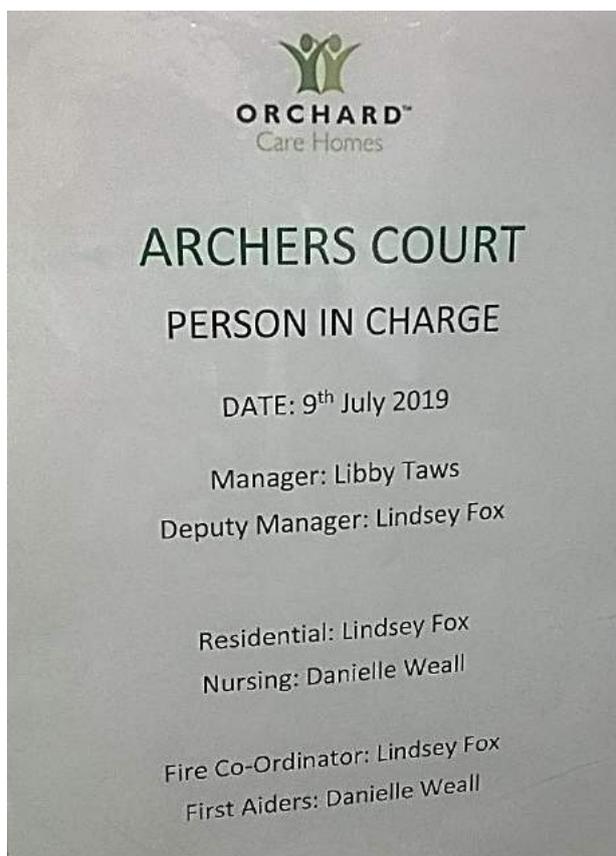


At the time of our visit there were 35 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch Team were only able to support 6 residents to fully complete the survey. The team received 11 staff surveys (1 Manager, 1 Deputy Manager, 1 Nurse, 4 Care Assistants, 1 Activities Coordinator, 1 Domestic staff, 1 Laundry staff, 1 Kitchen Assistant) and 8 friends and relative surveys back.

The results of these surveys are given below:

Indicator 1 - A strong visible management

The indicator states that the Manager should be visible within the care home, provide good leadership to staff and have the right experience for the job. The Healthwatch team gave this a **NEUTRAL** rating which indicates both positive and negative feedback, which when averaged results in a neutral score.



When the Healthwatch Team asked residents if they could identify the Manager, the majority of residents did not know her by name but did say that they could recognise her. Two residents knew the Manager by name. When residents were asked what they thought about her they gave the following comments;

“I see her a lot and I like her a lot.”

“I never see her, she doesn’t come in much.”

“She is always very pleasant.”

All relatives who responded to the survey knew the Manager by name and some gave the following responses when asked to tell us a little bit about her;

“No bother, I can ask her a question any time, I ask about the services my mam has used, she is very approachable.”

“She can be a little harsh and standoffish at times, but has on occasion been helpful.”

“Very approachable, open to suggestions. Very skilled at all levels of management, plus she is a qualified Nursing Sister.”



“Does not know very much about residents.”

Staff who completed the survey process informed the Healthwatch Team that they feel supported by the Manager at the home and that they feel comfortable approaching her with any concerns or questions. Staff comments included;

“Libby always encourages and motivates us to work as a team throughout the home. There are day to day meetings and I can approach Libby at any time, her door is always open.”

“Support from my Manager is received in all aspects of my job. It is very easy to approach my Manager, she is very helpful when asking questions. Always there if an issue is raised and tries to resolve it as quickly as possible.”

“Lots of support, she is happy to come onto the unit and support with clinical skills. She is approachable and open.”

“I receive continuing support from my Manager, when and where needed. Very supportive when discussing events and I receive valuable and informative ideas to help maintain the wellbeing of our residents. The Manager is always available and very approachable to raise concerns, issues and to ask a question. Always makes the time when appropriate, easy and comfortable to talk to.”

When Libby who has managed Archers Court for one year, was asked what attracted her to the role of Care Home Manager she said; “Having managed more than one home with different capacities and care needs developing my skills in different areas of care, I was ready for a new challenge. Following reading up on Orchard Care Homes it was evident this was a forward thinking company who not only focused on the care needs of the residents but also supported its staff to develop their skills and knowledge to enable high quality person centred compassionate care. As I am passionate about the vocation I adopt, this was an opportunity to build on my knowledge and skills and as a good leader drive success to become the outstanding home of choice in Sunderland.”





She went on to tell us what she enjoys about the role; “As a passionate Home Manager/Registered General Nurse I like to think I make a difference to the resident’s experience, building a network within the Sunderland area and the development of the staff team I lead. If I achieve this on a daily basis, I know I have carried out my role to the best of my ability and can walk away with a smile.”

The Manager expanded on this, telling us that she is in the building from 7.15am until around 6pm and likes to be a very visual Manager, she is on the floors several times per day ensuring the safety of the residents and the building.

The Deputy Manager who has worked at the home for 13 months informed on what attracted her to the role; “Having worked as a Senior/Team Leader, I felt my personality and work ethic would suit the role. I also wanted to further my development.” She added that she enjoys supporting the Manager in the daily running of the home, looking after residents and being part of a team.

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 and an AGREE rating for staff skills.

When asked what they thought about staff at the home, the majority of residents gave positive responses, comments included;

“The staff are good, nothing is too much bother.”

“They’re not here long and then they leave.”

“They’re very helpful, there’s no trouble.”

The Healthwatch Team asked residents if the staff have the time to stop and chat with them. The majority of residents stated that staff do have the time to chat. Comments included;

“Yes, it’s nice in here, the staff chat to me.”

“Sometimes if they are not too busy.”

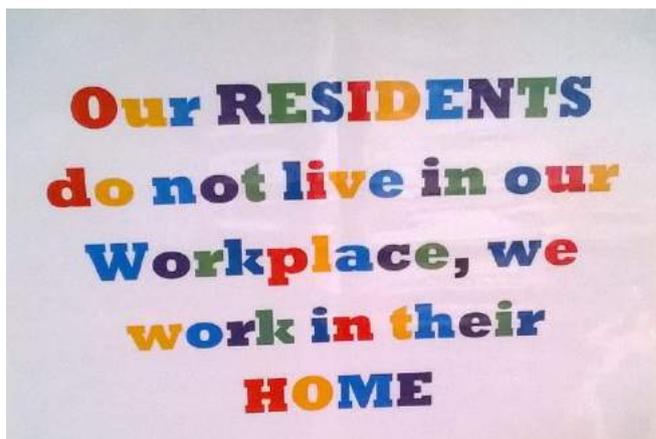
“They come in to talk, they ask me to go out on visits or into the day room, but I don’t want to.”

“They haven’t got time, sometimes you don’t see anyone.”

“They’re always very helpful and will chat with me.”

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

“Yes, the staff are great on the first floor.”



“There seems to be a shortage of staff and I feel that they don’t have time to give enough care. My relative asks for help and is quite often told in ten minutes and then no one comes.”

“Yes, I know quite a few of them as my mother and I are local. They have time to take her to the shops.”

“On occasions over staff meal breaks, the cover is very thin on the ground and they are stretched. But other than that my relative is well cared for.”

“The staff have been excellent with my mum. Very pleasant and always helpful. Although my mum cannot communicate well since her stroke, she always has a smile for all the staff that she comes across.”

The Healthwatch Team asked relatives if they feel staff at the home have the necessary skills to care for their family member, they gave mixed responses including;

“Yes, they get antibiotics into Aunt when an infection occurs.”

“I do feel staff have all the skills needed to care for my mam, watching them as they help with her needs.”

“Some have and some of the younger Carers do not have the skills to care properly.”

“As my mum requires partial nursing care, the staff approach Mum with the utmost kindness. Their experience of handling residents like mum shines through. The Sister (Nursing) has an open door approach and is always open to discuss my mums’ condition.”

“Cannot fault the staff. They are very busy all the time due to too few staff, they cannot be everywhere and incidents keep happening.”

The Healthwatch Team observed as staff interacted with residents with warmth and professionalism. Staff also appeared to be used to dealing with visitors to the home. We were shown around the home by the Manager who explained that every effort is being made to get the home up to an outstanding level. We also watched as staff used British Sign Language with one gentleman. They explained that they are undertaking training around this.

When asked if they feel they have enough time to care for the residents, the majority of staff who completed the survey agreed that they do. Other staff comments included;



“Yes, time is not an issue in the home as it is 24 hour care, so all care needs can be met.”

“Yes, some days can be more demanding than others.”

“Although the home is busy and there’s always a lot to do, I spend as much time as I can with residents.”

All staff members told us that they have opportunities to develop their skills by undertaking National Vocational Qualifications (NVQ) apprenticeships, e-learning training courses and by taking on new duties within the home.

Staff went on to tell us what they enjoy about their jobs, which included;

“Making the residents smile, meeting their needs and going that extra mile for them.”



“Various clinical skills and working with palliative residents.”

“I like to keep the home clean and tidy.”

“I get pleasure from listening to residents stories from the past, helping them to keep their independence and supporting their choices.”

When the Management Team were asked how they ensure staff have enough time and skills to care for residents, the Manager commented; “Within Archers Court, staff complete and update mandatory and statutory training. Where applicable staff have NVQs in the area they work. If there is an area of care which requires development this is sourced and encouraged with all staff. We

also carry out observed practices to ensure staff are knowledgeable and have the appropriate skill to carry out their role.”

The Manager added how she ensures staff have enough time to care for residents, saying; “Within Orchard Care Homes, staffing is based on a dependency tool, which calculates staffing based on the dependency of the residents. Change in needs is updated when required, however, also monitored on a weekly basis to ensure correct staffing at the time. This enables me to be proactive and flexible to the needs of the occupancy. Staff also have a role to ensure that any changes in need are cascaded and to have good time management, to ensure the needs of both the service and resident are at the forefront.”



The Deputy Manager said; “I encourage staff to take out tasks they are not sure of and if they lack knowledge in areas I guide them and teach them how. I ensure staff have enough time by organising roles and tasks to the staff. I ensure time management is monitored as staff have the time to care.”



Indicator 3 - Good knowledge of each resident and changing needs

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

The Healthwatch team AGREE this was met.

When asked do staff know your personality, likes and dislikes, resident respondents gave positive responses, including;

“Yes they do, my clothes are in the wardrobe and I can select what I want.”

“They bring my meals, my glass of milk, a cup of tea and biscuits. They always look in on me.”

“They have a survey and write things down, I can have help in the morning to dress and get ready.”

When relatives were asked if the staff know their relative’s life history, personality and health and care needs well, relatives gave mixed responses. Comments included;

“Quite a bit, but they don’t have the time to get to know them well.”

“My relative has been here for nearly a year and the staff were very quick to pick up on her moods etc.”

“Yes, they know Mam, they know what makes her tick and know her personality.”



“I think some of the older carers know my aunt, but the younger ones do not have the empathy with other people that comes with experience.”

“The staff seem to be part of the family. They have time to talk to Mum about her favourite foods and try their best to accommodate her needs. As Mum has limited communication to talk about her past, the staff talk to me and my sister to find out more about Mum.”

When asked if staff at the home notice and respond to changes in their relatives needs and if they are informed of any changes, most relative respondents agreed that staff do notice and respond and inform of any changes. One relative answered no to this question and went on to say that they don't, even though they have asked to be kept informed. Comments included;

“Sometimes, they let me know of any changes by talking to me.”

“I think as my mum is recovering from a stroke they are constantly monitoring her changes in appetite and comfort. Over the past few weeks we have noticed changes in room layout and her menu for the day etc. They inform me of changes during my regular day to day visits.”

“Staff are quick to respond if there are any changes to be made, I am informed by telephone.”

“They respond very quickly, it is normally a water infection so I am informed about antibiotics.”

Staff and the Management Team informed us that they get to know new residents when they first come into the home by speaking with residents and their families at pre admission, through life history stories, by updating care plans, at meetings between the Manager and staff, at flash meetings and at staff handovers.

The Healthwatch Team then asked how information about a resident's likes/dislikes and their health and care needs are updated as they change. Staff and the Management Team informed that communication about changes in a resident's condition is essential and it is everyone's responsibility to share concerns. They added that this is carried out at daily meetings and at each handover after every shift. They also informed that they have hand held devices to access care plans and update changes as and when needed.



Indicator 4 - A varied programme of activities

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

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

When asked about activities provided at the home, several residents said they like to play bingo, other responses included;

“There are lots of activities to choose from.”

“I just join in, I like to do things.”

“They ask me but I don’t want to join in as I am in a lot of pain and take pain killers.”

When asked about activities outside of the home, resident respondents gave the following comments;

“We go to Shields and the Glass Centre, different people are picked for this. We went to the church I got married in recently.”

“Depends on the weather. I walk with a frame so I can’t go far.”

“Trips to Penshaw Monument where I went with my mam - good memories.”

The Healthwatch Team asked residents if it is easy to join in with activities, all respondents agreed that it is and gave the following comments;

“Yes, it’s very easy to join in with activities.”

“Yes, I am asked if I want to do any.”

“Yes, they bring activities to us.”





When asked if they would like to use the garden, all but one resident (who did not answer this question) agreed that they do use the garden, weather permitting. Comments included;

“Yes, it’s got a good view of the children playing in the school.”

“I use the garden when it’s nice.”

“Yes, I do we’ve done some planting and flower arranging, I had a big garden at home.”

The Healthwatch Team asked residents if they are able to enjoy any hobbies or interests that they undertook before moving into the home, responses included;

“I’ve had to adjust to life as it is now, I used to ice skate.”

“Not as much now because of my mobility issues.”

“I enjoy looking at the garden but not working in it!”

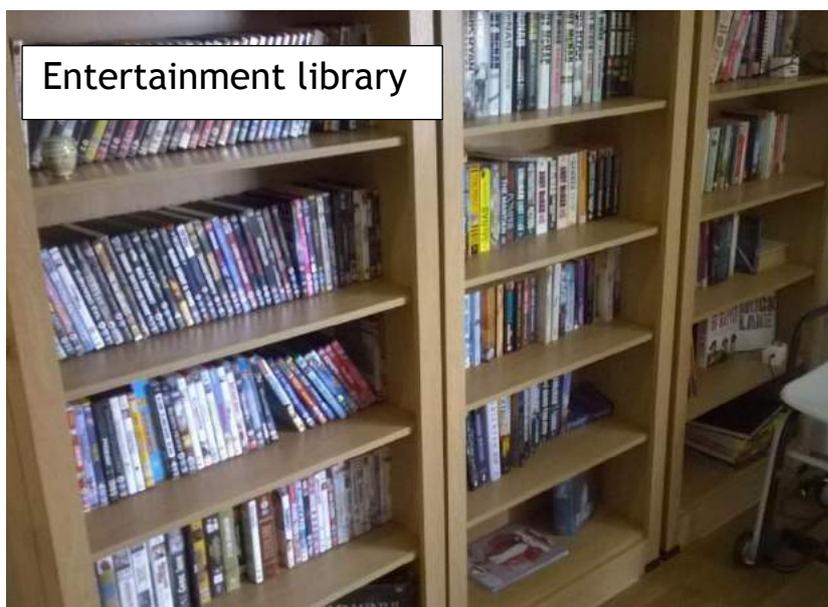
When the Healthwatch Team asked relatives what they think about activities available to residents both inside and outside the home, the majority of relatives whose family members participate in activities agreed that there are a good range at Archers Court. One relative stated that the Activities Coordinator does not get the help she needs to take residents out. Comments included;

“My mam does not join in with activities as she is blind and very frail, she cannot stand on her own.”

“There are a large number of activities offered both internally and externally. Unfortunately Mam is a loner and does not (as yet) take up these activities. The staff are aware of this and understand her requirements.

“The home have made a video of my mam dancing with the Manager. She could not walk when she moved into Archers Court, she has definitely picked up. They treat her right.”

“Exceptional.”



When asked what encouragement is given to their relative to take part in activities, relatives gave the following comments;

“Asked regularly to engage with activities and trips out but could only go if a family member could meet him at the place they are visiting. The home won’t allow relatives or friends to travel on



the mini bus, even though there are always spare seats.” The Manager explained that residents are given priority and that the home tries to ensure that as many residents as possible attend trips out into the community.

“Staff still try to encourage Mam but she is just too frail”

“The activities group headed by Julie constantly visit mum to offer the opportunity to join in the activities. Up to now this has not been taken up by mum, but Julie does not give up.”

“My mam is encouraged to dance, she goes out to Penshaw and to have coffee.”

“My mam is always asked but due to not seeing or hearing properly she finds it difficult.”

When asked if residents continue to enjoy any previous pursuits, the majority of relative respondents stated that due to their individual capacity they do not.
Comments Included;

“Sometimes, with help.”

“No, my aunt cannot see properly and her hearing is poor so her life has changed completely.”

“My relative used to read a lot but cannot concentrate now.”

The Healthwatch Team asked about activities that are available for residents both inside and outside of the home, the Management Team, Activities Coordinator and staff listed numerous and varied activities, including; quizzes, board games, arts and crafts, picture games, bingo, armchair exercises, singing, movies, cake decorating, entertainers, reading groups, group discussions, visits from schoolchildren and local community clubs and pamper sessions and gardening weather permitting.

Outside activities include, Oomph (a company which will take residents to organised destinations), wellness bus trips to museums, parks and art centres, walks, gardening, lunch in the community, visits to local schools, coffee morning at the local church and visits to the sister home. Family members are invited along in order to accommodate as many residents as we can. Visits made recently have been to the Glass Centre, Herrington Park and South Shields beach. The Activities Coordinator added that she also takes various games to play outside when the weather is good.

When asked how residents are encouraged and assisted to take part in activities, the Activities Coordinator and staff explained that residents are reminded of activities about to start, encouraged to take part or just to watch. An explanation of each activity is given and residents are assisted along to communal areas if necessary.

When asked, how they ensure that residents have the opportunity to continue to take part in their hobbies and interests they had prior to coming into the home, the Management Team and Activities Coordinator stated that hobbies are documented on pre assessment and in their care plan. Also by listening to residents interests and hobbies and providing support around those areas, by giving



one to one support where needed and by providing group activities in which other residents will participate. Residents are offered and encouraged to take part in the service activities which staff have worked with to determine likes and dislikes and trying new activities. They added that they use group activities to assist in keeping residents active while at the same time combating loneliness, which has a positive impact on the person's life. All activities are relayed to residents to ensure they have the chance to attend.

They went on to say that activities are tailored to meet resident's religious and cultural needs by the local church making a monthly visit to the home.

The Activities Coordinator explained what provision is made for those who either cannot or do not wish to take part in group activities, saying; "I make time to provide one to one sessions with these residents in their room, by either reading to those who are visually impaired or social chatting. I also offer choices of games to play and always ask what they would like to do, even if it is just reminiscing and looking at old photographs."

She went on to say that they make activities interesting as it is hoped it will encourage residents to join in or staff ask if they would like to just watch. She commented that this often works.

The Healthwatch Team watched as a resident was undertaking a one to one reminiscence session using a virtual reality headset to view local landmarks and family events. The resident in question seemed to be enjoying the experience.





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

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

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

When the Healthwatch Team asked residents about the quality and choice of food at Archers Court, residents gave mixed responses, including;

“I am picky. They ask what I would like to eat but I don’t always like it.”

“The vegetables are hard, I like it mashed or softer. I get soup and sandwiches and a dinner later.”

“Food, nice variety, good choice. Breakfast is my main meal, I get a good breakfast here, and I have cornflakes, then sausage, bacon, poached egg and tomatoes. I take my meals in my room.”

“Alright, breakfast great, dinner not so good and there are two choices.”

The majority of resident respondents said that they eat their meals in the dining room, stating that this is a social time and that they enjoy the company.

When relative respondents were asked about quality of food at the home, the relatives gave mixed responses, comments included;

“I think the food is of good quality.”

“There is not much choice of food and the quality is poor.”

“The food choice is excellent. Mum is quite fussy but tends to eat everything that is offered. Just today the staff talked to my wife and myself about what Mum likes. They listed her likes and will try to fit them into future menus.”

“My relative is very pleased with the choice and quality. She is not a big eater, but if she requires it there is always extra.”

“Very poor, often took food in for Uncle and every Friday I took him fish and chips.”

“Food seems nice to me, it’s fresh and I could eat it.”

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

“I am not very confident about this.”



“I was not, due to dementia he would get confused with time and refuse meals, we often told them to put food in his room and he would eat it. Their response was they cannot force him to eat.”

“Staff have to feed Mam, making sure all food is mashed so she can eat it, she also gets plenty to drink. Staff are really good helping with this.”

“Staff constantly provide Mum with thickened liquid to increase her fluid intake. They often discuss what she has had to eat when we visit. I feel the full team have the best interests of my mum at heart.”

“Yes, she is a good eater, she used to need support to eat but not now. Her food is cut up by staff and she manages to eat it herself.”

When asked how the home ensures mealtimes are sociable, relatives gave mixed responses, including;

“I don’t know.”

“They are encouraged to mix in the dining room, she likes it now and the staff take her.”

“My aunt eats all food in her room, which is her choice.”

“Mam spends all of her time in her room, but staff see to her and keep a check.”

“There are two dining rooms, one on the ground floor and one on the first. There are regular times for meals where residents meet together. They also provide room service which suits my mum’s needs.”



IDDSI Food texture descriptions – information for staff	
<p>7 REGULAR</p> <p>7a Easy to chew</p> 	<ul style="list-style-type: none"> Foods should be soft and tender Food can be cut or separated easily with the side of a fork or spoon. Foods do not need to be cut or presented in any specific particle size.
<p>6 SOFT & BITE-SIZED</p> 	<ul style="list-style-type: none"> Soft enough to be mashed with a fork A knife is not required to cut the food Food is served in no larger than 1.5cm x 1.5cm pieces Soft, tender and moist throughout
<p>5 MINCED & MOIST</p> 	<ul style="list-style-type: none"> Can be eaten with a fork or spoon Can be scooped and shaped on a plate Soft and moist with no separate thin liquid Small lumps (less than 4mm) visible within food Lumps are soft and easy to squash
<p>4 PUREED</p> 	<ul style="list-style-type: none"> Usually eaten with a spoon Can be piped, layered or molded Cannot be poured Smooth with no lumps Not sticky
<p>3 LIQUIDISED</p> 	<ul style="list-style-type: none"> Smooth texture with no lumps or bits Can be poured Too thin to be piped or layered Cannot be eaten with a fork

Altered food guidelines

IDDSI Thickened Fluid Guidelines – information for staff	
<p>THIN</p> 	<ul style="list-style-type: none"> Flows like water Fast flow Can drink through any type of spout, cup or straw
<p>1 SLIGHTLY THICK</p> 	<ul style="list-style-type: none"> Thicker than water Flows through a straw, syringe or spout Similar to naturally thick fluids such as milkshake or mango juice
<p>2 MILDLY THICK</p> 	<ul style="list-style-type: none"> Flows quickly off a spoon Sippable Can be drunk through a straw with some effort Can be drunk from a cup Runs easily through a fork Leaves a thin coat on the back of a spoon Texture resembles syrup from tinned fruit or evaporated milk
<p>3 MODERATELY THICK</p> 	<ul style="list-style-type: none"> Can be drunk from a cup Cannot be drunk through a straw Drips through a fork in dollops Leaves a thick coat on the back of a spoon Texture resembles standard yoghurt
<p>4 EXTREMELY THICK</p> 	<ul style="list-style-type: none"> Taken with a spoon Not possible to sip from a cup Cannot be drunk through a straw Sits on a fork Holds together well Texture resembles mousse or jam Falls off a spoon in a single spoonful when tilted Would hold its shape on a plate

Pictures from Resource Thicken Up! Clear App

The Manager informed that all staff carry cards in their pockets as a reminder, kitchen staff have a board which highlights the same (as above) All staff have training around The International Dysphagia Diet Standardisation Initiative (IDDSI) (This is a global standard with terminology and definitions to describe texture modified foods and thickened liquids used for individuals with dysphagia of all ages, in all care settings, and for all cultures).

“They encourage as many of the residents to go to the dining room if they can.”

The Healthwatch Team observed that good quality refreshments were being served, the dining room is small and allows residents to interact if they wish. There was good evidence of display boards giving information about food choices and guidance for staff on the levels of food consistency for each resident’s needs.

The Healthwatch Team asked staff about the quality and choice of food on offer at Archers Court, all staff agreed that the quality of food at the home is good, one staff member stated that there is not a lot of choice. Comments included;

“Meals are prepared with high quality ingredients and an interesting range of meals are served.”

“There is a large range of different menus and residents are also asked if there is anything they would like to see added to the menu.”



“Good choice, we have asked residents for other suggestions although they are happy with current choices.”

When asked how residents are able to eat and drink at mealtimes as well as outside of mealtimes, staff and the Management Team stated that this is accomplished by using protected mealtimes and ensuring that residents are given as much time and assistance as they need during meals. They added that they are also offer refreshments, biscuits and snacks between mealtimes and there are coffee machines on both floors, satellite kitchens in the dining rooms and in the lounges there is juice and pop. Comments included;

“By taking residents to the dining room as this will encourage them to eat and drink with other residents and there are two choices of meals. Outside of mealtimes snacks and drinks are offered according to residents tastes.”

“Staff are proactive at encouraging all to access the dining area where possible. They are good at documenting diet. Snacks and biscuits are readily available in communal areas.”

The Healthwatch Team asked staff and the Management Team about resident’s choice of where and how they eat and drink, they informed that residents can choose from eating in the dining rooms, communal areas and bedrooms. Comments included;

“Residents may prefer to have their meals in private in their own room, although we encourage them to eat together but we respect their choices.”

“As long as it is safe the residents have every choice.”

“The residents are free to have their meals and drinks wherever they want. If a resident needs help with eating a Carer is always available.”

When asked what ways are mealtimes made sociable, staff and the Management Team stated that this is accomplished by facilitating a pleasant and relaxed environment, showing enthusiasm whilst serving meals, sitting residents with their friends, encouraging residents to try new and different foods and by playing ambient music in the back ground.

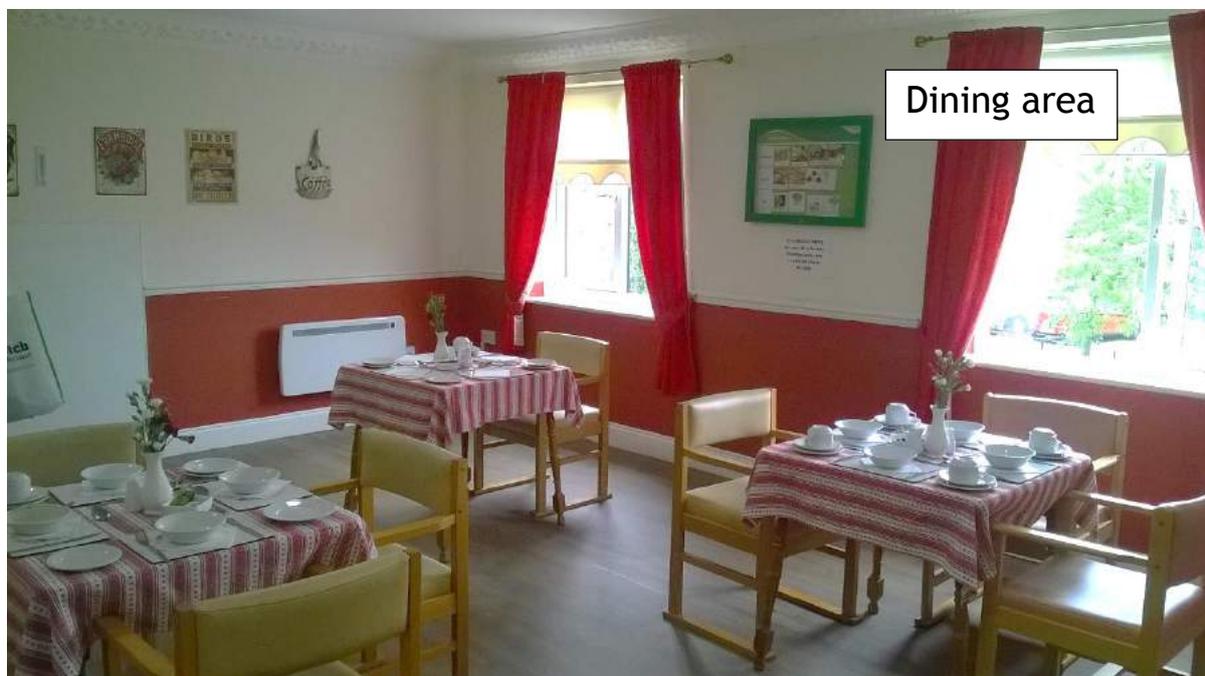
The Management Team were asked how they ensure high standards of quality and choice of food. They stated that food testing is carried out to ensure it remains at a high quality. Archers Court also have a yearly inspection, which currently carries a five star rating. If a resident is not happy with something, this is looked into and addressed immediately. They added Cooks are trained in high quality standards and altered diets. Menus are chosen by the residents and they are asked their preferences as part of the ‘Resident of the Day’.

When asked what choices do residents have about what and when they eat and drink. The Management Team said that all residents are offered two choices for meals, consisting of a hot and cold meal and pudding including a healthy option. However if this is not to the residents liking alternatives are accommodated. Hot



drinks of tea and coffee and cold drinks such as different flavour juices are also offered.

The Healthwatch Team observed staff serving late breakfast to residents in their room, there was a jug of water and glasses in all residents rooms.



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.

When asked about regular access to Dentists, Opticians, Chiropodists, Audiologists and other health professionals, all resident respondents agreed that they have regular access to health professionals when needed. When asked about GP or hospital appointments, residents gave the following comments;

“Just tell the staff and they sort it, GP comes out.”

“Staff keep a check on my health.”

The relatives who responded to the survey were asked by the Healthwatch Team about the access to a range of healthcare professionals available at the home for their family. They gave the following comments;

“We tried to see these.”

“GPs, Opticians and Chiropodists visit my mother. She will not wear her false teeth, she needs to see the Dentist about this.”



During the Healthwatch visit we advised the relative to speak with the Manager regarding her Mother's dental needs.

“Since Mam arrived at Archers Court she has seen the following - all organised by the home; a Dentist, Chiropodists and Speech professionals, to improve her verbal communications.”

“Excellent. The home has arranged for a GP to call out, plus 24/7 Team and Chiropodists etc.”

“My mam has access to Nurses as her legs and arm are dressed twice a week, this is ongoing. GP when needed, also Chiropodist - everything she needs.”

When asked about access to health professionals the Manager, Deputy Manager and staff members who completed the survey told the Healthwatch Team that health professionals regularly visit the home. Comments included;

“We have a regular Dentist linked to the home, a regular Chiropodist who knows our residents. We use Vision Care at Home for all of our residents to have their eyes checked 12 monthly, or if there are any issues. Our District Nurse Team, also come in when needed alongside the Care Home Nursing Team who visit on a weekly basis.”

“All professionals attend the home for visits, they liaise with staff and visits are documented.”

“Residents receive visits from Social Workers, Podiatrists and Speech and Language Therapists.”

“Residents are able to see a health professional promptly, just as they would if living in their own home. Appointments are made in the same way.”

The Manager went on to list health care professionals who visit the home, including; GP, Care Home Nurses, Palliative Care Nurses, District Nursing Team, Continuing Healthcare Nurses, Social Workers, Best Interest Assessors, Section 12 Doctors, Chiropodists, Podiatry, Tissue Viability Nurses, Warfarin Nurses, Cardiology Nurses, the Mental Health Team, Dentists and Opticians.

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

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

When the Healthwatch Team asked residents if their culture and lifestyle needs are respected at the home, what the laundry service is like and if they can access a Hairdresser. Comments included;



“I receive my own clothes back from the laundry. I have just had hair done and a girl comes from church every month.”

“I am not religious but not against it. I am able to have a shave myself.”

“There is a monthly visit from St Chad’s Church and I get my hair and nails done regularly.”

“No specific lifestyle, religious or cultural needs and my family do my hair.”

When asked about specific personal, cultural or lifestyle needs and if these needs are met within the home, the majority of relatives stated that their family member does not have specific needs and gave the following comments;

“I am sure they would be more than flexible if specific needs were required.”

“If so, the home would accommodate this.”

“No, my mam is a Catholic but not practising.”

When asked, all relative respondents agreed that a hairdresser makes weekly visits to the home and gave the following comments;

“Excellent, once a week.”

“This is organised weekly in the home, which Mum really looks forward to.”

“Residents have their hair done every Tuesday.”

The Healthwatch Team observed positive, friendly and caring interactions between the Hairdresser and residents. The Hairdresser was accompanying residents whom had their hair styled into the lounge area and was chatting with them on the way.

When asked about the laundry system at the home, two family members advised that they do their relatives laundry and others who responded to the survey informed their relatives makes use of the homes service. Relative’s comments included;

“Laundry staff are very good, laundry is always brought back and placed in her drawers neatly.”

“Very good, I just have to make sure everything is named.”

“Mostly fine, odd occasion something goes missing - but this is no big deal.”

“I do the washing, this is my choice.”

The majority of relative respondents agreed that their relative is always, clean and appropriately dressed. Comments included;

“My family member is usually clean and appropriately dressed”.

“My relative had the same toothbrush and toothpaste for nine months as they did not encourage him to clean his teeth”.

“Mam is always clean. Staff make sure of this every day.”



“Yes, but needs help from staff.”

“Yes, Mam likes her clothes to be colour coordinated.”

When asked how residents’ religious and cultural needs are met at Archers Court, Management and staff respondents stated that they arrange visits from church members as requested, the Hairdresser visits on a weekly basis and on special occasions, residents are accompanied to church outings and there is a monthly church service at the home. Comments included;

“Archers Court is set up to meet residents cultural, religious and lifestyle needs, as well as their care needs and doesn’t make people feel uncomfortable if they are different or do things differently than other residents.”

“The home caters for these needs by asking questions and logging everything in care plans to let not only Carers, but kitchen staff know.”

The Manager and Deputy Manager were asked how the home finds out and caters to residents cultural, religious and lifestyle needs, they stated that this is accessed on admission to the home. Needs are acted on where required. They stated that currently they have visits from the local church where residents attend and also offer religious needs in end of life. All of this information is cascaded and uploaded to staff devices.

They went on to give an example of how these needs have been accommodated, saying; “We had a lady living here who was a Jehovah’s Witness, she did not celebrate Christmas. At Christmas time we set out a separate dining area for her to enjoy her meals.”

Indicator 8 - An open environment where feedback is actively sought and used

The indicator states that there should be a mechanism in place for residents and relatives to influence what happens in the home, such as a residents and relatives committee. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

The Healthwatch team AGREE this was met.

When asked if management or staff ask what they think about the home and if they are happy at Archers Court, the majority of residents stated that staff do ask and that they are happy. Comments included;

“They ask if everything is OK all of the time.”

“Yes, staff keep asking me how I am.”

“Meetings happen for residents and family. I used to have more friends here, but they are gone now.”

When asked if there was anything that needed to be changed at the home and if so who would they tell about this, residents comments included;



“No, its fine, I am quite happy here, nothing to change. I could not manage at home and they are looking after me.”

“I don’t know really, maybe a new Chef? The vegetables might improve.”

“Sometimes the bells are not answered quickly enough.”

When asked, what would you do if you needed to make a complaint about the home, residents stated that they would inform staff or the Manager. Comments included;

“I have a strong mind, if I need to complain I will ask for the Manager - I am bad tempered.”

“I would just go to see Libby (The Manager) not that I have had any complaints.”

“I would go to the main office, the girl there is very nice.”

The majority of relative respondents gave positive responses when asked if they feel a welcome participant in the life of the home, one relative did not agree that this was the case. Comments included;

“Yes, they keep me informed, I can be as involved as I want to be.”

“We are informed of all meetings.”

“No.”

The majority of relatives gave positive responses when asked how they or their family member can have a say in how the home is run, one relative stated that they were not sure about this. Comments included;

“Meetings for residents and their family are regularly held with management. I also just speak with the Manager and staff.

“The Manager and staff are always willing to listen to feedback. Where necessary any proposals are actioned.”

“We can attend residents and relatives meetings, the Manager asks how I feel about the home, I cannot fault it.”

“Been to two residents meetings and was not allowed to discuss problems or issues.”

The majority of relative respondents stated that they would speak to the Manager, Nurse, staff or go to the office to make a complaint about the home. The majority also feel confident to do so and stated that it would be acted upon appropriately. One relative said they are not sure of how to make a complaint and would not be happy to make a complaint. Comments included;

“Made several complaints, even to the Head Office but things barely change, don’t think they are dealt with appropriately.”



“My first line of contact would be the Nursing Sister or Libby (The Manager). I feel confident to make a complaint, I would have no issues or concerns about doing so.”

“You can make a complaint to staff or go into the office and have a word, yes I feel confident.”

“I would ask to see the Manager, I would be confident to do so but not sure it would be acted upon.”

When the Healthwatch Team asked staff how residents and their family and friends can have a say in how the home is run, they stated that this is accomplished by the Manager having an open door policy, hosting of a Management Clinic, issuing regular surveys and holding regular residents and relatives meetings.

When asked to give an example of how a resident or family member has influenced how the home is run, staff members commented;

“Family involvement is important for elderly residents in long term care and can be very effective to the resident settling into their new home.”

“By making suggestions for menus and where to visit on outings.”

“By a family member providing items of interest to talk about and reminisce, for example, a tin of old buttons, pictures of food and items that could be found in the kitchen. This generated a lot of conversation around remembering these items.”

The Management Team added residents relatives can also make use of the ‘You Say We Did’ board which is visible in the entrance to the home. All feedback collected is then used to help the formation of action plans and is shared at team and governance meetings.

The Activities Coordinator informed that activities are regularly evaluated through the use of questionnaires which helps to ensure residents enjoy them. She added that regular resident and family meetings are also held to support their wellbeing.

Staff and the Management Team informed that staff have a say on how the home is run by speaking to management at any time, completing staff surveys offering suggestions at daily meetings or monthly meetings and by being part of a team of great care staff which fundamentally helps in the running of a great care 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.

On entering Archers Court the Healthwatch Team observed that the home appeared welcoming and smelling fresh.

When asked about living conditions at the home and is it kept clean and tidy, all residents agreed that this is so. Comments included;

“Yes my room is spotless.”

“They are in every day cleaning, I was at the hospital yesterday and when I came back my room was all clean and tidy.”

“Definitely.”

“Most of the time.”

When asked about the temperature at Archers Court, residents gave mixed responses, including;

“Sometimes it is a bit cool, but not very often.”

“Dry air, so I need a nasal spray sometimes.”

“Good temperature levels.”

“Fine, I just keep the window open as I don't like it too warm.”





When asked if the home is kept at a suitable temperature for their family, all relative respondents agreed that it is; Comments included;

“Always, plus each room has its own thermostat to adjust if required.”

“My mother likes it warm but it is too hot for me.”

“Yes, I do feel that the home is at a comfortable temperature.”

“Too hot.”

The majority of relatives agreed that the home is always hygienically clean and tidy and is well decorated and maintained. Comments included;

“7/10 for hygiene, cleanliness and tidiness and 8/10 regarding décor. The outside could do with attention. There are no ashtrays so fag ends are everywhere.”

“Always, staff are always seen cleaning and organising.”

“I think the home is very clean, with everything in its place and very hygienic. The home is maintained and decorated very well.”

“Yes, as I wander round it is always clean. Mums room is clean, and has plain walls and nice curtains.”

Relative respondents gave mixed responses when asked is the home dementia friendly, positive comments included;

“Yes, but I think it is in the other wing.”

“Yes, there is an alarm system in place.”

When the Management Team were asked how the home is made a dementia friendly environment, the Deputy Manager did not answer this question. The Manager commented; “Currently Archers Court is not registered for dementia care, however, for those residents with cognitive decline, time is taken to help them express their needs and wishes in a timely manner. We also encourage residents to join in all activities and respect the changing needs of the resident.”

The Management Team informed on how the home is kept at a comfortable temperature, saying, thermometers are checked in communal areas and in rooms twice each day and more often in hotter and cooler conditions to ensure optimum temperature.

Management went on to state how they ensure the building and its contents are well maintained, well decorated and kept hygienically clean throughout. They commented; “Daily walkabouts highlight any maintenance or decorative needs or anything that needs immediate attention. Daily flash meetings are used to encourage staff to highlight any issues they have come across. As part of ‘Resident of the Day’, the bedroom is scrutinised and deep cleaned, this also an opportunity for any issues to be raised and addressed. This helps to ensure the home is always hygienic and clean.”



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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