

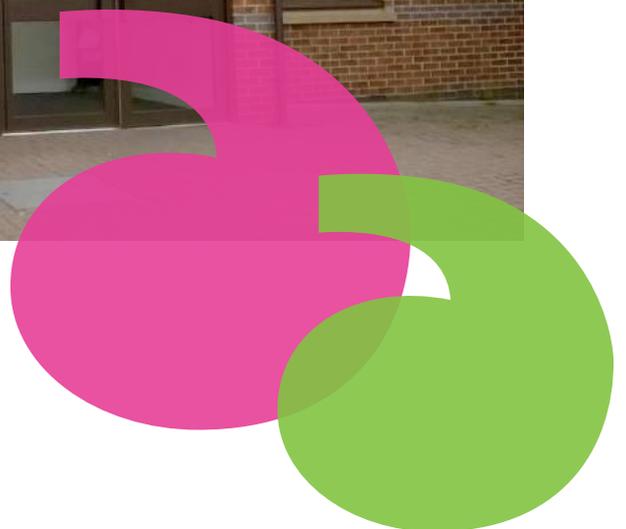


Care home life, what it's really like!

Lansbury Court Care Home



Date of Healthwatch Sunderland visit:
30th October 2019





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



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1. Introduction

What is Healthwatch Sunderland?

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

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

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



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

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





2. Background and rationale

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

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

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

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

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

The 9 indicators are:

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



3. Methodology

The ‘Care home life - What it’s really like!’ visit took place on the 30th October 2019 and was carried out by Healthwatch Sunderland staff and 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	 Agree
2.	Staff with time and skills to do their jobs	 Agree
3.	Good knowledge of each resident and their changing needs	 Agree
4.	A varied programme of activities	 Agree
5.	Quality, choice and flexibility around food and mealtimes	 Agree
6.	Regular access to health professionals	 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

Lansbury Court Care Home is a purpose built home, located at:

Parkhouse Avenue
Sunderland
SR5 3DF

Telephone: 0333 230 1306

Provider: Orchard Care Homes

Provider's Website: <http://bit.ly/36ZBUgs>

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

See the latest CQC inspection report here:

<https://www.cqc.org.uk/location/1-2883259313>

The home has the capacity to support 56 residents of any age under the categories of Dementia and Residential Care.

44 of the home's rooms have en-suite facilities and there are currently no double rooms to accommodate couples. Residents are able to bring in their own items to personalise their own rooms, as long as they meet British Safety Standards.

Requests to bring in pets to live with their owners at the home will be considered on an individual basis.

Residents can make use of the home's two large communal lounges, one smaller lounge, two dining rooms, one 50's style diner and an additional room which contains a bar. Communal areas of the home have access to a hearing loop system and internet access.

The home has enclosed secure gardens.

Lansbury Court employs two Activity Coordinators, one of whom works full time and another who works part time. They work over seven days a week, offering a range of activities to the residents.

The home operates protected mealtimes (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 include limiting visitors).

At the time of our visit there were 43 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch Team were only able to support three residents to fully complete the survey and a further three residents to partially complete the survey. The team received five staff (one Manager, one Deputy Manager, one Senior Care Assistant, two Care Assistants) and two relative surveys back. The Activity Coordinators at the home were supplied with surveys but did not complete them, so there may be gaps in the detail in some of the indicators.



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 AGREE this was met.

Only one of the residents who were supported to complete the Healthwatch survey was able to name the Manager of the home and tell us a little about her. They said; “She’s fine and comes in to see me if I need anything. I asked her about the food and she answered my questions and changes were made.”

The remaining residents were unable to respond to the questions about the Manager, this may have been due to their individual health and capacity.

The relatives who completed the survey knew the Manager of the home by name and described her as friendly and approachable.

All three care staff who completed the survey gave positive responses when asked about the support they get from their Manager. They said;

“I get full support from the Manager when required, her door is always open.”

“I always find Suzanne’s door open, no problems. She explains things and offers good support.”

“Suzanne is always there to support you. I feel like I can always go to my Manager with any issues and she tries to do the best she can for her staff. She is also friendly and approachable.”

When the staff were asked about their experience of speaking to the Manager when they need to ask a question or raise an issue, again all staff gave positive responses;

“She’s great and helps in any way she can.”

“Once again, the door is always open. Suzanne explains things and is open and honest.”

“Suzanne will always listen and try to help wherever way she can. Our Deputy Manager is also very good with staff and they make you feel you can go to them with any issues.”

The Manager of Lansbury Court has been in her current role for four and a half years and when asked what attracted her to her role said; “The ability to make a difference to people and improve service provision”.

She went on to tell us that she enjoys all aspects of her role; “I enjoy all aspects of the role, supporting residents and staff alike. Always striving to achieve outstanding.”



The Deputy Manager has been in her current role for seven years and when asked what attracted her to her role said; “To help people and provide the best care possible, I value resident’s dignity and privacy and make sure they have choice.”

She added that she enjoys all aspects of her role.



The entrance of the home

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.

When asked about the staff at the home, the majority of residents who the Healthwatch Team spoke to gave enthusiastic, positive responses, which included;

“They are marvellous, I have no complaints. The staff shower me in the morning.”

“There are some nice girls work here. When I wake up in the morning, they knock and come in to check on me, they always say good morning and ask if I would like a shower. I am well looked after and the girls are canny.”

“They are brilliant!”

“They are lovely and always think about me.”



The remaining resident gave a mixed response; “They are kind. The majority are good, but the odd one can be a bit awkward. They do try to accommodate.”

Two residents responded when asked if the staff have time to stop and chat to them. They said;

“Occasionally yes, when they have got all of their jobs done, but they are busy.”

“Yes, they do.”

When asked if they feel the staff at the home have enough time to care for their relative the relative respondents said;

“I find that there is always plenty of staff available on the occasions when I visit, which is regular and at different times of the day.”

“Yes, they make time for the residents.”

They were then asked if they feel the staff at the home have the appropriate skills to care for their relative and said;

“The staff are well trained and respond to the needs of the residents when required.”

“From what my relative has needed, they are very skilful.”

When the Care staff were asked if they always have the time to care for residents, they gave these mixed responses;

“Yes, unless we are short staffed.”

“Most of the time, but it just depends on what type of shift you have. Most days are different.”

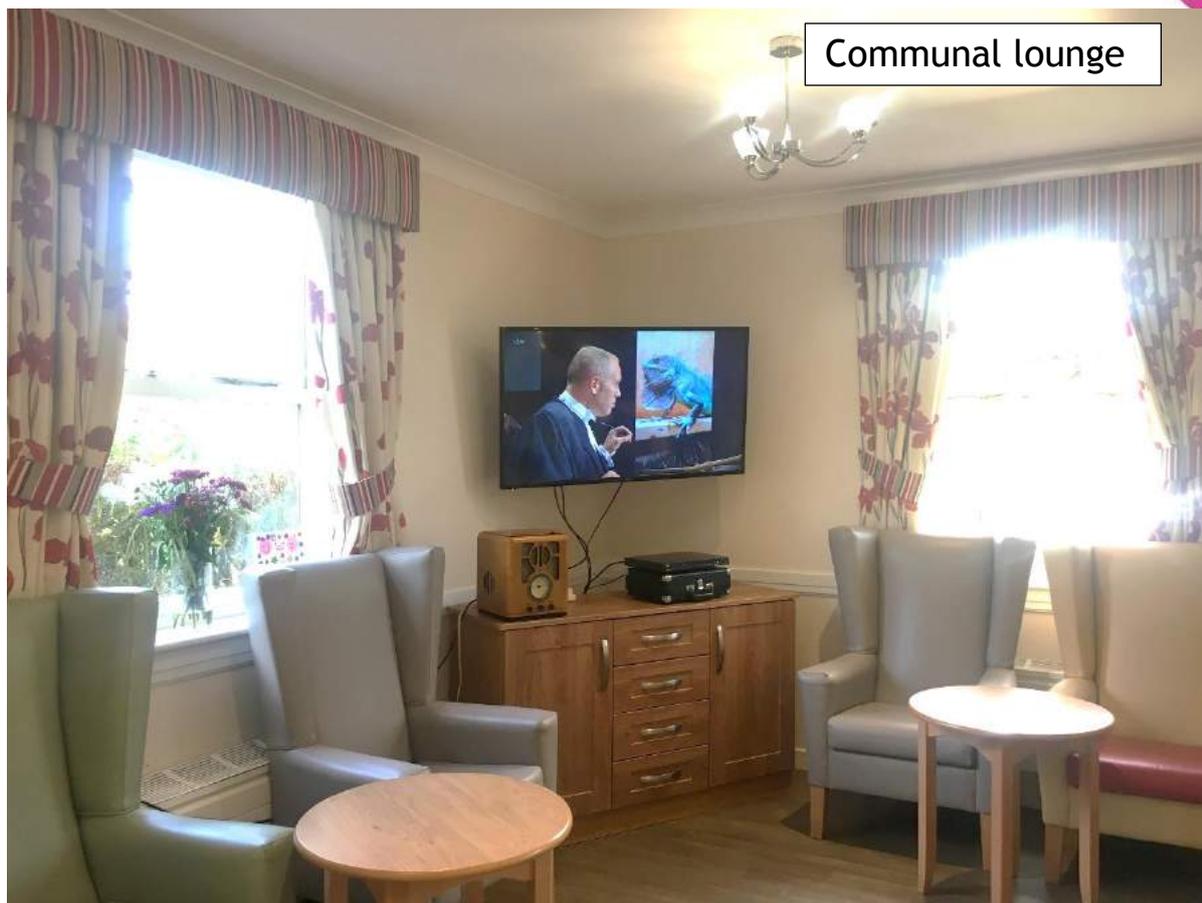
“We always have time for the residents.”

When the staff were asked if they are encouraged to continue to develop their skills and in what ways the staff responded saying;

“Yes, with training and National Vocational Qualifications (NVQs). Also, we get good advice from our Senior Carers.”

“I’ve done care work for 28 years, never having NVQ qualifications. Because of my age I thought it was too late when I started here at Lansbury Court, and now I find myself one month away from finishing my NVQ Level 2, with merit, I hope! I’ve enjoyed this year, because it has shown me what I can do and what I’m capable of, even at 54 years of age.”

“Yes, I would like to develop my skills. No conversations have taken place as yet.” (Been in post for 9 months).



During the Healthwatch visit the team were shown around the home by the Administrator, who had been in her post for six months. She was very knowledgeable about the home and its residents. She addressed all the residents we came across during our tour by name and passed the time of day with them. One of the team observed one staff member encouraging a resident to the dining room, where staff were getting ready for the lunchtime service.

When staff were asked what they enjoy about their jobs, one person didn't answer the question and their team members said;

“Everything.”

“I enjoy making someone smile and helping residents live independently throughout the home. I like to feel I've made a positive difference to someone's life.”

The Deputy Manager informed us that she ensures that staff have enough time to care for the residents by keeping their dependency tool up to date to ensure appropriate staffing levels at all times. She went on to say that since the introduction of electronic care planning this has reduced time taken making daily records and had given staff more time with residents. When asked the same question the Deputy Manager reiterated this response.

The Management Team added how they encourage staff to develop their skills;



“We are always looking at succession planning and developing our staff to enable them to have a career in care. We support and encourage staff to undertake training over and above what is required for their role and identify areas of development during supervision and appraisal.”

“By having a continuous training programme, there are positions available within the company and home to progress and staff can also progress to being a Champion.”

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.

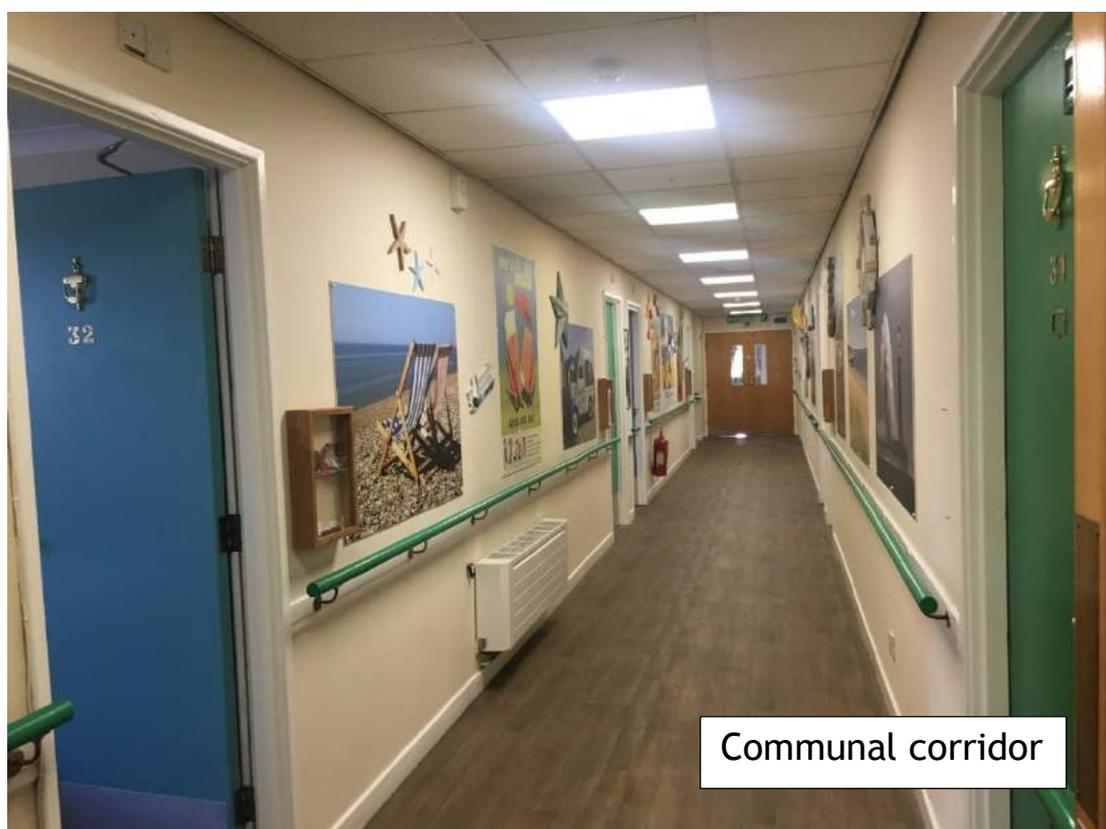
The Healthwatch team AGREE this was met.

Two of the residents were able to tell us that the staff know what they need, what they like and don’t like. Comments included; “Yes, they do. They know my sense of humour and notice if I’m not well.”

When asked if the staff at the home know their relatives life history, personality and health and care needs, relative respondents said;

“I think the staff are aware of what is required.”

“They are very knowledgeable with family and her life.”



Communal corridor



One of the relatives informed us that the home both notices and responds to changes in their relative's needs, the second respondent said; "My relative does not like change so I think it may be hard for staff to notice."

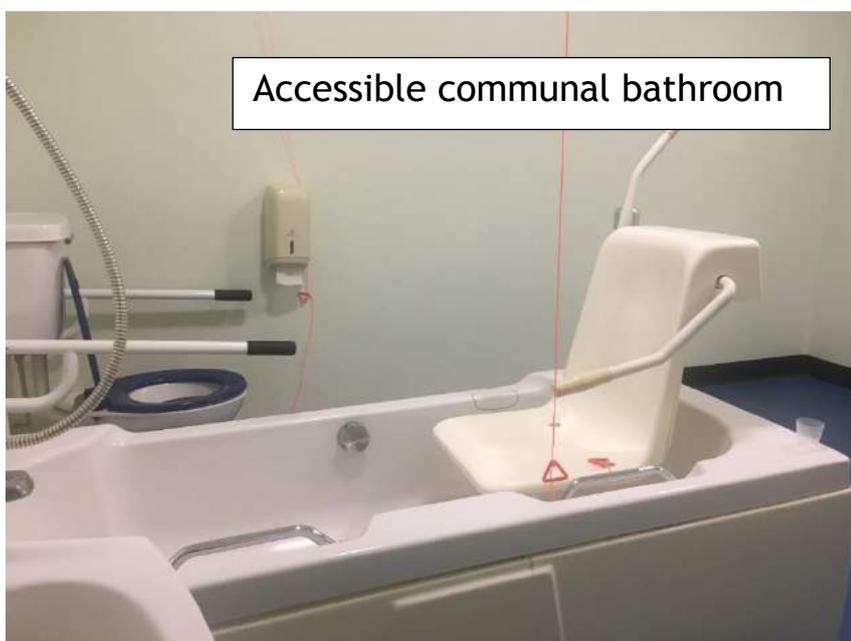
One relative added that they are notified of changes verbally, with the second relative stating that they have not been told of any changes.

When the staff were asked how they ensure that they and other members of their team get to know a resident's life history, personality and health and care needs when they first arrive at Lansbury Court, they stated that this is achieved by sitting with the resident and their family members, speaking to professionals who have been involved in the person's care, by speaking to their colleagues and by reading the persons care plan. The Manager added; "A detailed pre-admission assessment is undertaken and a detailed and person centred care plan is then developed."

The staff and the Deputy Manager told the Healthwatch Team that information about a resident's needs is updated after staff observe residents during mealtimes and completing personal care and by speaking to the residents. This information is then updated in the individual care plans, which staff have access to and staff are informed of any changes at handover meetings. The Manager added; "Information is gathered during pre-admission assessment and on admission. Our activities staff work on life histories and getting to know the residents and assisting them to form relationships with other residents.

Resident's needs are displayed on the hand held devices that the Carers use to record care, and changing needs are discussed during handovers and supervisions."

When asked how this information is updated as these change and passed on to staff, the Manager said; "Care plans are reviewed at least monthly or sooner if there is a change in needs. The information on the hand held devices is updated and information is shared with staff during handovers and supervisions."





Indicator 4 - A varied programme of activities

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

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

When asked about the activities available to them at the home, four residents were able to share that there are activities provided. Their comments included;

“When singers come in, we love it and all get up on the floor with them and have a dance. I also enjoy a game of bingo.”

“There are various activities here, but you’re not forced to join in.”

“I don’t go to the group activities. I’m not keen on the types of singers they get in. I like my own company. I have my own TV and can watch whatever I want and I enjoy doing art.”

Some of the resident respondents were aware that there are trips outside of the home, with one resident stating that they have been out a couple of times in their wheelchair. Another resident said; “I have been on one or two trips. They are nice.”

Three residents stated that the activities are easy to join in, with one person telling us; “I get a monthly leaflet. I am encouraged by the activity girls, but I like to be in my own room.” This resident proudly showed the Healthwatch Team a selection of the artwork they had completed and currently undertaking.





When residents were asked if they access the home's garden, one person said that they had been out a couple of times in their wheelchair, another said that one of their family members had spent time with them in the garden and a third resident stated that they have not been able to access the garden as the doors are always locked. Comments included; "I like to watch the birds from my bedroom window. There is a birdfeeder in the garden and my friend brings me bird seed, which the staff put into the feeder for me. I also keep a list of the birds which come to visit the feeder."

During the Healthwatch Team tour of the building we were shown out onto one of the home's gardens through an unlocked door leading from one of the communal lounge areas. Both of the home's gardens were secure, the ground was level, there was seating available both in the sun and a summer house was in situ which provided residents with shade.

When residents were asked about past hobbies and interests and if they still get the chance to enjoy them, one resident said that as they had always enjoyed outdoor pursuits but they are now unable to take part due to the decline in their physical health. The other resident who answered this question on the survey said; "I still do my artwork, I like to read and my son brings me in new books."

When asked about the activities available to their relative both inside and outside of the home, the relatives who responded to the survey said;



The bar

"I have not been involved with this very much, but activities are available."

"Very good."

They added that their relative is encouraged to participate in activities and past hobbies and interests as much as possible. One relative said; "If she wanted to I think they would help her."

The staff, Manager and her Deputy gave the following list of activities inside the home which are available to residents; monthly gentleman's club, knit and natter, monthly coffee mornings, themed days, arts and crafts, board games, reminiscence games/sessions, board/floor games, gardening, baking, bingo, movie



afternoons, pampering sessions, visits from external entertainers, hand therapy, quizzes, tuck shop and daily living skills e.g. cleaning, folding laundry, setting tables, helping with snack trolleys etc.

They went on to tell us the range of activities available outside the home; daily visits to the local shops, fortnightly outings on the Oomph bus to various places e.g. garden centres, bowling, shopping centres, coastal trips and trips to the local retail park (Oomph are a company who offer a range of outings and activities to the care sector).

The Deputy Manager explained that the home doesn't have its own bus to facilitate outings so uses Oomph as an alternative. The Manager reiterated this and added "We will also use taxis for additional trips outside for the fortnightly outing."

The staff and the Deputy Manager went on to explain that staff encourage residents to take part in the activities by explaining the activity to them, giving residents the choice of whether they wish to join in and by joining in with them. Comments included; "We help by dancing and singing along to the songs, ensuring participation takes place and no one is left out."

The Manager added; "Activities are adapted for those who want to take part to make the activity accessible. Residents are encouraged to join in with group activities and are offered someone to one time for activities if they choose not to, or are unable to participate."

The Deputy Manager added that residents are supported to undertake past hobbies and interests by having person centred activities and a Gentleman's Club.

The Manager told us; "We aim to plan our activities around resident's previous hobbies and interests. The activities staff engage with residents on a regular basis to discuss their past and to try and establish what they have liked to do in the past."





During the Healthwatch Team visit, although we did not witness an activity taking place, residents were preparing for their trip to a local Bowling Alley, where Sun FM were attending that afternoon to facilitate one of their competitions, which the residents and attending staff were excited about.

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.

All of the resident respondents indicated high levels of satisfaction when asked about the food at the home. Their comments included;

“I have no complaints about the food.”

“You get good food here. My favourite is the homemade soup, you get small sandwiches with it. If you want anything, it’s there for you. They set the dining room out nice, the tables have cloths on them and the cups and saucers always match.”

“Yes, the food is nice, but I haven’t been eating very well. I have a poor appetite.”

“We’ve had a few Chefs. I had a discussion with the Manager as I don’t like frozen vegetables and chips. After that things changed and we get proper chips, little boiled potatoes with the skins on and nice mash. I order my own fish and chips on a Friday, which are delivered to the home as I don’t like the fish they cook here.”

Residents went on to explain that there are always options at mealtimes and if there isn’t anything they like on the menu the staff will make alternatives, or they will make themselves a snack in their own room.

Some of the residents were able to tell us that they eat their meals in the home’s communal dining room, with one resident stating that they eat their meals in their own room, which is their personal preference.

The majority of residents were able to tell us that they enjoy mealtimes at the home and look forward to them. One resident said; “Yes, I do look forward to mealtimes. We have a chat and some good times.”

One of the relative respondents to the survey informed us that they feel the quality and choice of food at the home to be very good. The second relative responded to say that the quality and choice of food is getting better. Both relatives went on to say that they are confident that their relative is encouraged



to eat and drink as much as they require. When asked how they feel the home ensures that mealtimes are made a sociable occasion they said;

“They all sit down at mealtimes together to promote interaction.”

“Everyone is taken to the dining room to be together, if they want.”



When staff were asked about the quality and choice of food we received a mixed response;

“The food choice and quality is good, the residents enjoy it.”

“The food has improved now that we have a new Chef. There are more options and better presentation. The residents are eating more and enjoying the meals.”

“At the moment, not very good.”

The Management Team stated how they ensure the food at the home is of a high standard of quality and choice;

“Our menus are devised by our Head of Catering to ensure they are wholesome and nutritious. We adapt these menus as per our resident’s likes and preferences. We offer choice at each mealtime and there will always be alternatives to the main menu. We observe the dining experience on a regular basis and ask for feedback from residents about their meals.

As part of ‘Resident of the day’ the Chef will speak to the resident about their likes and preferences and will try to build these into the menus.



We complete monthly surveys, some of which are around the meals and mealtime experience and complete quarterly audits in the kitchen.”

“By having rolling menus and by asking residents what they like and dislike.”

The staff, Manager and her Deputy stated that they ensure the residents are able to eat and drink both inside and outside of mealtimes by offering assistance where necessary, ensuring the appropriate cutlery is available, by offering choice to the residents to ensure foods they like are available to them and snacks are available at all times. The Manager also added; “Although we would like to have snacks available for the residents to help themselves to throughout the day, we are unable to do so at present due to some residents having specialist diets.”

When asked what choices residents have about what and when they eat, the staff, the Manager and her Deputy informed us that residents can choose from two to three menu options at mealtimes and alternatives will be arranged if they don't want anything from the menu. Residents can eat and drink whenever they wish, if a resident doesn't want to eat at that particular time, staff will go back to them later to see if they are ready to have something. They went on to say that residents can make choices on how and where they eat and this can be in the communal dining room, their own room or in the communal lounge areas.

When the Lansbury Court Team were asked how mealtimes at the home are made sociable they said this is achieved by encouraging residents to eat in the communal dining rooms, where they can chat to other residents and staff, background music is played and they ensure no one is sitting alone. Comments included; “We play background music and have a dance and sing along with residents.”

When asked if the home has permanent drinks stations the Manager said; “We have in the past, but due to some residents requiring thickened fluids and other residents trying to offer these people unthickened drinks we are not able to have drink stations at present.”

During the Healthwatch Team visit we witnessed residents enjoying teas and coffees in the communal areas.





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.

The Healthwatch Team asked the residents they were supporting to complete the survey about healthcare professionals who visit them at the home. Some were able to indicate that they have had recent access to a range of healthcare professionals.

Another resident told the Healthwatch Team that they have had full access to healthcare professionals, but their family take them to visit these out in the community.

One resident said; “I am bedbound now and need to access the hospital Podiatry Service. The staff here contacted the hospital and they arranged a home visit for me.”

Residents also informed us that the Carers ensure they have access to a GP when required and if they have hospital appointments either the staff or their family members would escort them along to them.

One relative respondent informed the Healthwatch Team that their relative has access to all necessary healthcare professionals at all times. The second respondent said; “Staff try to call a GP out, but they don’t always come to visit. A Chiropodist is a regular visitor. Healthcare do attend when asked.”

All staff respondents told us that all healthcare appointments are dealt with by Senior Carers who request the necessary medical visitors to the home to see residents when they need them. Staff are available to welcome professionals into the home for their visits. Comments included; “Any changes in residents are documented into care plans and passed onto staff at the staff handover.”

When the Management Team were asked to tell us about visits from all health professionals such as GPs, Nurses, Dentists, Opticians, Audiologists, Chiropodists or other health care support mechanisms, they said;

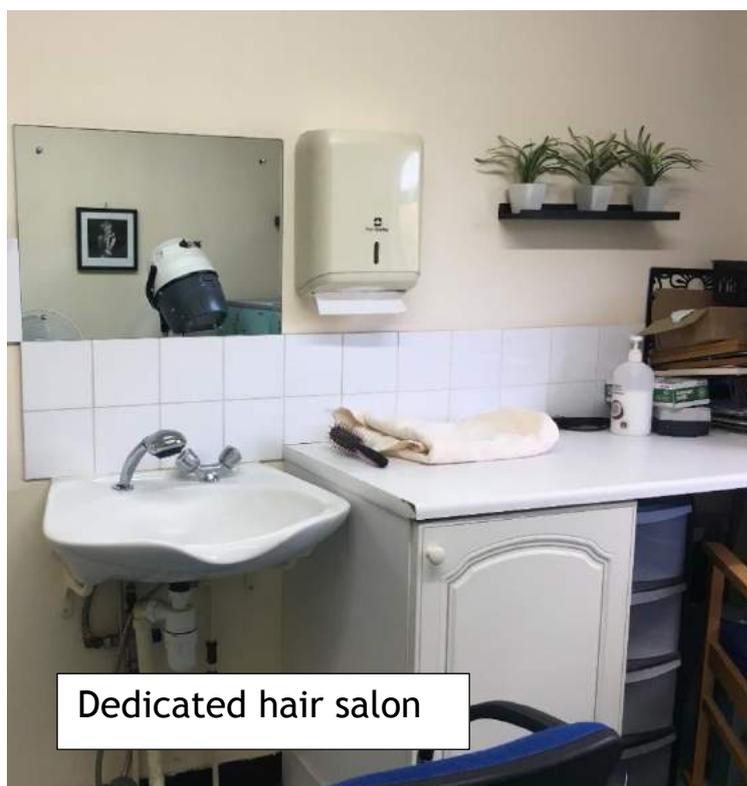
“We are part of the GP Alliance and have two weekly ward rounds. We tell all new admissions to the home about this service and if they are not already registered with our aligned GP they are given the option to do so. If a resident needs to see a GP in the meantime then this would be arranged. We have a Dentist who visits the home on request, an Optician that visits the home to do annual eye tests but will visit outside of these times if requested and a private Chiropodist that visits the home on a six weekly basis. Other professionals visit when requested such as Physiotherapists, Speech and Language Therapists, Dieticians and Occupational Therapists.”



“We have fortnightly Multi Disciplinary Team (MDT) meetings to discuss residents and Dentist and Chiropodists visit upon request. We also make referrals to Audiology.”

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 speaking about their cultural, religious and lifestyle needs, one resident told us that they get a visitor from their Church, but not as often as they would like, which is due to the capacity of the Church. Another person said; “I’m not religious, but whatever I want they would try to do it for me.”

One resident stated that one of the Carers washes and trims their hair for them as they prefer this to using the home’s Hairdresser. Whilst some of the other residents told us that the home’s visiting Hairdresser cuts and styles their hair and that they are happy with this

service. One resident added; “I just have to say I need my hair doing and the Hairdresser comes to get me, keeps my hair tidy and she is not expensive. She is very nice.”

Those residents who answered the question about the laundry service, spoke positively and gave the following responses;

“There is never a mark on my bed, they change these straight away. They have nice quilts to keep me warm.”

“I always get my own things back from the laundry. My nighties are always clean and fresh.”

Both relatives who completed the Healthwatch survey stated that their relative has no specific lifestyle, religious or cultural needs. They were both aware that



there are weekly visits to the home by a Hairdresser to offer their relatives the option of having their hair cut or styled.

When asked about the laundry system at the home and if the laundry staff are good at getting their relative's clothing back to them, they said;

"I have not been involved much. I will have to get more involved."

"Fairly good. Could be better, but not everyone has their name on their clothes."

The relatives added that their relatives are always clean and appropriately dressed.

The Management Team were asked how the home finds out about and caters to residents' cultural, religious and lifestyle needs, they said;

"This is discussed during pre-admission assessment to identify if there are any specific requirements. We would then take the necessary steps to cater for these needs."

"This is detailed in pre-admission with the resident and their family."

The Manager gave the following example of how the home accommodates these needs; "We have a resident who is a Jehovah's Witness, and although she has a dementia and does not remember this, the staff make sure that she is always dressed in trousers (as she would only ever wear a skirt when attending their meetings), she doesn't believe in gifts at Christmas so we will arrange to give her something (not wrapped as a gift) a few days before the festivities.

The Deputy Manager went on to say that there are visits to Church available for those residents who wish to attend.

Two staff members were able to give us the following examples of how these needs are accommodated by the home;

"The home has a resident who is a Jehovah's Witness. We dress them as they wish, to follow their religion."

"We have an individual with cultural needs. Certain needs that the individual wishes are met, such as covering certain parts of their body."

The Management Team informed us that there are weekly visits from a Hairdresser, although some residents prefer to retain the hairdresser that they have used in the community.

When asked how she ensures the laundry staff get the residents own clothing back to them after the laundering process the Manager said;

"We encourage family members to make sure all clothes are labelled when brought into the home. We have a cupboard where no named clothing is placed so that residents and visitors can check if they have anything missing that hasn't been labelled. Our Laundry Assistant also checks resident's drawers and wardrobes as part of 'Resident of the day' to ensure everything is correct."



The Management Team explained what mechanisms are in place to ensure residents are always clean and appropriately dressed;

“Care plans determine which residents require assistance with personal care and this is added as planned care to alert the staff when a resident is needing support. Residents are encouraged to change their clothes if they are not clean and are assisted to do so if needed. We have some residents who don’t like to change their clothes or put them in the laundry so night staff remove clothes during the night, launder them and return them to the rooms. The presentation of residents is monitored by all staff and management throughout the day.”

“There are spot checks by management and planned care.”



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

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

The Healthwatch team AGREE this was met.

When asked if they get asked if they are happy at the home, residents who responded to this question gave a mixed response. Two residents stated that they have never been asked and another resident said that the staff ask them on a regular basis. They went on to tell us that they are happy living at Lansbury Court. Comments included;

“I am happy here, I am a happy person.”

“They know by what I say that I am happy here.”

“Yes, I am happy. I am not the kind of person who loves it here, but I was falling at home, so need to be looked after.”

None of the resident respondents identified anything about the home which they would like to change.



When asked what they would do if they ever felt they needed to make a complaint about the home, residents who responded gave the following comments;

“I would speak to the boss and have done on a couple of occasions.”

“I would speak to the staff.”

“I would speak to the person concerned who was working on that particular thing and I think they would sort it out.”

“I would ask the girls if I could see the Manager and I would tell her.”

Both relatives who responded to our survey stated that they feel a welcome participant in the life of Lansbury Court and they and their relative can have a say on how the home is run by speaking to the staff, the Manager or attending regular meetings.

When asked how they would make a complaint about the home if they ever needed to the relatives said;

“I hope I don’t need to, but I would contact Orchard Care Homes (Provider) or Sunderland City Council.”

“Firstly I would go to the home’s Manager and then the area office.”

They both added that they would feel confident to make a complaint and that it would be acted upon appropriately.

When the staff, Manager and her Deputy were asked in which ways the residents and their families can have a say on how the home is run, one staff member did not answer this question on the survey. The others explained that they can attend Resident and Family Meetings, speak to the Manager or her Deputy or complete a ‘Have your say’ leaflet. None of the staff respondents could give an example of how a resident or a family member has influenced how the home is run. The Manager added; “We complete monthly surveys and analyse the feedback and use this to improve service in that area. Feedback and suggestions can be given at Resident and Relative Meetings and also through discussions as part of ‘Resident of the day’.

“I operate an open door policy and all residents and relatives know they are welcome to come and speak to me at any time with any concerns, ideas or suggestions.”

The Management Team informed the Healthwatch Team how they make use of feedback and complaints from residents or their families;

“We look at whether there are lessons to be learnt or systems/processes to be changed and share this with the staff team during our Clinical Governance Meetings.”

“By having a ‘You said - We did’ board and offering feedback at Resident and Relative meetings.”



When staff respondents were asked how they can have a say on how the home is run, we received a mixed response. Here are the staff comments;

“I don’t.”

“Staff address what way the floor runs and what needs people have to the Senior Carers or Managers, this lets them run the Planned Care System better.”

“Staff address how the floor is run and take back to the Senior Carers any problems with the residents.”

The Deputy Manager informed us that staff can have a say on how the home is run by attending staff meetings or during their supervision sessions. The Manager said; “Through supervisions, during staff meetings, through annual surveys. Again I operate an open door policy and the staff know they are always welcome to bring any suggestions. We also do a ‘Staff member of the day’ where I have a discussion with the staff member.”

Wall art is present in all the home’s corridors



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, some were able to tell us that this is. Comments included;

“There are a few cleaners here and it is always clean and smells nice.”

“Yes, the staff clean the corridors at night and I see the cleaners during the day working. I sometimes get a smell from the corridor coming into my room, but I have my own air freshener which I can ask the Carers to use.”



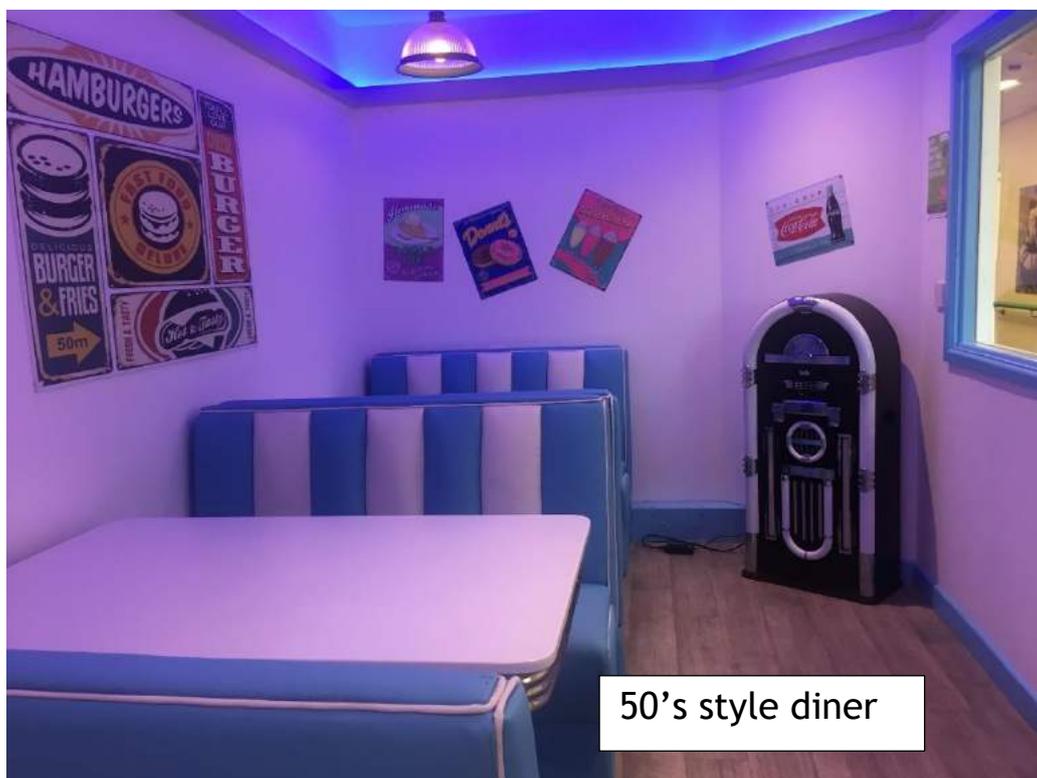
When asked if the home is always at a suitable temperature for them, residents who responded to this question stated that they are happy with the temperature which can be controlled by opening windows, requesting extra blankets or by wearing warmer clothing.

The relative respondents stated that they always find the home to be at a comfortable temperature for residents and that it is hygienically clean and tidy, well decorated and well maintained. One relative agreed that the home is a dementia friendly environment, the second did not answer this question on the survey.

The Manager stated that she ensures that the home is at a comfortable temperature for residents by monitoring temperatures during walk arounds. All rooms have individual thermostats on their radiators so can be adjusted to the resident's preference. Any issues with heating is reported immediately to the Support Centre and actioned normally the same day.

When asked how she ensures the building and its contents are well maintained and decorated throughout she said; "We have contracts in place with external contractors to perform mandatory testing on equipment. We have a Maintenance Operative who completes any maintenance tasks that are required and he also completes a monthly compliance report for the whole building.

I do daily walk arounds and any areas requiring attention are reported through our e-maintenance system and either the Regional Decorator or our Maintenance Operative will complete the task.



50's style diner



We also hold daily flash meetings with heads of department so if anyone has identified any maintenance issues these are reported at this meeting.”

She went on to say that she ensures the home is always hygienic and clean by employing a team of Housekeepers, two on duty every day to keep the home clean and tidy. Again the Managers walk around will identify any issues and these will be passed on to the Housekeepers to address. Night staff also have light cleaning duties to ensure the home remains clean and hygienic 24/7 and quarterly Infection Control Audits are completed and actions identified, these are then dealt with appropriately.

When asked how Lansbury Court is made a dementia friendly environment, the Deputy Manager and the staff respondents stated that this is done by the use of good lighting, safe flooring, having a clutter free environment, the use of photo/memory boxes outside of resident’s rooms, appropriate pictures on display, the use of coloured plates and cups and having different coloured doors for different rooms, such as the toilets and shower rooms. They added that this is also achieved by having appropriate activities available, such as reminiscence sessions.

The Manager said; “We have memory boxes outside of bedrooms that are filled with items that create memories for our residents, this assists them in being able to find their bedroom and also offers a talking point for staff to engage with the residents.

The corridors are themed and have lots of various pictures that are designed to instigate memories to talk about their past lives.

We have themed areas, including a 50’s style diner and a room that is decorated like a Vaux’s bar.

The corridors offer lots of space for residents to be able to walk around without getting into each other’s space too much.”

During our visit to the home, the Healthwatch Team noted that the home appeared to be clean and tidy, although there was an unpleasant odour throughout. One of the main lounge areas contained numerous wheelchairs and appliances stored behind the chairs that residents were sitting in to watch TV and chat.



Dementia friendly signage



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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