



Care Home Life - What it's really like!

The Croft Care Home



Date of Healthwatch visit:
27th February 2020





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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 27th February 2020 and was carried out by Healthwatch Sunderland staff and volunteers who are trained so that they can effectively capture the resident’s experience.

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

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

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

4. Findings - Summary

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

Here is the key which shows the indicator scores



Strongly disagree



Disagree



Neutral



Agree



Strongly agree

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



Findings

The Croft Care Home is a converted domestic residence located at:

Ettrick Grove
High Barnes
Sunderland
SR4 8QE

Telephone: 0191 528 4668

Provider: Clovely Care Ltd.

Provider's Website: <http://croftcarehome.co.uk>

See the latest CQC inspection report here:

<https://www.cqc.org.uk/location/1-108935568>

The Croft Care Home provides support for people aged 65 and over who require residential care and residential Enduring Mental Ill-health (EMI). The home has capacity to support up to 33 people in en-suite accommodation. Two of the rooms can accommodate two people sharing. Residents are welcome to bring their own belongings to the home and to decorate their room as they wish.

There are three communal lounges at the home and an accessible garden for residents use.

The internet and a loop system are available to residents should they require this.

Residents have had pet cats living with them at the home, with no restrictions so far. Each individual pet is risk assessed and supported.

There are four Activities Coordinators, working 45 hours per week between them, working to provide activities seven days per week including weekends and evenings.

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

At the time of our visit there were 33 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. The team received five staff surveys. (One from the Manager, two Carers, one Senior Carer, one Activities Coordinator) and six relative and friend 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 STRONGLY AGREE this was met

When asked who the Manager of the home is, some of the residents supported to complete the survey at The Croft had difficulty identifying the Manager, but this may have been due to their own individual health or capacity. One resident stated that she knew the Manager by sight, but did not know her name, she added that she thinks the Manager is great. Only one resident knew the Manager by name and said that she is very good.



Relatives and a friend who responded to the survey knew the Manager of the home by name and when asked to tell us a little bit about her, they gave the following comments;

“Kathryn is a lovely lady, always smiling. She has an open door policy. She is often seen talking to relatives as well as residents.”

“The Manager is approachable, polite and caring.”

“She is very caring, wants the best and is always at work.”

“The Manager is friendly, helpful and attentive.”

“Kathryn is a very friendly approachable person, always happy to help and very reassuring.”

All staff who undertook the Healthwatch survey gave very positive responses when asked about support they receive from their Manager. Comments included;

“Very supportive, wants to make work a good place to be.”



“Always listens and wants to know how everyone is.”

“Able to discuss any concerns, shows empathy and will help.”

“Very supportive, I have been able to approach management with any questions I have had. They have put me through two days training which I have found very useful.”

Staff went on to tell us about their experiences of talking to the Manager when they want to ask a question or raise an issue. Their comments included;

“She makes time and will check that I am happy with the answer.”

“Always makes time and wants to make work a good place.”

“It can be busy but she always makes time.”

“If I have ever been unsure about anything I have always been able to speak to Kathryn, be it in person or via email and I have always had prompt and helpful answers.”

The Manager who has been in this role for 10 years said; “I am both the Manager and owner, I purchased the business to try and give the best possible home and care to people who need it. To do our best for the most vulnerable.”

When asked what she enjoys about her role she said; “Caring, making a difference, doing our very best to make someone feel settled and content.”

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 AGREE this was met.

Resident respondents at The Croft gave positive responses when asked what they think about staff at the home and if they have time to talk with residents.

Comments included;

“I like them all, they do have time stop and chat.”

“They are good, they make the time to chat.”

“They are very good in the main and yes they talk to you and answer your questions if they can.”

When relatives and a friend were asked if staff have the time they need to care for their relative and friend, respondents gave mixed comments, including;

“Most of the time.”

“It depends on the situation, sometimes no. Staffing is very good and very friendly.”

“Yes, they know my mams’ likes and dislikes.”



“Yes, staff are always present in communal areas.”

“I have every confidence in all members of staff. But I do think they always seem to be understaffed.”

“Yes, they spend plenty of time chatting with my mam.”

All relatives and a friend who responded agreed that staff have the skills to care for their relatives. Comments included;

“Yes, if I have any questions they can always answer them.”

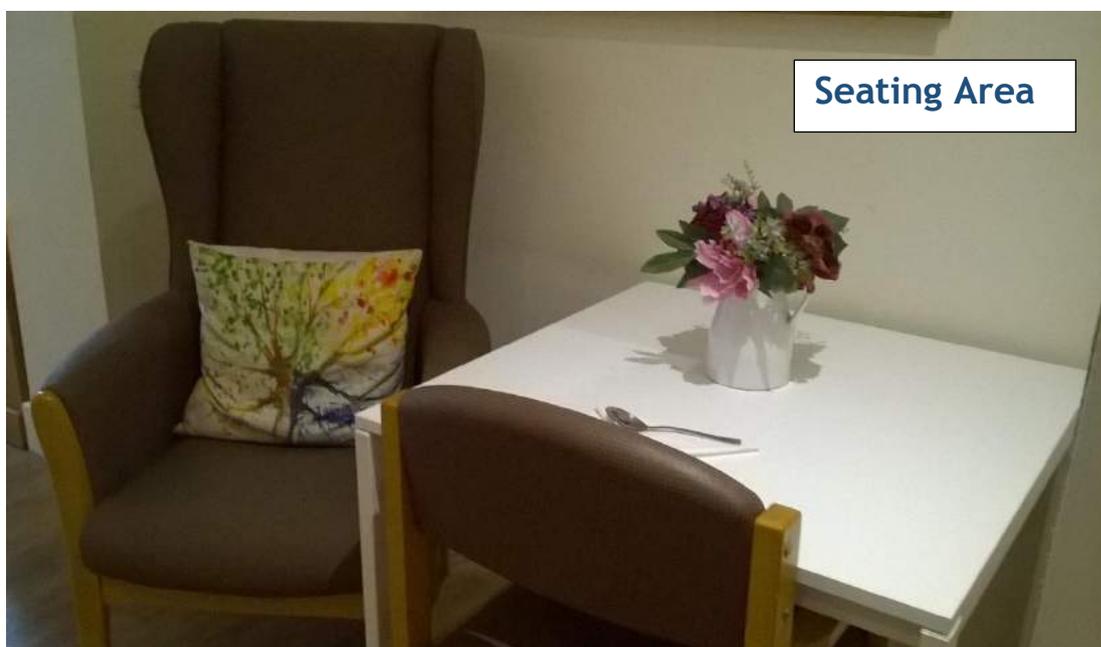
“Yes, they seem to have the relevant skills, they always know what they are doing.”

“Yes, I know they have regular training days. My mother has complex needs. She always gets the best of care, even when she is occasionally unpleasant towards them.”

“Yes, all staff are very knowledgeable, they appear to have the skills and training necessary.”

The Healthwatch Team observed staff interactions with residents, staff were helpful and supportive throughout.

All care staff who completed the survey agreed that they do have enough time to care for residents, one told the Healthwatch Team that it can be busy and different situations can put things on hold but overall yes there is enough time.



The Activities Coordinator, who has only worked at The Croft for five weeks said; “Yes, I am given ample time to set up and I have enough time to provide an activity or a one to one time with residents. I have ample time at the end of the session for paperwork too.”



All staff who completed the survey agreed that they are encouraged to continue to develop their skills by being offered ongoing training, being supported to upskill and by being offered the opportunity to shadow staff members.

The following comments were received when we asked staff what they enjoy about their jobs;

“I like helping people.”

“It’s a small home, we know everyone and it’s like family.”

“Being part of a team and making a difference to the residents and their families.”

“It’s a lovely place to work with a pleasant atmosphere. Staff are incredibly friendly and supportive. I have already bonded with the residents and enjoy coming to work.”

The Manager was asked about ways in which staff are encouraged staff to develop their skills, she said that this is accomplished through an ongoing training programme, in house training, an open door policy and clear communication. When asked how she ensures staff have enough time to care for residents, she said; “We use a Dependency Tool which is completed monthly to allow us to identify changing needs and to not only look after the residents but the staff also.”

Indicator 3 - Good knowledge of each resident and changing needs

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

The Healthwatch team STRONGLY AGREE this was met.

When residents were asked if the staff know what they need and what they like and don’t like, including what they like to wear, where they prefer to eat a meal and what time they like to get up on a morning, most of the residents supported to complete the survey agreed that staff know them well. Their comments included;

“There are three dining rooms, I go where I’m directed.”

“I pick my own clothes and use the same dining room.”

“I’m not quite sure, but I do get myself dressed.”

When relative respondents and a friend were asked if staff at the home know their relatives’ life history, personality and health and care needs well, they agreed that they do, comments included;

“Very well, they always chat to her about her family and her old job. They notice and respond to any changes and let me know at meetings.”

“They know my relative very well and yes they do notice and respond to changes, they inform me over the telephone or at meetings.”



“Very good, Mams’ file is informative, staff notice and respond very quickly and I am informed of any changes by telephone.”

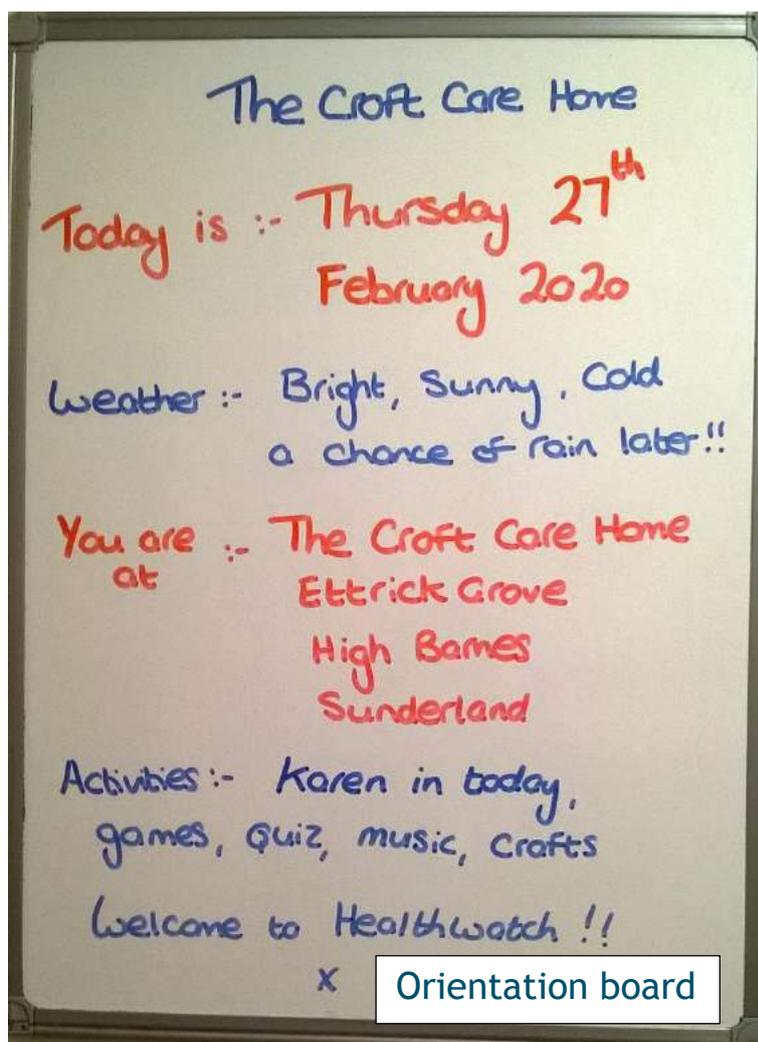
“They ask me about Mams’ life, we all chat, they respond to any changes very quickly and tell me face to face or over the telephone.”

“They phone me or have a word with me when I visit.”

“Very well, if any changes occur a meeting is quickly arranged to discuss.”

The Manager and staff members who completed the survey informed the Healthwatch Team how they get to know new residents’ life history, personality and healthcare needs when they first arrive at The Croft. Staff explained that this is accomplished through the use of care plans, at handovers, by reading relevant information when a resident moves in, by talking with the residents, their family and other staff members.

The Manager said; “Prior to admission we ask for documentation to be completed that is then passed on to staff to read, taking time to get to know residents likes and dislikes.”



The Manager and staff informed on how changes to residents likes, dislikes, health and care needs are updated and passed onto staff, they said that this is accomplished by holding a minimum of monthly updates to care plans, ongoing discussion about residents daily at handovers between staff to ensure all are aware of changes. Also by using the ‘See me, support me’ document which staff must read, update and identify any changes at staff handovers.



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 activities at the home, resident respondents agreed that there are activities available to them at The Croft, their comments included;

“I go to quizzes, I sometimes just sit and listen.”

“I do drawing and sketching.”

One resident explained; “We have been making jewellery boxes with the Activities Coordinator.” She then proudly pointed out the jewellery box that she had made.

The Healthwatch Team observed as the Activities Coordinator was supporting residents to assemble meringue nests, fruit and cream, which they appeared to enjoy making and eating.



When asked about any hobbies or interests they enjoy, one resident respondent told the Healthwatch Team that he likes to watch sport on the television and another said that she likes to draw and sketch. Another resident pointed out the crafts they had been enjoying which were in pride of place on the mantelpiece. The remaining resident did not answer this question.

When asked about trips out or spending time in the garden at The Croft, one resident said that they go out on trips in the summer and also go out with their family.

Another resident stated that they had been out twice in ten months adding; “I would like to see my son and to go out with him.”



Two residents said they like to spend time in the garden when the weather is warm enough, with another stating that they would like to sit in the garden.

Two resident respondents agreed that they are informed of available activities, as they are on the notice board and staff tell them what is happening each day. One resident did not answer this part of the survey.

When the Healthwatch Team asked relatives and a friend what they think about activities available to residents both inside and outside the home all respondents agreed that there is a good range of activities inside the home, with mixed responses regarding outside activities. All respondents agreed that residents are encouraged to participate when they are able. Comments included;

“Inside activities are really good, something on at different times and always trying new things. Lunch Club is lovely and trips out to shops etc. Staff spend time with my mam doing things that she can manage.”

“Very good indoor activities, very little outside activities, my relative is asked on a daily basis.”

“One hundred percent better, new Activities Coordinators (Emma and Darryl) are very good new additions. Don’t know about outside activities, Mam used to participate but her condition has deteriorated. She does have her nails manicured.”

“Good range of activities both inside and outside, my friend is often encouraged to interact.”

“I don’t always feel they are appropriate or stretch the ability of the individuals. Outside activities are non-existent as far as I am aware. She is asked if she wants to join in and never pressed when she declines.”

Since the Healthwatch visit the Manager informed us; “We offer a very wide range of activities, all of which are documented in the residents journals and activities board, outside activities very much depend on weather and the willingness of residents wanting to take part, there is a fine line between encouraging and upsetting, if the visitor has noted this when they are present we are very aware that when residents have visitors they prefer to be with their loved ones to enjoy time with them.”

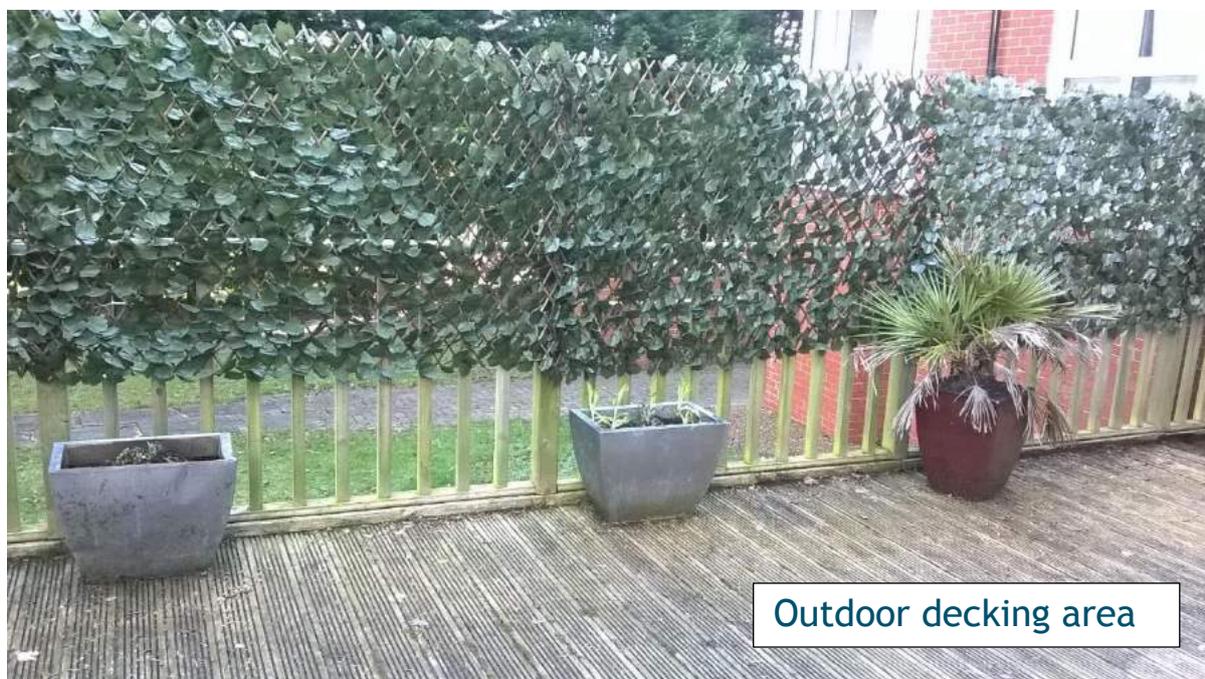
“Very good range of activities, inside activities all residents seem to enjoy them. Outside activities very good, a variety of choices that are regularly available.”

The majority of relatives and a friend who took part in the survey agreed that residents are supported to continue with any hobbies saying that family and friends are asked how residents spent their time when they lived in their own home. Relatives said that residents make bread and cakes, also dogs and ponies visit the home. One respondent stated that her relative has an activities journal to record



all of her favourite things. The remaining relative did not respond to this part of the survey. Comments received included;

“Pets do visit, my mother does not own a pet but enjoys seeing the dogs that visit. A brain injury means that hobbies etc. are no longer an option.”



“Lots of different activities are offered on a one to one or group basis. I have informed activities staff of what Mam liked to do before she was unwell. Activities staff have added new activities that my mam used to enjoy after me telling them this was the case.”

The Manager was asked about activities available for residents inside and outside the home, she told us that The Croft employs four Activity Coordinators working 45 hours a week between them, working seven days a week, including evenings and weekends.

The Manager, Activities Coordinator and staff informed on activities available to residents both inside and outside of the home, stating that residents attend a lunch club if they wish, quizzes, board games, arts and crafts, music therapy, life history, one to one time, films, TV, colouring, group chats and daily news. There are trips out shopping, to gardens, the beach, the pub, to nearby parks and coffee shops with staff, adding that the home uses taxis as a mode of transport for trips.

When asked how residents are encouraged and assisted so they can take part in activities, The Manager said; “We follow the resident’s ability, so if they require one to one support for an activity they will be given the right staffing to help them to take part.”

The Activities Coordinator and staff stated that this is accomplished by encouraging residents on a daily basis to join in with activities and assisting when



needed, for example by cutting up food, supporting with ingredients and guidance throughout an activity to ensure residents get the correct level of support. Staff also offer support to the Activities Coordinator.

The Manager went on to tell us about ways in which residents are supported to continue with any hobbies or interests they used to enjoy before coming into the home, in order to promote their wellbeing and independence. She said; “Pre admission tells us what they used to do, and when possible we will help them to maintain this activity depending on their ability. Gardening is always a positive one, along with crafts and music and sport for the gentleman.”

When asked about provision for those who cannot or do not wish to take part in group activities, the Activities Coordinator replied; “We give these residents one to one time, where we will have a chat, perhaps offer hand massage or do a crossword.”

She explained ways in which residents have the opportunity to take part in hobbies and interests whilst promoting their wellbeing and independence. She said; “By asking what they enjoy and by providing activities in line with that, whilst also ensuring it is safe, for example, no scissors lying around and cutting any food items to prevent choking.” She went on to tell how residents individual needs are met when delivering activities, saying; “By assisting and guiding those that need help whilst encouraging those who can participate independently. By following the residents lead and by paying close attention to what they want/need, one to one time is important in achieving this.”

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

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

The Healthwatch team AGREE this was met

When asked about quality and choice of food at The Croft, resident respondents gave positive comments, including;

“I enjoy the food. There is some choice but you can ask for an alternative if you wish.”

“It’s great food and yes I can ask for an alternative.”

“Good, I enjoy it. I am enjoying a cup of tea, meringue and fruit.”





Residents explained that they eat in the dining room or anywhere they wish and that it is their choice to do so. Comments included;

“I have an allocated seat, I make my own way there, and you are put with people with similar abilities. I enjoy my food.”

“I enjoy mealtimes and I sit next to people I can talk to.”

“I look forward to mealtimes and I try to speak to the people I sit with, if they will talk to me.”

When asked if food and drinks are available in between meals all resident respondents agreed that they are, saying there is a regular drinks trolley and biscuits are also available.

The Healthwatch Team observed as the refreshment trolley was making its way around the home, tea, coffee, juice and a choice of biscuits was served to residents. Staff were courteous, friendly and seemed to know each resident well, addressing them by name.

The relatives and a friend who responded to the survey gave mixed responses when asked about the quality and choice of food on offer, comments included;

“From what we see, very tasty, the menu is displayed.”

“Good - good range of food and always plenty of choice.”

“It’s OK.”

“Very good, I’ve tried it a few times and it was tasty. There are always multiple options for residents each day.”

“The meals seem good, but I wish that when it is time for a cup of tea an alternative to biscuits was offered, for example pieces of fruit.”

Since the Healthwatch visit the Manager informed us; “Fresh smoothies containing fruit and yoghurt are prepared daily and the option of fruit is also a regular feature on the daily menu. These are offered at different times so some visitors may not see these options.”

“It’s very up and down, sometimes not the best and cold.”

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

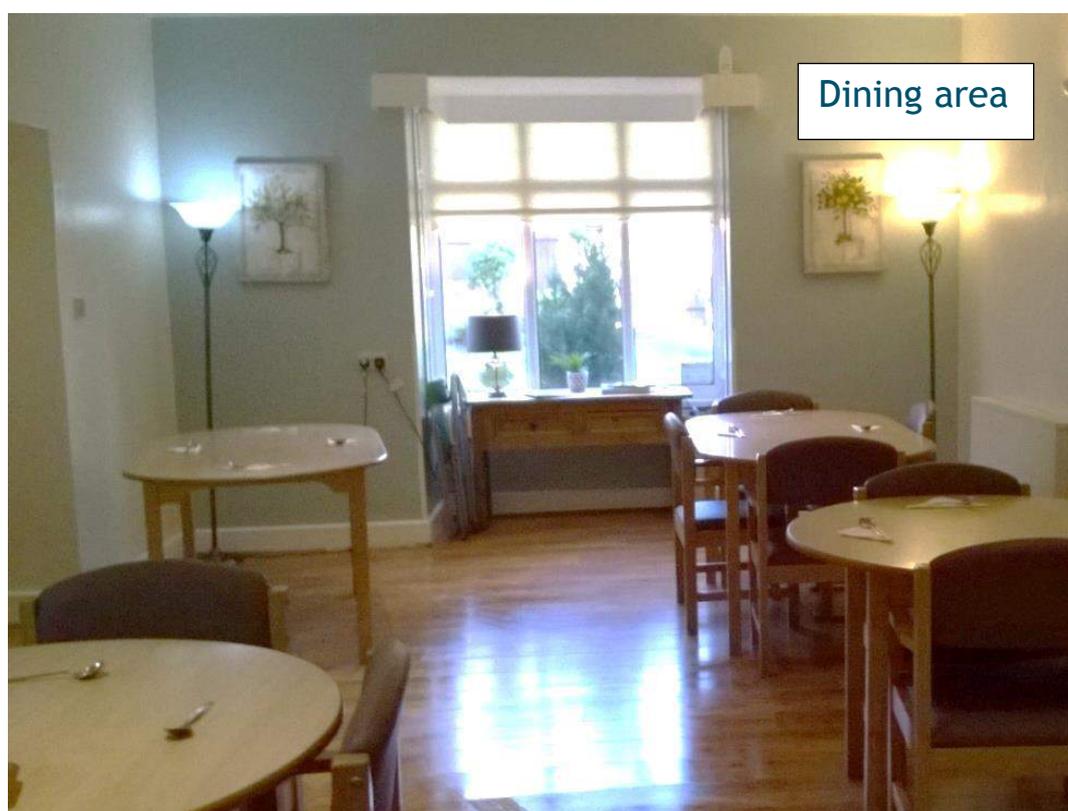


Respondents gave the following comments when asked if they were confident that their relative/friend is supported to eat and drink as much as needed. They told us;

“Very confident.”

“Very confident. I have been there for mealtimes and observed how my mam is supported.”

When asked, all staff who undertook the survey gave positive responses when asked about the choice and flexibility around food and mealtimes. They said;



“Very good, I love the food here.”

“Good, varied options and food is made to order.”

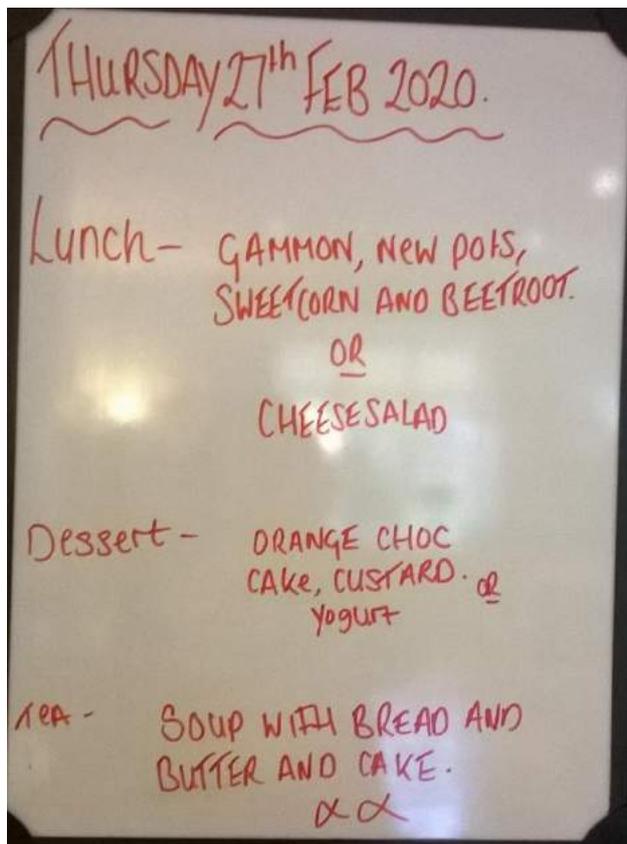
“Good.”

The Manager was asked how she ensures high standards of quality and choice of food. She said; “Residents are asked regularly if they are happy with food that we offer, all food is cooked on site and the cooks will cater to the individual when necessary. Always a minimum of two meal options at every sitting. Likes and dislikes are recorded by the cooks to ensure that we build up a detailed record of each person.”



The Manager and staff went on to tell us that residents are supported to eat and drink at mealtimes and outside of mealtimes, they said food and drink is always available, care staff all have food hygiene qualifications and are able to support the residents with food and drink when needed. The Manager added that the home has permanent drink stations for residents use.

Staff stated that there are enough staff to help residents to eat and drink, with supported tables to ensure residents eat and drink well.



When asked about resident's choices of when and where they eat and drink, the Manager and staff told the Healthwatch Team that it is totally the resident's choice, saying that it is normal for residents to eat at different times to each other. They went on to say that residents can eat in the dining room, in their own room or in one of the lounge areas. They went on to say that mealtimes are made sociable by staff doing their utmost to keep friends together and those of similar abilities. Saying that there is a second dining room that tends to be used by those who retain capacity and are independent, this allows for residents to enjoy each other's company, music can be played at times, the staff interact and chat with residents checking they are well and enjoying the relaxed atmosphere.

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

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

The Healthwatch team AGREE this was met.

When the Healthwatch Team asked the residents if they have access to a range of health professionals, two resident respondents stated that they have regular visits from a Dentist and an Optician. One resident said they had recently seen an Audiologist, another resident said they had not seen an Audiologist recently. The remaining resident did not answer the remainder of the questions on indicator six.



Two resident respondents said if they need to see a Doctor or have a hospital appointment staff would organise this for them.

The relatives and a friend who completed the survey indicated that their family member/friend has access to a range of healthcare professionals including; GP, Nurse, Optician, Dentist and Chiropodist. Three respondents informed that their relative/friend has had access to an Audiologist. One respondent stated that their relative also sees a Speech and Language Therapist.

The Manager and staff stated that residents have full access to a range health professionals including; GP, Nurse, Dentist who usually visits once a week, residents are booked in with the Chiropodist on a six monthly or yearly basis, the Chiropodist visits the home every eight weeks and residents are referred and supported to visit an Audiologist if needed. Other healthcare professionals available to residents include the Speech and Language Therapists Team, Occupational Therapist, Community Psychiatric Nurse, Older Persons Team, Palliative Care and Tissue Viability Nurse. The Manager stated the home is aligned to Hylton Medical Group GP Surgery.



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

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

When asked if any specific religious, cultural or lifestyle needs they may have are met at The Croft, only two residents responded to this question, saying that they do have religious needs and these are met by representatives from their respective churches making regular visits to the home. Both residents said that the laundry service at the home is good and they do get their clothes back after laundering. One resident respondent explained that she is happy for staff to choose her clothes and one respondent stated that he likes to choose what he wears.



Residents went on to say that they have their hair cut and styled regularly at the home, have a manicure when needed and staff will support with shaving if required.

When asked, all relative respondents said that their relative doesn't have any specific lifestyle or dietary needs. The friend who responded gave the following comment;

“My friend is diabetic and is very well accommodated, food is offered that is suitable for a diabetic diet.”

All respondents agreed that their relative or friend does not have any cultural needs. Two respondents said their relative has a religious need which is met by attending a church service which is held at The Croft and that Roman Catholic Holy Communion is taken in for those who are of the Catholic faith.

All relatives and a friend respondent agreed that there is provision for hair to be cut and styled as the Hairdresser visits the home on a weekly basis. When asked about the laundry service at the home we received mixed responses, including;

“We are asked to check name tags and renew them when needed, lost items are found.”

“Generally good.”

“We do Mams' washing, but it always goes missing and sometimes we never get it back.”

Since the Healthwatch visit the Manager informed us; “Families may choose to do their loved ones laundry and where items have gone missing we offer compensation or replacement for these pieces of clothing.”

“Laundry service is good. Items sometimes go missing but staff usually find them.”

“Clothes are always clean but not always returned to the correct person, even when labelled.”

When asked if residents are always clean and appropriately dressed, the majority of respondents answered ‘yes’, others gave the following comments;

“Appropriately dressed yes, clean, most of the time.”

“So, so, it depends what staff are on duty.”

Since the Healthwatch visit the Manager informed us; “The residents can refuse to wear clothing protectors and staff are asked to be vigilant and support with changing of items when noted marks etc. are present, families are encouraged to request support when they visit and staff would always assist.”

“Yes, but her teeth are rarely cleaned, even though she has a supply of denture toothpaste and a denture toothbrush.”



Since the Healthwatch visit the Manager informed us; “Every resident has a teeth / denture cleaning record that is updated daily by staff, each resident is seen by a dentist, oral hygiene can be very difficult for some residents to accept, we would urge any family member to speak to us and they can if they wish become involved and aid us with oral hygiene should they have any concerns.”

Staff members and the Activities Coordinator agreed that activities are tailored to meet a residents religious or lifestyle needs, the Activities Coordinator commented;

“Healthy sugar free options are offered to Diabetic residents when cooking or baking. Religion is taken into account when hosting activities for Easter, Christmas etc. Some residents take Holy Communion.”

The Healthwatch Team observed a representative from the church giving Holy Communion to residents who wanted it.

The Manager informed on how the home finds out and cater to resident’s needs, including cultural, lifestyle and dietary, saying this is accomplished by all information being collected on pre-admission and through ongoing documentation. She went on to give examples of how any such needs have been accommodated, saying; “One lady loves lemon curd, this is ordered weekly for her, one lady enjoys Ryvita crackers these are ordered, fruit loaf for another lady, one lady loves a cup of soup and a sandwich, these are now ordered.”

The Manager and staff explained that the Hairdresser visits the home on a weekly basis and to ensure the laundry system runs smoothly the Manager asks that all items are clearly labelled, saying; “We ask that families check their loved ones’ clothes at regular times to ensure name tags are visible and every three months we will have posters put up asking families and residents to check any no-named clothing to try and reunite items with their owners.

When asked how the home ensures that residents are always clean and appropriately dressed, the Manager said; “All laundry is done daily with no back log, staff are asked to provide guidance around clothing that is right for the appropriate season and are co-ordinated. Input is accessed from the residents and families, for special occasions such as Christmas and birthdays and we ask that families, with the involvement of the resident, choose outfits and we can ensure they wear items they have picked.”

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 we asked if there was anything the resident respondents would like to change at the home, they stated that there was nothing they would change. Comments included;

“I am happy with everything.”

“Nothing, it functions.”

“Nothing to change, I like it.”

The residents stated that they have not been asked what they think about the home, however this response may be due to individual health and capacity of residents. They went on to say that they would speak to Katherine, Ashley or to the staff about any complaints they may have.

Since the Healthwatch visit the Manager informed us; “Every resident and their loved ones are asked for input and views on the home, this is done by face to face meetings, 1-2-1 chats, e-mails, phone calls and annual surveys, the majority of our residents cannot recall these events due to their poor recall, our documentation shows that these interactions have and do take place if you would like to view.”

The majority of relatives and a friend who responded to this part of the survey agreed that they are welcome participants in life at the home. One relative said this was not applicable.

When asked how residents and relatives can give feedback or have a say in how the home is run or make a complaint, comments included;

“We are asked regularly if we have any concerns or ideas, we are always told its Mams’ home and our opinion counts. I would go to Kathryn with a complaint, she is very approachable.”

“We have meetings and give feedback. We would go to see Kathryn with any complaint, which we do.”

“By reporting ideas and feeding back to the management.”

“A conversation with the Manager is possible, though not always followed through. I would complain directly to the Manager.”

“At residents meetings and management ask us regularly for feedback.”

All respondents agreed that they would feel confident to make a complaint and are confident that this would be acted upon. Comments included;

“I have done on two or three occasions. It is always followed up by the Manager.

The Activities Coordinator was asked how resident’s family and friends can have a say in what activities are delivered both inside and outside of the home. She said, “I will chat to relatives whilst setting up or during an activity, ask for feedback and



discuss ideas. Also by keeping an activity journal for each resident which families can access and keep up to date with. By letting family, friends and staff know they can approach me with any ideas or issues.”

The Activities Coordinator gave the following response when asked to provide an example of how a resident, their family or friend has influenced the provision of a new activity; “A resident’s son told me that his mother loved to sing, so now we have sing a longs, which have been very successful.”

They added that activities provided are evaluated to ensure residents are continuing to enjoy them by recording daily feedback and participation is recorded in the activities file and individual activity journals.

The Manager and staff were asked about ways residents and their family can have a say in how the home is run, they explained that there are monthly residents meetings, every one to two months the Manager and Deputy Managers will make contact with families either face to face, by e-mail or phone to check on their opinion of the home to ensure that they know we care and are actively asking for feedback, they are also informed that a family feedback file and residents meetings minutes are available for inspection.

When asked how the home makes use of feedback and complaints from residents and families, the Manager said; “See them as a positive learn, change practice and move on.”

When asked if a member of staff can have a say in how the home is run, staff agreed that this is so and gave the following examples of how this has been accomplished;



“We have just got a new stand aid, Kathryn asked if we needed anything to help, we agreed a stand aid would help, it was bought straight away.”

“We are asked at supervisions if there is anything we would like to do differently.”

“We talk amongst ourselves and if we have any new ideas we share them with management.”

When asked about ways in which staff can have a say in how the home is run the Manager and staff agreed that this achieved at staff meetings, by actively asking staff for ideas and suggestions, and through the use of annual staff questionnaires which can be returned anonymously.

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.

The residents who completed the survey agreed that the home is always clean and tidy, two residents stated that if they feel a bit cold they ask for a blanket, with one resident saying it was warm but was very cold outside.

When asked if the home is hygienically clean and tidy, well decorated and maintained, the majority of relative respondents and a friend agreed that it is. Comments included;

“Most of the time it is clean and yes it is well decorated and maintained.”

“Could be improved, mostly well decorated and maintained.”

“Could be cleaner, especially floors. Well decorated, but it takes a while for things to be fixed.”

Since the Healthwatch visit the Manager informed us; “Floors are cleaned a minimum of twice a day in all communal areas, maintenance repair sheets are held that can show all items are acted upon.”

“Yes it is always clean and tidy and has recently been redecorated to a good standard.”

The Healthwatch Team noted that at the time of their visit there was a slight malodour in the communal areas of the home.

Since the Healthwatch visit the Manager informed us; “The majority of ladies and gents live with incontinence. We have just completed our annual questionnaires to both visiting professionals and families, and not one has made comment about a smell in the home - these are people who are in and out of the home very regularly.”



When asked how a comfortable temperature is maintained throughout the home the Manager informed that this is achieved by the use of thermometers in lounges for all to see and to keep the home around 21 degrees, heating will always be advanced or turned down. There are also thermostats in bedrooms where the same applies. She went on to say that the home ensures the building and its contents are well maintained and decorated through an ongoing yearly process and constantly have maintenance on site. Adding that the home is kept hygienic and clean by having monthly audits along with spot checks and feedback from residents and families.



The Croft entrance

The Manager and staff advised that The Croft does accommodate residents who have dementia and gave the following examples of dementia friendly practices. The Manager said; “We have the communal toilet doors painted orange to allow residents easier orientation, staff are all dementia trained, staff and families attend training sessions organised by The Croft, along with a dementia book for staff and families to use as reference created by The Croft.”

Staff comments included;

“Doors are painted in different colours and staff have recently undertaken dementia training again.”

“We are all trained in dementia, we have books which give tips on how to deal with dementia.”

“Calm, low colours in the home, good lighting, open environment and orange doors and rails.”



5. Appendices

Appendix 1 - Questions for residents

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



Appendix 2 - Questions for Managers

1. **Have strong, visible management**
What attracted you to the role of care home Manager/Deputy Manager?
What do you enjoy about the role?
2. **Have staff with time and skills to do their jobs**
In what ways do you encourage staff to develop their skills?
How do you ensure staff have enough time to care for residents?
3. **Have good knowledge of each individual resident and how their needs may be changing**
How do you ensure that staff get to know a resident's life history, personality and health and care needs when the resident first arrives?
How is information about a resident's likes/dislikes and their health and care needs updated as these change and passed on to staff?
4. **Offer a varied programme of activities**
What activities are available for residents inside and outside the home?
Does the home have access to its own transport and able to use this for trips and activities outside of the home?
What encouragement and assistance is given to residents so that they can take part in activities?
How are residents supported to continue to do the things they used to enjoy before coming into the home i.e. hobbies/interests/pets?
5. **Offer quality, choice and flexibility around food and mealtimes**
How do you ensure high standards of quality and choice of food?
What systems are in place to support residents to eat and drink at mealtimes and outside of mealtimes?
What choices do residents have about what and when they eat and drink?
What choices do residents have about where and how they eat and drink?
Does the home have permanent drink stations available to residents?
In what ways do you ensure that mealtimes are sociable?
6. **Ensure residents can regularly see health professionals**
Please tell us about visits from all health professionals such as GPs, nurses, dentists, opticians, audiologists, chiropodists or other health care support mechanisms?
7. **Accommodate residents' personal, cultural and lifestyle needs**
How does the home find out about and cater to residents' cultural, religious and lifestyle needs?
Can you give an example of how these have been accommodated?
What provision is there for residents to regularly get their hair cut/styled?
How do you ensure that the laundry staff get the residents own clothes back to them?
What mechanisms are in place to ensure that residents are always clean and appropriately dressed?
8. **Be an open environment where feedback is actively sought and used**
In what ways can residents and their family have a say in how the home is run?
How do you make use of feedback or complaints from residents and relatives?
In what ways are staff able to have a say in how the home is run?
9. **A physical environment suitable for the needs of the residents**
How do you ensure that a comfortable temperature is maintained in resident's rooms and all communal areas?
How do you ensure the building and its contents are well maintained and decorated throughout?
How do you ensure that the home is always hygienic and clean?
In what ways do you make the home a dementia friendly environment?



Appendix 3 - Questions for Care Staff

- 1. Have strong, visible management**
What support do you receive from the Manager?
What is your experience of talking to the Manager when you want to ask a question or raise an issue?
- 2. Staff with time and skills to do their jobs**
Do you feel you have enough time to care for residents? If no, why?
Are you encouraged to continue to develop your skills? In what ways?
What do you enjoy about your job?
- 3. Have good knowledge of each individual resident and how their needs may be changing**
How do you ensure that you and other members of your team get to know a resident's life history, personality and health and care needs when the resident first arrives?
How is information about a resident's tastes and their health and care needs updated as these change and how do you know if there has been changes?
- 4. Offer a varied programme of activities**
What activities are available for residents inside the home?
What activities are available for residents outside the home?
What encouragement and assistance do you give to residents so that they can take part in activities?
- 5. Offer quality, choice and flexibility around food and mealtimes**
What do you think of the quality and choice of food?
How do you make sure residents are able to eat and drink at mealtimes as well as outside of mealtimes?
What choices do residents have about what and when they eat and drink?
What choices do residents have about where and how they eat and drink?
In what ways do you try to make mealtimes sociable?
- 6. Ensure residents can regularly see health professionals**
Please tell us about visits from all health professionals such as GPs, nurses, dentists, audiology, opticians, chiropodists or other health care support mechanisms?
- 7. Accommodate residents' personal, cultural and lifestyle needs**
Can you give an example of how the home caters for resident's religious and cultural needs?
- 8. Be an open environment where feedback is actively sought and used**
In what ways can residents and their family/friends have a say in how the home is run?
Can you provide an example of how a resident or their family member has influenced how the home is run?
How do you, as a member of staff have a say in how the home is run?
- 9. A physical environment suitable for the needs of the residents**
How is the home made dementia friendly?



Appendix 4 - Questions for Activities Coordinator

1. **Have strong, visible management**
What support do you receive from the Manager?
What is your experience of talking to the Manager when you want to ask a question or raise an issue?
2. **Staff with time and skills to do their jobs**
Do you feel you have enough time to provide varied activities for residents? If no, why?
Are you encouraged to continue to develop your skills? In what ways?
What do you enjoy about your job?
3. **Have good knowledge of each individual resident and how their needs may be changing**
How do you ensure that you and other members of your team get to know a resident's life history and personality when they first arrive at the home?
4. **Offer a varied programme of activities**
What activities are available for residents inside the home?
What activities are available for residents outside the home?
What activity provision is made for those residents who cannot or do not wish to undertake group activities?
What encouragement and assistance do you give to residents so that they can take part in activities?
How do you ensure that residents have the opportunity to continue to take part in their hobbies and interests?
5. **Accommodate residents' personal, cultural and lifestyle needs**
How are activities tailored to meet a resident's religious and cultural needs?
6. **Be an open environment where feedback is actively sought and used**
In what ways can residents and their family/friends have a say in what activities are delivered both inside and outside the home?
Can you provide an example of how a resident or their family member has influenced the provision of a new activity?
How are the activities provided evaluated to ensure residents are continuing to enjoy them?
How do you, as a member of staff have a say in how the home is run?
7. **A physical environment suitable for the needs of the residents**
How is the home made dementia friendly?



Appendix 5 - Questions for Friends and Relatives

1. **Strong visible management**
Who is the Manager of the home?
Please tell us a little about the Manager?
2. **Have staff got the time and skills to do their jobs**
Do you feel the staff have the time to care for your friend/relative? Please explain.
Do you feel the staff have the skills to care for your friend/relative? Please explain.
3. **Have good knowledge of each individual resident and how their needs may be changing**
How well do you think the staff know your friend/relative's life history, personality and health and care needs?
Does the home notice and respond when your friends/relative's needs change?
How do they let you know about the changes?
4. **Offer a varied programme of activities**
What do you think of the activities available for residents inside and outside the home?
Please tell us how your friend/relative is encouraged and supported to take part in the activities.
Now they live at the home, is your friend/relative still able to do the things they used to enjoy i.e. hobbies, interests, pets? Please explain.
5. **Offer quality, choice and flexibility around food and mealtimes**
What do think of the quality and choice of food?
How confident are you that your friend/relative is supported to eat and drink as much as needed?
Please tell us how the home ensures that mealtimes are sociable?
6. **Ensure residents can regularly see health professionals**
Please tell us about your friends/relatives access to health professionals such as GPs, nurses, dentists, opticians, audiologists, chiropractors 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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