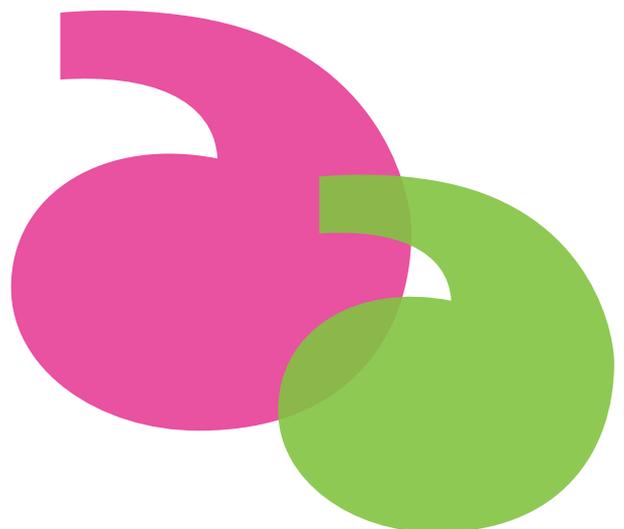


Care Home Life - What it's really like!

Valley View & Penshaw House Care Home



Date of Healthwatch Sunderland visit:
29th January 2020





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1. Introduction

What is Healthwatch Sunderland?

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

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

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



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

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





2. Background and rationale

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

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

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

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

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

The 9 indicators are:

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



3. Methodology

The ‘Care Home Life - What it’s really like!’ visit took place on the 29th January 2020 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	Time  Neutral	Skills  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		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

Valley View & Penshaw House is a purpose built home which occupies two buildings on the same site and is located at:

Back Lane
Penshaw
Houghton-le-Spring
Sunderland
DH4 7ER

Telephone: 0191 385 7776

Provider: Roseberry Care Centres GB Ltd

Provider's Website:

<https://roseberrycarecentres.co.uk/valley-view-penshaw-house/about-us/>

See the latest CQC inspection report here:

<https://www.cqc.org.uk/location/1-2034462158>

Valley View and Penshaw House have the capacity to support 44 residents, under the care categories of younger people with disabilities and adults under the age of 65 with physical disabilities and both general residential and Enduring Mental Ill Health (EMI) residential.

All of the resident bedrooms across the home include en suite toilets and basin facilities. New residents are encouraged to bring in some of their own items to furnish their own room.

Although there are no double rooms at the home to accommodate couples, the home recently had two family members staying at the home for respite and accommodated them in one room as a bedroom and another as a sitting room.

The home has an accessible garden for residents to enjoy, three communal lounges and three communal dining areas across the site.

At the time of the Healthwatch visit there was no hearing loop or internet available at the home for the residents.

Any residents wishing to bring their pet to live at the home with them can discuss this on an individual basis with the Manager and requests will be considered.

Activities are provided at the home seven days and week and are facilitated Monday to Thursday by the home's Activities Coordinator and the remainder of the week by care staff.

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 42 residents living in the home, which included two residents staying at the home for respite care. Due to the capacity of the majority of the residents, the Healthwatch Team were only able to support two residents to fully complete the survey and three residents to partially complete the survey. The team received seven staff (one Deputy Manager, two Senior Care Assistants, three Care Assistants and one Activities Coordinator) and one relative survey back.

Between the times of the Healthwatch visit to this home and the deadline for survey responses, the Manager of Valley View and Penshaw House left her employment at the home. Therefore, some of the responses from staff members are written about the Manager who no longer works at the home and some are written about the home's Deputy Manager. The relative responses are about the Manager who no longer works at the home.

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.

When the Healthwatch Team asked the residents who were supported to complete the survey process who the Manager of the home is, none of them could name her, which may have been due to their own individual health and capacity. However, two of the residents did state that they knew she worked in the office at the front of the home and would go and find her if they needed to speak to her.

When asked to tell us a little about the Manager, one resident nodded and said she is OK, the other resident said; "She is a very nice lady."

The relative knew who the Manager was, could name her and said; "She is always pleasant."

When staff at the home were asked what support they receive from the Manager and their experience of asking them a question or raising an issue, three staff members told us about the Manager who no longer works at the home, and said;

"I get full time support. Things are solved whatever I ask."

"The Manager is approachable and will do what she can to help."

"Support is there whenever I need it and that covers many things. I feel the Manager listens and tries to resolve the situation whenever she can."

The further three staff members spoke about the Deputy Manager of the home;

"We don't have a Manager at the moment, but our Deputy Manager is supporting us. He is good and listens too."



“The Deputy Manager listens and is there for the staff. He answers questions when asked.”

“Liam is our Deputy Manager and he is very supportive when I need to go to him. I feel as if he is approachable and I feel as if I could go to him with any issue.”

When the Deputy Manager, who had worked at the home for three months at the time of our survey deadline, was asked what attracted him to his role, he said; “Having worked in several areas of healthcare, I wanted to progress my career whilst supporting and empowering others.”

When asked what he enjoys about this role, he said; “It is a challenging, but very rewarding role. I enjoy working with the team to provide good care to others.”

During our visit the Manager (who has now left the home) was witnessed conversing with residents, addressing them by name and both residents and the Manager looked extremely happy in each other’s company.



A communal lounge



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

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

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

When asked a little about the staff at the home, some of the residents were able to respond and said;

“They’re great, they do everything for me.”

“The staff are good.”

“The majority of staff are very, very good. When I first came here they helped me. I was upset at first, but they helped me.”

When the residents were asked if the staff have time to stop and chat, all of them agreed that they do, at least some of the time. Here are some of their responses;

“They have a bit of a natter and then off they go.”

“Yes they do and if they ask me anything I don’t like what they ask, I won’t answer.”

“Yes, sometimes, if they have time.”

“They have a bit of a chat, it depends.”

The relative stated that they feel the staff at the home always have the time to care for their relative and also have the appropriate skills.



Penshaw House has recently been refurbished

When staff were asked if they feel they have enough time to care for residents, we received an equal mixed response. Comments included;

“Not as much as I would like to. As a Senior I don’t get to spend as much time with the residents.”

“No due to not enough staff and volume of paperwork.”

“Yes, there is always time.”

“Yes!”

The Activities Coordinator stated that she has enough time to



provide varied activities for the residents.

All staff respondents stated that they are encouraged to undergo e-learning courses, with one person mentioning National Vocational Qualifications are available to help develop their skills.

The Deputy Manager stated that he ensures that staff have enough time to care for the residents by helping where possible to minimise the pressure felt by the staff.

He went on to say that he ensures staff are able to develop their skills by offering additional training and empowerment.

When staff were asked what they enjoy about their jobs, all but one staff member gave a positive response, putting the residents at the heart of their responses. Comments included;

“I enjoy taking my residents out into the community and do any activities they would like to do.”

“Spending quality time with the older generation.”

“Job satisfaction and spending time with the residents.”

“Nothing at the minute due to being short staffed nearly all of the time.”

Several positive interactions between staff and residents were witnessed by the Healthwatch Team during our visit. We also observed one resident who was calling out for a staff member to offer assistance. This request was responded to immediately.

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.

From the residents who the Healthwatch Team spoke to, some were able to respond when asked if the staff at the home know them well, know what they need and know what they like and dislike. Here are some of their comments;

“They get me up on a morning and find my clean clothes.”

“Yes, they know what I want to wear.”

“I’ve only been here a short length of time, so it’s early days.”

Although one resident was unable to answer the question, she said; “I am here with nice people and couldn’t have chosen a better place.”

The relative who responded to the Healthwatch survey said that the staff at the home know their relative’s life history, personality and health and care needs very well. They went on to say that the home both notice and respond to their



relative's changing needs and inform them of any changes during meetings which happen every three months or during their visits to the home.

The Deputy Manager said that he ensures staff get to know a resident's life history, personality and health and care needs when they first arrive at the home by completing a pre-admission assessment and a 72 hours care plan. The staff were asked how they and their team members get to know a resident and their needs when they first arrive at the home and they told us that this is accomplished by speaking to the new resident and their family members, reading their care plans and 'This is me' documentation, attending hand over meetings where information is shared and by ongoing communication with fellow staff members.

The Deputy Manager and staff told us that this information and changes in a resident's needs are updated in their individual care plans and passed on to staff at handover meetings.

During the Healthwatch visit the team witnessed several positive, warm and friendly interactions between staff and residents. All residents were addressed by their names and handled with care and dignity.

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.

Some of the residents who were supported to complete the survey were able to tell the Healthwatch Team about some of the activities which take place within



Activity board



the home. These included; bingo, singers and dominoes. Comments included; “I don’t really take part as I have poorly legs and struggle to walk now. I just enjoy being here.”

Some of the residents stated that they enjoy reading, whether this is books or magazines and watching TV.

When asked about activities and trips outside of the home, some of the residents responded to the question and said;

“Yes, I’ve been out today with staff to buy a cover for my chair. We went in a taxi.”

“We go out on trips sometimes to town.”

“I don’t bother.”

Some residents went on to tell us that they use the home’s garden in the warmer months and that the staff let them know when an activity is about to begin.

The relative stated that they feel the activities provided to residents both inside and outside of the home, are OK and that they also feel that their relative is encouraged and supported very well to take part in the activities. The relative went on to say that they are able to visit the home accompanied by their pet dog, Belle.



Geordie is a permanent resident at the home



Belle is a daily visitor to the home



The Deputy Manager, Activities Coordinator and staff at the home gave the following list of activities available to residents at the home; bingo, chair aerobics, pamper sessions, arts and crafts, reminiscing, TV, music and dancing, parties, home cooking, parachute, ball and balloon games, reading the newspapers and books, dominoes, card games, live entertainers, board games, movie nights and one to one sessions.

They went on to give us the following list of activities and day trips available to residents outside of the home, which are facilitated by the home having its own mini bus; visits to the zoo, weekly shopping trips, pub lunches, visits to the theatre and to the seaside and Beamish Museum. Residents are invited to attend a weekly movie session at the local Salvation Army and members of the Healthwatch Team have met residents there on a couple of occasions.

The Activities Coordinator and Deputy Manager informed us of the following provision which is available for those residents who cannot or do not wish to take part in group activities; sitting with the resident chatting, reading the newspaper, reminiscing, one to one pamper sessions or simply holding hands, so the residents don't feel lonely or isolated.

When asked what encouragement and assistance residents are given to aid them to take part in activities, the Deputy Manager, Staff and the Activities Coordinator



There are weekly visits to the Salvation Army movie sessions

gave the following examples of how this is achieved; by letting residents know which activity is about to start, by spending time with residents and chatting to them during activities whilst offering them reassurance and support if required.

The Deputy Manager and Activities Coordinator told us how they ensure residents are able to continue to take part in their hobbies and interests whilst promoting their wellbeing and independence;

“I ask residents what they like and also about their hobbies.”

“Residents are offered empowerment and encouragement from staff.”

The Activities Coordinator added that she ensures the



activities provided meet the needs of all the home's residents by reading their individual care plans and by speaking to families.

During the Healthwatch visit we witnessed a resident enjoying one to one time with a staff member, they were in Penshaw House having a game of dominoes in one of the communal rooms. They were sharing a laugh about who was going to win.

We also saw a member of staff dancing in the communal lounge of Valley View with several residents. They all appeared to be having fun.

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

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

The Healthwatch team AGREE this was met.

The responses from residents about the food at the home, were all positive. Comments included;

“Yes, it's alright.”

“I always like it.”

“It's very good. The Cook makes nice meals and they are served on time.”

“I enjoy my food and always have. If I didn't like it I would tell them.”

The majority of residents were able to tell us that they are offered a choice of food from the menu and some added that the staff would make them alternatives if required. Comments included;

“They would make me something, a few chips maybe.”

“They would, but to be honest, it hasn't happened yet.”

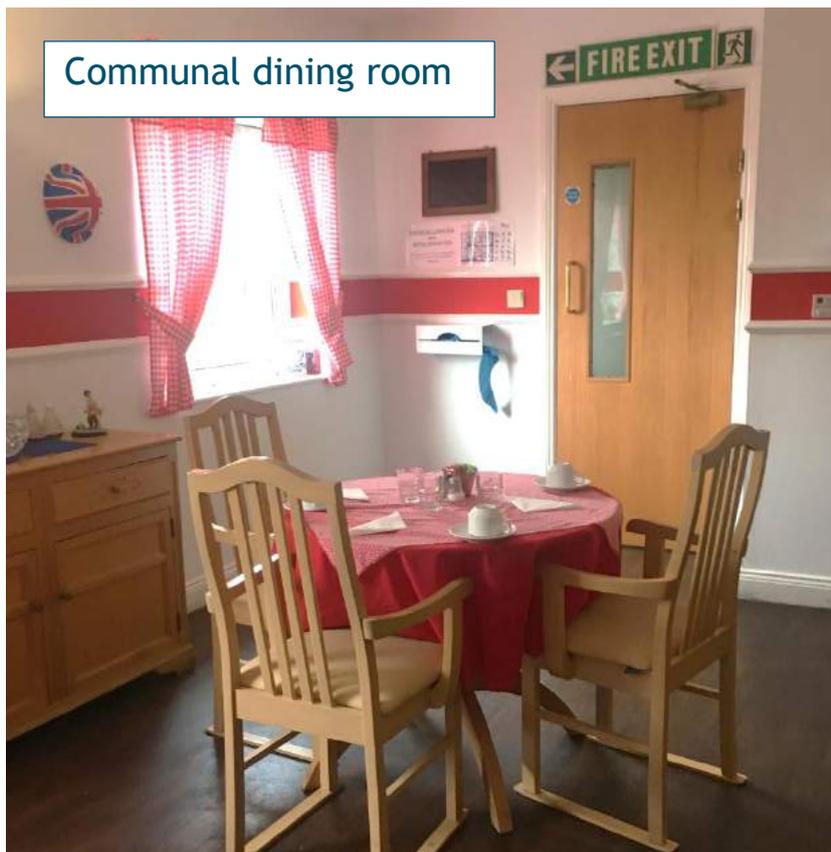
“Yes they do. Sometimes I just fancy some toast and they make it for me.”

Residents told us that they choose to either eat their meals in the communal dining areas or in their own rooms, with one resident adding that they like to eat in their own room as they enjoy listening to their radio at mealtimes. Only some of the residents answered the team when we asked if they looked forward to mealtimes, they stated that they do and they also enjoy chatting to other residents at these times.

Residents agreed that they are able to both eat and drink in between mealtimes. Comments included;



Communal dining room



“Yes, I have been to the shops for noodles, sweets and crisps.”

“Yes, the tea trolley comes around with tea, coffee, biscuits and juice.”

“Yes, they come often with cool drinks on hot days and hot drinks on cold days. You just put your cup down and they are back with a refill.”

When the relative was asked what they think about the food at the home, they said; “I am not there at mealtimes, but I think they’re OK.”

Also, when asked how well supported their relative is to eat and drink as much as is needed, they said; “She is supported very well, I think.”

When staff were asked about the quality and choice of food at the home, one staff member stated that it is poor. Other responses were;

“There is variety and needs are catered for.”

“A varied diet is offered with a selection of choices and dietary needs are always met.”

The Deputy Manager stated that he ensures high standards of quality and choice in the home by undertaking regular menu reviews and catering audits.

When asked what systems are in place to support residents to eat and drink at mealtimes and outside of these times, they told us that hydration stations containing snacks and drinks are present, as are jugs of juice and tea trollies are taken around the home at intervals throughout the day. Staff comments included;

“The kitchen is open all day.”

“Some residents need to be prompted, some need assistance and some need to use specialist cutlery and crockery.”

When the Deputy Manager was asked what choices residents have about when they eat and drink, he said; “Whilst breakfast and lunch times are set times, the residents have the option of eating away from these times.” The majority of staff



Hydration station

members reiterated this response, although one stated that they feel the residents do not have a choice when they eat and drink.

When asked what choices residents have about where they eat and drink one member of staff stated that this depends on the individual resident and their own capacity. Other staff members and the Deputy Manager stated that residents can eat in either of the two communal dining areas, in the lounge or in their own bedrooms.

The staff and Deputy Manager told us that mealtimes are made social times by staff encouraging and actively participating in engaging the residents in conversation and the mealtime experience, light background music being played and residents being

encouraged to eat in the communal dining areas with other residents.

During the Healthwatch visit we witnessed refreshments being served to residents from the tea trolley in the communal lounge and resident's own rooms. The staff member offered the residents choice and made the drinks to their preferences.

We also observed that the hydration station in the main foyer of the home was empty on our arrival at the home, but had been replenished with bottled water before we left.

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 asked about their healthcare at the home, some of the residents were able to respond to these questions and tell us that they have regular access to a Dentist, with one resident telling us that she will soon be receiving new dentures.

One resident was able to confirm that they had also seen an Optician and has regular visits from a Chiropodist. They went on to say that they had seen an Audiologist and were issued with hearing aids, which they don't wear as they find



them difficult to fit, but on questioning told us that she doesn't want the staff to help her with them.

When asked what happens if they ever need to see a Doctor, one resident said they hadn't had to see one yet as they hadn't been at the home for long, but said they would simply tell the staff and added that everything is catered for at the home. Another two residents stated that they were unsure what would happen, on reflection, this could have been due to their own individual health or capacity.

The relative respondents stated that they were aware that their relative had accessed care from a GP, a Nurse and a Chiropodist.

The Deputy Manager and his staff informed the Healthwatch Team of the range of healthcare professionals who visit the residents at the home; GP, Nurse, Dentist, Optician, Chiropodist, Audiologist (if required) and the Speech and Language Therapist. The Deputy Manager added that the home is aligned to Grangewood GP Surgery.

During the Healthwatch Team visit to the home we witnessed one member of staff who was supplying residents with their medication. They were wearing a 'do not disturb' apron whilst this task was undertaken.



A local artist was commissioned to decorate some of the home's corridors with some reminiscence art



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 they follow a religion, both of the residents who responded to the questions in this indicator stated that although they do have faith, they don't regularly practice their religion. One person added that the staff had asked if they would like to go to church, but they felt their physical disabilities would stop them from doing so, as their church of preference has a lot of steps on entry.

Two of the residents were able to tell the team that they are happy with the laundry service at the home and always get their clothing back to them. One resident stated that the staff at the home support them to choose what to wear and help them to dress.

Residents also went on to say that they have their hair cut and styled at the home, one resident stated that they use the in-house stylist, with the remaining resident informing us that their own hairdresser comes into the home to tend to their hair. This resident also told us that a beauty therapist which they have used for years comes into the home to paint their nails and can do other beauty treatments if required.

One of the male residents stated that he is supported by the staff at the home to shave.



Dedicated salon at Valley View



Dedicated salon at Penshaw House

The relative stated that their relative has no particular lifestyle or dietary, religious or cultural needs and has her hair cut when required. This relative stated that they would award the home 8/10 for getting their relative's clothing back to them after the laundering process. They went on to say that their relative is clean and appropriately dressed nearly all of the time.

The Deputy Manager informed us that the home finds out about a resident's cultural, religious, lifestyle and dietary needs by speaking to residents and their relatives at the pre-admission and also during care reviews. He went on to give the following example of how these

needs have been accommodated by the home; "A service user has Diabetes and we ensure no sugary snacks, drinks and meals are available to them."

The Deputy Manager went on to say that the home has regular visits from a Hairdresser to tend to the hair of the residents and that he ensures the resident's clothing is returned back to them after the laundering process by all clothing being labelled, which includes room numbers and individual laundry boxes are on the laundry trolley. He went on to say that he ensures residents are always clean and appropriately dressed by addressing this at staff supervisions, staff offering assistance where required and also speaking to families when residents require new clothing and toiletries.

The Activities Coordinator explained that activities are tailored to meet the resident's religious and lifestyle needs by taking them to church if they wish to go and there are regular visits to the home by a local vicar, this was reiterated by the staff respondents in their comments.

During the Healthwatch Team visit we witnessed one staff member blow drying a resident's hair in the home's dedicated hair salon. They were chatting together.



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 there is anything they would like to change about the home, one of the residents stated that they would like to go back home. The team were able to speak to the Manager before we completed our visit and she went to chat with this resident. Another resident said; “No, but I would soon tell the Manager if there was. I would ask the staff to get her to come to my room to see me.”

One resident said if they ever needed to make a complaint about the home they would speak to the Manager, another told us they would tell anyone who would listen and added that they are getting an Advocate to support them with looking at getting their own home.

The relative who responded to the survey said that they feel a welcome participant in the life of the home and added that they didn't feel the home needs feedback from either themselves or their relative as the home is well run. They also said that if they ever needed to make a complaint about any aspect of the home, they would feel confident to do so and would speak to the Manager or another staff member and they feel it would be acted upon appropriately.

The Deputy Manager and his staff stated that residents and their relatives can have a say on how the home is run by attending regular resident and family meetings, using the home's suggestion box or going to speak to the Deputy Manager, whose door is always open. The Deputy Manager added that he uses feedback to improve the home's services. The Activities Coordinator stated that residents and their friends and relatives have a say on which activities are delivered at the home at monthly resident and family meetings. She went on to say that activities are evaluated by holding conversations with residents to ensure they still enjoy the activities provided.

Staff were asked how they can have their say on how the home is run. One staff member said that they don't have a say. Other staff members stated that they can have a say and there is the opportunity to do this at their supervision sessions and appraisals. The Deputy Manager informed us that staff can also have their say at staff meetings and daily handover meetings.



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.

Three residents completed this section of the survey. When asked if the home is always clean and tidy, two residents stated that this is the case, one resident told us that their bin hadn't been emptied.

When residents were asked if the home is always at a comfortable temperature for them, we received the following responses;

“Yes, I would recommend anyone to come into this home.”

“I'm always warm enough and if I wasn't, I would soon shout up.”

“I like my room to be on the coldish side.”

The relative said that they feel the home is always clean and tidy, well decorated and well maintained.

The Deputy Manager told us that he ensures the temperature at the home is always at a comfortable level by the use of individual temperature controls. He added that he ensures the home is always well maintained and decorated and hygienic and clean by undertaking daily walk arounds, raising any issues with the Maintenance Man or the company's Estates Department and also by reviewing housekeeping records.

Valley View accommodates residents with dementia and the staff all informed the Healthwatch Team that they undergo specialist dementia training. They and their Deputy Manager went on to tell us how the home is made a dementia friendly environment, which includes; safe and open environments with plenty of light, plenty of space to walk around, the use of large signs which use consistent colours, doors are also coloured and friendly staff.



Dementia friendly signage is throughout the home



During the Healthwatch Team visit to the home it was noted that the home had a welcoming feel, the décor was in good state of repair, Peshaw House had a recent refurbishment. It was also noted that there was an unpleasant odour in some parts of the Valley View site.



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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