

Care home life, what it's really like!

Archers Court Care Home



Date of Healthwatch Sunderland visit:
3rd April 2018





Distribution List:

Archers Court Care Home - Andreea Biscanu, Manager

Orchard Care Homes - Jackie Murray, Regional Operations Manager

Care Quality Commission - enquiries@cqc.org.uk

Healthwatch England - Katie Johnson, Development Officer

Sunderland Clinical Commissioning Group:

Dr Ian Pattison, Clinical Chair

David Gallagher, Chief Officer

Debbie Burnicle, Deputy Chief Officer

Janet Farline, Clinical Quality Officer

Aileen Sullivan, Lay Member Patient and Public Involvement

Sunderland Local Authority

Graham King, Head of Commissioning

Anne Fairhurst, Commissioning Specialist

Fiona Brown, Executive Director of Adult Services

Health and Wellbeing Board

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Sunderland Care Alliance - Angela Richardson, Network Development Officer

HealthNet Sunderland - Gillian McDonough, Chief Officer of VCAS

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Essence Service - Anthony Gonzales, Service Manager

MP Houghton and Sunderland South - Bridget Philipson

Local Councillors for St Chad's Ward

Councillor Darryl Dixon

Councillor Gillian Galbraith

Councillor Stuart Porthouse

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?

Healthwatch England is the national consumer champion in health and social care. It was set up by the government to ensure that people's views around health and social care services are listened to and fed back to service providers and commissioners with a view to improving services.

There is a local Healthwatch for every Local Authority area in England. Healthwatch Sunderland aims to be a strong local consumer champion working with our partners to support:

- People to shape health and social care delivery
- People to influence the services they receive personally
- People to hold services to account.

We achieve this by:

- Listening to people, especially the most vulnerable, to understand their experiences and what matters most to them
- Influencing those who have the power to change services so that they better meet people's needs now and into the future
- Empowering and informing people to get the most from their health and social care services and encouraging other organisations to do the same.





2. Background and rationale

Independent Age and Healthwatch Camden have recently carried out some initial research into the information currently available on care homes. The results indicated that there is a need to provide qualitative information on care homes that 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.

Healthwatch Sunderland have responded to this need and will be carrying out visits to all 47 care homes currently available to older people across Sunderland. The complete results will be published to enable members of the public to make more informed choices when considering which care home to move into for themselves or their relatives.

To enable this, 8 indicators have been devised to be used and will 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 8 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 or chiropodists
7. Accommodate resident's personal, cultural and lifestyle needs
8. Provide an open environment where feedback is actively sought and used.



3. Methodology

An initial pre-visit meeting with the home Manager, Andreea was held at Archers Court Care Home. This was to explain the reason for the 'Care home life - What it's really like!' visit, to understand the needs of the residents and to arrange a visit that would cause as little disruption as possible.

The 'Care home life - What it's really like!' visit took place on the 3rd April 2018 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 constructed to reflect the objectives of the visit. Observations were also made on the physical environment and staff/resident interaction.

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

We also ran a facebook campaign asking local people to comment 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 eight indicators in terms of the degree which they were met, from strongly disagree to strongly agree. A neutral rating indicates both positive and negative feedback, which when averaged results in a neutral score. A summary of this can be found below:

Here is the key which shows the indicator scores



Strongly disagree



Disagree












Neutral



Agree



Strongly agree

1.	A strong visible management	 Neutral
2.	Staff with time and skills to do their jobs	<div>Time  Neutral</div> <div>Skills  Agree</div>
3.	Good knowledge of each resident and their changing needs	 Agree
4.	A varied programme of activities	 Neutral
5.	Quality, choice and flexibility around food and mealtimes	 Neutral
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



Findings

Archers Court Care home is a purpose built property located on Archer Road, Sunderland, SR3 3DJ, which is a residential area.

The home provides nursing and residential care for up to 40 older people, some of whom are living with dementia. All rooms are en-suite and residents are encouraged to personalise their own space with pictures and photographs and are welcome to bring some familiar furnishings to ensure their comfort.

The home benefits from several communal spaces, in addition to quiet rooms.

See the latest CQC inspection report here:

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

At the time of our visit there were 30 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch team were only able to support 7 residents to fully complete the survey. The team received 6 staff and 1 relative surveys back.

The results of these surveys are given below:

Indicator 1 - A strong visible management

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

When asked about the Manager of the home, none of the residents who were supported by the Healthwatch team to complete the survey process were able to name her. Several residents stated that although they don't know the Manager by name, they know who she is and gave these positive comments about her;

“She’s a lovely girl.”

“She is a very nice lady.”

“She is quite nice. She came in and we had a chat.”

The relative who completed the survey knew the Manager by name and said she is very approachable, friendly and responds quickly to issues.

The staff who completed the survey gave a mixed response when asked what support they receive from the Manager. Responses ranged from no support, some support or verbal support when needed. Staff went on to tell us about their experiences of talking to the Manager when they wanted to ask a question or raise an issue. Again we received a mixed response from staff, three of whom stated that they have no issues speaking to the Manager. One staff member said;



“She will answer questions to the best of her abilities and always help where she can.”

Two staff members gave negative responses, saying;

“It depends on what mood she is in.”

“Issues are brushed under the carpet or blame is passed on.”

The Manager of the home stated that promotion within the company was what attracted to her current role of care home Manager. She went on to say that being the link between staff, residents and families and the company and commissioners is what she likes most about her role.



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

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

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

When asked about the staff, all of the residents which the Healthwatch team spoke to gave positive responses, which included;

“They are excellent. A lot of young people have started to work here and we all get on - they are smashing!”



“They are all great. They will do anything for us.”

“The staff have been really kind. I have no grumbles.”

When asked if the staff have the time to stop and chat to them, the residents gave mixed responses. Four of the residents said yes to this question, one resident added; “They have plenty of time for us.”

The other three residents recognised that the staff at the home are very busy, with one resident saying;

“They haven’t got a lot of time, but when it’s quiet, yes they’ll talk a bit.”

During the Healthwatch visit the team witnessed a range of positive interactions between staff and residents. One resident had just had her hair done and a member of staff complimented her on how nice it looked, he encouraged her to look at her reflection in the mirror, which was situated in the corridor as he assisted her to the dining area for lunch. Other staff members were assisting other residents from chairs in one of the communal lounge areas to the dining room, some of these residents required the use of a hoist. The Healthwatch team noted that this was done gently, with both dignity and respect.

The relative respondent stated that they feel the staff have the time to do the essential care but they never have enough time to chat for very long, as they’re always dashing off to the next person. The relative added; “There should be more time with residents, one to one time would be even better.” When asked if the staff at the home have the skills to look after their relative, they said this is mainly the case, but they are always in a hurry. They added; “The staff in this home have no training on hearing loss - they know nothing about hearing aid maintenance or upkeep, which is worrying considering most residents can become isolated due to hearing loss and communication barriers.”

When asked if they feel they have enough time to care for the residents, all of the staff who answered this question stated that they don’t. Their comments included;

“No, I am not given enough time to get all paperwork done as well as delivering activities.”

“Could do with more staff on the nursing unit and less paperwork.”

“We are extremely busy, but always find time for our resident’s needs.”

When asked if they are encouraged to continue to develop their skills, all but one of the staff members who completed the survey stated that they are encouraged to complete both face to face and online training, with one staff member adding;

“Yes, I am currently undertaking a National Vocational Qualification (NVQ) level 5 in management.”

The remaining staff member said; “No. I get no support and very little guidance on how to do my job.”



When asked what they enjoy about their jobs at Archers Court, staff gave warm responses which included;

“Knowing my job brightens up the resident’s day and helps towards them having a better quality of life.”

“Making sure the home is nice and clean for the residents and knowing we are keeping infection control up to a high standard.”

“Every day is different and we have a good team of staff.”

When the Manager was asked how she encourages her staff to develop their skills, she said; “Every staff member is treated as an individual and encouraged to develop those skills which will suit them.”

When asked how she ensures her staff have enough time to care for the residents, the Manager stated that good organisation is important and having a structure and a good framework helps with time management and is reducing the time wasted on paperwork.

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.

All but one of the residents stated that the staff at the home know them well, they know what they need and like and don’t like. One resident said; “It amazes me! They know what’s wrong and how to put it right.”



The one remaining resident had recently come to stay at the home on a temporary basis and felt they had not been there long enough for the staff to know them.

When asked if they feel the staff know their relative’s life history, personality and health and care needs, the relative who completed the survey process said; “The carers know mum’s care needs, but I doubt they know much about her background as they never have time to chat much.” They added that the home notices and responds to changes in



their relative's needs and inform the family straight away by telephone or face to face.

The Manager and staff stated that they ensure they and other members of their team get to know the life history, personality and health and care needs of residents when they first arrive into the home by undertaking a pre-admission assessment. At this stage information about a resident is gathered and then entered into their individual care plan, which staff are encouraged to familiarise themselves with. Information is also gathered by speaking to the residents and their family members to build up a wider understanding of the residents and their needs. Information is updated in the resident's care plans on a monthly basis and when changes occur this is passed on by senior members of staff during daily handover meetings.

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

When asked about indoor activities at the home, the residents who engaged with the survey process gave the following list of activities available to them; visits from entertainers, reading, TV, bingo, painting, visits from organisations who bring different animals into the home, chair exercises, cooking and baking, parties and sing-a-longs.

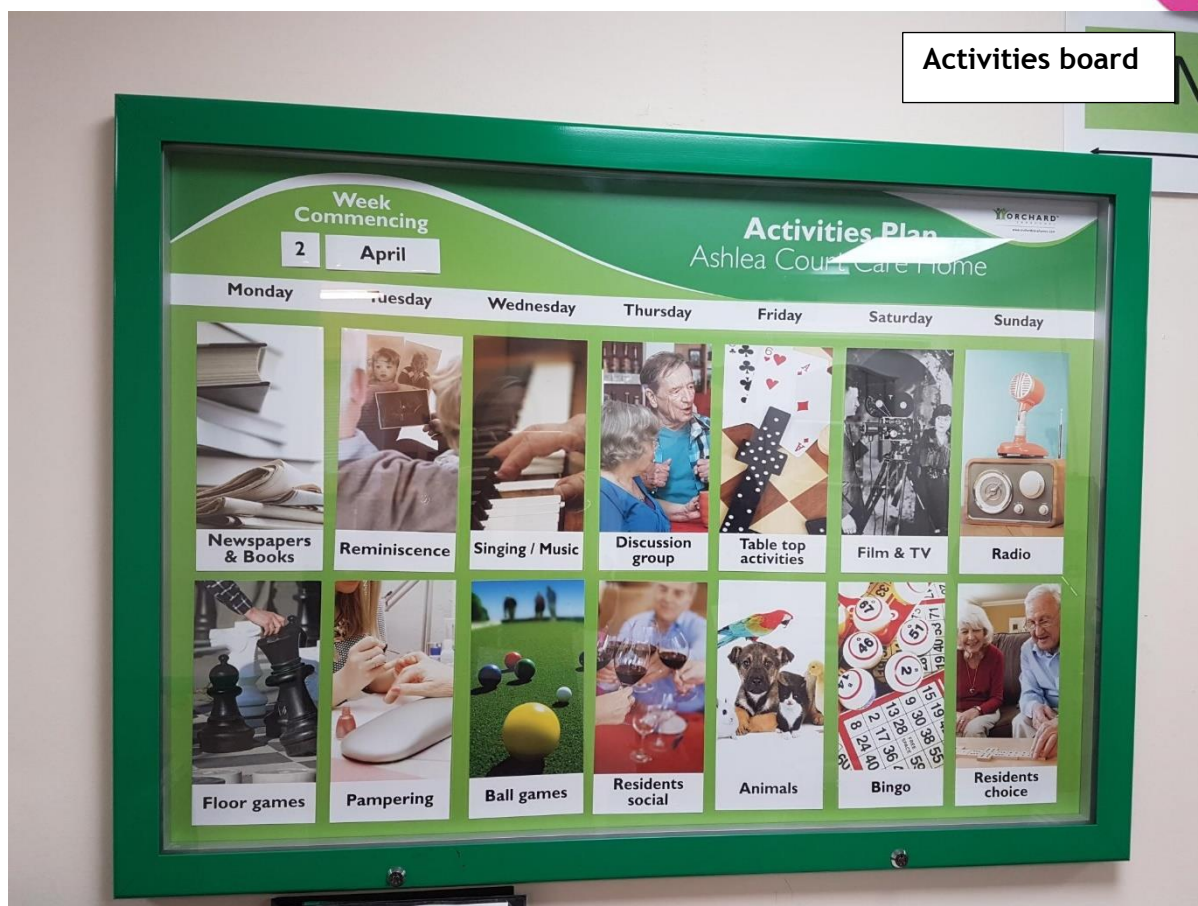
Two residents could not recall any activities at the home, this may have been due to their own individual health or capacity.

When asked about trips and outings several residents stated that they go out with their own family members, but none of the residents supported to complete the survey could tell the Healthwatch team about any trips which the home provides. Two residents stated that although they have not been on any trips with the staff from the home, this was their own personal preference.

When the Healthwatch team asked residents if it is easy to join in the activities at the home, some of them stated that it is, with staff members telling them what is available and when. Several residents did not respond to this question.

Two of the residents stated that they still enjoy reading, which they used to also enjoy before coming to live at Archers Court. Another resident said; "I'm bored stiff."

The relative who completed the survey stated that there are not enough activities taking place both inside and outside of the home and that this is one area that is not focused on enough.



They went on to say there is no dedicated room for activities and although the carers ask their mum if she would like to take part, there are no activities which suit her interests. They added; “She hates bingo and would prefer singing, learn about local history or art and my mum hasn’t been to any activity outside the home in the year that she has been here.” When asked if their relative is still able to do the things they used to enjoy before coming into the home, the relative said “Not really” and added that the resident’s family feel that she needs more intensive encouragement and coaxing to join in as she is spending too much time on her own in her room.

Staff members told us they feel activities are varied, with one staff member adding that bingo is a favourite of the residents at Archers Court. Staff went on to say that due to the fact that the home doesn’t have a mini bus outings and trips are very limited. They added that they offer both encouragement and assistance to residents to enable them to take part in activities.

The Manager gave a range of activities which are available to the residents at Archers Court, these included; virtual reality, board games, floor games, arts and crafts, flower arranging, dominoes, quizzes, cards games, gardening and visits from pets. She went on to say that residents are given person centred care and that although activities take place in groups, one to one activities are also available. She added that residents are both supported and encouraged to continue with their interests and hobbies after their admission into the home.



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

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

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

When asked about the food at Archers Court four out of the seven residents who were supported to complete the survey stated that the food is good. Their comments included;

“Fantastic, with plenty of choice.”

“I’ve been pleasantly surprised - it’s excellent! There are a range of regional meals, which I have been used to eating all of my life.”

Here are other comments we received from the remaining residents about the food;

“I’m easy to please and always clean my plate.”

“It’s no worse than anywhere else.”

“It’s alright - it’s edible, but not the best.”

When asked if there is enough choice of food at the home, the majority of residents stated that this is the case. Comments included;

“There’s a good variety and they will make alternatives if the menu is not to your liking.”

“There is usually a choice and I pick and choose.”

“There’s no choice, take it or leave it.”

During the Healthwatch team visit to Archers Court, the team witnessed the arrival of the tea trolley in the ground floor TV lounge, where many residents were sitting. The staff member serving the drinks was aware that one resident preferred milk to tea or coffee and this was served to her.

The relative stated that both quality and choice of food at Archers Court is very good, although they feel that mealtimes are a bit too close together, with lunch being served at 12 noon and the evening meal at 4pm. They went on to say that their relative is encouraged to eat as much as is needed, although they haven’t seen anyone encourage their mum to drink. They added the home ensures mealtimes are sociable by putting chatty residents together, but residents always sit in the same seats, so there is not much chance to get to know different people.



When staff were asked about the quality and choice of food available to residents at the home, one staff member told us that they feel the choice of food is good, although the quality could be better. The remainder of the staff respondents informed the Healthwatch team that the variety of food is not good, with menus being repetitive. One member of staff said; “The food is OK” with the other staff respondents not giving their opinion on the quality of the food. When the Manager was asked about the quality and choice of food at the home she said; “The food and mealtimes are planned in collaboration with dieticians and we offer our residents a wide range of healthy choices with a good nutritional balance.

The staff and Manager stated that they ensure residents are able to eat and drink at mealtimes as well as outside of mealtimes by; offering encouragement and assistance where necessary, sitting down with residents, ensuring they are given the right diet in line with their care plan e.g. the correct food consistency. They also said that respecting a residents wishes as to where they eat and by a range of snacks and drinks being readily available and served throughout the day is part of this process. The Manager added; “The kitchenette is available in the dining room and this gives the residents and their families the facility to make their own cup of tea or coffee.”

Both staff and the Manager said that residents are given the choice to eat their meals in either the dining rooms, communal lounges or their own rooms, although some staff added that they try to encourage residents to eat in the dining rooms to make mealtimes more sociable. A sociable atmosphere is also facilitated by playing ambient music, seating residents in the same places and offering a good quick service. One staff member said; “We aim for a friendly café/restaurant environment.”

Indicator 6 - Regular access to health professionals (GPs, dentists, opticians, chiropodists 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 residents who were supported to complete the survey process were asked about healthcare provision at the home and their access to health professionals, the majority of residents told the Healthwatch team they had seen a dentist and an optician at the home. One resident added that they recently had a hearing test and was issued with a new hearing aid and others said they had been seen by a chiropodist. Residents went on to say that either the staff or their family would make appointments for them with their GP or nurses from the practice and they are accompanied to appointments outside of the home by their families or staff. Comments included;

“I have been to the doctors once since coming here and the staff came with me.”



“The staff judge if I need to see a doctor and get them for me.”

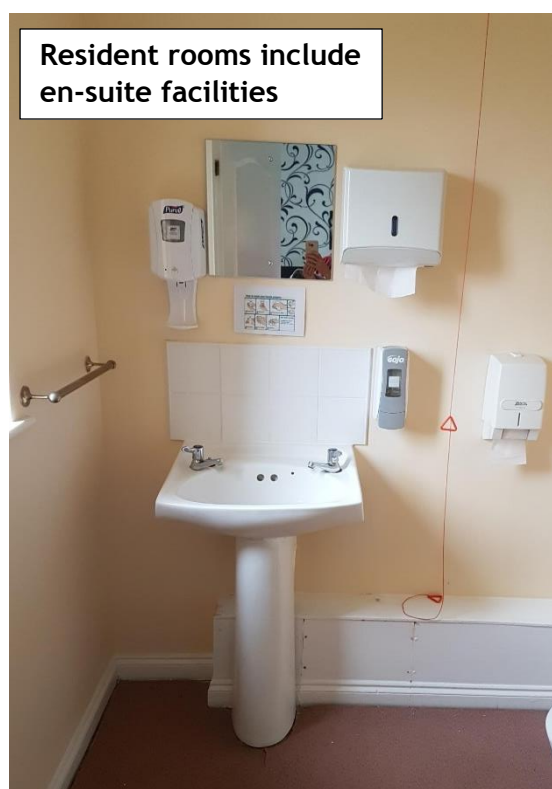
“My husband sorts this out for me and we go in a taxi.”

When asked about their relative’s access to healthcare professionals, the relative respondent said; “No problems. Family can organise these or pay the home extra for staff to go with residents to their appointments.”

The staff stated that the home works alongside a range of multi-disciplinary team members who visit the residents in the home when necessary. The Manager added; “We have good relationships with GP surgeries in the area and we collaborate with Vision Care and a local dentist who visit the home.”

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 are still able to follow their religion, some of the residents stated that although they ‘still believe’ they don’t have an interest in practicing their religion.

Residents gave a mixed response about the laundry service at the home, their comments included;

“My clothes are washed well.”

“I have had issues with the laundry in the past, but these have been sorted now.”

“My daughter does my laundry. I wouldn’t trust them, they did it once and it was a disaster.”

The relative said the laundry staff are pretty good at getting their own clothes back to them, occasionally socks go missing and their mum sometimes gets other

residents clothing, but this doesn’t happen often.

The Manager told the Healthwatch team that the laundry system at the home is based on a room numbering system, which ensures that all residents get their own items returned to them.

The residents and relative who responded to the survey process added that a hairdresser visits the home once a week to cut/style their hair. Residents added



that she had been there the morning of the Healthwatch visit. The Manager stated that some residents have chosen to keep their regular hairdresser and they also visit the home.

Healthwatch staff noted during our visit that the resident's hair was well kept, residents appeared to be clean and the gentlemen were clean shaven.

The Manager told us that the home finds out about and caters to residents' cultural, religious and lifestyle needs at the pre-assessment and details of these are documented into their individual care plans. She went on to give an example of one resident who attended church every Sunday prior to coming to live at the home. Upon her admission, this continued, with the home ensuring a taxi is booked to take her.

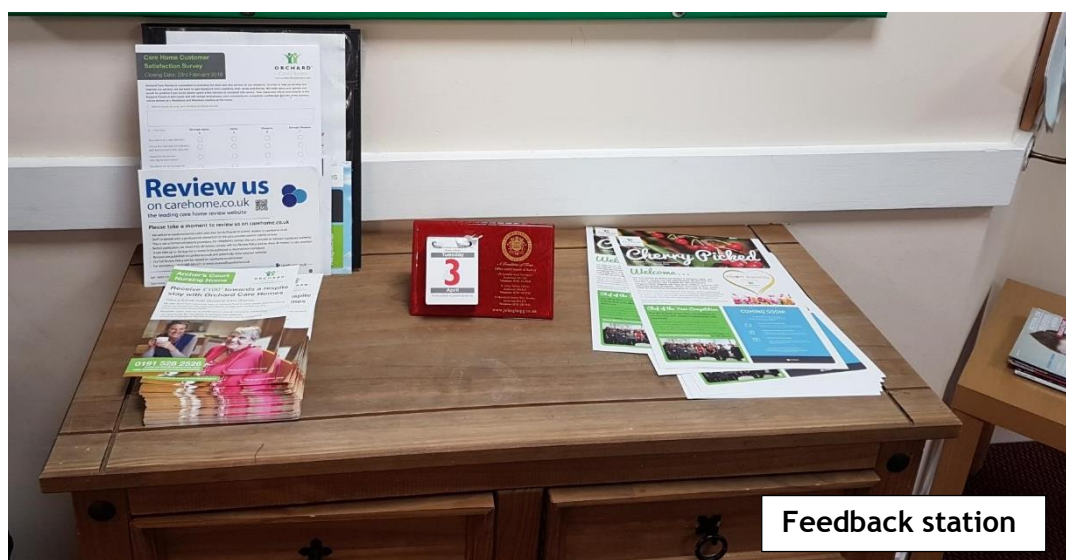
Staff stated that some residents are visited by members of the church and celebrate Holy Communion in their own rooms as well as one resident who is a Jehovah Witness and hosts prayer meetings in their room.

When asked what mechanisms are in place at the home to ensure all residents are always clean and appropriately dressed, the Manager said; "Person centred care, attention to detail and part of personal care."

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

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

The Healthwatch team AGREE this was met.



When the residents who engaged with the Healthwatch team were asked if they ever get asked what they think of the home, we received a mixed response. Some



residents stated that their family or the home's staff ask them and other residents indicated that they couldn't recall being asked this question. The Healthwatch team went on to ask the residents if they are happy at the home, which also initiated a mixed response. Comments included;

"I'm happy here. Even the handyman will have a chat."

"It's great!"

"I have no choice."

None of the residents which the Healthwatch team spoke to said there was anything about the home which they would like to change. Their comments included; "Not particularly. I'm grateful I settled in straight away."

One resident, who was new to the home felt they could not answer this question, as they hadn't lived there long enough.

The relative indicated that they and their family feel welcome participants in the life of the home, are invited to events and there is a notice board giving them this relevant information. They stated that both they and their relative can have their say on how the home is run by attending resident and relative meetings and giving daily feedback to the Manager. They would make any complaints face to face or in writing and would feel confident that it would be acted on appropriately.

The Manager and staff informed us that residents and their families can have their say on how the home is run by attending regular resident and relative meetings. None of the staff gave an example of how a resident or their family member influenced how the home is run. The Manager added that there are monthly surveys available for completion by both residents and relatives.

The majority of staff informed the Healthwatch team that they are able to have their say on how the home is run by attending staff meetings, which include daily 'flash meetings,' where issues can also be raised. This was confirmed by the Manager. The one remaining member of staff stated they don't have a say on how the home is run.

The Manager added that the home's staff are involved in all aspects of managing the home.

The Manager said that the home learns from all situations and events and makes use of complaints and feedback at monthly clinical governance meetings, where trends and patterns are looked at.



5. Appendices

Appendix 1 - Questions for residents

1. Do you know 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?
6. What activities are there for you in the home?
7. What activities are there outside the home?
8. Is it easy to join in the activities?
9. Do you get a chance to do any of the things you used to enjoy before you came here?
10. What do you think of the food here?
11. Is there enough choice of what you eat and when you eat?
12. Do you enjoy mealtimes?
13. Have you seen a dentist to check your teeth or an optician to check your eyes recently?
14. What happens if you need to see a doctor or have an appointment at the hospital?
15. Is there respect for your religion or your culture here in your home?
16. Do you get asked what you think about the home or if you are happy?
17. Would you like to change anything about the home? Have you told anyone about this and what happened?
18. 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?

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 encourage staff to develop their skills?
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 tastes and their health and care needs updated as these change?
4. **Offer a varied programme of activities**
What activities are available for residents inside and outside the home?

What encouragement and assistance do you give to residents so that they can take part in activities?

How do you support residents 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**
What systems are in place to support residents to eat and drink at mealtimes and outside of mealtimes?

What choices do residents get about what they eat and drink and when and how they eat and drink?

In what ways do you try to make mealtimes sociable?
6. **Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists**
Please tell us about visits from health professionals such as GPs, nurses, dentists, opticians, 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?

What provision is there for residents to regularly get their hair cut/styled?

How do you ensure that the laundry staff getting 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?

Are staff able to have a say in how the home is run?

How do you make use of feedback or complaints from residents and relatives?



Appendix 3 - Questions for staff

- 1. Have strong, visible management**
What support do you receive from the manager?

How easy is it to talk to the manager when you want to ask a question or raise an issue?
- 2. Have staff with time and skills to do their jobs**
Do you feel you have enough time to care for residents?

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 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 tastes and their health and care needs updated as these change?
- 4. Offer a varied programme of activities**
What activities are available for residents inside and 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**
How do you make sure residents are able to eat and drink at mealtimes as well as outside of mealtimes?

What choices do residents get about what they eat and drink and when and how they eat and drink?

In what ways do you try to make mealtimes sociable?
- 6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists**
Do residents have regular, preventative dental and optometry (eye-care) appointments?
- 7. Accommodate residents' personal, cultural and lifestyle needs**
Can you give an example of how the home caters for religious and cultural needs?
- 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?

Can you provide an example of how a resident or their family member has influenced how the home is run?
Do you feel staff can have a say in how the home is run?



Appendix 4 - Questions for friends and relatives

1. Strong visible management

Do you know who the Manager of the home is?

Is the Manager friendly and helpful?

2. Have staff with time and skills to do their jobs

Do you think the staff have the time and skills to care for your friend/relative?

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?

4. Offer a varied programme of activities

What do you think of the activities available for residents inside and outside the home?

Is your friend/relative properly encouraged and supported to take part in the activities?

5. Offer quality, choice and flexibility around food and mealtimes

What do you think of the quality and choice of food?

Are you confident that your friend/relative is supported to eat and drink as much as needed?

Do you think that mealtimes are sociable?

6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists

Does a dentist and an optometrist (optician) come to see your friend/relative regularly or only if there is a problem?

7. Accommodate residents' personal, cultural and lifestyle needs

Does your friend/relative have any specific lifestyle or religious or cultural needs? Are these respected and accommodated?

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 your friend/relative have a say in how the home is run or give feedback?

Would you know how to make a complaint if you wanted to?

Would you feel confident to make a complaint and do you think it would be acted on appropriately?



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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