

Care home life, what it's really like!

## Ashbourne Lodge



Date of Healthwatch Sunderland visit:  
24<sup>th</sup> April 2018





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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?

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.





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## 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.



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### 3. Methodology

An initial pre-visit meeting with the home's Manager, Punam was held at Ashbourne Lodge. 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 24<sup>th</sup> April 2018 and was carried out by Healthwatch Sunderland staff 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	 Agree				
2.	Staff with time and skills to do their jobs	<table border="0"> <tr> <td> Neutral</td> <td> Agree</td> </tr> <tr> <td>Time</td> <td>Skills</td> </tr> </table>	 Neutral	 Agree	Time	Skills
 Neutral	 Agree					
Time	Skills					
3.	Good knowledge of each resident and their changing needs	 Agree				
4.	A varied programme of activities	 Strongly agree				
5.	Quality, choice and flexibility around food and mealtimes	 Agree				
6.	Regular access to health professionals	 Agree				
7.	Accommodation of resident's personal, cultural and lifestyle needs	 Neutral				
8.	An open environment where feedback is actively sought and used	 Agree				



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## Findings

Ashbourne Lodge is a purpose built property located adjacent to Backhouse Park on The Cedars, Sunderland, SR2 7TW.

The home provides accommodation and personal care for up to 40 people, some of whom may be living with dementia. There is a choice of lounge areas with views across the park. Some of the resident's bedrooms also have views across the garden and the park and have en-suite facilities.

Chefs at Ashbourne Lodge prepare a choice of home cooked meals and cater for any dietary and cultural needs.

See the latest CQC inspection report here:

<http://www.cqc.org.uk/location/1-319142890>

At the time of our visit there were 37 residents living in the home, at least one of whom was staying on a respite basis. Due to the capacity of the majority of the residents, the Healthwatch team were only able to support 4 residents to fully complete the survey and 1 resident to partially complete the survey. The team received 10 staff and 2 surveys from relatives back. One of the relatives informed us that their relative had recently sadly passed away, but they still wanted to give their feedback about 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.**

Four of the residents who were supported by the Healthwatch team stated that they do not know the Manager of the home, this may have been due to their own individual health or capacity. The remaining resident stated that although they couldn't name the Manager, they would recognise her and added that she is very nice.

The relatives who engaged with the survey process informed us that they know who the Manager of the home is and were both able to name her and gave positive comments about her. These included;

“On the ball! Always very approachable regarding any concerns or questions. Clearly takes her role very seriously.”

“She knows the systems and care protocols. She has regular staff meetings. Recently she was excellent at explaining the stages of care etc.”

When asked what support the staff get from the Manager, the majority of the staff told us that they get the support they need, when they need it. Two staff





members answered this question; “Depends” and the one remaining staff member said; “Sometimes she is busy with her own work.”

Five of the staff respondents said that they find the Manager easy to talk to, their comments included;

“She is easy to talk to and helps where she can.”

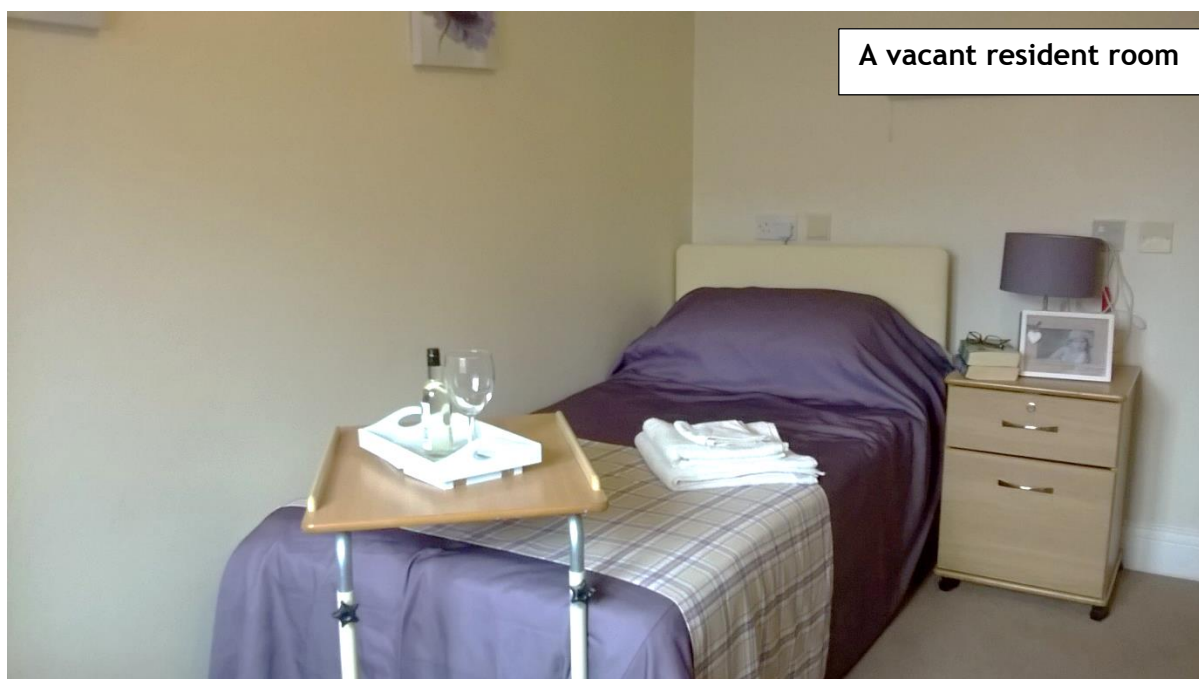
“I can speak to my Manager about anything.”

The remaining four staff members indicated that the Manager is often busy, their comments included;

“My Manager is often busy with her own work, but if I have any issues, they will eventually be sorted and she will do it to the best of her ability.”

“Often can be difficult.”

“If she is not busy, she is easy to talk to.”



The Manager of the home told us that she was attracted to the role of care home Manager as the company, HC-One provides kindness in the care they provide. She went on to tell us what she enjoys most about her role, which is; looking after the residents, seeing them smile and ensuring all of her residents needs are met on time.

During the Healthwatch team visit, the Manager gave the team a tour of the home. During this time we witnessed several positive interactions between the Manager and residents. The Manager introduced the Healthwatch team to residents, using their names. One resident took the Manager by the arm and they walked together along one of the corridors, whilst chatting. They both appeared to be very relaxed in each others company.



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

The four residents who were able to fully complete the survey gave the Healthwatch team a range of positive comments when asked about the staff at Ashbourne Lodge. These included;

“They are very good and very friendly.”

“They are very nice. It’s comfortable here and I am very happy here.”

When the residents were asked if the staff have time to stop and chat to them, they indicated that the staff are often busy, but the majority of the residents added that they find time to chat to them. Resident comments included;

“I don’t think they are given time, but they make time to stop and talk.”

“They are sometimes very busy, but they are ever so nice to you. When they are working, they chat to you.”

“The staff here are OK, but they don’t chat much.”

During the Healthwatch team visit we witnessed one resident asking to go for a cigarette, the staff accommodated this request.

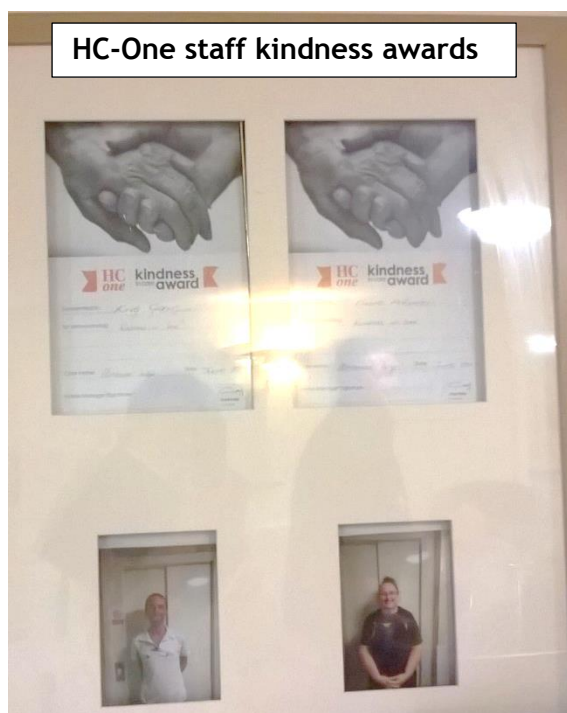
When asked if they feel the staff have the time to care for their relatives, the relatives both spoke favourably about the staff at the home. One indicated that at times staff can appear to be ‘stretched’, this is particularly apparent during times of staff sickness or if there was a crisis at the home. The other respondent said that although the staff at the home clearly make time and seem to be able to focus on particular needs, more staff would ensure that needs are fully met. They added; “But given the circumstances, staff perform excellently.”

The relatives, when asked if they feel the staff at the home have the skills to care for their relatives, gave us the following comments;

“Some extremely strong staff at Ashbourne Lodge. High level of personal care - I shall not single out anyone! Medical staff seem well trained and understand needs and procedures.”

“Yes, I believe they understood the need for patience, sympathy and basic care.”

One relative went on to tell us that they feel more training is needed at the home around hearing aid maintenance and hearing loss awareness.



When the staff were asked if they feel they have enough time to care for the residents, the majority of staff respondents stated that they do, when the home is fully staffed. One staff member indicated that the level of paperwork can sometimes be a barrier to this and two further staff members said they do not have the time to care for residents.

The majority of staff went on to say that they feel they are sufficiently encouraged to complete the relevant training for them to develop their skills. Two staff members added that they do not like the e-learning, computer based training which is provided, with the one remaining staff member stating they would like more training to help them develop their skills.

When we asked the staff at Ashbourne Lodge what they enjoy most about their jobs, they all either answered 'everything' or caring for the residents.

The Manager told us that she encourages her staff to develop their skills by working alongside them and there is training provided by the company, to support staff in their roles. She added that she ensures that the staff have enough time to care for the residents by allocating daily duties, undertaking observations and carry out staff supervisions, appraisals and team talks.

### **Indicator 3 - Good knowledge of each resident and changing needs**

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

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

When the residents were asked if the staff know what they need, like and don't like the Healthwatch team received some enthusiastic responses, which included;

"Oh yes! Those who deal with you, know you."

"Yes I think they do! We all get on well together here."

The resident who was at the home for a short stay stated; "They are getting to know me."

When the relatives were asked if the staff at the home know/knew their relative's life history, personality and health and care needs, one relative said;

"Excellent knowledge, always willing to listen and learn more from relatives."



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The remaining relative stated that they found this question difficult to answer.

Both of the relatives indicated that the home has noticed and kept them informed of changes in the relative's needs, whether this be over the phone or during their visits to the home. One relative stated that information was sometimes sought by the relative and not offered by the home.

Staff stated that they ensure they and their team members get to know a resident's life history, personality, health and care needs when they first arrive at the home by speaking to the resident, their friends, relatives and professionals involved in their care. They added that reading resident's care plans is also an essential part of learning about residents.

Staff added that they keep up to date with any changes in resident's needs by attending handover meetings and by senior members of staff updating care plans and fluid charts as and when changes occur.

The Manager told the Healthwatch team that she ensures staff know a resident's life history, personality and health and care needs when a resident first arrives at the home by carrying out a pre-admission assessment, taking a detailed life history, utilising the admission check list and having close contact with a resident's family. Any changes in a resident's needs are updated on diet notifications, the resident's profile, their eating and drinking care plan and daily food record sheets.

#### **Indicator 4 - A varied programme of activities**

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

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

The Healthwatch team asked those residents who were supported to complete the survey process what activities are available to them at the home, one resident stated that although the home 'do nice things' she rarely took part. She went on to say this is her particular preference, although she had been to a sing-along recently in the main lounge, which she had enjoyed. Another resident stated that 'the girls' do her nails. Some residents told the team that they prefer to be in their own rooms watching TV or reading, others could not recall any activities, but this may have been due to their own health and capacity.

One resident said; "Sometimes I can't manage to join in, so I sit and watch."

The Healthwatch team witnessed ladies having their nails painted by staff members in the main lounge during our visit. One resident was sat in the middle of two staff members whilst they painted the nails on one of her hands each, the resident looked happy and relaxed and proudly showed off her nails to the team.

When asked about trips outside of the home, we received the following comments from residents;



“I don’t like trips out, but I go out with my family to Seaburn.”

“I’ve been out several times. They say, shall we go here or shall we go there?”

“I don’t like trips, but think some of them do. I am often chilly. It’s my choice not to go.”



The residents who were able to answer the question stated that they thought the activities at the home are easy to join in.

When asked if they are still able to enjoy their past hobbies and interests, residents who were supported to complete the survey process indicated that this is no longer the case and this is due to their own health and capacity. Comments included;

“I enjoy playing Bridge, but there is no one here to play with me.”

“We used to have pets, but not now - I’m 91 years old.”

“I used to have a bash at horseback riding, but I don’t do that now.”

The relatives gave positive feedback about the activities at the home. They said;

“Programme has been comprehensive and excellent.”

“There seemed to be a number of varied activities, ‘special days’ etc. A list was posted in the lift and around the home. There were regular events and visitors too.”

Both relatives stated that their relatives were included in activities, with one relative adding that their father who was not a resident at the home was also included during his visits. Both stated that their relatives were not able to





undertake their past interest and hobbies at the home, but that this was due to their own health and capacity.



Both the Manager and staff gave us a range of activities which are available to the residents at Ashbourne Lodge. These included; Coffee mornings at other HC-One homes, exercise, bowling, bingo, movie days, board games, arts and crafts, beauty therapy, cards, dominoes, reading, TV, radio, one to one chats, singing, visits from outside entertainers, going out for dinner, nail painting and regular outings as the home has access to a mini bus.

Both the Manager and staff stated that residents are encouraged to take part in the activities by tailoring them to a resident's likes and dislikes, offering both one to one and group activities, by staff taking part with residents to help them feel comfortable, making sure residents are suitably dressed for the activity and offering support and assistance where necessary.

The Manager went on to say that she ensures that residents are supported to continue to do the things they used to enjoy before coming to live at the home by; visiting their favourite places, taking them on regular shopping trips and taking the gentlemen out to local pubs.



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

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

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

All but one of the residents gave a range of positive comments when asked about the food at the home. Their comments included;

“I think it is very good.”

“It’s pretty good, I have no complaints. If you don’t like it, they take it off you.”

“The food is very good. My favourite is pudding and custard.”

The remaining resident said; “I’m not keen on it, it’s all mixed up.” The Healthwatch team went on to ask this resident what they thought about the breakfast at the home. Their demeanour became more positive as they went on to tell us that there is a choice of a cooked breakfast and cereal at breakfast time and they stated that they enjoyed it.



Some of the residents informed us that there is a choice of two meals at mealtimes. One resident stated that they felt there isn’t enough choice and another felt a request for alternatives at mealtimes wouldn’t be accommodated, although she had never asked if this would be possible.



The residents told us that they either eat their meals in the main dining areas or in their own rooms. When asked if they enjoy mealtimes in the home, residents gave positive responses, which included;

“Oh yes, they are very good to you. I leave the meat on my plate as I don’t like to eat it. They keep putting it on though in the hope I will eat it.”

“I do indeed.”

“On a morning I do. I get plenty of drinks too.”

When asked about the quality and choice of food at the home, the relatives said;

“Sometimes this seemed rather stodgy (bread heavy), but I tended to visit in the afternoon when it was teatime, so can’t comment more generally.”

“Good quality and choice. Perhaps some white sauce with fish? Tartare sauce/mayonnaise?”

Both relatives indicated that they are confident that the relatives are/were supported to eat and drink as much as possible. Fluid and eating charts are used within the home, food is pureed when needed and staff are on hand to assist with feeding when required. Specialist cutlery is also used for those residents who would benefit from it. Both relatives went on to say that mealtimes are made sociable at the home by residents sitting together in either the dining room or communal lounge areas. One relative added;

“I feel that table groupings are well considered.”

The Healthwatch team witnessed residents drinking juice which had been given to them by staff. Later in the visit the ‘tea trolley’ was being taken round to residents, offering them tea or coffee.







When asked about the quality and choice of food at the home, the Manager stated;

“The menu is compiled by dietitians within HC-One winter/summer, but is also tweaked to resident choices, likes and dislikes within the home to personalise the menu. Side menus are also available.”

The Manager and staff informed us that they make sure residents eat and drink both during and outside of mealtimes by staff offering support and encouragement where required and offering food related activities. Staff added that having everything in place at mealtimes is essential, also staff taking time to sit with residents when they eat, offering food choices and choices around when and where residents eat, also encouraging snacks with drinks throughout the day.

Staff went on to say that the dining areas in the home are of good quality and mealtimes are made sociable by residents being encouraged to eat in the dining rooms together to chat, staff also sitting at the tables with residents, background classical and old style music being played and operating protected mealtimes (a period of time when activity is reduced so staff can be available to help serve and supervise meals and assist residents who need help to eat and drink. This time also includes limiting visitors).



## 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 those residents who were supported to complete the survey were asked if they have seen a dentist to check their teeth or an optician to check their eyes recently, the Healthwatch team received a mixed response. Some of the residents



could not recall having these visits, although this may have been due to their own health and capacity. Other resident comments included;

“I had my eyes checked and got new glasses recently and the Chiropodist visits regularly to care for my feet.”

“I think I have seen a dentist.”

Some of the resident respondents were able to tell us that the home’s staff make arrangements for both doctor and hospital appointments and visits and that either the staff or their own family members escort them to appointments.

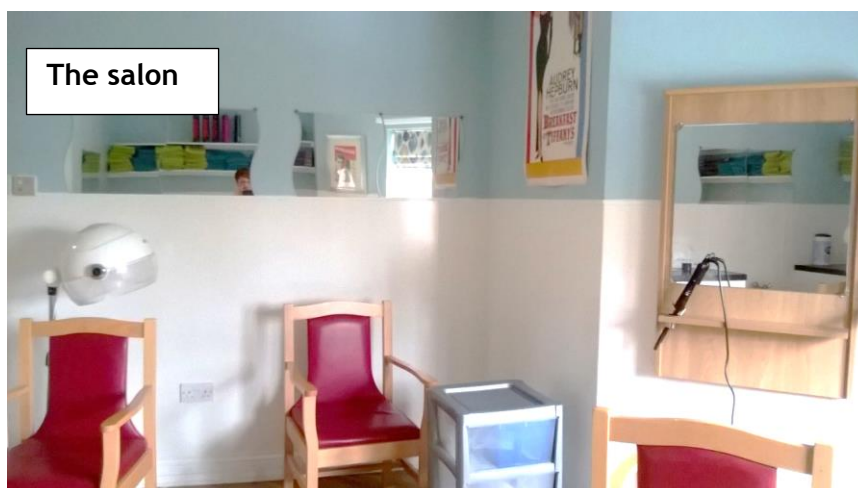
When asked about their relative’s access to health professionals, both relatives indicated they were happy with the level of access and the speed at which services were accessed when required. Professionals which had visited the home to tend to their relatives included; GPs, District Nurses, The Recovery at Home Team, chiropodists, dentists and opticians. One relative stated that when hospital visits were needed their relative was accompanied by a member of the home’s staff, who stayed with them throughout.

Staff informed us that residents have regular, preventative dental and optometry appointments and that senior members of their team make arrangements for yearly check-ups and ad-hoc appointments as and when needed.

The Manager went on to enhance this information by telling us that the home is registered with a local GP practice, chiropodist and dentist, has accessed the ‘One Point’ District Nursing team and Vision Call, who are an ophthalmic service which makes visits to care homes.

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



Three of the residents who were supported to complete the survey stated that they do follow a religion. One of those residents stated that she follows the Jewish religion, the home is aware of this



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and staff ensure that she is not served pork. One resident said that they like to go to church and another said although they are not aware of any religious visitors to the home, they have no issue with that.

Some of the residents stated that they have had items go missing when they have gone to be laundered, with one resident adding they have items of clothing in their drawers which they do not recognise as theirs.

The hairdresser had visited the home on the morning of the Healthwatch visit and several of the residents' hair was looking newly cut or styled. Female residents had, or were in the process of having their nails painted by the staff.

One of the relatives who completed the survey stated that their relative does have some religious and cultural needs, as they are a practising Christian. Although they knew a minister from a local church visits the home, they were unsure if Holy Communion was available.

When asked what provision is made by the home for residents to have their hair cut/styled, both relatives told us that there is a visiting hairdresser, which residents pay for themselves. One relative commented;

“Excellent! Mam has looked like Cilla Black, possibly Adele will be next week.”

One of the relatives stated that they find the laundry staff at the home to be excellent at getting their relatives clothing back to them. The other respondents experience had been mixed. Although relatives had labelled garments, they would often be given to others and vice versa.

When asked if their relatives were always clean and appropriately dressed, one respondent stated that this is the case. The remaining respondent said;

“At mealtimes, food was dropped onto her clothes and I couldn't understand why an apron wasn't used.”

The staff informed us that they feel all residents religious and cultural needs are met at the home. Any specific needs are documented into residents individual care plans and accommodated. Visits to church are made possible, there is a mass once a month at the home and special dietary needs are also met.

The Manager went on to say that the home makes provision for residents to have their hair cut/styled on a weekly basis if they wish. A hairdresser visits the home every Tuesday. She added that there is a system in place to ensure all residents get back their own items from the laundry and this includes items being named tagged, washed and ironed on a daily basis and hung back into resident's wardrobes. The home has mechanisms in place to ensure that residents are always clean and appropriately dressed by following HC-One's company policy of 'Kindness Care,' the Manager undertakes regular 'walk arounds' where she makes observations.



## 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.**

The Healthwatch team asked those residents who engaged with the survey process if anyone ever asked if they are happy at the home and if they are happy living at Ashbourne Lodge. Several of them said the staff at the home ask them, sometimes in general conversations. Their comments included;

“Oh yes, I couldn’t ask for better.”

“I don’t need them to ask me - I am happy!”

“I’m happy enough here, I wouldn’t expect any better.”

One resident stated that they are not happy, but this was due to the fact that they were missing their home.

None of the residents said that there is anything about the home which they would like to change. One resident said;

“No, I don’t think they could do better. If we all had everything we wanted, it would be a right mess.”



When asked what they would do if they wanted to make a complaint, the residents stated they would speak to either a member of staff at the home or their own family members. Their comments included;

“I wouldn’t be frightened to say if something wasn’t right for me. I would speak to a nurse, who would pass it on.”

“I would talk to my daughter if needed. There have been no worries or crises while I’ve been

here. I would be happy to stay here again.” (Lady who was staying for a short respite).

Both of the relatives stated that they always feel welcome participants in the life of the home. One respondent said;





“Very much so and particularly my father, who visited daily. Staff greeted him by name (and me) and were very caring about his needs. This has been especially visible during the last few days, following my mother’s death.”

When asked in what ways both they and their relatives could have their say in how the home was run, only one relative responded to this question and said;

“Not many, except via telephone calls about specific problems/needs.”

This relative went on to say that if they ever needed to make a complaint about any aspect of the home, they would firstly speak to the Manager and then to HC-One, the provider of the home. They went on to say that the home’s Bursar also helps to sort out any difficulties or queries. They added that they would feel confident that a complaint would be acted on appropriately and that they had cause to contact HC-One in the past about a change in policy; the matter was duly clarified and sorted out to their satisfaction.

The staff and Manager informed us that both residents and their families can have their say in how the home is run by attending residents meetings, speaking to staff or the Manager, the home has a suggestion box and a feedback computer in the reception area, completing resident and relative surveys and the Manager has an open door policy or they can visit [www.carehome.co.uk](http://www.carehome.co.uk) which is an online feedback website and leave comments there.

The Manager stated that feedback or complaints from residents and their relatives is shared with staff and the necessary changes are made to day to day tasks and improvements are made.

When asked if they can have a say in how the home is run, the staff who responded to the survey gave a mixed response, with the majority stating that they can have their say and their feedback is welcomed by the Manager at meetings or by going to speak to her. Two staff members felt that they can sometimes have their say.

The Manager stated that staff can have their say by completing feedback surveys, by attending staff meetings, ‘flash’ meetings, head of department meetings and supervisions and appraisals.



The view over the garden and Backhouse Park



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## 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?



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## 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?



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## 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?





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## 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?



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**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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