

Care home life, what it's really like!

Blossom Hill



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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.





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 homes Manager Karen was held at Blossom Hill. 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 21st September 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	 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	 Strongly agree
8.	An open environment where feedback is actively sought and used	 Strongly agree



Findings

Blossom Hill is a two storey purpose built home situated in a quiet cul-de-sac on Riga Square, Sunderland SR5 5DD. The home has 40 ensuite bedrooms, communal lounge and dining areas and an enclosed garden area, which has a summer house in the grounds used for activities.

Due to the capacity of the majority of the residents, the Healthwatch team were only able to support 2 residents to fully complete the survey. The team received 7 staff and 4 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 AGREE this was met.

When the Healthwatch team asked the residents who the Manager of the home was and what they thought of her, one lady was unsure as she had just moved into the home that week and the other resident was able to name her and said, “She is brilliant, a nice caring person, anything you need she will get it.”

When asked the same question, all friends and relatives who responded to the survey, were able to name the Manager and all had positive comments, stating that she is approachable, professional and friendly.



“Karen is very informative when querying anything. She is approachable, friendly and kind. She is very knowledgeable and a very good nurse.”

As part of the survey process staff were asked what support they receive from the Manager, all but one staff member said they received good support; “I get a lot of support from my Manager on a day to day basis and she helps me a lot in my job.”

The one member of staff who didn't respond positively commented that they received no support from the Manager.

The Manager informed the Healthwatch team that she was



attracted to the role of the care home Manager for a number of reasons including; leadership of managing high standards of care and to inspire good care.

She went on to explain that she enjoys the positive challenge in her role and developing a team.

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

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

The Healthwatch team AGREE this was met.

The Healthwatch team asked residents what they thought of the staff and if they had time to stop and chat with them. The two residents who answered complimented the staff, saying that they were brilliant or very good and will chat to you as they work but are often very busy.

Friends and relatives when surveyed were asked if they felt staff had time to care for their friend or relative, of those who responded the majority gave positive comments. These included;

“They are there when my mum needs them.”

“Staff often seem to be constantly on the go. Residents who are less vocal can sometimes receive less attention.”

“Staff are very hardworking and look after my partner very well.”

When staff were asked if they had enough time to care for residents all staff answered yes to the question. The Manager added that she ensures staff have time to care for residents by ensuring that the staffing ratio is adequate and that staff support each other including the kitchen and auxiliary staff who are also involved in the running of the home.

The Healthwatch team asked staff if they were encouraged to develop their skills, all who completed the survey stated that they are and attend training courses on an ongoing basis. The Manager reiterated this, telling us that she encourages staff to learn at all times providing both mandatory training and training around individual’s interests. She also encourages staff communication via group discussions and positively supports staff through supervisions. She also believes in identifying and rewarding good practice.

All of the staff except one, indicated that they enjoyed their job, their comments given included;

“Helping the residents with their everyday needs.”

“I love the residents and doing personal care making sure that they are clean and comfortable and safe.”



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.

One of the residents the Healthwatch team spoke to, said that staff knew them well and are aware of their likes and dislikes. The other resident informed us that she hadn't been in the home for very long (a few weeks) but staff were taking time to get to know her and were beginning to get to know her personality.

When asked how well they thought staff knew their friends or relative, all who completed the survey gave a positive response. The responses given included;

"They know how to approach him now and know a lot about him."

"Very well, they ask me questions about mum and understand her."

They added that they are always informed of any changes that may take place in their resident's needs. This is either done when visiting the home or via telephone

Staff and the Manager informed us that they get to know resident's life history, personality and health and care needs via various methods. These include the allocation of a key worker, reading of the residents individual care plans and the sharing of information on any updates of changes in residents at staff handovers. They added that any changes in a resident's health and care needs or preferences are noted in their care plan and then communicated with relevant staff; "If their taste in foods change the kitchen staff will be informed to accommodate this."

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.

During the Healthwatch visit staff witnessed a word association game taking place in the lounge area. There was several residents who had been assisted along to the lounge to join in and all residents were included in and engaged by the activity.

One of the residents the Healthwatch team spoke to who was taking part in the activity, explained she liked to join in and particularly liked the games of skittles, cards and bingo organised by the home. She added she hadn't been on any outdoor trips yet but would like to in the future if she was feeling physically fitter.

The other resident the Healthwatch team spoke to told us, she was a new resident to the home and was taking her time to settle in. As a result she hadn't been along to the lounge to join in the activities but was informed when they were taking place. She added that with her family, she had taken part in the cheese



and wine night in the home and had also been made aware of other entertainment coming up such as a Guy Fawkes night, a Halloween party and a Christmas fayre. She showed the team the home's activity sheet, which she had pinned to her bedroom wall.

When relatives and friends were asked about the activities provided in and out of the home there was a mixed response. Two relatives stated that they were getting better and others mentioned the type of activity that took place and how staff encouraged residents to take part;

"There are lots of activities and social nights. They try to encourage him but he is bedridden."

"Staff do encourage residents to partake in activities and assist each other, often by informing them they can stop if they are not enjoying it rather than not joining in at all."

Staff and the Manager informed us about the range of activities available in and outside of the home which are aimed to encourage both family and the local community. The indoor activities they informed us about included; singers coming into the home, card games, dominoes, bingo, pamper session and exercises. The home also has a summer house which is used for activities when the weather permits. They went on to explain about the range of activities outside of the home including; gardening, visits to local parks, outdoor walks, bingo at the church hall, pub lunches and knit and natter clubs.





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.



Dining area

Residents informed the Healthwatch team that they enjoyed the food in the home and there was a good choice available. One resident told us she particularly liked her breakfast and when she first came into the home she was specifically asked about her likes and dislikes. She went on to say that should there be nothing she liked from the two choices given, she could ask for an alternative and she eats her meals in the dining room where she sits with two other residents and has a good time.

During the visit the Healthwatch team witnessed the tea trolley being taken round the home and residents being given refreshments to their liking. For those residents who required it, staff gave them additional support.

Relatives and friends all stated that the food was excellent or good.

“Food menu is varied and residents are always offered two choices. Alternative meals are

available if neither choice is wanted. When residents are unable to be at the home at mealtimes i.e. attending hospital appointment, food is available on return.”



When asked if they were confident that the friend or relative is supported to eat and drink as much as needed responses from friends and relatives ranged from quite confident to very confident. Comments were also given that mealtimes are made sociable at the home by encouraging residents to sit in the dining room, with four residents per table.

“I visit at mealtimes and it is a very sociable time.”

All staff who responded to the survey stated that the food choice and quality provided at the home was good or very good. One staff member added that they find soft options are too much the same for dinner and tea.

The Manager added that she continually monitors the menu and works closely with the cook and nutrition champion. She also monitors the dining room experience.

The home also provides food outside of mealtimes and the servery is replenished throughout the day by kitchen staff. Residents are asked what choice they would like from the menu and shown plated food to help with their decision making. The cook also has a good understanding of resident’s personal preferences and collects resident’s daily choices.

Residents can choose to have their meal in their room or dining room and where they sit. Staff make the mealtime sociable by encouraging residents to talk to each other and support with the interaction. The environment is made bright, calm and relaxing and the door is closed to maintain privacy and dignity.





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 asked about health check-ups they receive both residents the Healthwatch team spoke to said that they see all the relevant professionals such as dentists, opticians and chiropodist etc. who come into the home. One resident explained, should she need to see a GP, if feeling unwell the staff at the home will arrange for the GP to visit her in the home. The resident who was new to the home informed us that her GP was aware that she was in the home and will be helping to sort out her medication.

Relatives and friends who completed the survey reiterated what the residents had informed us about healthcare provision within the home, stating that the home receives regular visits from health providers and that GP's can be called upon when needed. They also added that the care home staff had in the past accompanied their friend and relative to hospital when attending appointments.

Staff and the Manager explained that the home has good liaisons with all health professionals and maintains good communication with them. The home receives regular visits from the allocated professionals such as chiropodist, dentist and nurses to treat the residents and offer advice. Any visits received are then documented in the care plans and daily notes.





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

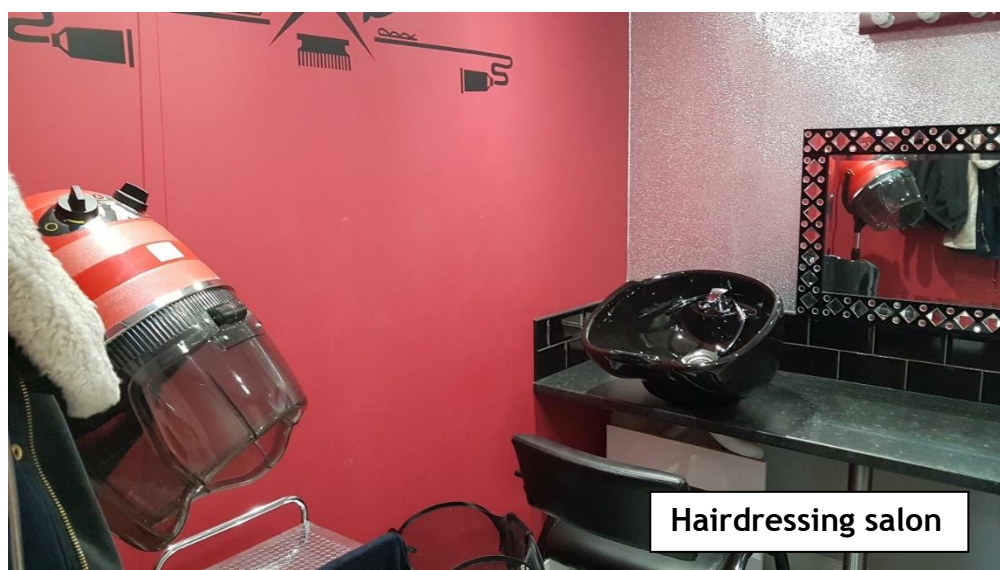
The indicator states that care homes should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs and shouldn't make people feel uncomfortable if they are different or do things differently to other residents. The Healthwatch team **STRONGLY AGREE** this was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

Both of the residents when asked explained that the home caters for their personal and cultural needs. They told us that the home receives visits from the local church who provides Holy Communion which they can participate in if they wish.

During the visit the Healthwatch team observed that many of the residents looked well-kept and had recently had their hair styled. During the activity provided in the lounge area the Activity Co-ordinator on hearing the Healthwatch staff in conversation with a resident about her painted nails, said she would give the lady a manicure later that day. The offer of was much appreciated by the lady.

Another resident explained that she got all her laundry done at the home and was impressed with how well this was done, even her woolly jumpers come back nice. She went on to add that she had decorated her room to her liking and was able to bring in her own bedding.

Staff who responded to the survey explained that they find out about residents cultural, religious and lifestyle needs during pre-admission assessments and induction. The Manager explained that she encourages good communication with the residents to gain this information and when not possible with their family and friends. The home didn't have anyone with specific cultural dietary needs whilst on the visit but it was shared that the cook does have awareness of special dietary needs such as catering for those with diabetes.





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

"Sometimes they ask but they don't have to because I am happy here."

"All staff have asked if I am happy and if I have settled in."

When asked if they would like to change anything about the home, one lady said there was nothing she would like to change and the other lady said she had asked if she could move the furniture around in her room not long after moving, they had responded to her request and helped her to do so.

Both residents also added that should they need to make a complaint they would know who to go to and would feel confident enough to do so.



“Karen has an open door policy, family are very welcome to go and see her.”

“The Manager has an open door policy, issues or concerns can be reported directly to staff or via email. There are also resident and family meetings. However, sometimes the meeting can be rescheduled at short notice.”



“The home has regular monthly meetings or I can approach anyone at any time.”

When asked how they would make a complaint about the home or its staff all friends and family respondents stated that they could approach the Manager or other staff and felt confident that it would be acted upon appropriately.

The Manager informed the Healthwatch team that friends and relatives can have a say in how the home is run via the suggestion box found at the entrance to the home, in the regular relative/ residents meetings and they are developing a resident family committee. She also explained that she has an open door policy and is transparent with any concerns or complaints she receives within Blossom Hill.

Staff were asked by the Healthwatch team how they have a say in how the home is ran, some staff failed to answer this question and those who did explained that they have regular staff meetings so they can have their say and air their views. The Manager added that she enables staff to participate in the home by holding regular staff supervisions, staff surveys and that they respect whistleblowing in a confidential manner from management and as a company.



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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