

Care home life, what it's really like!

## Cedar House



Date of Healthwatch Sunderland visit:  
14<sup>th</sup> November 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 Sunderland?

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

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

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



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

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





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## 2. Background and rationale

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

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

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

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

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

### **The 9 indicators are:**

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



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### 3. Methodology

The ‘Care home life - What it’s really like!’ visit took place on the 14<sup>th</sup> November 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 designed to reflect the objectives of the visit. Observations were made on the physical environment and staff/resident interaction etc.

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

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

## 4. Findings - Summary

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

Here is the key which shows the indicator scores



Strongly disagree



Disagree













Neutral



Agree



Strongly agree

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



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## Findings

Cedar House is located at 3-4 The Cedars, Ashbrooke, Sunderland, SR2 7TW and is run by Parkside Care Limited. It is a converted domestic residence and is situated within a scenic conservation area. The home has front facing views over Backhouse Park and a private south facing garden to the rear.

The staff at Cedar House specialise in dementia care, offering long term residential care for up to 31 people, some of whom may be living with dementia or physical or mental health conditions. 27 rooms have en suite accommodation. One room can accommodate 2 people sharing. Residents are welcome to bring their own belongings to the home to decorate their own space as they wish.

The home has 3 lounge areas and currently doesn't offer internet access to residents or a loop system.

Residents are able to bring their pets to live with them at the home and family members are welcome to bring along pet dogs for visits.

The home does not employ an Activities Coordinator, however, a staff member is taking on this role along with her duties as a carer. Activities are undertaken most days of the week and to access outdoor activities and trips the home has access to a minibus.

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

See the latest CQC inspection report here:  
<https://www.cqc.org.uk/location/1-119633891>

At the time of our visit there were 25 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch team were only able to support one resident to fully complete the survey and one resident to partially complete the survey. The team received five staff and five relative surveys back, including one relative survey which was partially completed.

The results of these surveys are given overleaf:



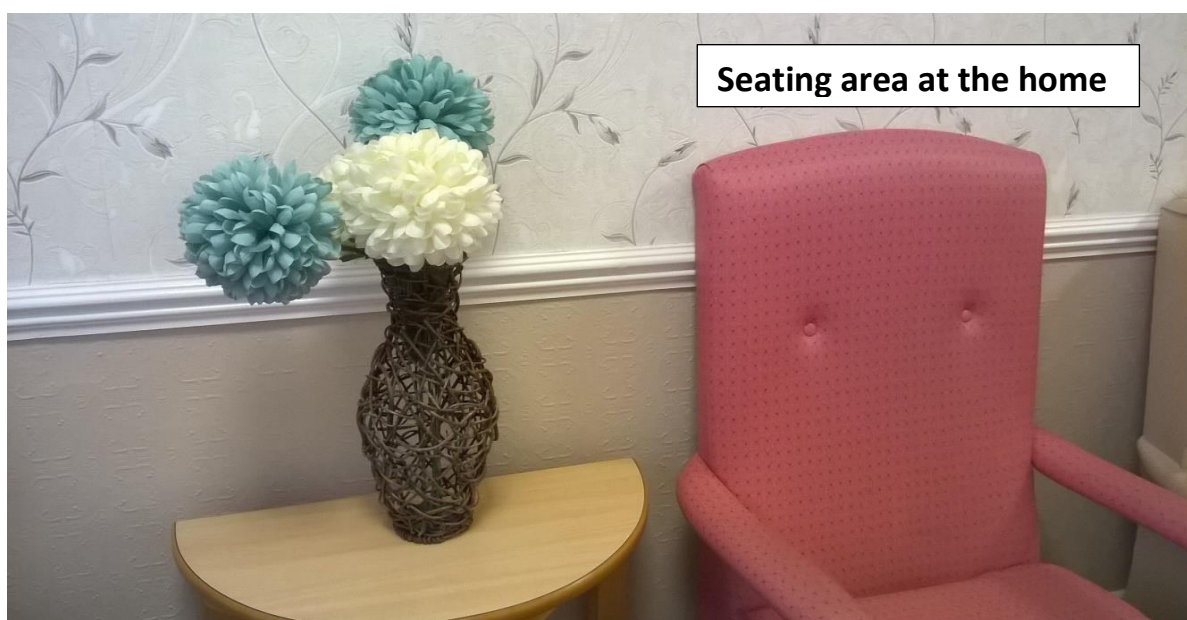


## Indicator 1 - A strong visible management

The indicator states that the Manager should be visible within the care home, provide good leadership to staff and have the right experience for the job  
**The Healthwatch team STRONGLY AGREE this was met.**

On entering Cedar House the Healthwatch team were greeted into what appeared to be a very pleasant and welcoming environment. We observed staff entering into conversations and interacting with residents, which presented as being very professional and was conducted with warmth and genuine interest.

The resident who fully completed the survey told the Healthwatch team that she knew the Manager by sight but did not know their name. She went on to say that the Manager is a pleasant person, and had no problems there. The resident who partially completed the survey could not identify the Manager but this may have been due to their own individual health or capacity.



When asked, all relatives who completed the survey knew the Manager of Cedar House by name and gave the following comments;

“She is friendly, approachable and always has time for the staff, residents and family.”

“Very pleasant lady, she keeps me and my sister up to date with everything going on in the home.”

“Lynn is very friendly and approachable, she always makes time for conversation and exchange of information.”

When the Healthwatch team asked staff about support from the Manager all staff respondents gave positive comments including;

“Any support or advice, the Manager is always helpful and supportive.”

“The Manager is very supportive.”



“The Manager is always available to speak to for any help and advice, if you require it.”

Staff also gave positive comments when we asked about their experience of speaking to the Manager to ask questions or to raise issues, comments included;

“I have always found the Manager very helpful with any questions or issues I have raised.”

“The Manager is very approachable.”

“I am able to talk to the Manager with any question or issue and feel confident in doing so.”

When asked ‘What attracted you to the role of Care Home Manager?’ The Manager at Cedar House replied; “To have more contact with implementing new ideas and to be able to deliver these tasks to and with residents.”

The Manager went on to tell us what she enjoys about the role, commenting; “When I see someone improve within themselves and their health. I see staff move from one role to a higher level and being able to support them while doing so.”

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

When the Healthwatch team asked about staff at the home both residents who responded to the survey gave positive comments including;

“On the whole very comfortable, they have their moments.”

“Quite nice I am well looked after, I am 93 now, getting older.”

When asked if staff have the time to stop and chat resident respondents gave mixed responses, including;

“Yes, on occasions, it depends how busy they are. I read the daily papers so staff will chat to me about the news.”

“No, not really, they are too busy.”

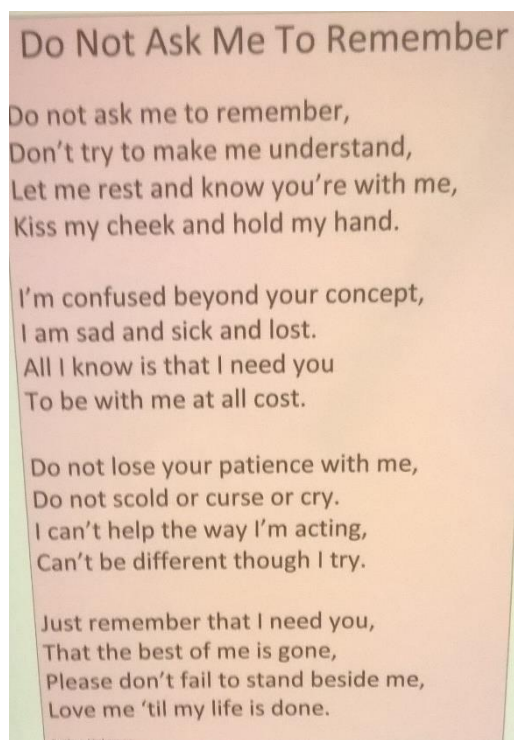
When relatives were asked if staff have the time they need to care for their relative, all relatives who responded to the survey gave positive responses, including;

“There are always plenty of staff available during the day, enough for those residents who need one to one care to have it and there will still be enough staff to care for the other residents.”



“I cannot complain about the staff, they always seem to be busy with the residents.”

“Yes, most of the staff have a friendly disposition and a caring nature.”



When asked if they feel staff at the home have the necessary skills to care for their relative, all relatives who responded to the survey agreed that they do. One relative told the Healthwatch team that the staff do a good job with her sister, who seems to be content with the staff. Comments included;

“Yes, my parents are satisfied with life at the home, they are clean and well fed. There have been no health issues. My mother has got out of the home on occasion without anyone attending her. She was returned to the home without incident by a kind couple of passers-by.”

“Yes, the staff seem to have a ‘continuous improvement’ ethos.”

When staff were asked if they have enough time to care for residents, positive responses were given, including;

“Yes and if extra support is needed the Manager is approachable.”

“Yes, but it can be challenging at times, perhaps due to staff sickness and the needs of residents.”

The carer with activities coordinator responsibilities commented that enough time is available at intervals during the day to carry out activities.

Staff who completed the survey agreed that they are encouraged to continue to develop their skills by being encouraged to attend different training courses and on-site training. Comments included; “I have attended different courses which I have found interesting and very helpful to my job role.”

When the Healthwatch team asked staff what they enjoy about their job, responses included;

“I enjoy making a difference to residents’ lives.”

“I enjoy everything about my job, it is very rewarding.”

“I find my job very rewarding, helping residents who live with dementia to feel a sense of belonging.”

The Manager gave the following response when asked ‘How do you ensure staff have enough time to care for residents?’ “This is prepared on staff ratios to



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residents, also hours on the working rota. At certain times extra staff can be rostered as required.”

### **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 asked if staff knew their personality, likes and dislikes, one resident who partially completed the survey said she did not know. Another resident commented; “Yes, mostly. I can dress myself, but some of the other residents need more care.”

When relative respondents were asked if staff at the home know their relatives’ life history, personality and health and care needs well, the majority of relatives agreed that they did, one respondent did not answer this question. Relative’s comments included;

“The staff know my parents personalities quite well, as well as their healthcare needs.”

“My relative’s life history is on his file. The staff know that he used to be a plumber and have created an activity box for him comprising of pipes and fittings that he could put together and take apart.”

“All staff know what my mother’s needs are.”

When the Healthwatch team asked if staff at the home notice and respond to changes in their relatives needs and if relatives are informed of any changes responses included;

“Information is passed onto me by personal meetings with the Manager and senior staff.”

“The home constantly introduces new activities to stimulate the residents. Any changes are informed verbally or by observation when visiting.”

“Yes they know my relative well and I am informed of any changes by the Manager.”

Staff informed the Healthwatch team that they get to know a resident’s life history, personality and healthcare needs when the resident first arrives at the home, by talking to resident’s relatives and friends, health care professionals including GPs and/or district nurses. Staff said a person’s life history is very important to deliver a good quality of care. When first arriving at the home they gain as much information from the family or carer, this is wrote in the personal care plan which all staff read. Also by speaking to the resident, to get to know their likes and dislikes - this is very important.





The Manager went on to say the home has lots of family involvement in completing 'This Is Me' questionnaire and help with care plans etc.

When asked how a residents likes/dislikes and their health care needs are updated and changes are passed onto staff, the Manager stated; "Via monthly meetings and making changes as required which are all recorded in the care plan."

#### **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.

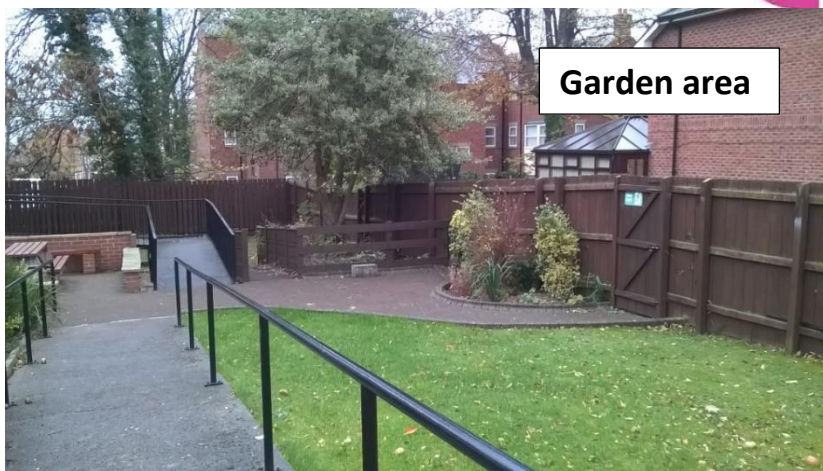
**The Healthwatch team AGREE this was met.**

Only one resident had the capacity to complete the remainder of the survey. This may have been due to their own individual health and capacity, of the other residents at Cedar House.

When asked about activities inside the home, the resident who responded to the survey, commented; "We play games like Whist, playing cards and my son brings the dog in to see me." She added that outside activities have included enjoying a short stroll in the park with her son and the pet dog and trips to the coast. When asked if she spends time in the garden, she commented; "Not alone, but we can go out with staff." The respondent went on to say that she finds it easy to be involved in activities as she is able to make her own choices. She does enjoy some of her previous pursuits, including; reading the papers, enjoying a game of cards, and also joining in with whatever is going on!



When the Healthwatch team asked relatives what they think about activities available to residents both inside and outside the home, two relatives said satisfactory, one relative said very good and another relative said activities keep the residents motivated.



When asked if residents continue to enjoy any previous pursuits, relative respondents indicated that due to their health and capacity this can be limited. Relative's comments included;

“My mam likes it when pets visit the home.”

“My parents are unable to pursue the interests they had due to failing memory/Alzheimers Disease.”

“As an Alzheimers sufferer whose condition is deteriorating my relative does not pursue many of his hobbies.” This relative reiterated that staff at the home made him an activity box geared around his past profession as a plumber.

The Manager, Carer with activities coordinator responsibilities and staff explained that there is a wide range of activities inside the home, including, arts and crafts, board games and quizzes, puzzles, doll therapy, sensory room, knitting, cookery sessions, Oomph activities, (a programme designed to enhance the mental, physical and emotional wellbeing of older adults) regular singers, musical entertainment and arm chair exercises. They gave examples of outdoor activities including; outings - Beamish Museum being very popular, local tea dances, bowling, shopping trips, pet therapy, museum and church visits and lunch outings to places of resident's choice. They also commented that staff offer encouragement and assistance to all residents around their individual needs and wants. The Manager explained that residents are supported to enjoy the activity of their choice and that staff also offer one to one time with residents when needed. She went on to say that the home has a mini bus and also runs a day centre Monday to Thursday every week.

The Manager and the Carer with activities coordinator responsibilities told the Healthwatch team that one to one activities





are available and that activities are adapted to meet residents' needs, including planned, exploratory and sensory needs. The Carer with activities coordinator responsibilities also stated that all residents are supported by staff around inclusion in activities. They went on to say that relatives and friends help and assist residents.

When we asked the Manager and the Carer activities coordinator responsibilities how they ensure residents have the opportunity to continue with their hobbies and interests, they told the Healthwatch team that this is accomplished by family members completing Life Story Books, including information on past interests and hobbies, giving examples including; listening to the football, watching tennis, knitting, favourite music for sing alongs etc.

which is helpful when planning activities. They went on to say that activities are also tailored to meet a residents religious and cultural needs by offering religious services at the home and said that residents wishing to attend church services will be supported to do so.

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

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

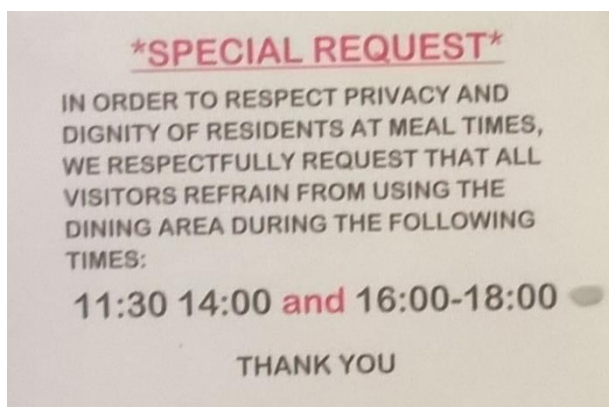
**The Healthwatch team AGREE this was met.**

When asked about food at the home the resident respondent commented; "Food is pretty good really, some days there may be choices you are not keen on but usually there is a good choice." The resident went on to say that she eats meals in the dining room as is her choice and commented; "Mostly I enjoy mealtimes, some days are better than others."

The Healthwatch team observed as drinks and refreshments were served to residents, staff were on hand giving support as and where needed. Hydration stations are also available at the home.

We also observed the Chef was taking orders for meal choices for that day, he commented that residents can make changes to their meal choices should they wish to do so.





When asked about the quality and choice of food at the home the relatives who responded to the survey gave the following comments;

“Well planned with a choice of dishes, all of which seem to be of the best quality and look both nutritious and appetising.”

“Appears to be satisfactory.”

“Very good menus and quality of food.”

All but one relative responded positively saying that they were very confident/very confident when asked if their relative was supported to eat and drink as much as needed. One relative commented; “My relative’s diet is restricted due to diabetes.”

When the Healthwatch team asked relatives ‘How are mealtimes made sociable at the home?’ the majority agreed that this was accomplished by residents being encouraged to eat together in the dining room. One relative did not respond to this question.

The Manager and staff who took part in the survey all agreed that food at the home is very good. The Manager commented; “I ensure high standards of quality and choice of food by holding frequent meetings with cooks and suppliers. There is a monthly menu rota which changes to suit the seasons and from recommendations at residents meetings.”

When we asked the Manager and staff ‘How are residents supported to eat and drink both at mealtimes and outside of mealtimes?’ Responses included; resident’s preferences will be identified, for example, some residents may prefer finger food, snacks and a variety of drinks including, milkshakes, tea, coffee and juice are made available. The Manager said; “By the use of specialised cutlery and crockery, staff assistance when required and by ensuring fruit bowls, biscuits and snack stations are available during the afternoon.”

They added that residents make the choice of where and when they would like to eat and drink, be it, their own room, the lounge area or the dining room, however they are encouraged to eat in the dining room as this is a sociable time with ambient music, a good atmosphere and relaxed mealtimes.





The Manager commented; “Residents can request a change of mealtime, snacks are available 24/7 on request and there is a menu choice for all meals.”



### **Indicator 6 - Regular access to health professionals (GPs, dentists, opticians, chiropodists, audiologists etc.)**

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

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

When asked about regular access to dentists, opticians, chiropodists, audiologists and other health professionals the resident who responded to the survey stated that if there are any needs she would inform a member of staff who would then make an appointment. When asked about GP and hospital appointments, she said that staff will make arrangements and medication will be prescribed if needed.

All relatives who responded to the survey process indicated that they are happy with the access to a range of healthcare professionals for their relatives, comments included;

“The homes sees to all of my relatives needs around GPs, hospital, dentist, optician and chiropodist.”

“The home ensures health needs are met for access to GP surgery and they provide an escort for hospital appointments.”

“My relative has regular checks with all of the above.”

All staff who completed the survey agreed that resident’s needs are met regarding visits from health professionals. Comments included;



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“A health professional list is completed in the care file when a health professional visits.”

“We have both in house and outside appointments.”

“Each resident’s needs are met on a regular basis with GP, opticians and other health care professionals.”

The Manager informed that GP and nurses’ visits can be ongoing and that care home nurses attend on a regular basis. Opticians and audiologists visit at regular intervals and the chiropodist visits the home every 6 to 8 weeks. GP and dentist appointments are made with the residents’ surgery and in house visits are made on an emergency basis.

### **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 the Healthwatch team asked if personal, cultural and lifestyle needs are met at the home the resident respondent said that a hairdresser visits the home on a weekly basis.

Some of the relative respondents said that their relative doesn’t have any specific personal, cultural or lifestyle needs. Two respondents stated that their relatives do have specific needs, their comments included;

“My parents are devoted Christians, the home respects their needs.”

“The local priest calls in to give Holy Communion, the home is very responsive to those needs.”

When asked about the provision at the home for their relatives to have their hair cut/styled, all relatives confirmed that the home has regular visits from a hairdresser.

When asked about the laundry system at the home, the majority of relatives agreed that this service is usually very good/good. However, two relative respondents commented that sometimes clothes do go missing. Comments included;

“Clothes are individually labelled in an attempt to reunite them with their owners, but inevitably mistakes are made - labels or markings wash off.”

“No problems there.”

When relatives were asked if their relative is always clean and appropriately dressed, responses were mixed. Comments included;



“My relative always looks smart and nice.”

“Yes usually, although mam’s skirt was on inside out at my last visit.”

“No, today she was not wearing a bra which is becoming the norm and her vest was over the top of her skirt.”

Staff and the Carer with activities coordinator responsibilities reported that personal, cultural and lifestyle needs are understood and that the home meets religious and cultural needs wherever possible. They reiterated that staff regularly accompany residents to church services and that representatives from the church make visits to the home.

When the Healthwatch team asked the Manager ‘How does the home find out about and caters to a residents cultural, religious and lifestyle needs?’ The Manager responded, saying; “All personal, cultural and lifestyle needs are found out via the ‘About Me’ booklet which is completed by the resident and their family.”

The Manager went on to give an example of how needs are met; “At the present time we have a husband and wife who are members of the Bethesda Free Church. A family member escorts them to church on a Sunday morning, also alcohol is not offered to this couple as it is against their religious training and beliefs.”

The Manager went on to say that a hairdresser visits the home on a weekly basis and care staff wash and style residents hair at other times. Residents clothing is named to ensure they receive the correct items after laundering and mechanisms are in place to ensure that residents are always clean and appropriately dressed. The Managers comments included; “All residents are allocated a key worker who will ensure that the resident has a good supply of toiletries, clothing etc. The worker will also check on bathing and personal hygiene routines.”



## 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 the resident respondent if staff or management ask if they are happy at the home, the resident commented; “They do try to please you, they’ll come and ask what I am interested in and what I would like.”

When we asked if there was anything she would like to change at the home, the resident replied; “Not really, sometimes I’ve been cross because I want to watch a late movie and I cannot watch it in my room. You have to watch it downstairs if it’s late.”



When the Healthwatch team asked the resident what she would do if she needed to make a complaint about the home, she replied; “If I needed to make a complaint I would just tell the girls at the desk.”

All relatives who responded to this part of the survey agreed that they are welcome participants in life at the home. They stated that both they and the residents can have a say in how the home is run or give feedback by talking to the Manager and that feedback is always welcomed.

When asked ‘how would you make a complaint about any aspect of the home if you needed to?’ Relative respondents agreed they would contact the Manager either in person or in writing. One relative stated that initially they would speak to the Manager, then if not resolved to social services, she went on to say that she had



never felt the need to complain. All relative respondents stated that they think any complaint would be acted upon appropriately.

When the Healthwatch team asked the Manager and staff ‘how can residents and relatives have a say in how the home is run?’ The Manager and all staff who responded to the survey agreed that this could be accomplished by attending regular residents meetings. The Manager stated that relatives can approach her in person, any suggestions would be acted upon and those that are viable would be put into place. She went on to say that complaints are looked at seriously and investigated with an end result.

One staff respondent said this can be accomplished by completing a questionnaire or speaking with a member of staff. Another staff member stated that this could be accomplished during supervision time.

The Manager went on to say that staff can also have a say in how the home is run through handover reports.”

When the Healthwatch team asked staff for examples of how residents or their relatives can have a say in how the home? Responses included;

“A lady asked for a games room at the home and we did this, another lady asked for arts and crafts so we have made provision for this.”

“A resident’s daughter brought a dolls house for her mother which all of the residents have really enjoyed interacting with.”

## **Indicator 9 - Provide a physical environment which is suitable for the needs of the residents**

The indicator states that care homes should be suitable for their resident’s needs. Be comfortable, homely, well maintained with high standards of hygiene.

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

The resident who fully completed the survey agreed that the home is always clean and tidy, and that the temperature at the home is fine, adding that you can always ask for adjustments to be made.

All of the relatives who responded to this part of the survey stated that they feel the home is always at a comfortable temperature for the residents. They went on to say that the home is always hygienically clean, tidy, well decorated, well maintained and a dementia friendly environment. Comments included;

“The temperature of the home is very comfortable at all times, winter or Summer.”





“Hygiene in the home is first class.”

When the Healthwatch team asked staff how the home is made dementia friendly, their comments included;

“We have a sensory room, coloured equipment, doors are coded and no loud furnishings.”

“Bright colours to identify doors, for example, toilet, shower room, lounge etc. All hazards are identified and assessed and the home is made secure by key codes on the front doors.”

“We have a warm friendly environment, staff have dementia awareness, the bathroom and toilets are signposted, red toilet seats and picture cards for choices.”

The Healthwatch team asked the Manager how a comfortable temperature is maintained in the residents’ rooms and communal areas, she told us that there are thermostatic controls on all heating structures. The building is well kept, maintained and decorated by conducting weekly/monthly checks by the Director, the Manager and the Handyman. The home is kept hygienically clean by regular checking and the cleaning rotas which are signed by domestics as tasks are completed.



The Healthwatch team asked the Manager ‘How do you make the home a dementia friendly environment?’ The Manager answered; “Through the use of door signs which are specifically designed for dementia sufferers, also by using specialised crockery and cutlery and by offering activities which are supported by various dementia friendly specialists and organisations.”



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## 5. Appendices

### Appendix 1 - Questions for residents

1. Who is the Manager of the home?
2. What do you think of the Manager?
3. What do you think about the staff here?
4. Do the staff have the time to stop and chat with you?
5. Do the staff know what you need and what you like and don't like? (your daily routines, personality, lifestyle, clothing etc.)
6. What activities are there for you in the home?
7. What activities are there outside the home? (Groups, trips etc.)
8. Is it easy to join in the activities?
9. If you would like to use the garden are you able to?
10. Do you get a chance to do any of the things you used to enjoy before you came here? (i.e. bringing in pets, hobbies, interests etc.)
11. What do you think of the food here?
12. Is there enough choice of what you eat and when you eat?
13. Where do you eat your meals? (Is it your choice to eat there?)
14. Do you enjoy mealtimes? (What do like/dislike about mealtimes?)
15. Have you seen a dentist to check your teeth or an optician to check your eyes or an audiologist to check your hearing recently?
16. What happens if you need to see a doctor or have an appointment at the hospital?
17. Is there respect for your religion or your culture here in your home? e.g. Are you able to wear your own clothes, get your hair/nails done, have a shave, are the laundry staff good at getting your own clothes back to you?
18. Is the home always clean and tidy?
19. What is the temperature like here? Are you ever cold or too warm?
20. Do you get asked what you think about the home or if you are happy?
21. Would you like to change anything about the home? Have you told anyone about this and what happened?
22. What would you do if you wanted to make a complaint about the home?



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## Appendix 2 - Questions for Managers

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





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## Appendix 3 - Questions for care staff

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



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## Appendix 4 - Questions for Activities Coordinator

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



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## Appendix 5 - Questions for friends and relatives

1. **Strong visible management**  
Who is the Manager of the home?  
Please tell us a little about the Manager?
2. **Have staff got the time and skills to do their jobs**  
Do you feel the staff have the time to care for your friend/relative? Please explain.  
Do you feel the staff have the skills to care for your friend/relative? Please explain.
3. **Have good knowledge of each individual resident and how their needs may be changing**  
How well do you think the staff know your friend/relative's life history, personality and health and care needs?  
Does the home notice and respond when your friends/relative's needs change?  
How do they let you know about the changes?
4. **Offer a varied programme of activities**  
What do you think of the activities available for residents inside and outside the home?  
Please tell us how your friend/relative is encouraged and supported to take part in the activities.  
Now they live at the home, is your friend/relative still able to do the things they used to enjoy i.e. hobbies, interests, pets? Please explain.
5. **Offer quality, choice and flexibility around food and mealtimes**  
What do think of the quality and choice of food?  
How confident are you that your friend/relative is supported to eat and drink as much as needed?  
Please tell us how the home ensures that mealtimes are sociable?
6. **Ensure residents can regularly see health professionals**  
Please tell us about your friends/relatives access to health professionals such as GPs, nurses, dentists, opticians, audiologists, chiropodists or other health care support mechanisms?
7. **Accommodate residents' personal, cultural and lifestyle needs**  
Does your friend/relative have any specific lifestyle or religious or cultural needs?  
How do you feel the home respects and accommodates these needs?  
What provision is there for your friend/relative to regularly get their hair cut/styled?  
How good are the laundry staff at getting your friends/relatives own clothes back to them?  
Is your friend/relative always clean and appropriately dressed?
8. **Be an open environment where feedback is actively sought and used**  
Do you feel that you are a welcome participant in the life of the home?  
In what ways can you and/or your friend/relative have a say in how the home is run or give feedback?  
How would you make a complaint about any aspect of the home, management or the staff if you needed to?  
Would you feel confident to make a complaint and do you think it would be acted on appropriately?
9. **A physical environment suitable for the needs of the residents**  
Do you always find the home at a comfortable temperature for residents?  
Is the home always hygienically clean and tidy?  
Is the home always well decorated and well maintained?  
Do you think the home is a dementia friendly environment?



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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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