

Care home life, what it's really like!

Falstone Manor



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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.



Table of Contents

1. Introduction	3
2. Background and rationale	4
3. Methodology	5
4. Findings - Summary.....	6
Appendices.....	19
Appendix 1 - Questions for residents	19
Appendix 2 - Questions for Managers	20
Appendix 3 - Questions for staff.....	22
Appendix 4 - Questions for friends and relatives	23



1. Introduction

What is Healthwatch?

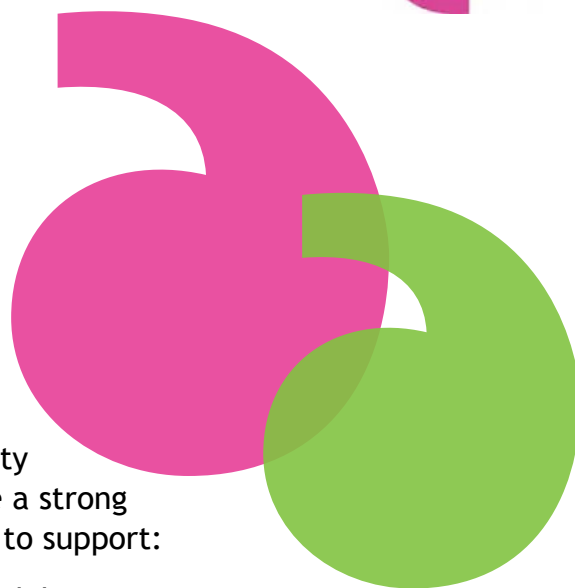
Healthwatch England is the national consumer champion in health and social care. It was set up by the government to ensure that people's views around health and social care services are listened to and fed back to service providers and commissioners with a view to improving services.

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

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

We achieve this by:

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





2. Background and rationale

Independent Age and Healthwatch Camden have recently carried out some initial research into the information currently available on care homes. The results indicated that there is a need to provide qualitative information on care homes that goes beyond basic safety standards. It shows that the information needed by people looking for a suitable care home, should provide a real sense of what a home may be like to live in.

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

To enable this, 8 indicators have been devised to be used and will focus specifically on issues of quality, such as how much residents and family can have a say in how the home is run, and whether residents are able to pursue their hobbies etc.

The 8 indicators are:

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



3. Methodology

An initial pre-visit meeting with the home Manger, Alison was held at Falstone Manor. 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 13th March 2018 and was carried out by Healthwatch Sunderland staff and volunteers who are trained so that they can effectively capture the resident’s experience.

At the visit residents were asked a range of questions via a set questionnaire (see appendix 1). The questions were constructed to reflect the objectives of the visit. Observations were also made on the physical environment and staff/resident interaction.

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

We also ran a facebook campaign asking local people to comment on their experiences of care homes across Sunderland. Any feedback we received was incorporated into the findings.

4. Findings - Summary

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

Here is the key which shows the indicator scores



Strongly disagree



Disagree
















Neutral



Agree



Strongly agree

1.	A strong visible management	 Neutral				
2.	Staff with time and skills to do their jobs	<table border="0"> <tr> <td>Time </td> <td>Skills </td> </tr> <tr> <td>Disagree</td> <td>Agree</td> </tr> </table>	Time 	Skills 	Disagree	Agree
Time 	Skills 					
Disagree	Agree					
3.	Good knowledge of each resident and their changing needs	 Neutral				
4.	A varied programme of activities	 Disagree				
5.	Quality, choice and flexibility around food and mealtimes	 Disagree				
6.	Regular access to health professionals	 Neutral				
7.	Accommodation of resident's personal, cultural and lifestyle needs	 Neutral				
8.	An open environment where feedback is actively sought and used	 Disagree				



Findings

Falstone Manor is a purpose-built three storey home located on Cliffe Park, Whitburn Road, Roker, Sunderland, SR6 9NQ, which is positioned on the seafront at Roker.

The home provides personal care, nursing care and support for up to 51 people, some of whom are living with dementia.

See the CQC report here:

<https://www.cqc.org.uk/location/1-320338389?referer=widget3>

At the time of our visit there were 42 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch team were only able to support 12 residents to fully complete the survey. The team received 3 staff and 11 relative surveys back.

The results of these surveys are given below:

Indicator 1 - A strong visible management

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

When asked if they knew who the Manager of the home was some of the residents were unable to identify them, many stated the reason given for this was due to the many changes that had taken place recently, which had left them unsure who the Manager was.

Of those who did know the Manager a mixed response was given. Some gave positive comments including, "She seems very nice," whilst others gave negative comments that included; "Full of false promises, not a lot of help to residents."

The majority of relatives when asked who the Manager of the home is, were unable to identify her or were unable to comment on her. Comments included;

"I can't tell you anything about the Manager, as I have not been introduced."

"I know who they are but know very little about them."

Of those who were able to identify the Managers a mixed range of comments were given about both the Manager and the Deputy Manager. Including;

"I speak to Veronica regarding issues or concerns. She is hands on, warm, professional, always kind and helpful and understanding in an unhurried way."

"Neither leave their offices, never see residents."



The two staff members who completed the survey, responded positively when asked about support they received from the Manager. They stated that should they have a problem they are always supported through it and the Managers door is always open if they ever need support and they are friendly and approachable.

The Deputy Manager stated that she has been in the role at the home for 7 months. She was attracted to the role as it was the next step in the progression of her career and although the role is challenging, it mixes both her skills in admin and nursing.

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 DISAGREE rating for staff time and an AGREE rating for staff skills.

When asked what they thought of the staff at the home, the residents gave a mixed response. Some residents stated that all staff were good. Comments included;

“I get on very well with them they are very good.”

“I like them a lot, they look after us.”

“Very hardworking, short staffed and always very busy.”

The remaining residents which the Healthwatch team spoke to, gave mixed views of the staff, they said;

“Some of them are alright, some of them are not.”

“Some of them are marvellous but some of them I don’t like.”

“Some are fine. Some I don’t like because of their attitude.”





When asked if the staff had time to stop and chat to them, the majority of the residents stated that the staff were very busy, they try to stop and chat but staffing levels don't always allow for this. Comments included;

“All floors are always short staffed, staff are always very busy and cannot stop for a chat.”

When the Healthwatch team asked the same question to staff members, staff stated that they felt they had time to care for residents but commented that; “Some days are very busy and can depend on what staff they were working with.”

Relatives who completed the survey responded positively when asked about the skills of the care home staff stating;

“Staff are caring and professional and concerned for his wellbeing.”

“I have observed staff who were unaware I was watching and they are extremely patient and caring.”

The majority of relatives went on to say that due to staffing levels staff don't always have enough time to care for residents. Comments included;

“Staff are brilliant however, due to staff shortages they are often so busy, that they are unable to spend as much time with individuals.”

“Not always. My mother can wait a long time to be taken to the toilet. This distresses her.”

“Always short staffed, so probably not. However staff know this and would certainly like to spend more time with residents but workload doesn't allow this.”

All staff commented that they are encouraged to take part in training. They also commented that they really enjoyed their job and made remarks such as;

“I love caring for people and helping people to keep their independence.”

“I enjoy all aspects of my job and really enjoy giving residents the care and support.”

When asked in what ways staff are encouraged to develop their skills, the Manager said “Staff are actively encouraged to develop skills via various means including e-learning, supervisions, appraisals and peer group sharing.” She went on to say that she ensures that staff have enough time to care for residents. She said; “Allocating enough staff geared around the resident's levels of dependency.”



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

When asked if they felt that the staff knew them and knew their likes and dislikes residents gave the Healthwatch team a mixed response. Some agreed that staff did, with one resident telling us; "Staff know me well, I have a bit of a temper and they know when I'm not happy." Other residents answered that they weren't sure and a few felt staff didn't know them. Their comments included;

"No I have to keep reminding them. They keep putting food on my plate that I can't have" and "No and they don't ask."

The majority of relatives when asked about this responded positively. They informed the Healthwatch team that staff get to know their relatives well. Comments included;

"They all are very aware of my relative's life history and needs and treat her with respect."

"They ask questions about his life and show an interest in him as a person and not as someone they have to dress and wash."



A vacant room at the home

Other friends and relatives informed us that "Some staff know but as they get moved from floor to floor it's difficult to build up relationships." All relatives told us that they feel the staff notice changes in their relative's needs and keep them informed of this by either ringing them if necessary or speaking to them in person when they visit.

The staff and Manager informed us that a good knowledge of the residents is built up by reading the pre-admission form, accessing care plans and talking to residents and their families to learn as much information as possible. This information is updated in their care plans and changes are discussed via daily handovers with the nursing assistant.



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 **DISAGREE** this was met.

When speaking to residents they informed the Healthwatch team of some of the activities that take place at the home. These included bingo, games, dominoes, movie afternoons, painting etc. Some of the residents explained that there wasn't much going on at the moment, with one resident informing us that the home had recently employed a new Activities Co-ordinator. Resident comments included;

“It's a bit higgledy piggledy at the moment, they are training a new Activities Co-ordinator.”

“If the home is short staffed the new Activity Co-ordinator works as care staff so we have no activities. 90% of activities never start.”

Some of the residents went on to tell us that the home also used to provide trips out on the mini bus to local attractions, coffee shops etc, but these activities also seemed to have stopped. They said;

“Don't have any now since Bev has left.”

“We have a bus but no driver.”

Many of the residents explained they miss these trips and would still really like to go out for walks.





When we asked if it was easy to join in the activities, some of the residents told us that due to their own health reasons, they no longer participate. One resident said; “I used to love to go to bingo and singing but due to my poor hearing I don’t enjoy them anymore.”

Some explained that ‘the girls’ let them know when the activities are taking place and if they need support to take part they will be assisted. Whilst other residents stated that they aren’t informed of when the activities take place, which has resulted in them missing the activity all together, which they were very disappointed about.

The Healthwatch team asked residents if they still get the chance to do hobbies or keep up their interests since coming into the home and their responses were mixed. A lot of the residents explained about how their health has impacted on this, with one resident saying; “I would like to read but my sight is bad.”

Others told us that they are still able to maintain hobbies such as listening to their CD’s, reading and writing, using their PC and doing crafts such as tapestry etc.

Relatives who responded to the survey process gave a mixed response to the availability and support around the homes activities. Some positive comments included;

“There seems to be a lot of activities available, but my relative is not interested.”

“The home has recently appointed a new Activities Co-ordinator in the Manor so activities are being organised well.”

Others gave some negative comments, which included;

“My mother is not encouraged enough to participate and is not always asked to join in with activities taking place on another floor.”

“The activities are poor, they concentrate on certain residents. There is not enough going on during the day, if anything at all.”

“There is a van and residents used to go out but this has not happened for a while, possibly due to funding.”

“Weekly list put on the notice board, this is a waste of paper.”

Staff and the Manager informed us that the home provides a range of activities which links into feedback they gain through resident/relative surveys, these activities include card making, games, movie afternoons etc. The Manager informed us that the home has links with the local community and encourage outings and outside agencies to visit the home. This has included visits local schools for concerts and trips out to coffee shops and the cinema. When asked how they assist residents to take part in activities, staff told us that they try to get all residents to take part in all activities to suit their needs and preferences.



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 DISAGREE this was met.

All but one resident responded negatively to the questions around the food quality and choice. Some of the comments we received about the food included;

“The food is awful, I try not to eat it. My relatives bring in food once a week.”

“Some of the food is good and some not so good. They seem to change cooks every 2 years.”

“It took a long time for me to get a veggie diet. Now there is plenty of choice”

The one resident who liked the food said it was very good.



The residents informed us that they have a choice to eat in their room or the dining room. Of those who go to the dining room said they enjoy it and it's made to feel sociable. One resident we spoke to, told the Healthwatch team that she used to enjoy meals in the dining room. Now, due to health issues, is unable to walk independently and needs the support of

a wheel chair and staff to get around. She had been supported on a few occasions into the dining room in her chair by staff, but due to the length of time it took to get back to her room, with staff support, she couldn't get to the bathroom in time and had accidents. She no longer goes into dining room and instead eats in her room.

When the relatives asked about the quality and choice of the food gave a mixed response. Some of the comments positive comments included;

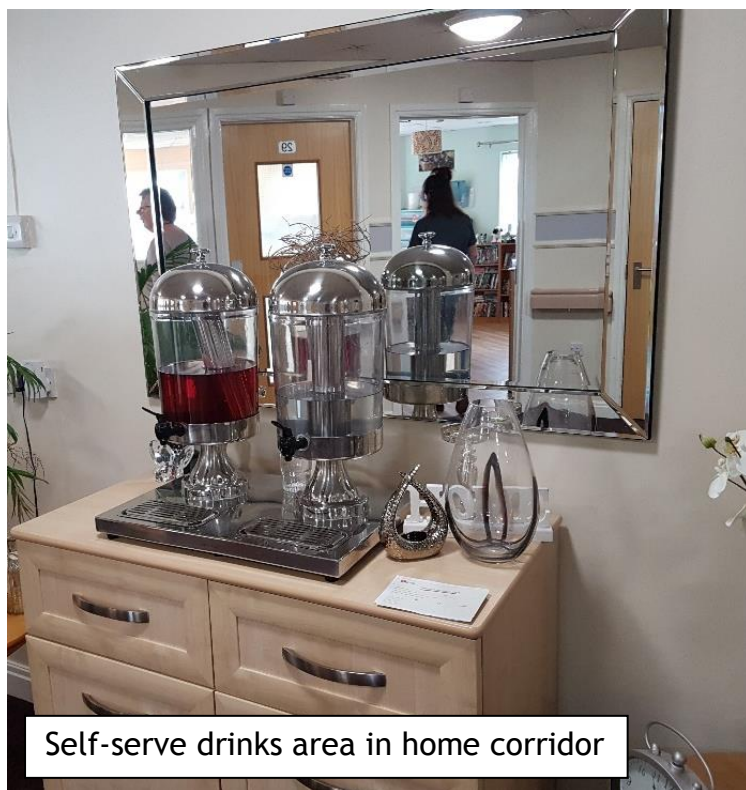
“Every time I have seen the food it looks good and they are given a choice from the menu.”

“Seems quite good.”



Some of the negative comments included;

“The cooks have computerised menus at their disposal, it’s a work of art how they turn it into rubbish.”



Relatives also gave a mixed response to the questions around confidence in residents being supported to eat and drink as much as needed and mealtimes being made sociable. Some relatives responded positively stating that family members are encouraged to eat as much as they can and offered alternatives if they don’t like or eat the meal. One relative said; “I am totally confident - the home has protected mealtimes and the staff totally concentrate on the individual resident’s needs.”

(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).

Whilst other didn’t feel confident; “Set mealtimes and set drink times, no one offers regular fluids throughout the day.”

“Apart from radio on there is a lack of staff in dining room to interact with residents.”

During the visit the Healthwatch team witnessed a staff member replenishing a resident’s water jug in their bedroom and saw the drinks dispensers that were available to all in the corridors.

Staff informed us that they offer residents a choice from a menu on a daily basis and encourage them to eat and drink snacks throughout the day. Staff also ask them where they would like to eat their meals, if they choose the dining room they encourage them to have conversation and play music.



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

All residents spoken to said that they have regular healthcare check-ups. Some stated that they have visits to the home from GP's, nurses to change dressings, chiropodists and opticians. Only one resident stated they hadn't seen a dentist in the 2 ½ years she has been at the home.

The majority of the residents went on to say that should they need an appointment at the GPs, hospital etc, that a staff member would arrange this for them or if able they can arrange this themselves. Many also stated that staff can support them along to appointments should they require it.

When relatives were asked about healthcare provision the majority of relatives gave a positive response stated it was well catered for and regular visits are well organised. The few negative comments included one relative stating that the chiropodist doesn't visit frequently enough and another informed us that should staff be required to take a resident to an appointment there is a financial charge for the staff's time.

Staff and management informed us that access to healthcare professions is organised and notes are written in professional notes. They also added that on admission questions are asked about other healthcare professionals and they are supported in keeping their preferred choice.

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.**

During our visit the Healthwatch Sunderland team noted that residents were appropriately dressed and their clothes were clean. Gentleman were shaven and all residents' hair was clean and well kept.

All residents who followed a religion mentioned that the home has visits from representatives from the Catholic Church who offer Holy Communion. A few residents stated that they would like to go out of the home to church but felt that



this wouldn't be accommodated. None of the relatives who completed the survey stated that their relatives followed a religion so didn't complete this section.

When asked about the laundry service residents gave a mixed response which relatives reiterated. Some praised the service saying it was marvellous or excellent whilst others informed the team that their laundry has gone missing on a regular basis or not correctly put away.

Many of the residents spoke about the hairdresser that visits the home on a regular basis, which allows them to have their hair washed and styled and one resident mentioned she has her own hairdresser visit her. One relative also told the Healthwatch team about the caring attitude of one of the carers; "John the carer persuaded him to grow a beard, which is quite a talking point."

Staff and management informed us they find out about residents' cultural, religious and lifestyle needs through pre-admission assessment and liaising with both the resident and family. The Manager gave an example of this "A resident who has capacity continues to enjoy daily trips out to the local community using his motorised scooter, maintaining his links to the community with all necessary risk assessments having been carried out to allow for this."

They also mentioned that visits from a Catholic priest who offers the residents Holy Communion.

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.

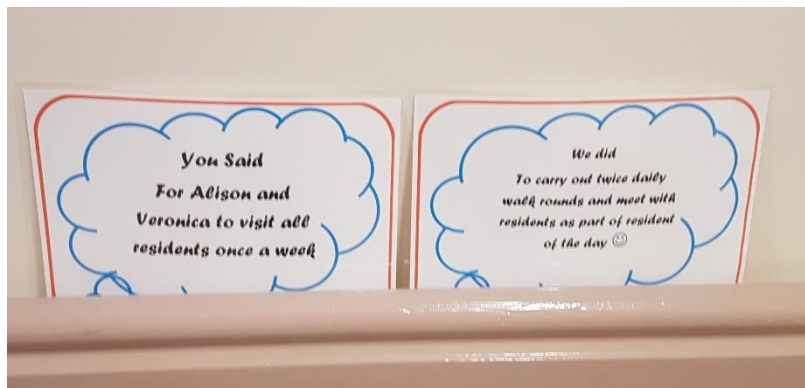
The Healthwatch team DISAGREE this was met.

When speaking to residents the Healthwatch team asked if staff ever asked for their feedback about the home, some residents stated that they could not remember and others stated they may have been asked a similar question when they first came to the home.

When asked if they would like to change anything about the home, some residents said there was nothing and others residents told the Healthwatch team; the food, the attitude of some of the staff, the home to care more for their clothes (clothes have gone missing), hygiene (not enough cleaners, cleaners only work in the morning), change the staff, an en-suite in her room. One resident also said that they really missed one of the staff who had just left and another resident mentioned several issues which they had raised at the resident's meeting and felt they had been ignored, these were, access to key code for family to enter home, more staff, the Manager not bully staff, be more polite to staff and to visit residents.



When asked by the Healthwatch team if they knew what to do if they wanted to make a complaint about the home, a couple of residents were unsure and others mentioned they would approach staff, the Manager, head office or family members.



A few residents explained that they had complained about several issues previously some of which had been acted on and resolved and others weren't satisfied with the outcome.

The majority of family members who completed the survey said that felt welcome in the home stating the Manager has an open door policy and that they and their relatives can feedback on how the home is ran via resident/relatives meetings.

“Do have meetings for relatives to attend and very open and receptive to thoughts and ideas around dad’s care”

Those relatives who didn't feel welcome commented;

“It depended on which staff were on shift, some are too busy at time.”

“Certainly don't feel welcome as a participant, at the moment actively discouraged.”

Of those relatives who didn't feel welcome they stated that they also stated that they can give feedback via the relatives/residents meeting but don't feel this is effective.

“However this is a waste of time. Fobbed off each time” and “Go to relatives meetings and can express opinions and ask questions but I don't think they are welcomed. Nothing acted upon.”

When asked how they would make a complaint about the home many of the relatives who responded said they would go to the Manager, others mentioned Local Authority Adult Services and Care Quality Commission (CQC). When asked if they felt confident to make a complaint and if they thought it would be acted upon, relatives a mixed response was given. Some relatives felt both confident to make the complaint and felt it would be acted upon;

“Yes I would and I have done in the past and it was dealt with accordingly.”



“Yes I would not hesitate to complain if I needed to. I hope it would be dealt with promptly.”

The remaining relatives give negative comments;

“No concerns about making a complaint. But depending on issues sometimes lack of communication about things”

“We are confident to make a complaint but it certainly wouldn’t be resolved in our favour.”

The staff and the Manager told us that the home holds regular residents and relatives meetings and operates an open door policy for those who wish to give feedback, which is always welcome. An example given of this was the introduction of a day room for families to use when they need privacy with their relative, or for them to sit in when their relative is poorly and they are going to be at the home for a long time.

They also stated that residents who are able, sit in on new staff interviews and give input as to who is going to be looking after them.

The Manager added that they use feedback and complaints as a learning curve. Although they rarely get complaints, they follow company procedure and inform the complainant of the outcome and ensure they are happy before the complaint is signed off.

Staff added that they feel they can have their say about how the home is run and can put ideas for improvements forward which are taken seriously, never ignored and that staff respect each other ideas.



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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