

Care home life, what it's really like!

Grangewood Care Home



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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?

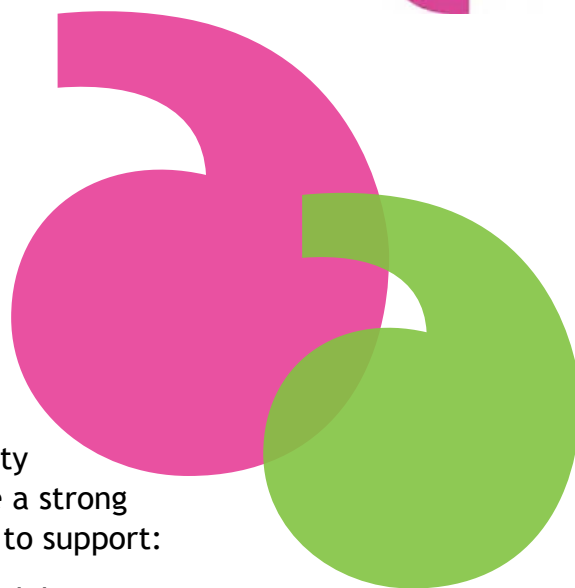
Healthwatch England is the national consumer champion in health and social care. It was set up by the government to ensure that people's views around health and social care services are listened to and fed back to service providers and commissioners with a view to improving services.

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 home manager, Kirsty was held at Grangewood Care Home. This was to explain the reason for the ‘Care home life - What it’s really like!’ visit, to understand the needs of the residents and to arrange a visit that would cause as little disruption as possible.

The ‘Care home life - What it’s really like!’ visit took place on the 27th April 2018 and was carried out by Healthwatch Sunderland staff and volunteers who are trained so that they can effectively capture the resident’s experience.

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

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

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

4. Findings - Summary

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

Here is the key which shows the indicator scores



Strongly disagree



Disagree



Neutral



Agree



Strongly agree

1.	A strong visible management	 Strongly agree
2.	Staff with time and skills to do their jobs	 Agree
3.	Good knowledge of each resident and their changing needs	 Strongly agree
4.	A varied programme of activities	 Strongly agree
5.	Quality, choice and flexibility around food and mealtimes	 Agree
6.	Regular access to health professionals	 Agree
7.	Accommodation of resident's personal, cultural and lifestyle needs	 Strongly agree
8.	An open environment where feedback is actively sought and used	 Strongly agree



Findings

Grangewood Care Home is a purpose built property, over two floors, located on Chester Road, Shiney Row, Houghton Le Spring, DH4 4RB and is adjacent to local shops and amenities.

The home has capacity to support 50 older people, offering residential care for people, some of whom may be living with dementia.

All rooms have en-suite facilities, are furnished and has a 24-hour nurse call system and telephone, internet and television connections. Residents have access to several lounges, dining rooms and reception areas. The home also has a dedicated hairdressing salon.

For married couples who'd like to move into Grangewood together, they provide two rooms that are close to each other - one can be used as living space and the other for sleeping in. Residents are also welcome to bring small pets such as budgies.

At the time of our visit there were 47 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch team were only able to support 4 residents to fully complete the survey. The team received 4 staff and 5 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 STONGLY AGREE this was met.

When asked about the Manager at the home, two of the residents who were supported to complete the survey process were able to name her and gave the following comments;

“Kirsty is a lovely Manager and very fair. She is always interested if you need to know anything.”

“She is very nice.”

The two remaining residents were unable to name the Manager or tell the Healthwatch team anything about her, this may have been due to their own individual health and capacity.

All of the respondents to the friends and relative survey were able to name the Manager and all gave positive comments about her, including that she is both friendly and approachable. Their comments included;

“She is quite new to Grangewood. She is friendly, down to earth and caring.”

“She is new, but nice. She always has time for you and is making good changes.”



“She comes across as a very kind and caring person.”



When staff were asked what support they receive from the Manager, the staff who responded to the survey indicated that they all feel supported, that the Manager is approachable and has an open door policy to enable staff to chat to her at any time. Their comments included;

“She always offers advice and appropriate recommended actions to take.”

“She is always available for a chat.”

When asked what attracted her to the role of care home Manager, the Manager said; “I worked in the NHS for years and loved it as a registered nurse, but found I never had time for people. I decided to try home management back in 2014 and have not looked back.”

The Deputy Manager said; “I enjoy a challenge and have passion for dementia care and ensuring that high standards of person centred care is provided is important to me.”

The Healthwatch team went on to ask the management team what they enjoy about their roles. The Manager said; “Seeing the residents happy and the staff grow in confidence. I love it when the residents tell you that you have made a difference to them. I also love helping staff to achieve their goals.”

The Deputy said; “I enjoy the friendly family atmosphere of our home and I enjoy the fact that care is an ever changing industry - You’re never finished learning.”

During the Healthwatch visit, the Manager gave the team a tour of the home. She knew the residents well, addressed them all by name and was able to inform the team which of the residents would be able to complete the survey with us. The team witnessed the Manager speaking to the residents with dignity and respect and



the residents she addressed appeared to know her and feel comfortable in her presence.

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.

When residents were asked about the staff at the home, all of those which the Healthwatch team spoke to gave positive feedback, which included;

“They are there if you need them. This is one of the best places.”

“I can’t fault them.”



The majority of residents went on to say that the staff at Grangewood Care Home have time to stop and chat with them. The remaining resident said; “Most do.”

The majority of the respondents to the friends and relative survey stated that the staff at the home do have the time to care for their friends and relatives and added that the staff there are very friendly and caring. Their comments included;

“Yes, they are very caring people and they don’t rush my gran.”

“The staff are ready to help at any time.”

The remaining relative said; “I’m getting the feeling lately that Grangewood may be slightly understaffed.”

All friend and relative respondents said they feel the staff at the home have the skills to care for their friends and relatives. Their comments included;



“Yes, they know what they are doing and what my gran likes.”

When we asked staff if they feel they have enough time to care for the residents, all of the staff respondents stated that the level of paperwork is a barrier to them spending quality time with the residents. Their comments included;

“No, paperwork dominates a major proportion of the day. Even with good time management and an effective team, paperwork often overshadows the care you would like to deliver.”

“This varies depending on the team working. Although, I do feel paperwork over rules spending time with the residents.”

The management team told us how they ensure the staff have enough time to care for residents. The Manager said; “By using a dependency tool to help me have enough staff. If they say they haven’t got enough time to care, I listen and help if needed - paperwork is a large part, but also a necessity.”

The Deputy Manager said; “Encourage organisation and delegation out on ‘the floor’. A visible lead encourages good practice and can maintain the structure of the day. Supporting where necessary with our residents.”

When asked if they are encouraged to develop their skills, all of the staff said yes and added that they are asked if there are any particular training courses which they would like to complete. They added;

“Management will do their best to source training and funding for you.”

“Yes, plenty of opportunities to do courses and an option to progress.”

“I am always asked if there are areas I would like to improve upon during supervisions.”

Staff went on to tell us what they enjoy about their jobs. This included; supporting residents to carry out their day to day lives, making a difference to resident’s lives, making someone smile and helping residents feel safe and that they belong. Their comments included;

“Our home feels like a family. I enjoy feeling like a meaningful part of a team.”

“Helping them to maintain a good quality of life.”

The management team said that they encourage staff to develop their skills by being supportive, accommodating and sourcing the training they wish to access, ensuring all mandatory training is completed, picking up on local initiatives and having a positive approach if things go wrong, as not to damage the staff’s confidence.

During the Healthwatch visit the team witnessed some staff transferring one resident from a wheelchair to an armchair in one of the communal rooms where a reminiscence session was taking place. This was done gently and with dignity and respect. Staff members explained to the resident what they were doing and about



to do and ensured the resident was comfortable before leaving her to enjoy the activity.

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 STRONGLY AGREE this was met.

When asked how well the staff at Grangewood Care Home know them, all of the residents who were able to answer the question stated that the staff at the home know them, know what they need, like and don't like. Comments included;

"Yes, they know me. Some know me personally."

"Yes, the staff know that I like to keep my own room right, but they help me with the finishing touches."

When friends and relatives were asked how well the staff know their friends and relative's life history, personality and health and care needs, all of those who answered the question indicated that the staff know them well. Their comments included;

"Really well - they are very friendly and chatty with her."

"They have a good knowledge, I believe."

Friends and relatives stated that the staff at the home inform them of changes in their relative's needs, whether this be over the telephone or during their visits to the home. Comments included;

"Pretty good at letting us know about any falls mam may have."

"The home tell her family and they tell me."

When asked how they and their colleagues get to know new residents, the staff and management team stated that the home undertake a pre-assessment prior to a residents arrival into the home and that staff familiarise themselves with the associated documentation as well as any information supplied by the resident's social worker. Staff and management spend time speaking to both the resident and their family members and observing the resident's behaviours. The information gathered is entered into the resident's individual care plan, which is reviewed on a minimum of a monthly basis, at resident review meetings or after they have been visited by medical professionals, the SALT Team (Speech and Language therapy) or dietician etc. Changes in resident's tastes and their health and care needs are also updated into their care plans, which staff are encouraged to access and information is shared with all staff at staff handovers meetings and other staff meetings. Their comments included;



“By talking to friends and family and most importantly, to the resident to gain background knowledge.”

“This info is passed on to team members through care planning, handovers and sharing what works well with that resident.”

Indicator 4 - A varied programme of activities

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

The Healthwatch team STRONGLY AGREE this was met.

When asked about the activities at the home, the residents which the Healthwatch team spoke to informed us that they enjoy, singing, bowling and ball games. One of the residents we spoke to stated that they didn't take part in activities now, as they feel they are too old. Another said; “I like the activities.”

One resident informed a member of the team that the staff at the home ask if residents would like to join in the activities but added that they don't force them to take part, if this is their choice. Another resident added that staff offer physical assistance to get to the room where the activity is taking place.

When asked about outings and trips outside of the home, one resident stated that the home takes residents out on the mini bus and he enjoys these outings very much. Another resident said; “I go on the trips if they are on.”

Two of the residents stated they are able still enjoy some of their past interests and hobbies, which included; knitting, reading and watching TV.

During the tour of the building the Healthwatch team witnessed the Manager chatting to one resident and stating that the staff would soon be taking him to the shops for his daily newspaper. After our visit we witnessed this resident outside of the newsagents with staff members.

All of the friends and relatives, except one stated that they consider the activities at home to be good or very good, with one relative adding; “Seems to be varied and entertaining.”

The remaining respondent stated that they did not know about the activities available to residents inside and outside the home. They went on to say that their relative is bedbound and unable to take part.

When asked how their friend or relative is encouraged to take part in activities, here are some of the comments we received;

“The staff are enthusiastic - it's catching!”

“She enjoys the reminiscence mornings and quizzes. She needs to be encouraged to join in.”



Interactive wall hangings

One friend and one relative informed us that their friend and relative are still able to do the things they used to enjoy, now that they live at Grangewood Care Home. Their comments were;

“Yes, there are lots of pets come in. The staff bring theirs in and my gran knits.”

“Yes, she likes to read and socialise.”

During the Healthwatch team visit to Grangewood Care Home we observed the Activities Coordinator facilitating a reminiscence session which was taking place in one of the ground floor communal lounge areas. Several residents were sitting alongside a resident’s friend and taking part in the session which was centred around household appliances, housework practices of the past, past shops which were located on the High Street and what food they grew in their gardens to enhance their ration supplies during the war. The Activities Coordinator ensured all residents were involved in the session and she was able to keep everyone engaged. The tea trolley arrived and tea and coffee was served alongside biscuits. A member of staff was also asking the resident’s for their choice from the food menu for that day. One resident asked if she could have egg and chips, which wasn’t on the menu and the staff member stated that this wouldn’t be a problem. Staff were also bringing residents to the room and taking other residents out of the room. The Activities Coordinator still kept the session calm and on track. The session was vibrant, with residents giving their own experiences and sharing their own life stories. There was also lots of joking and laughing.

The staff and management team informed us that activities are tailored to individual resident’s capabilities and interests, with one staff member adding that this ensures that the activities are meaningful to the resident.

Staff and the management team went on to tell us some of the activities which are available to residents inside the home, which included; ‘Beamish boxes’, quizzes,



darts, dominoes, knit and natter, karaoke, baking, visits from outside entertainers, singing, tea parties, religious visitors, games, arts and crafts and movie days.

They went on to tell us what activities are available outside the home, these included; gardening, walks, meals out, coffee mornings, trips to the beach, bowling, theatre, visits to local schools and visits to a local tea room.

Staff added that they feel it is important to keep up links with the local community, which gives opportunities for residents to go along to community events and activities, such as school shows.

Some staff members told us about a 'wish tree' which is available to residents to add their wishes and the home tries to make these wishes come true, which encourages activity participation. Other ways which residents are encouraged to take part in activities are, by offering physical assistance, staff taking part alongside residents, staff offering a happy, cheery demeanour and playing an active role in activity sessions.

The Manager added there are specialist chairs available to aid residents to take part in activities and if residents are unable to take part in group activities, one to one time is given by the home's Lifestyle Co-ordinator.

When the management team were asked how they support residents to continue to do the things they used to enjoy before coming into the home the Manager said; "We ask the residents what they enjoy and arrange it so that it continues, but sadly people are coming in now much frailer and we have found that they have not done anything at home for some time, so it is difficult to find a starting point."

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

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

The Healthwatch team AGREE this was met.

All of the residents which the Healthwatch team supported to complete the survey spoke positively about the food at the home. One resident did add that sometimes it is better than others and there is now more variety at the home, as there is a new chef. Their comments included;

"The food is alright, I enjoy my meals."

"I think it's pretty good. I like liquorish and the staff get it for me."

"I'm a fussy eater. It's clean here and the food is well cooked."



When asked about the choice of food, only one resident answered this question and stated that there isn't a great choice of food.

All of the residents, bar one, stated that they eat their meals in the communal dining room or lounge. The remaining resident did not answer this question on the survey.

When asked if they enjoy mealtimes at the home, only two residents answered this question and they both said that they do enjoy these times. They said;

“All the people are together - I like the company and staff are there to help you if you need it.”

“We like a laugh.”

All of the friends and relative respondents stated that they feel both the quality and choice of food available at the home is good. Their comments included;

“It seems to be very good, from what I have seen.”

“It looks nice and the staff always offer me drinks when I come in.”

All of the friends and relatives, bar one stated that they are very confident that their friend/relative is supported to eat and drink as much as is needed. The remaining relative stated that they are fairly confident that this is the case.

When asked how they feel the home ensures mealtimes are sociable, friends and relative comments included;

“She is encouraged to eat with others and she likes to be sociable.”

“They always ask her where she wants to sit and who with.”

“I feel perhaps it would be beneficial to ‘mix’ the tables up sometimes.”



When asked about the quality and choice of food at the home the staff who responded to the survey stated that the quality of food is either poor, or could be better. *(It is noted that the staff surveys were issued to staff to complete several months prior to the Healthwatch team visiting the home. During this time the home employed a new chef and therefore staff responses won't reflect this change).*

The vegetarian options are poor or very poor and residents often say they are sick of the same things. Two staff members stated that the residents do not like the fact that the same sandwiches are served most tea-times.

When we asked the management team about the quality and choice of food at the home, the Deputy Manager said that she feels and food has much improved as there is a new chef and new menus. The Manager said; "I think it is quite good. I know I am biased but compared to other companies, it is streets ahead. We have a new chef - his quality is very good. Our second chef is also talented."

We went on to ask the staff and management team what support is available to residents to both eat and drink at mealtimes and outside of mealtimes. They said that the home has a flexible approach in that food and refreshments are available 24/7 and residents can get food and drinks whenever they want it and also eat it where ever they wish. Support and assistance is given to those residents who require it, adapted cutlery is available and residents are never rushed. The Manager also added that the home is working towards getting a drinks station for relatives to use.

Residents on the ground floor are able to make food choices from the available menus and residents on the upstairs level are shown picture menus to enable them to indicate their food choices. Alternatives are made for those residents who do not like what is on the menu. Special diets are accommodated, such as food being pureed, softened, thickened and diabetic diets are also accommodated.

Mealtimes at the home are made sociable times by residents having a choice on where to sit and who with, music is played, tables are set up to look appealing, the dining areas are always clean and tidy and conversation is encouraged and facilitated by staff. One staff member said; "We often have sing-a-longs in the dining room and the atmosphere is kept light."

During the Healthwatch team visit we witnessed staff members serving residents hot drinks and biscuits to residents in one of the communal lounge area. The staff knew how the residents preferred their drinks and we also witnessed residents being encouraged to drink.

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

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



home.

The Healthwatch team AGREE this was met.

When the Healthwatch team asked the residents who engaged with the survey if they have seen either a dentist or an optician whilst living at the home, two of the residents were unable to answer this question. This may have been due to their own health or capacity. The remaining two residents said;

“The dentist visited me here and a chiropodist comes in sometimes. I had laser treatment a few years ago and it was marvellous. The optician who came here checked them for me too.”

“The dentist is a piece of cake, if I have to have it done, I will. Vision call comes to the home.”

When we asked the residents what happens when they need to see a doctor, all of the residents stated that they tell the staff if they need to see a doctor and their GP either visits the home, or staff support them to attend the surgery.

One friend and two relatives indicated that they are happy with the level of access to medical professionals for the friend and relative. Comments included;

“When treatment is needed, it is sort straight away.”

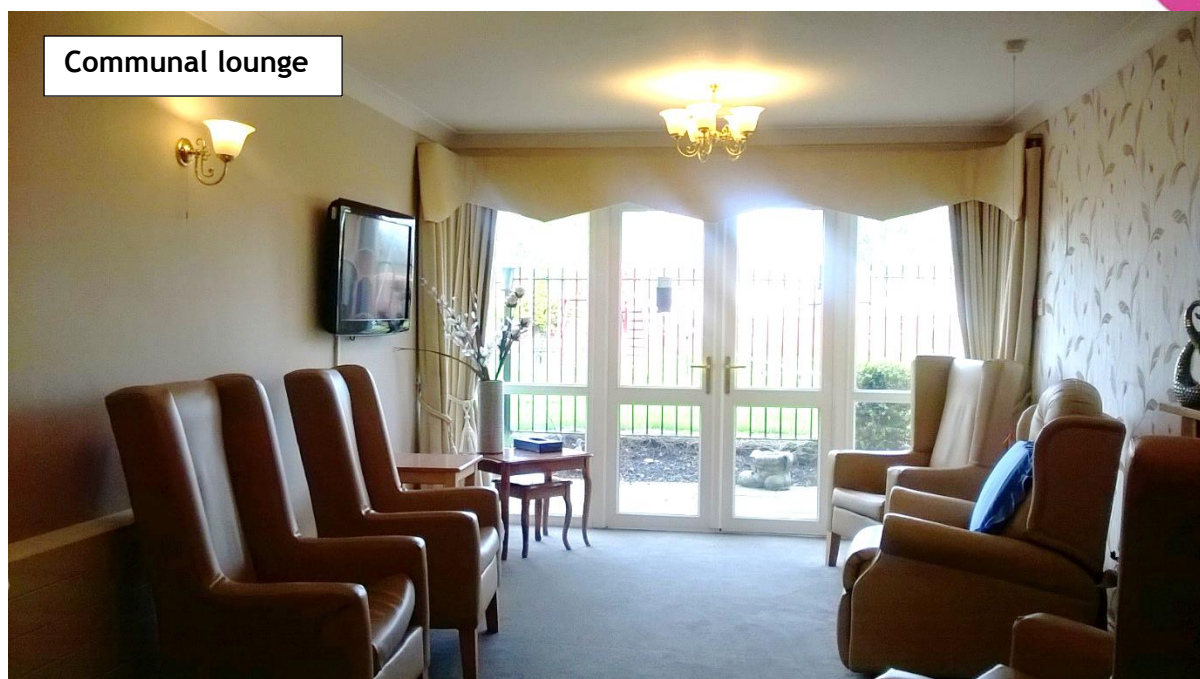
Three people who completed the survey did not answer this question.

When asked about visits from health professionals the Management team stated that residents can choose their own GP, although the home has regular contact with a local GP as part of a local Coalfield GP initiative. Dentists, opticians, chiropodists and nurses from the local GP practice also visit the home. This was reiterated by the staff respondents, two of whom told us that they often feel demeaned by the Recovery at Home team when they visit the home.

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

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

When asked if they are still able to follow a religion, two of the residents supported to complete the survey told us that there are religious services and bible readings available to them inside the home. One of the residents stated that they are not aware of these services. Residents went on to tell us that there is a hairdresser who visits the home to cut/style their hair and the laundry service at the home is good. One resident stated that there are some items of their clothing which they like to wash themselves, as they like to remain as independent as possible. Another resident stated that they like to paint their own nails and added; “I do everything myself.”



Communal lounge

The friends and relatives said that their friends and relatives have no specific lifestyle, religious or cultural needs. They went on to say that there is a hairdresser who regularly visits the home to cut/style their friend/relative's hair. Their comments included;

“There is a hairdresser who does her hair and my gran likes this as much as she did at home.”

“My mother's hair always seems neat and tidy.”

During our visit to the Home, the Healthwatch team were introduced to the home's regular hairdresser. She explained to us why she has a passion for the Grangewood Care Home and shared that she had personal experience of being a family member to a resident at the home. She went on to say that she witnesses the same, high level of care from staff, whether the home has visitors or not. The Healthwatch team witnessed the hairdresser and Manager joking that as well as the hairdresser's regular visits she is called upon whenever there is a special occasion, party or when residents are going on a special outing. The team noted that several of the resident's hair looked newly styled.

When asked if the laundry staff get their friends/relative's clothing back to them, the responses we received ranged from very good, to good and to OK. One relative said;

“Very good, always look clean and fresh.”

All friends and relative respondents stated that their friend/relative are always clean and appropriately dressed. Their comments included;

“Yes, she always looks clean and smart.”



When we asked the Manager how the home finds out about a residents' cultural, religious and lifestyle needs she told us that the Lifestyle Coordinators ask the residents and their families for this information, life history work is undertaken and input from previous professionals involved in a residents care is referred to. Her deputy said; "This information is accessed prior to admission into the home from family and friends."

When asked to give an example of how the home caters for religious and cultural needs, staff members said;

"We had a lady who was Indian and her family gave us a lot of advice and support as how to best manage her."

"Someone comes out from a local church every Sunday to give Holy Communion and we also have a church service every month."

The Deputy Manager added that members of the Salvation Army make visits to the home.

The Manager and her deputy stated that the home has a 'resident' hairdresser, Susan, who has been working at the home for some time and is very flexible to meet the needs of the residents. Also, if residents want to use a different hairdresser, they are supported to do so.

When the Manager and her Deputy were asked how they ensure the laundry staff get the residents own clothes back to them, they told us that all residents clothing is labelled upon entering the home and the Manager added; "We have 'flash' meetings and I spot check what is there!"

The management team went on to tell us what mechanisms are in place to ensure that residents are always clean and appropriately dressed, the Deputy Manager said this is done by using personal care charts. The Manager said;

"I do spot checks twice a day. When I first come in I walk around to say hello to everyone, but at the same time, I am checking standards."

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 STRONGLY AGREE this was met.

When the Healthwatch team asked the residents we spoke to if anyone ever asked if they are happy at the home, the three residents who answered this question stated that they do get asked, with one person adding; "They say, how are you getting on?" All but one of the residents indicated that they are happy at the home. Their comments included;



“I love to be in here. I tell my family and the staff that I love it!”

“I wouldn’t be here if I didn’t like it.”

The one remaining resident said; “I have good days and bad days, but my eldest daughter lives near, so it’s close for her to visit.”



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

“I would change nothing, everything is lovely. My family are going on holiday and I don’t bother - I feel safe here!”

When asked what they would do if they wanted to make a complaint about the home, two residents did not answer this question, two residents stated that they would speak to either the Manager or ‘the girls’ and their comments included;

“I would tell the Manager. She tries to please you all the time.”

“I can tell one of the girls or Kirsty.”

All of the respondents to the friends and relative survey stated that they feel welcome participants in the life of Grangewood Care Home. Their comments included;

“Yes, since Kirsty came, she tries to get me involved - she asks if she can do anything for me and my gran.”

“I always welcomed and included.”

“I am always made to feel welcome.”

All of these respondents stated that they and their friends/relatives can have their say about how the home is run by speaking to staff or the Manager of the home or attending the monthly relative meetings. When asked how they would make a complaint about the home, its staff or Manager, all friends and relatives who responded to the survey stated that they would go directly to Kirsty, the Manager. One relative added that they have also met one of the main representatives for Care UK (the provider of the home). All respondents indicated in their responses that they would feel confident that any complaint they made would be acted upon appropriately. Their comments included;

“Yes, if I needed too, I would complain and expect it to be resolved.”



“I’ve had no need to make any complaints, but I am sure any complaint would be dealt with, no hesitation.”

When staff and the Deputy Manager were asked in what ways residents and their families can have their say on how the home is run, they told the Healthwatch team that they have this opportunity by attending resident and relative meetings, completing customer surveys, speaking directly to staff and that Kirsty’s (the Manager) door is always open. The Manager added that the company (Care UK) do frequent, random selection surveys. She went on to say;

“To be honest though, many just tell you in conversation what they would like.”

When asked to give an example of how resident or relative feedback has been used, all of the staff respondents stated that the home had a relative who was a relative representative, who spoke on behalf of families and also took part in the interview and recruitment process alongside residents.

The management team went on to tell us how they make use of complaints from residents and their relatives. The Manager said; “Normally we receive feedback from surveys, but also if someone makes a verbal complaint, I listen to it, then look to see how I can help. I also like to do ‘You said - We did’ so that people know they are listened to.”

The Deputy Manager said; “Include them in the meeting minutes and implement change within staff meetings. Raise during staff meetings and investigate if warranted.”

The staff and Deputy Manager stated that staff can have their say in how the home is run by attending regular staff meetings, appraisals and during supervision sessions, where opinions are listened to, valued, acted upon and ideas are implemented. The Deputy also added that staff can approach the Manager.

When we asked the Manager how staff can have their say in how the home is run, she added that staff meetings are not well attended, staff tend to tell her what they would like and this also is talked about in supervision sessions. She added; “As I am new to post, it may be early days for this to date.”



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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