

Care home life, what it's really like!

## Holy Cross



Date of Healthwatch Sunderland visit:  
29<sup>th</sup> March 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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## Table of Contents

1. Introduction .....	3
2. Background and rationale .....	4
3. Methodology .....	5
4. Findings - Summary.....	6
5. Appendices.....	19
Appendix 1 - Questions for residents .....	19
Appendix 2 - Questions for Managers .....	20
Appendix 3 - Questions for staff.....	21
Appendix 4 - Questions for friends and relatives .....	22



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## 1. Introduction

### What is Healthwatch?

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

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

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

We achieve this by:

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





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## 2. Background and rationale

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

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

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

### **The 8 indicators are:**

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



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### 3. Methodology

An initial pre-visit meeting with the home Manager Julie was held at Holy Cross 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 29<sup>th</sup> March 2018 and was carried out by Healthwatch Sunderland staff and a volunteer 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	<div>Time</div>  <div>Skills</div>  <div>Neutral</div> <div>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	 Strongly agree
8.	An open environment where feedback is actively sought and used	 Agree



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## Findings

Holy Cross Care Home is registered to provide nursing and residential care for 56 older people. Set over three floors, Holy Cross has landscaped grounds. Each single room is en-suite and residents are encouraged to add their own personal touches to their rooms. This home has its own Activity Co-ordinators.

For residents who wish to continue to practice their faith, Holy Cross has its own chapel where visiting local priests celebrate Mass daily.

See the latest CQC inspection report here:

<http://www.cqc.org.uk/location/1-423384939>

The home provides personal care for up to 56 people, who may have dementia or general care needs. At the time of our visit there were 52 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch team were only able to support 5 residents to fully complete the survey. The team received 8 staff and 4 relative surveys back.

The results of these surveys are given below:

### Indicator 1 - A strong visible management

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

Some of the residents at Holy Cross Care Home had difficulty identifying the Manager but this may have been due to their own individual health or capacity. Others stated that they recognised the Manager by sight but did not know her name. Most residents described the Manager as 'good' or 'fine', one resident stating that she knows her stuff, she has good deputies and added;

"I don't see much of her."

The Healthwatch team witnessed positive interactions between the Manager and residents, where she addressed them all by name and made conversation as she introduced them to the team.

When asked if they knew the Manager, friends and relatives stated that they did, one relative commented that they found her to be helpful and friendly. Another respondent stated that they also knew the Deputy Manager.

All staff who completed the survey responded positively when asked about support from the Manager, comments included;

"If I have any questions they are always available."

"Management listen and can be easily approached."





The Manager informed the Healthwatch team that she has worked in elderly care for over 30 years, is conscientious in her work and is truly committed and dedicated in providing an excellent service. The Manager went on to say;

“I am passionate about the protection of vulnerable adults, safeguarding all and supporting them in the later stages of life.”

The Duty Manager and trainee Duty Manager stated that they receive full support from the Manager, comments included;

“I get full support from my Manager, I enjoy learning new things and working alongside the residents.”

“I wanted to enhance my career and had heard good things about Holy Cross, I enjoy all aspects of the role, the responsibility I have places me in situations where I need to challenge myself.”

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

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

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

When asked, the residents gave positive comments about the staff, including; very good, good, brilliant and “They are great - everyone.” When asked if the staff had time to stop and chat to them the responses given were mixed, some saying they did and others saying they didn’t. The majority of the residents stated that the





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staff were very busy. One resident said “They do talk as they are doing their job - they have so much to do.”

The majority of relatives who responded to the survey agreed that staff knew their family member very well and that residents are well cared for. Comments included;

“Mum has been in the home for four years. They know her well and even though she has dementia they know how to make her laugh and smile. They give her cuddles which she loves. Care and attention is superb.”

One respondent stated that staff knew her relative fairly well but communication could be better.

A mixed response was given from those staff who completed the survey, when asked if they had enough time to care for residents. Responses included;

“Enough care for residents is dependent on the needs at the time.”

“No I don’t.”

“Yes I do.”

All staff agreed that they are encouraged to develop skills, by undertaking training throughout the year including National Vocational Qualifications (NVQ). One staff member commented; “Yes I have become a senior carer with support.”

When asked ‘what do you enjoy about your job?’ staff stated that looking after residents, making them feel safe, secure and giving quality care is the most pleasing aspect of the role.

The Manager and Duty Managers agreed that staff are encouraged to develop by providing opportunities to enhance knowledge and skills, including regular supervisions and annual appraisals to identify strengths and weaknesses. They also do this by supporting staff, promoting personal development and working closely with staff. The Manager went on to say;

“Good support and management skills are essential to good, effective working practice, ensuring that staff know the management is approachable and know they will get the support they require in all areas of their job role and description.”

### **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.**

All residents that the Healthwatch team spoke to felt that the staff knew them and knew their likes and dislikes. Comments included;

“They should know me by now, I am a straightforward person.”



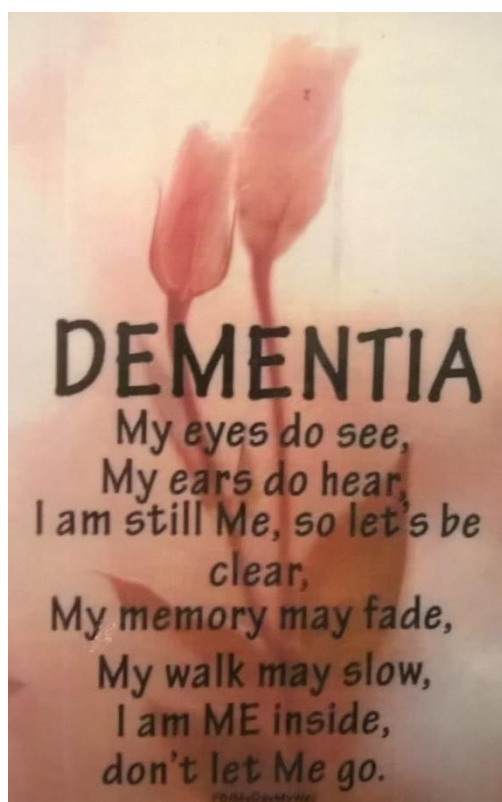
“They help me by putting my clothes out for me.”

The majority of relatives who responded to the survey told us that they feel the staff know their family members very well and notice changes in their needs.

Comments from relatives included;

“The home has full knowledge of my wife’s life and needs, and I am informed of any changes when needed.”

“Most of the time staff notice my relatives changing needs, although sometimes she is not the best at telling staff when she is unwell.”



“After discussion with family mum was moved into nursing care.”

Staff and management informed us that they get to know residents by using numerous methods. These include; all residents having documented life history and nutrition and dietary care needs in their care files, which are updated with changes or on a monthly basis. They added they also hold staff briefings, daily handovers (both day shift and night shift) and information on residents is also available on electronic tablet form.

The management team confirmed that a residents changing needs are monitored and updated by ensuring that care plans are person centred to the individual and all are evaluated monthly or as when required. Staff then read and sign each individual residents plans when reviewed and changed.

#### **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.**

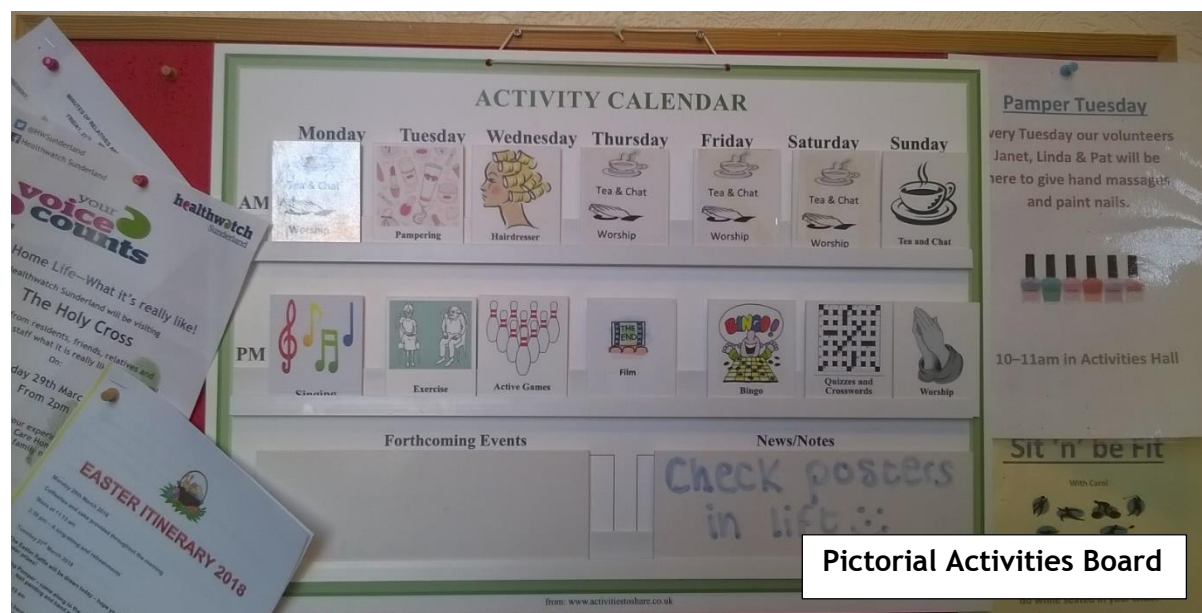
When asked about activities at the home, most of the residents supported to complete the survey stated that they do not take part. One resident stated that they sometimes join in, another did not answer this question however, this may have been due to their own individual health or capacity. Some residents stated that they have not been on any trips out for a while due to the winter weather, others stated that they go out with their family members.



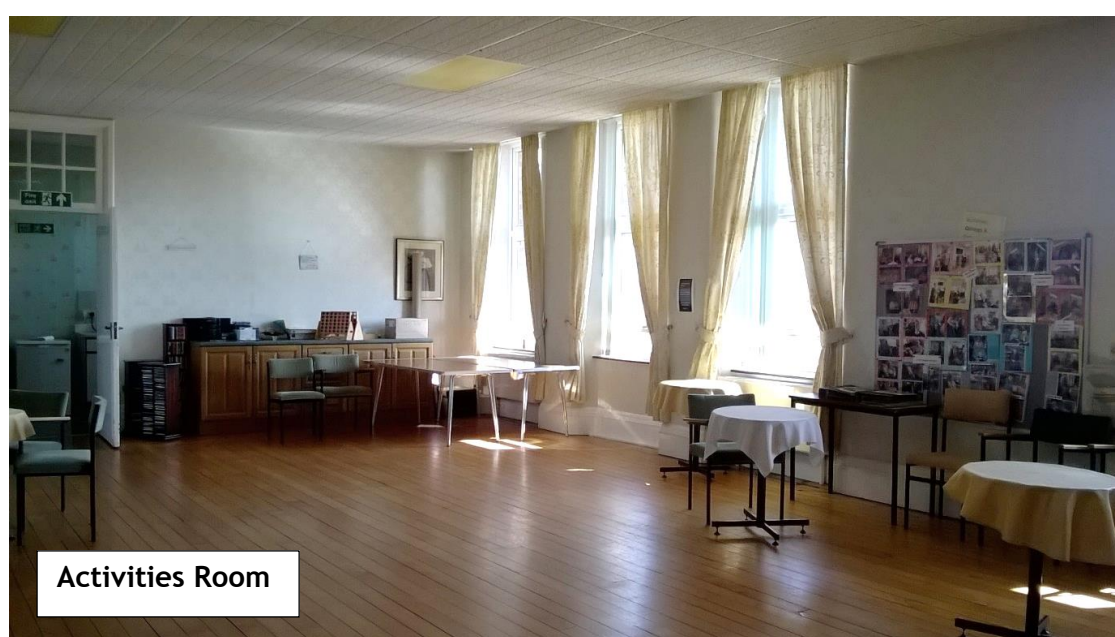


The Healthwatch team observed staff holding an Easter crafts session with many residents and their friends and relatives taking part. Residents were encouraged and supported throughout. Easter bonnets were decorated and tried on whilst ambient music was played in the background, residents, family members and staff were laughing and singing along.

There were a lot of visitors at the home, the staff pointed out that guests are actively encouraged and made welcome at Holy Cross.



When asked about activities at the home, relatives gave a mixed response, but all agreed that residents are encouraged and supported to join in. Comments included; “Activities are very poor at the moment, since the Activities Co-ordinator left there is minimal on offer apart from movies and singing, neither of which my relative is interested in - or bingo.”





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“Staff manage as best as they can to provide activities, but due to the lack of an Activities Co-ordinator they are not as varied as they could be.”

“Yes, activities are quite varied.”

When asked if they were able to maintain any previous hobbies since coming into the home, most residents told the Healthwatch team that they do not undertake the activities that they used to enjoy. Other residents did not answer this question. One resident pointed out a picture he had painted and went on to say that due to problems with his hands he could no longer paint.

Staff and management informed the Healthwatch team that there is a varied programme of activities at Holy Cross, including bingo, reminiscing sessions, sing a longs, ‘sit and b fit’ pamper mornings - manicures, general knowledge, quiz, and carpet bowls. Special events are always promoted, including St George’s Day, St Patrick’s Day, Easter events and more.

Activities planned are aimed so all can participate to each individual’s level of understanding and ability as each individual will require different levels of support, it is paramount that all participants are enjoying the activity and are able to join in as much as possible with the right level of support.

Staff will encourage residents to attend activities to help them socialise and to promote their independence. Where needed, staff will escort residents to and from the activities space and support them throughout.

The Manager went on to say that there is a suggestion box and there are also discussions at residents meetings about activities.

## **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, residents responses varied greatly and included;

“Very good with plenty of choice.”

“No complaints, its home cooked and there is plenty of choice.”

“Its rubbish, I am not happy about the food.”



During the Healthwatch visit we witnessed staff supplying residents with tea, coffee and juice and biscuits.

All residents agreed that they could eat in their own room or the dining room and there is plenty of choice of food on offer. Most residents stated that they eat in the dining room and this a sociable time. One resident told the Healthwatch team that he prefers to have breakfast in his room and his other meals in the dining room.

Another resident commented; “I have Parkinson’s so I try my best at mealtimes, sometimes I have a bit of a wait but there are a lot of people to serve so I cannot expect anything else.”



Most relatives responded positively when asked about the food at the home, saying that there is a good choice and quality of food on offer. All relatives agreed that residents are supported at mealtimes and that mealtimes are made as sociable as they can be. Comments included;

“Family have stayed at the home for a couple of meals and they were fine, I am

unsure about the choices as mum never mentions them.”

“My wife enjoys the quality and choice of food available, mealtimes are very sociable, my wife needs assistance and always receives it.”

“Sometimes the food is very good but other times it is disgraceful. I have witnessed nearly full plates of food being returned.”

Staff and management informed the Healthwatch team that the home operates protected mealtimes (a period of time when activity is reduced so staff can be available to help serve and supervise meals and assist residents who need help to eat and drink. This time also includes limiting visitors) for lunch and evening meal but do allow for flexibility to accommodate those who wish to eat outside of these times.

None of the staff or management team gave their opinion on the quality of the food at Holy Cross but added residents have a choice for all meals, a choice to eat and drink when they want and may request to eat in their own room. One staff member informed us that snacks including full fat yoghurts, smoothies, fruit and drinks are available in between mealtimes. All residents are supported by staff during meal service time, according to their individual needs. Breakfast can be



taken at any time between 7.30am and 10am, however late breakfasts until 11am will be accommodated.



The Manager stated that mealtimes are made sociable and relaxed by residents sitting together to initiate conversations, by playing ambient music in the background and by good communication between staff and residents. Staff adhere to requests without delay, ensure good nutrition and hydration to assure everyone is enjoying their meal.

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

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

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

When asked if they have regular healthcare check-ups residents gave a mixed response. Some residents agreed they have regular healthcare check-ups, others commented that it has been a while since they had a check-up. Some stated that they have visits to the home from GPs and others visit local practices with support from staff or family members.

Relatives who responded to the survey agreed that residents have access to health professionals, comments included;

“Not sure about dentist, but my relative has seen the optician, I was not happy as we were not given a copy of the prescription. I took her to a different optician where we did have that choice.”

“There are visits by health professionals and it is always reported back to me.”





Care staff informed us that dentists, opticians and chiropodists make regular visits to the home. GPs are contacted as and when needed and are backed up by the district nursing teams.

The management team confirmed that all residents have regular visits from external health professionals and additional visits can be requested if required. Comments included;

“We keep the same health professionals who get to know our residents well. We are assigned to a GP practice which makes weekly visits to the home, but a visit can be requested at any time. We have a good relationship with the district nurse, palliative care team, urgent care and pharmacy which visit when required.”

### **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 residents cultural, religious and lifestyle needs are met, the majority of residents and relatives agreed that this is the case at Holy Cross.



During our visit the Healthwatch team noted that residents were appropriately dressed and their clothes were clean. The team visited the home’s hairdressing salon and noted that the gentlemen were shaven and all residents’ hair was clean and well kept. When asked about the laundry at the home some residents stated





that it is a good service others informed us that their relatives do their laundry for them.



The Healthwatch team visited the home's chapel. Several residents stated that they do attend mass and the priest will visit residents in their rooms to administer Holy Communion, or just to have a chat and a catch up.



Staff members affirmed that the chapel at Holy Cross holds a daily Mass and Holy Communion which is available to residents, their friends and relatives and to the general public. Residents who need assistance to attend services will be supported throughout by a staff member.

The Manager stated;

“Applicant forms are completed prior to a resident’s admission to the home, during the pre-assessment stage where information on cultural, religious and lifestyle needs is gathered. We ensure we are able to meet individual needs before the admission date is arranged and all requirements are in place to meet an individual’s preferences, cultural, religious and lifestyle needs.”

The Manager gave an example of a future respite admission of a Jewish lady who on her pre assessment stated that she does not eat pork. This was then discussed



with staff team, care plans will include her wishes, thus respecting her cultural and religious beliefs.

The Healthwatch team visited the Holy Cross shop which sells a variety of items including; snacks, greetings cards and religious gifts.

## 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 residents if they are happy at the home and if anyone ever asks if they are happy, residents gave a varied response including;

“Sometimes I am happy.”

“I suppose I am, staff look after me, I know them all.”

“Carers ask me if I am happy, I wouldn’t be here if I wasn’t happy. My daughter in law works upstairs.”

The Healthwatch Team visited the library at Holy Cross, where staff informed us that residents and relatives use this room as a quiet space.

All relatives who completed the survey agreed that they feel welcome participants in life at the home. They have a say in how the home is run by attending

residents and relatives meetings where any issues can be discussed, also staff and carers can be approached at any time and keep relatives up to date when they visit. Relatives also agreed that they know how to make a complaint and feel it would be acted on appropriately, comments included;

“Yes I know how to make a complaint and if it was not acted upon I would escalate it higher, I know how to do this.”

Staff and management informed the Healthwatch team that feedback is actively sought and used by gathering information from residents and relatives meetings which are held every three months. The management have an open door policy to



ensure residents and friends and relatives can speak to a manager at any given time.

Staff gave mixed responses when asked if they have a say on how the home is run, comments included;

“I believe that staff have a say in how the home is run.”

“Yes if it beneficial to residents and staff.”

“No, it all goes to head office.”

The Duty Manager stated that staff have a say in how the home is run up to a certain degree, explaining that procedures are in place to protect staff and that staff can bring forward views at staff meetings.

The Manager explained that the home actively seeks feedback, there is an annual residents and relatives satisfaction questionnaire, feedback and complaints are dealt with immediately and outcomes are feedback to the relevant people. The Manager went on to say that the home also operates a complaints procedure, which is included in the applicant pack in each resident's room and a compliments book is located at reception. Both positive feedback and negative feedback is recorded in the home's quality file and reflections on this information has proved to be a good way to learn how to do things better in the future.







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## 5. Appendices

### Appendix 1 - Questions for residents

1. Do you know the Manager of the home?
2. What do you think of the Manager?
3. What do you think about the staff here?
4. Do the staff have the time to stop and chat with you?
5. Do the staff know what you need and what you like and don't like?
6. What activities are there for you in the home?
7. What activities are there outside the home?
8. Is it easy to join in the activities?
9. Do you get a chance to do any of the things you used to enjoy before you came here?
10. What do you think of the food here?
11. Is there enough choice of what you eat and when you eat?
12. Do you enjoy mealtimes?
13. Have you seen a dentist to check your teeth or an optician to check your eyes recently?
14. What happens if you need to see a doctor or have an appointment at the hospital?
15. Is there respect for your religion or your culture here in your home?
16. Do you get asked what you think about the home or if you are happy?
17. Would you like to change anything about the home? Have you told anyone about this and what happened?
18. What would you do if you wanted to make a complaint about the home?



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## Appendix 2 - Questions for Managers

1. **Have strong, visible management**  
What attracted you to the role of care home manager?  
  
What do you enjoy about the role?
2. **Have staff with time and skills to do their jobs**  
In what ways do you encourage staff to develop their skills?  
  
How do you encourage staff to develop their skills?
3. **Have good knowledge of each individual resident and how their needs may be changing**  
How do you ensure that staff get to know a resident's life history, personality and health and care needs when the resident first arrives?  
  
How is information about a resident's tastes and their health and care needs updated as these change?
4. **Offer a varied programme of activities**  
What activities are available for residents inside and outside the home?  
  
What encouragement and assistance do you give to residents so that they can take part in activities?  
  
How do you support residents to continue to do the things they used to enjoy before coming into the home i.e. hobbies/interests/pets
5. **Offer quality, choice and flexibility around food and mealtimes**  
What systems are in place to support residents to eat and drink at mealtimes and outside of mealtimes?  
  
What choices do residents get about what they eat and drink and when and how they eat and drink?  
  
In what ways do you try to make mealtimes sociable?
6. **Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists**  
Please tell us about visits from health professionals such as GPs, nurses, dentists, opticians, chiropodists or other health care support mechanisms.
7. **Accommodate residents' personal, cultural and lifestyle needs**  
How does the home find out about and cater to residents' cultural, religious and lifestyle needs? Can you give an example?  
  
What provision is there for residents to regularly get their hair cut/styled?  
  
How do you ensure that the laundry staff getting the residents own clothes back to them?  
  
What mechanisms are in place to ensure that residents are always clean and appropriately dressed?
8. **Be an open environment where feedback is actively sought and used**  
In what ways can residents and their family have a say in how the home is run?  
  
Are staff able to have a say in how the home is run?  
  
How do you make use of feedback or complaints from residents and relatives?



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## Appendix 3 - Questions for staff

- 1. Have strong, visible management**  
What support do you receive from the manager?  
  
How easy is it to talk to the manager when you want to ask a question or raise an issue?
- 2. Have staff with time and skills to do their jobs**  
Do you feel you have enough time to care for residents?  
  
Are you encouraged to continue to develop your skills? In what ways?  
  
What do you enjoy about your job?
- 3. Have good knowledge of each individual resident and how their needs may be changing**  
How do you ensure that staff get to know a resident's life history, personality and health and care needs when the resident first arrives?  
  
How is information about a resident's tastes and their health and care needs updated as these change?
- 4. Offer a varied programme of activities**  
What activities are available for residents inside and outside the home?  
  
What encouragement and assistance do you give to residents so that they can take part in activities?
- 5. Offer quality, choice and flexibility around food and mealtimes**  
How do you make sure residents are able to eat and drink at mealtimes as well as outside of mealtimes?  
  
What choices do residents get about what they eat and drink and when and how they eat and drink?  
  
In what ways do you try to make mealtimes sociable?
- 6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists**  
Do residents have regular, preventative dental and optometry (eye-care) appointments?
- 7. Accommodate residents' personal, cultural and lifestyle needs**  
Can you give an example of how the home caters for religious and cultural needs?
- 8. Be an open environment where feedback is actively sought and used**  
In what ways can residents and their family have a say in how the home is run?  
  
Can you provide an example of how a resident or their family member has influenced how the home is run?  
Do you feel staff can have a say in how the home is run?



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## Appendix 4 - Questions for friends and relatives

**1. Strong visible management**

Do you know who the Manager of the home is?

Is the Manager friendly and helpful?

**2. Have staff with time and skills to do their jobs**

Do you think the staff have the time and skills to care for your friend/relative?

**3. Have good knowledge of each individual resident and how their needs may be changing**

How well do you think the staff know your friend/relative's life history, personality and health and care needs?

Does the home notice and respond when your friends/relative's needs change?

**4. Offer a varied programme of activities**

What do you think of the activities available for residents inside and outside the home?

Is your friend/relative properly encouraged and supported to take part in the activities?

**5. Offer quality, choice and flexibility around food and mealtimes**

What do you think of the quality and choice of food?

Are you confident that your friend/relative is supported to eat and drink as much as needed?

Do you think that mealtimes are sociable?

**6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists**

Does a dentist and an optometrist (optician) come to see your friend/relative regularly or only if there is a problem?

**7. Accommodate residents' personal, cultural and lifestyle needs**

Does your friend/relative have any specific lifestyle or religious or cultural needs? Are these respected and accommodated?

**8. Be an open environment where feedback is actively sought and used**

Do you feel that you are a welcome participant in the life of the home?

In what ways can you and your friend/relative have a say in how the home is run or give feedback?

Would you know how to make a complaint if you wanted to?

Would you feel confident to make a complaint and do you think it would be acted on appropriately?



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**DISCLAIMER:**

- The observations made in this report relate only to the visits carried out.
- This report is not representative of all residents' views; it only represents the views of those who were able to contribute within the time available.

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