

Care home life, what it's really like!

## Lansbury Court



Date of Healthwatch Sunderland visit:  
12<sup>th</sup> April 2018





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## **Acknowledgements**

Healthwatch Sunderland would like to acknowledge the support of the residents who allowed us into their home and talked openly and honestly with the team. We would also like to thank those staff members, family and relatives who took time out of their day to answer our questions and give their feedback.



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## 1. Introduction

### What is Healthwatch?

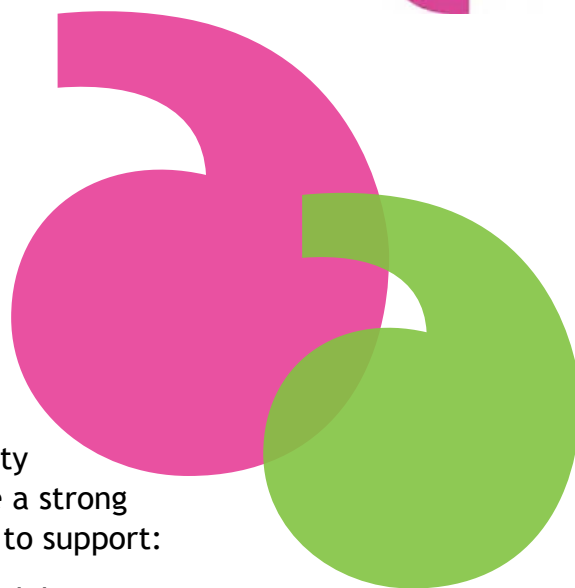
Healthwatch England is the national consumer champion in health and social care. It was set up by the government to ensure that people's views around health and social care services are listened to and fed back to service providers and commissioners with a view to improving services.

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, Suzanne was held at Lansbury Court. 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 17<sup>th</sup> April 2018 and was carried out by Healthwatch Sunderland staff who are trained so that they can effectively capture the resident's experience.

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

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

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

## 4. Findings - Summary

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

Here is the key which shows the indicator scores



Strongly disagree



Disagree











Neutral



Agree



Strongly agree

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





## Findings

Lansbury Court Nursing Home is a purpose-built single-storey building. It provides specialist care for both younger adults and older people living with dementia.

The home has 56 rooms, most of which are en-suite and several communal areas, including gardens.

See the latest CQC inspection report here:

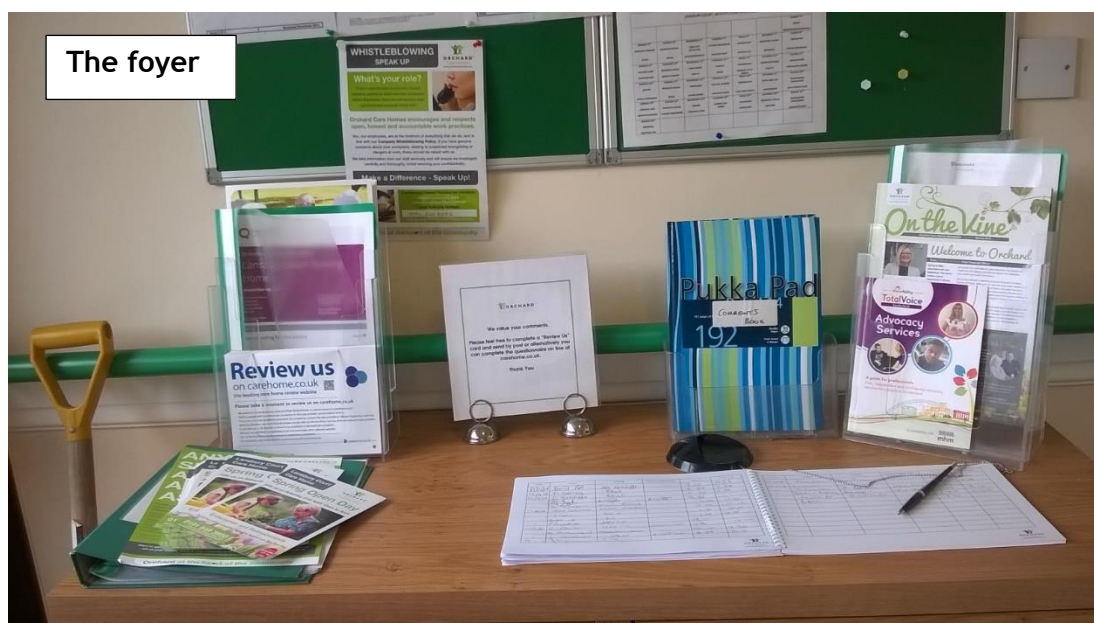
<http://www.cqc.org.uk/location/1-2883259313>

At the time of our visit there were 43 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 11 staff and 1 friend and relative survey back from a resident's friend.

The results of these surveys are given below:

### Indicator 1 - A strong visible management

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



Some of the residents at Lansbury Court had difficulty identifying the Manager but this may have been due to their own individual health or capacity.

One resident did know the Manager by sight and said she was 'nice'.

Another resident commented; "I get moved that many times that I don't know all their names."

One friend who responded to the survey didn't know who the Manager of the home is and when asked to tell us a little about the Manager said "Never see."





When asked what support they receive from the Manager, the majority of staff who responded to the survey gave positive comments, which included;

“Suzanne is very approachable and I know she would give me the support I need when needed.”

“If I need support Suzanne would take the time to listen to what I have to say.”

“Supports me with activities, new ideas etc. Helps out at fetes and with fundraising.”

The remaining staff member said; “If support is needed I would speak to the Manager, but not always supported.”

Staff were then asked what their experience is of talking to the Manager when they want to ask a question or raise an issue they gave positive responses, which included;

“Suzanne is always willing to make time to listen to any issues or questions I have.”

“She is always willing to take time to listen.”

“I just ask if I can speak to the Manager and some issues are dealt with.”





When asked what attracted them to their current role, the Manager said; “To improve service delivery for service users. To develop a skilled and knowledgeable staff team.”

The Deputy Manager stated; “To have more responsibility in the day to day running of the home. To have more knowledge and gain experience.”

We went on to ask them what they enjoy about their roles. The Manager said; “I enjoy interaction with residents and staff, also being able to make a difference.” The Deputy Manager said; “I enjoy the responsibility and the different jobs I have.”

## 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 which indicates both positive and negative feedback, which when averaged results in a neutral score.

Residents were asked what they think about the staff at the home and the Healthwatch received a mixed response. Their comments included:



“Canny, good staff.”

“Alright, if I buzz they come.”

“Very good at first, but as the years go on they just shout at you.”

“Some lovely, but some go overboard using foul language.”

When the Healthwatch team went on to ask the residents if the staff have time to stop and chat with them, we received a mixed response, with some saying this is the case and others saying it isn’t.

During the Healthwatch visit we spent some time in one of the communal lounge areas, where some residents were sitting. Several staff members were present in the room and interactions between residents and staff seemed relaxed and friendly.

The friend who completed the survey stated the staff do not have the time to care for residents as they spend time on



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their mobile phones and sitting around, adding that the staff have no skills at all, they are no good.

During the Healthwatch visit staff informed us that all of the resident's information is stored electronically and this is accessed via hand held devices, which look like mobile phones. They stated they find this new technology to be very easy to use and saves a lot of time, which used to be taken up by paperwork.

The majority of staff respondents stated that they did not have enough time to do their jobs, one member of staff felt there was enough time and another staff member stating that it depends on the time of day etc. Comments included;

“No, I always feel I need to rush around to get residents washed and changed. Not all days go the same.”

“At times yes and at times no, it depends on the day.”

When asked how they ensure the staff have enough time to care for the residents the Deputy Manager commented; “By explaining the shift pattern to them, what time things are, such as meals and how to work their day.”

The Manager said; “By regularly reviewing dependency/staffing tool. E-care planning is in place, reducing the need for time spent doing paperwork.”

Most staff agreed that they are encouraged to continue to develop their skills by undertaking training. One member of staff felt that they are not encouraged. Comments included;

“Yes by being given acting senior position.”

“With new courses when available, I went on a course ‘Time for Tea’ which I found really beneficial and interesting.”

When asked ‘what do you enjoy about your job’ some of the staff responses were;

“Stimulating residents with activities, even if they just sit in for twenty minutes they still benefit. Having reminiscence sessions when they tell me about their lives.”

“I enjoy everything apart from at times doing training on my day off.”

“Having a good day spending time with residents and making sure they are happy and that personal needs are met.”

When asked how they encourage the staff to develop their skills the management team stated that there is a programme of statutory and mandatory training and they also encourage and assist staff to complete additional training to progress them in their careers.



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### **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 staff know their likes and dislikes, all of the residents who were supported to complete the survey agreed that staff do know them well. Comments included;

“Yes, they know I am bad tempered.”

“They know what I like because I have been here so long, but they are always too busy to find out about me.”

“Yes, I get fresh clothes every day.”

The friend who completed the survey informed the Healthwatch team that they felt staff didn't know their friend well despite being told.

During our visit to the home, the Healthwatch team were introduced to several residents by staff members, who appeared to know them well. Staff were able to indicate which of the residents would have the capacity to have conversations with us, be able to engage with the survey process and also what kind of mood they were in that day.

Staff stated that good knowledge of each resident is gained by getting as much information as possible at the pre-assessment, by reading notes from professionals involved in residents care and passing this information on to other colleagues. Also by speaking to residents and their families to understand what they enjoy and to aid the building of relationships.

When asked, staff stated that good knowledge of residents changing needs is maintained by various methods including; monthly evaluation of individual care plans, by electronic care planning, by daily flash meetings and by verbal communication between staff.

The Deputy Manager stated that staff gain a good knowledge of residents by accessing their hand held device which explains in detail the residents needs, preferences and ability.

The Manager commented; “Through care planning, life history, handover meetings, ‘flash’ meetings and introductions on arrival.”

The management team added that information about residents' likes, dislikes and changing needs are updated and staff are kept informed by numerous methods, including; regular reviews, evaluation of care plans, staff meetings and information being passed over at staff handovers after staff holidays and/or sickness.





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

When asked about activities at Lansbury Park, some residents stated that they like to take part and that activities usually take place in the 'main room'. This includes bingo and singing. Other residents said they like to spend time in their own rooms watching TV.

All residents agreed that it is easy to join in with activities.

During our visit the Healthwatch team witnessed staff preparing for a bingo session in one of the home's lounge areas.

When asked about trips outside of the home, resident comments included;

"I like singing and dancing, it keeps me out of trouble and I always go on trips. We have a nice day at the seaside, fresh air and fish and chips."

"I don't go out on trips, just to the post office for fresh air, I don't want to go anywhere else."

When asked if they still get to do any of the things they use to enjoy before they went to live at the home, resident comments included;

"I used to like going to the pictures."

"I used to keep pigeons but I had to give that up."

The resident's friend who responded to the survey was not aware of any activities inside or outside of the home, was not aware of any encouragement to take part in any activities or have knowledge of any previous activities that were still enjoyed.

When asked about activities at the home, some staff advised that activities include; films, music, bingo, one to one time, visits from outside entertainers. Some of the staff felt there are no activities available.



The Activities Co-ordinator and management team agreed that the following list of activities is available at the home; reminiscence, one to one, bingo, arts and crafts, tasting sessions, newspapers and magazines, touch and smell sessions, movie afternoons, exercise classes, housework, tuck shop, flower arranging, hand therapy, sing-a-longs, church service, baking, playing cards, dominoes, knitting, entertainers, zoo visits and virtual reality sessions.

The Activities Coordinator added that the following trips are available outside of the home; shopping trips, local out and about, visits to the seaside, theatre, bingo and local community centre.

When asked how they encourage residents to take part in activities, staff gave mixed responses, including;

“Sometimes I don’t have time.”

“No time, always other tasks needing to be completed.”

“I would ask if they would like to join in. If they are not interested, I would go back to them with a different approach eg. I would say, I need some help with this, can you help me? I find a lot a residents join in more this way and they always feel fulfilled.”



The management team explained that residents are supported to join in with activities and also to continue with hobbies and interests by making activities accessible to all, adapting the activity to suit needs, by encouraging participation and that activities are based on resident's life history.

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

When asked about the food at Lansbury Court residents' responses ranged from very good, nice, lovely to 'it's alright.' Comments included;

"I like everything, especially a hot cup of tea in the winter."

"Food is lovely, nice and fresh."

"I like scotch pie, peas and chips."





All residents agreed that there is a good of choice of foods on offer and alternatives are made if residents do not like what is on the menu. They added they mostly eat their meals in the dining room.



When asked if mealtimes are enjoyable, resident's comments included;

"It all depends if the food is nice. I like to sit with my friends and chat."

"I sit with my friends and nine out of ten times I enjoy mealtimes. There are plenty of snacks and cups of tea"

The Healthwatch team observed tea, cake and chocolate biscuits being served to residents. One staff member was supporting a resident to eat cake which had been softened with milk to better suit their needs. The team were shown the home's American style diner, which the staff member who gave us a tour of the home stated is used occasionally by residents at mealtimes, but mostly residents like to go there to dance to music which is played on the jukebox.

When asked about the quality and choice of food at the home, the resident's friend who completed the survey said; "Never see." They also gave this comment when asked how the home ensures mealtimes are sociable. When asked if they are confident if their friend is supported to eat and drink as much as needed, they said; "I never see a glass of water on the table - not in the sitting room."

When staff members were asked about the quality and choice of food at the home, all but one of those who responded gave a negative response. Their comments included;

"There is a varied choice of food, the home caters for all dietary requirements."

"Not much choice for some who are fussy."



“Poor, limited choice for diabetics and special diets.”

Staff stated that they ensure residents are able to eat and drink at mealtimes as well as outside of mealtimes by; snacks and drinks always being available in the lounge areas, bedrooms and from the ‘tea trolley’, asking residents if they are hungry, offering physical assistance and encouragement where necessary and observing residents at mealtimes to ensure that food on their plates is suitable for them.



Comments included; “Food and fluids are monitored throughout the day and residents receive assistance when needed.”

When asked what choices residents get about what and when they eat and drink and where and how they eat and drink, staff informed the Healthwatch team that residents are offered choices from a daily menu and asked at mealtimes where they would like to eat, which include the dining room, lounge or their own rooms.

Staff stated that mealtimes are made sociable by playing ambient music, interacting and encouraging residents to sit and chat together with their friends and staff members.

The management team agreed that choice, flexibility and support at mealtimes is provided by offering a varied menu, good quality and dining experience audits are conducted regularly. Fortified and specialist diets are available for those residents who need them.



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

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

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

When asked about regular access to health professionals, residents, stated that there is access to; GPs, opticians, dentists and chiropodists. They added that if they need to see a GP or have a hospital appointment staff at the home will make arrangements and family, friends or member or staff will accompany them.

When asked about health professionals at the home the friend respondent stated; “My friend is still waiting to see the chiropodist - toe nails are big.”

Some staff reported that care staff do not have any involvement with visits from health professionals.

The Senior Care Assistant stated that visits from health professionals are arranged when needed and the chiropodist visits the home every 6-8 weeks.

The management team added that visits from health professionals are arranged as necessary. Residents can choose to keep their own dentist, optician, GP etc if they choose to do so, or they can be seen by health professionals who visit the home.



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

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

Some of the residents who were supported to complete the survey stated that they attend St Hilda's Church and another resident informed the team that a priest comes into the home and that he is nice.

A hairdresser visits the home on a weekly basis to cut/style residents hair.

The majority of residents asked stated that the laundry service at the home is good, although one resident did say that items of clothing sometimes go missing.

Resident comments included;

"Someone comes in to cut my hair and the girls here give me a shave every day."

"I shave and wash myself and I have a bath every day."

When asked if resident's personal, cultural and lifestyle needs are met at Lansbury Park the friend respondent stated they were unsure about this aspect of the home, although they said that a hairdresser visits the home every two weeks. When asked if the laundry staff are good at getting their friends clothes back to them, they said; "Never gets his own clothes back at all, I see other people wearing them."

When asked if residents cultural, religious and lifestyle needs are met at the home several staff members stated that this question was not applicable to them. Other members of staff gave the following comments;

"Residents dietary preferences would be discussed at pre-admission and the kitchen department would be informed of their preferences before their admission."

"The home will ask for a visit from the vicar or someone from the church. The vicar from the local church visits and sings songs with the residents."

"By respecting residents' wishes, for example one of our residents is a Jehovah's Witness and does not celebrate birthdays or Christmas."

The management team added that resident's personal, cultural and lifestyle needs are gathered by speaking to residents, their family and at the pre-admission assessment. Their comments were;

"Some residents like to attend church as they always did, we try to the best of our ability to continue this, but if they are not able representatives of the church will come into the home."





“A resident who is a Jehovah’s Witness likes to dress a certain way and would not wear a skirt unless attending a meeting. This is documented in their care plan so staff are aware.”



When the management team were asked what provision there is at the home for residents to have their hair cut and styled they reiterated that there is a hairdresser who comes into the home on a weekly basis.

When asked how they ensure that the laundry

staff get the residents own clothing back to them after the laundry process, they stated that families are advised to name all clothing and there is a ‘no name cupboard’ which relatives have access to.

To ensure that residents are always clean and tidy the management team told us that hygiene charts are in place and residents’ preferences are taken into account and documented into their care plans as part of their planned care. They added that managers undertake a daily ‘walk around’ to ensure residents are clean and wipes and clothes protectors are used at mealtimes.

## **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 who were supported to complete the survey stated that they are happy at the home. Comments included;

“No I don’t get asked but I am happy here, I have got to accept it and make the best of it.”

“No, but I am happy, I am glad of it, I am getting old now and I have got plenty of friends here.”

“I am happy. They ask if everything is OK, they like to know everything they can.”



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When asked if there is anything about the home they would like to change, all of the residents stated that there is nothing. Their comments included;

“Nothing, because they are all nice here and you can pick anything you like.”

“It is OK the way it is.”

When asked what they would do if they ever needed to make a complaint, one resident stated they would know what to do. Other residents said;

“I never complain, but I would if I had to, I am always satisfied.”

“I would tell the main one, if there is anything out of place in here everybody finds out about it. There is always someone on hand if anything urgent happens.”

The friend who responded to the survey stated that they do feel they are a welcome participant in the life of the home and would make a complaint in the book in the hallway but would not feel that the complaint would be acted upon.

The Manager, Deputy Manager and staff informed us that residents and their families can have their say on how the home is run, by attending regular residents and relatives meetings, by completing questionnaires, the Manager has an open door policy and by the complaints procedure.

When asked to give an example of how a resident or their family has influenced how the home is run, none of the staff respondents to the survey completed this section.

When asked how they make use of feedback or complaints from residents and relatives, the Manager and her deputy stated that they evaluate the feedback and create subsequent action plans, the home has a complaints file, residents and relatives minutes are available and the home also uses ‘You Said We Did’.

When staff were asked how they can have their say on how that home is run, one staff member stated that they have no say at all and others said they can have their say by attending staff meetings or completing the annual staff survey. Two members of staff did not answer this question on the survey.

The Manager and Deputy Manager added that the home’s staff have a say in how the home is run by attending staff meetings, staff surveys and supervision and appraisal sessions to highlight any changes needed.



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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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