

Care home life, what it's really like!

Marigold Nursing Home



Date of Healthwatch Sunderland visit: 28th August 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.



Table of Contents

1. Introduction	3
2. Background and rationale	4
3. Methodology.....	5
4. Findings - Summary	6
5. Appendices	18
Appendix 1 - Questions for residents	18
Appendix 2 - Questions for Managers	19
Appendix 3 - Questions for staff.....	20
Appendix 4 - Questions for friends and relatives	21



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, Bijumon was held at Marigold Nursing 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 28th August 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	 Strongly agree				
2.	Staff with time and skills to do their jobs	<table border="0"> <tr> <td></td> <td></td> </tr> <tr> <td>Time Strongly agree</td> <td>Skills Strongly agree</td> </tr> </table>			Time Strongly agree	Skills Strongly agree
						
Time Strongly agree	Skills Strongly 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	 Strongly agree				
6.	Regular access to health professionals	 Strongly 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

Opening in April 2018, Marigold Nursing Home is a purpose built home located on Leechmere Road, Sunderland, SR2 9DJ. Residential accommodation is over two floors, with a variety of daily living space including sitting rooms and dining areas. All of the rooms are en-suite and can be individual furnished and decorated to the resident. The home has a secluded mature garden with large seating area.

The home provides accommodation for persons who require nursing or personal care, dementia, treatment of disease, disorder or injury.

At the time of our visit there were 19 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch team were not able to fully complete any surveys with residents but spoke to staff, family and friends. The team received 13 staff and 6 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.



During the visit to Marigold the Healthwatch team witnessed positive interactions between the Manager and the residents. When showing the Healthwatch team round the home the Manager addressed all residents by name and made conversations as he went. The residents responded positively with him with many waving, acknowledging him or saying hello.



Family and friends who completed the survey, all knew the Manager by name and all made positive comments, stating that he is friendly, approachable, caring and compassionate;

“You could not wish for anyone better.”

“Can’t praise enough, always involved and always involves relatives/friends to be part of the team/family.”

“He is the most caring, compassionate and dedicated healthcare professional I have ever come across.”

All staff who completed the survey responded positively to the question regarding the support they receive from the Manager;

“The Manager is very supportive in all aspects of work, always willing to listen and offers any help or advice.”

“The Manager always says good morning and speaks to everyone before they leave. As an admin worker, the Manager is my line manager and therefore I interact with him every day but I can also see the support he gives other members of staff.”

When asked what their experiences was of talking to the Manager to ask a question or raise an issue, again all staff responded positively;

“I know I would be able to contact my Manager even if he was not on duty, as he has a good team of qualified staff who would let him know if he was needed.”

“My experience is very good in talking to the Manager, he takes the time to listen and discuss any issues I have.”

The Manager stated that he has been working as a nurse and home manager since 1992. Working in several countries, he has learnt many aspects of culture and diversity and wishes to make changes to improve the quality of life of residents, especially those with dementia. During his career he has achieved 4 national care awards and 2 international care awards, took part in research projects with the Department of Health and Alzheimer’s Society and has a level 5 qualification in Leadership and Management.

When asked what he enjoys about his role he replied with “everything”, adding he enjoys supporting residents and their family and providing support, training and guidance to staff.



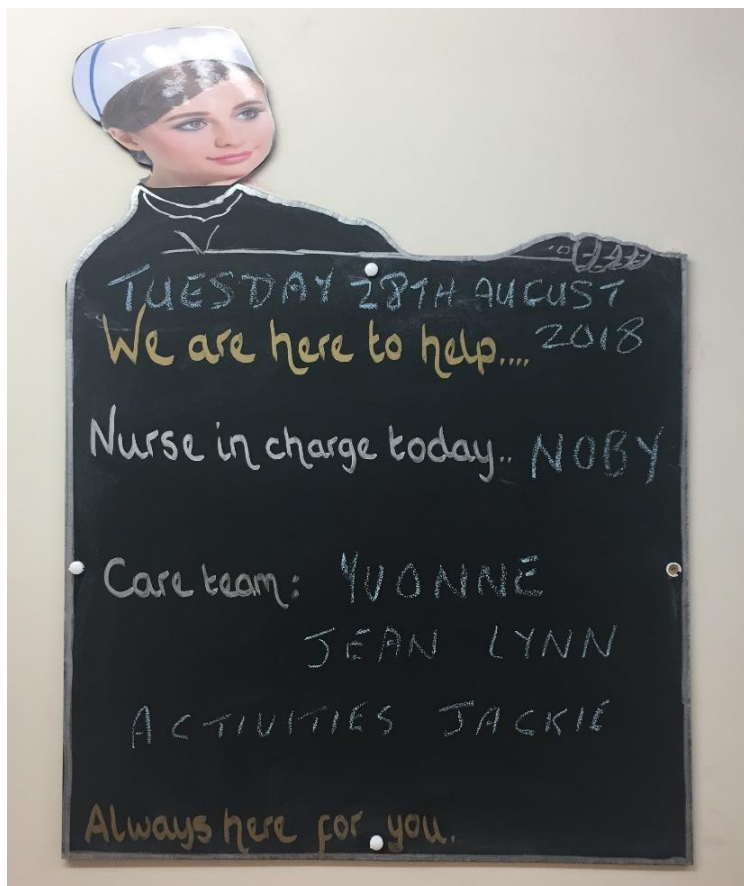
Indicator 2 - Staff with time and skills to do their jobs

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

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

Family and friends who completed the survey felt that the staff had enough time to care for the residents and to attend to their needs as and when they arise;

“All staff work extremely hard to ensure resident’s needs are met. Care staff are with residents all the time and assist when necessary.”



All family and friends went on to say that they feel that the staff have the skills to care for the residents;

“I have witnessed them doing personal care, encouraging her to eat and drink, giving her cuddles and kisses, singing to her and showing love and care in everything they do.”

“All staff are approachable and knowledgeable about each person and care needs can be discussed freely with each.”

All staff who completed the survey commented that they are encouraged to take part in training and continually develop their skills;

“We are very much encouraged to continue to develop our skills, our training is kept updated. There is scope to become senior members of staff.”

All staff commented that they really enjoyed their job and made remarks such as;

“The most enjoyable part is seeing residents happy and the families knowing they are safe and well looked after.”

“I like to see residents engaging and smiling and to have lovely conversations together.”

The Manager informed us that he encourages staff to develop their skills by holding regular supervisions and appraisals and offers support and guidance when needed.



He also explained that the home has a training academy which provides all the appropriate face to face training. During the visit the Healthwatch team were shown into the dedicated training room where the Manager pointed out the many information boards displaying information on several subjects such as dementia, dignity, compassion in care practice and falls etc.

The home also has a key workers role whose job it is to ensure that their residents receive the appropriate personal care needs and champions role. The champions are allocated to a specific area including dementia, falls, dignity, pressure care, oral care and palliative care, with each champion taking the responsibility to manage their own role.

The Manager added that he acknowledges staff when they work hard and explained about a recent event he hosted in recognition of this; “I appreciate staff when they do well. I arranged a celebration event recently for staff and the hard work they do for the home.”

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.

Friends and family members who completed the survey told us of how the home get to know residents, they explained that currently as the home is still relatively new they are admitting only 2 new residents per week to enable staff to “get to know” the residents individual habits/behaviours and to chat to families to increase this awareness.

“They have quickly become used to my mam’s little ways and moods. They know how to put her at ease.”

When asked if the home notices and responds to changes in residents needs and how they are informed of this, friends and relatives told the Healthwatch team



that staff regularly keep them up to date either when they visit the home or via telephone if urgent. They also explained that the home provides family meetings to ensure relatives are happy and given opportunities to discuss concerns with management and staff.

The staff stated that a good knowledge of the residents is built up by information provided in pre admissions, care plan and through conversations with friends/families and residents. They went on to tell us about the, 'this is me' passport the home uses which documents all residents life history, likes and dislikes, health and care needs etc.

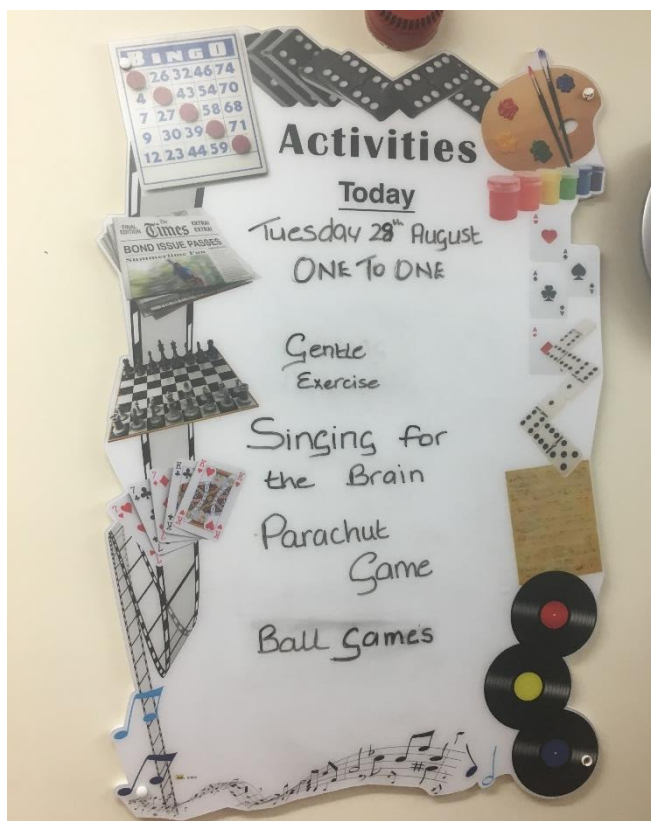
"We are told verbally from the Manager, nurses and outside professions. Care plans are put in place for us to read along with life stories, medical history, special diet, special equipment needs etc. Every shift starts with a handover and we are kept updated at all times."

The Manager also added that he encourages staff to read and understand the paperwork associated with residents and all care plans are made person centred to the individual 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 **STONGLY AGREE** this was met.



The care home provides person centred activities based on the resident's life story. On a daily basis the Activity Co-ordinator and team carry out a gentle exercise programme which includes ball games, ten pin bowling, parachute games, bingo and dominoes etc.

During the Healthwatch team visit we observed a 'Singing for the Brain' session, which was facilitated by a local Alzheimer's Society volunteer who attends the home every Tuesday morning. The session was held in the up-stairs communal lounge of the home and was well attended. Residents were engaged with the session, they were singing enthusiastically and some of the residents were dancing along to the



songs too or moving their arms along to the music. Staff were also joining in and also assisting some residents to dance. Staff worked their way around the room ensuring all residents could take part. There were lots of smiles in the room.

The intervals between the songs were very short, but were long enough for us to witness a change in some of the resident's demeanour, changing from quiet, with their eyes closed to lively and alert when the singing began.

In the lounge area we also witnessed a large screen that we were informed is used to show films, especially on a Friday night which is dedicated to movie night.

Friends and relatives when asked, said that the range of activities was good and improving all the time and that residents were encouraged to take part;

“There are lots of planned activities and notices of these are always posted in reception so families can see which activities are happening on which days.”

“Considering it has only been open since April I think they're doing really well. The events co-ordinator is very enthusiastic, really switched on and takes ideas from others.”

They went on to say that their family member or friend is always encouraged to join in by staff;

“Always encouraged to partake, soft persuasion and encouragement by staff. There's no pressure but gentle coaxing to maximise potential.”

Finally relatives and friends were asked if their family member or friend was able to do the things they used to enjoy before joining the home, some responded to say that due to ill health they weren't able to whilst others stated they continue to do hobbies such as watching old movies and singing. In addition to this some family members mentioned that their relatives have started new hobbies, an example of which given was finger knitting.



Staff and the Manager also informed us that the home has a large garden which the Healthwatch team were shown and informed that residents can use to do gardening activities.

“We have lovely gardens and a big patio area which the residents enjoy gathering in, also friends and families like to join in.”



The Manager informed us that the home has plans to make further use of the outdoor space. He went on to inform us of a mini bus the home has that is utilised on a regular basis taking a small group for a pub lunch fortnightly and to visit local places like Durham Cathedral, Glass Centre, Herrington Park and events including the recent Sunderland tall ships and air show. In addition the home hosts event such as a summer fayre and broadcasts national events such as the recent royal wedding and world cup football matches.

When asked what encouragement and assistance the home gives to resident to take part in activities staff and management informed us of the many ways they do this including talking through the available activities available to them, gently encouraging them and offering practical and one to one support if needed;

“We make sure a resident has their glasses on or making sure they have their hearing aids in and the battery is working. It could be that the resident is sat closer to the television so they can see better. We would make sure their wheelchair is available when going out and may push the wheelchair if an outside activity is on. Staff will also make themselves available during activities so any problems can be immediately resolved so the residents can be comfortable and content during the 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 STONGLY AGREE this was met.



Relatives and friends informed the Healthwatch team, that the quality, choice and flexibility of food was either good or excellent;

“Excellent quality and choice, well presented and tasty.”

“My relative loves his food and usually eats everything put down in front of him.”

All relatives and friends went on to state that they were very confident that residents are supported to eat and drink as much as needed and mealtimes are made sociable by most eating meals in the dining area where music is played and staff and interact with residents;



“The tables are set with table cloths and crockery and cutlery and flowers which ensures a warm, homely atmosphere.”

Staff and management informed us that each residents detailed care plan helps them to identify their likes and dislikes and choices. Residents are given a choice from the menu which is displayed on a picture board in the dining room or alternatives if needed. Residents are also given a choice to eat in the dining room, lounge, or their bedroom and if they don't want to eat at a set time, meals can be provided at a later time.

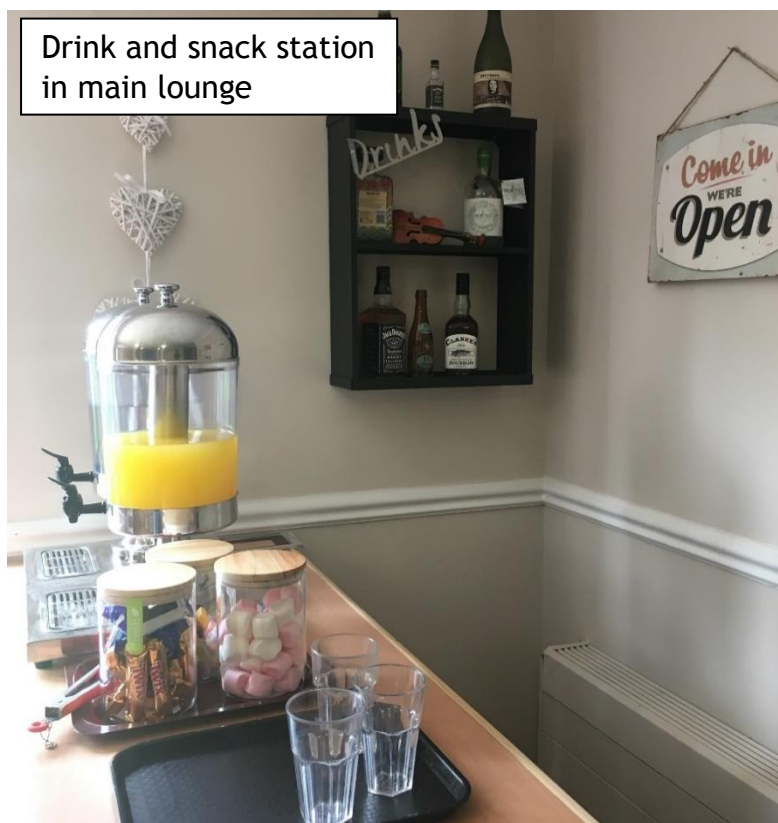
The Manager informed us that he regularly sits in on mealtimes with residents to see first-hand what the experience is like and to taste the food.

In the upstairs communal room we witnessed a drinks and snacks station. Cold drinks and light snacks, such as wrapped chocolate biscuits, were available to residents with assistance from staff. We saw several residents drinking water while they took part in the ‘Singing for the brain’ session and as the session ended the ‘tea trolley’ arrived offering hot drinks. Staff informed us that is one of the ways they ensure residents have access to food and drink outside of mealtimes as well as providing



A clock made by the home to help residents identify mealtimes.

Drink and snack station in main lounge



jugs of drinks in their rooms and assisting those who need help. The home also has a food and fluid chart that monitor residents dietary intake.

When asked in what ways the home make mealtimes sociable the staff and management replied that they ensure the dining room has adequate lighting, background music, tables arranged in a way to encourage conversations and staff are on hand to support.



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 **STONGLY AGREE** this was met.



When asked about residents access to health professional all friends and relatives mentioned that the home arranges all necessary appointments or visits needed. The overall health of residents is monitored by the homes qualified nurse. Various health care professions were mentioned including visits from local GP, dentists, chiropodist, tissue

viability nurse, dietician and optician. One relative also mentioned that his brother has accessed treatment at the eye infirmary for cataracts.

Care staff also informed us that dentists, opticians and chiropodists make regular visits to the home. GPs are contacted as and when needed with one staff member informing us that;

“Carers and nurses watch and get to know residents and if a resident appears to show signs of being unwell, a nurse will do observations and if necessary will contact a GP.”

The Manager informed us that the nurse will review residents health with external professionals and will record visits and recommendations on care plans.



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 STONGLY AGREE this was met.**

When asked about specific cultural needs of the residents, friends and relatives said that they didn't have any specific cultural or lifestyle needs but one did mention that they were aware that the Manager was approaching a local R.C. priest to visit the home. They went on to inform the Healthwatch team that the home has a hairdresser that visits on a regular basis and that the laundry service is good with items being labelled to help staff to correctly identify residents own clothing.

During our visit the Healthwatch team noted that residents were appropriately dressed and their clothes were clean. Gentlemen are clean shaven and all residents' hair was clean and well kept. Friends and relatives also agreed with this, with all those responded stating they were always clean and appropriately dressed;

“Always clean and dressed properly and assisted and prompted to dress himself.”

“Extremely happy with standards of cleanliness.”

Staff and management informed us that they first identify a residents religious and cultural needs when they come into the home via their care plans. Examples given of how they accommodate these included arranging a priest to attend if communion is required or working with the kitchen if a resident has a special dietary requirement.



The Manager also informed us that the home also has a hair dressing salon and a hair dresser visits the home every Thursday to cut and style the residents hair. He added that all residents' clothes are marked with their names to ensure that residents have their own clothing returned and the homes key worker system ensures that residents are receiving the appropriate personal care needs.



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 **STONGLY AGREE** this was met.



Suggestion box found in homes foyer

Those family members and friends who completed the survey said that they felt welcome in the home and also felt they and the residents could have a say in how the home is run or give feedback;

“I can talk to Bijumon any time and he has regular resident/family meetings. There are suggestion boxes in the home, I also take part in staff interviews. Bijumon listens to my views and I can talk to the nurses and the rest of the staff or the nominated individual.”

When asked if they knew how to make a complaint, all family and friends questioned stated that they would either speak to staff on duty or the Manager and have every confidence they felt it would be acted on appropriately and confidentially.

“Staff encourage problem solving. Any concerns would be dealt with appropriately and swiftly.”

The staff and the Manager told us that the home holds a monthly resident and family meeting as well as a meeting to discuss the food menu and what activities will be provided. The home also conducts a resident and family survey which results in a report and action plan. The home also has a suggestion box which the Healthwatch team witnessed in the home foyer.

All feedback is gathered and logged along with any actions taken. Feedback is also discussed with staff and if a complaint is made an investigation will be conducted and appropriate action will be taken including lessons learnt.

The Manager added that he meets and greets residents and family on a daily basis and actively seeks their feedback. He also includes two residents and three family members on the interview board for new staff member.



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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