



Care home life, what it's really like!

# Marquis Court Residential Home



Date of Healthwatch Sunderland visit:  
25<sup>th</sup> September 2019





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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 Sunderland?

Healthwatch Sunderland is the independent local champion for people who use health and social care services. We're here to make sure that those running services put people at the heart of care.

By speaking to Sunderland residents we aim to understand their needs, experiences and concerns of accessing and using local health and social care services. We can then speak out on their behalf to local service providers, focusing on people's concerns about current services and ensuring they are listened to and addressed by those who are running services.

We encourage and work with local services to involve Sunderland residents in the changes to health and social care provision. The ultimate aim is to get things right for the future, with health and social care services which meet the needs of the local community.



*We champion what matters to you and work with others to find ideas that work.*

*We are independent and committed to making the biggest difference to you.*





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## 2. Background and rationale

Research carried out in 2016 highlighted that there is a need to provide qualitative information on care homes which 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.

Since 2017 Healthwatch Sunderland has responded to this need and began carrying out visits to all care homes currently available to older people across Sunderland. The aim is that these visits will be carried out on an annual basis to ensure the findings are current and up to date.

To enable members of the public to make more informed choices when considering which care home to move into for themselves or their relatives, the complete results are available via our website, where you will also find a promotional video which will explain the work fully: [www.healthwatchesunderland.com](http://www.healthwatchesunderland.com).

Professionals and members of the public are also welcome to contact us if they need further information or access to the reports in other formats.

The work is based on 9 indicators which 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 9 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, Chiropodists, Audiologists etc.
7. Accommodate resident's personal, cultural and lifestyle needs
8. Provide an open environment where feedback is actively sought and used
9. Provide a physical environment which is suitable for the needs of the residents



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### 3. Methodology

The ‘Care home life - What it’s really like!’ visit took place on the 25<sup>th</sup> September 2019 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 designed to reflect the objectives of the visit. Observations were made on the physical environment and staff/resident interaction etc.

Staff and relatives were also given questionnaires to complete (see appendix 2, 3, 4 and 5).

We engage with local people on an ongoing basis, encouraging them to share their feedback 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 nine indicators in terms of the degree which they were met, from strongly disagree to strongly agree. A neutral rating indicates both positive and negative feedback, which when averaged results in a neutral score. A summary of this can be found below:

Here is the key which shows the indicator scores



Strongly disagree



Disagree












Neutral



Agree



Strongly agree

1.	A strong visible management	 Strongly agree
2.	Staff with time and skills to do their jobs	 Agree
3.	Good knowledge of each resident and their changing needs	 Strongly agree
4.	A varied programme of activities	 Strongly agree
5.	Quality, choice and flexibility around food and mealtimes	 Agree
6.	Regular access to health professionals	 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
9.	Provide a physical environment which is suitable for the needs of the residents	 Agree



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## Findings

Marquis Court Residential Home is a purpose built home, located at:

Tunstall Village Road  
Silksworth  
Sunderland  
SR3 2BY

Telephone: 0191 5210796

Provider: George Ronald Limited

Provider's Website: <https://www.marquiscourtcare.co.uk/>

See the latest CQC inspection report here:

<https://www.cqc.org.uk/location/1-2140037632>

The home has the capacity to support 47 residents aged 65 years and over. Residents are supported under the categories of Enduring Mental Ill-health (EMI) Nursing and Residential Care.

All bedrooms are en-suite and residents are able to bring in their own items if they wish. The home also has two bedrooms with a dividing door, which can either be used for couples or locked off and used as two separate rooms.

There are two communal lounges, one to each floor. There is also a dining room/conservatory with a bar area where people can sit, which has access to an enclosed garden located at the rear of the building. The garden has a summer house and raised flower bed and is accessible to the residents.

The home has internet access available to the residents but currently doesn't have a hearing loop system.

Mealtimes are flexible and family are welcome to join residents at this time.

The home currently doesn't have any pets full time but visitors can and do bring pets in to visit.

The home employs a full time Activities Coordinator who works 5 days per week.

At the time of our visit there were 44 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch Team were only able to support one resident to fully complete the survey. The team received nine staff surveys (one Manager and one Deputy Manager, one Kitchen Manager, one Senior Care Assistant, four Care Assistants and one Activities Coordinator) and four relative surveys back.

The results of these surveys are given overleaf:





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## 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.**

When asked by the Healthwatch Team if they know who the Manager is, the resident spoken to was able to name her and when asked what they thought of her gave positive comments; “Approachable and I am able to have a chat with her, if I need anything I know she is there.”

During the visit the Healthwatch Team witnessed the Manager interacting with the residents as she showed the Team around the home. She was able to introduce all residents to us by name and residents greeted her warmly with many sharing a joke with her.

All relatives who replied to the survey were able to name the Manager and made the following comments when asked to tell us a little about her;

“I see Emma all the time and Ashley her Deputy. They are good and have arranged lots of events such as parties and entertainment for the residents.”

“Emma is always at hand and has time to answer any questions we may have. She knows the residents very well and joins in with staff and residents and their family. It’s a very well organised ship.”

“Emma is a very pleasant lady who always makes time for people.”

“A lovely lady who is always helpful to everyone and brilliant at caring for the residents. Nothing is too much trouble.”

Staff who responded to the survey gave the following comments when asked about the support they receive from their Manager;

“The Manager is very helpful.”

“I feel like I could approach my Manager for support. However I feel I haven’t been here long enough, but feel management is very approachable.”

“She supports the fact that I’m doing a night course and takes into consideration my work life balance.”

“The management offers good support as far as I’m concerned.”

“I receive all the support required, to ensure I can carry out my job to the best of my ability.”

“Emma listens to my ideas, discusses them with me and gives me a free hand to run the activities programme in the way I see fit within a pre-determined framework. She trusts that I seek out the best deal.”

Staff went on to tell us about their experiences of talking to the Manager if they want to ask a question or raise an issue;



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“The Managers door is always open.”

“I feel my Managers are very helpful in all aspects in the work place and personal life.”

“I have been listened to and offered advice with any questions I have.”

“Very good and she always listens to you if you raise an issue or if you have a complaint. There is always a solution and quick as well.”

“My Manager is always available to listen and give advice when I need it. Her door is always open.”

“She listens, takes me seriously and supports my point of view. If I have a query or raise an issue, she will fully explain the issue.”

The Management Team were asked what attracted them to the role of the Manager and Deputy Manager. The Manager who has been in post for 10 years stated; “I started my career as a Care Assistant but found I had skills and knowledge to improve the lives of other people.”

The Deputy Manager who has also been in post for 10 years stated; “I was very keen to progress my career further within the care sector and wanted to ensure and help deliver the best possible care that we could. I started my career here at Marquis Court as a Care Assistant and developed my skills to progress to Deputy Manager.”

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

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

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

When asked by the Healthwatch Team what they thought of the staff, the resident we spoke to gave positive comments, they stated; “The staff are nice and approachable. If you feel a bit off colour they come and give you a love.”

The Healthwatch Team also asked the resident if the staff have the time to stop and chat with them and they agreed that they did.

During the Healthwatch visit the team observed staff interactions with residents where they were caring and comforting some residents and having fun and sharing a joke with others.

When relatives were asked if staff have the time to care for their relatives comments included;

“The staff are always busy but Mam always appears to be well looked after.”

“Yes always. All staff work very hard to care and help, they cover a lot of ground to please everyone. All staff have excellent care skills.”



“They do their best but there can be issues when residents need support with personal care.”

“Staff are always on hand to help and are caring and diligent in their duties.”

When asked by the Healthwatch Team if they feel staff at the home have the necessary skills to care for their family member, the majority of the relatives gave positive comments including;

“Yes all care staff are trained and skilled to care for residents. There is an amazing Activities Coordinator, who always goes out of her way to ensure residents are entertained and occupied.”

“Yes the staff who have been here a long time do. The younger ones are still learning.”

“Staff keep us well informed if anything should happen, they also let us know how she is doing with health and activities etc. and ensure she has plenty of food and drinks (all day).”

“Yes, when Mam came out of hospital the staff checked her over for bruises and applied cream to her legs as her skin was dry.”

When staff were asked if they have enough time to care for residents, all care staff agreed that they did. When the Activities Coordinator was asked if they feel they have enough time to provide varied activities for the residents they stated; “Although it can take time to assist residents to activities there is usually ample time to provide comprehensive and beneficial activities, which each resident seems to thoroughly enjoy”.



Resident's colourful bedroom doors



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When asked if they feel they are encouraged to continue to develop their skills and in what ways, the following responses were received;

“From time to time activities based courses/meet and greets come up. Emma and I discuss these and weigh up the benefits of attending as opposed to time taken away from the residents. If I feel the positives outweighs the negative, she supports me fully.”

“Yes training is always offered.”

“Yes I am encouraged to develop my skills, as the Manager arranges training to better my skills.”

“Yes always. I have access to training courses to progress my skills.”

“Training dates are arranged and posted on the pin board.”

“Yes via training sessions, discussions and meetings.”

Staff went on to inform us what they enjoy about their jobs;

“It’s very simple. I have the best job in the building, I get to put a smile on faces.”

“I enjoy the interaction with the residents, getting to know them and providing good care.”

“Assisting the residents.”

“I enjoy all aspects of my job.”

“I enjoy helping people and supporting their rights to receive the care they deserve.”

“Talking and assisting the residents and also dealing with challenging behaviour.”

The Healthwatch Team asked the Management Team how they encourage staff to develop their skills, they stated;

“Training is planned in advance and staff are paid for their training time both at work and at home. Promotion is available within Marquis Court for people who want to progress in their career. Management are present in handovers to offer advice and information when needed, to offer improved care.”

“We offer and support with training throughout the year both in house and outside training providers. We have regular supervisions and appraisals which help staff identify any training they are interested in and may help develop their skills.”

When asked how they ensure staff have enough time to care for residents the Management Team stated that they have standby staff available for all shifts if needed and this helps to cover areas such as emergency hospital admissions, outside appointments and end of life care.



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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 STRONGLY AGREE this was met.**

When asked by the Healthwatch Team if staff at Marquis Court know them, know what they like and dislike the resident spoken to stated that over time staff have got to know them well, including their likes and dislikes. An example given was when they have had periods when they were upset, staff came straight away to comfort them. During the Healthwatch visit the team observed this staff interaction with the resident.

When relatives were asked if the staff know their family members life history personality and health and care needs well, all relatives who responded to the survey stated that they do and gave the following comments;

“Very well, an in depth discussion took place with the Deputy Manager and a colleague prior to Mam going into care. Since being in the care home a lot of the staff have commented on Mam's pleasant personality. She receives medication daily and if any of her needs change, these are acted on quickly.”

“Very well. All staff are well informed of Mam's needs, history and her personality (as it's changing). We are also kept well informed.”

“Yes they know the residents off by heart.”

“Very well.”

The Healthwatch Team asked relatives if staff at the home notice and respond to changes in their relatives needs and if they are informed of any changes. All relatives replied stating that this is carried out very well, some of the comments received included;

“Yes when Mam first went into the home she was in an upstairs room but quite soon after she was moved downstairs, as the staff realised that she was less demanding and would suit a quieter environment.”

“Yes they are excellent at responding to any changes, which are then treated and recorded.”

Relatives all added that they are informed of any changes in their family member and this is communicated to them either in person or over the telephone, depending upon the situation.

Staff and Management Team informed the Healthwatch Team how they get to know a resident's life history, personality and health and care needs when they first arrive at the home. They explained that relevant information is put in the residents care plan which can then be referred to. They also spend time talking to the resident, their family, friends and professionals involved in the individuals care. Many staff also added that they observe residents on a day to day basis and



one newer care staff member, mentioned they had shadowed another staff member as a way of getting to know residents and their individuality.

Staff and the Management Team went on to inform that information about a resident's tastes and their health and care needs are updated as they change in the resident's care plan and this information is relayed to staff via daily handovers (held 3 times per day) and weekly and monthly updates. Families and/or residents are also asked to review their care plan and asked to add, remove or change information if they feel it is required.

#### **Indicator 4 - A varied programme of activities**

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

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

When asked about the activities provided in the home the resident the Healthwatch Team spoke to gave examples of some of the activities available including singing and games. They added that they find it easy to join in, as activities are advertised on the board in the reception area and they also really enjoy them. She added that the Activities Coordinator informs her and the other residents what is happening and comes to say goodnight before she leaves at the end of the day.

When asked if they are able to make use of the garden if they would like to, they said that they can and they have done on the odd occasion. She also mentioned that she often goes out the front of the home, for a short walk to get some fresh air. Finally they added when asked if they are able to do any of the things they used to enjoy before coming into the home, that she has took up crochet again and recently crocheted a blanket, she commented; "I'm getting back to doing it now that I'm here."





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Relatives were asked by the Healthwatch Team what they think of the activities available for the residents inside and outside the home, they gave the following comments;

“First class, music, sing-a-longs, quizzes, bingo, exercise, crafts (Easter hats, Christmas decoration etc.) BBQs, parties, afternoon teas, birthday parties. They cover all residents and cover all different ethnic backgrounds.”

“There are almost daily activities for the residents e.g. craft and natter sessions, sing-a-longs, cinema afternoon, and gentle exercise. Something for everyone.”

“They are great, the Activities Coordinator is marvellous.”

“Brilliant activities, such as sing-a-longs, coffee afternoon and sometimes BBQs - weather permitting.”

Relatives added that their family member is encouraged and supported to join in the activities and entertainment. Comments gave included;

“They are encouraged to join in but they don’t hassle them.”

“Sometimes Mam doesn’t feel like joining in but the staff are very good at getting her to change her mind. They are really enthusiastic and this seems to rub off on her.”

“She is encouraged to join in by chatting and reassuring her and showing her how to do the activity.”

When asked if their relative is still able to do the things they used to enjoy i.e. hobbies, interests, pets etc. some relatives stated that their family member is no longer able to due to their decline in health and others who completed the survey stated;

“The staff have encouraged Mam to take part and give her reason to do things, helping to bring her memory back or at least part of it. She loves bingo.”

“Mam used to be very good with her hands e.g. pottery, painting, embroidery etc. but for a long time when she was in her own home, she didn’t have any interest in anything. Now she really enjoys the craft and natter sessions and has made quite a few things.”

During the Healthwatch visit the Team witnessed an activity in progress where the Activities Coordinator was leading a singing activity that involved residents using musical instruments and reminiscence. All residents and a relative who were in the room were taking part, joking and laughing and we heard many comments where residents stated how much they were enjoying themselves.

When asked by the Healthwatch Team what activities are available to residents inside the home the Management Team and staff informed of the range of activities that included; bingo, craft and natter, men’s club, snack and booze at the home’s bar, computer classes, gentle exercise, quizzes, sports and games,



pamper sessions, cinema afternoon, coffee afternoons, parties with outside entertainers, garden parties in the summer etc.

The Activities Coordinator added; “As well as the above if a resident suggests something or shows interest in one of my suggestions i.e. languages, music lessons, creative writing etc., it is added.”

Staff also informed us of the activities that take place outside of the home including; visits to church, restaurants, the local or town centre shops, the theatre, museums and parks etc.

The Activities Coordinator added; “On admission every resident is asked if they have

any clubs they wish to continue attending, if they do every effort is made to ensure this happens.”

When asked what activity provision is made for the resident who cannot or does not wish to undertake group activities she said; “If a resident is unable to undertake a specific activity due to physical or mental deterioration but are still in the room, I ensure they are included by sitting with them and talking to them, giving them a tactile experience by getting them to examine equipment and materials by touch. There is usually singing/music in every activity as singing reaches everyone. If residents don't want to attend activities they are still regularly invited to ones they may be interested in and I make sure I go to them as often as I can, and have a chat if they agree. All my ladies and gentleman know that if they want to speak to me they first need to ask any member of staff to pass the message on and I go to them as soon as I can. If they can't remember my name, I advise them to ask for 'the big noisy one', every member of staff will know who they mean and it gets everyone laughing.”

All staff informed the Healthwatch Team that they encourage and assist residents to join in activities by providing them with information on what and when the activities are taking place in, offering physical assistance if needed to the room the activity is taking place and throughout the activity if needed, by inviting family





and friends to join in and encouraging them to participate. The Activities Coordinator went on to say that although each resident is encouraged to join in they are told that they have every right to say no and this takes some of the pressure away if they realise there is no compulsion to participate and if they do go to the activity room they can leave whenever they wish or just sit and listen. They also stated; “Those who need most assistance sit closest to me. In the bingo I have a range of bingo ticket sizes which extend to A4 for a single ticket.”

When asked how they ensure that the residents have the opportunity to continue to take part in their hobbies and interests the Management Team and Activities Coordinator gave the following comments;

“On admission people are specifically asked what their hobbies/interests are and if they wish to continue with them, if they do another activity is added or the interest is incorporated into existing activities. If the interest is something I know nothing about I ask the resident to teach me, lead the group or ask their family, staff or consult Google/You Tube. I also immediately try to source equipment and materials to ensure the hobbies or interests can be authentically replicated.”

“Pets continue to visit the care home on a regular basis. We also implement new activities based on new admissions, like, hobbies and interests alongside other organised activities. We support residents to visit church for Mass on a Sunday and we have regular Holy Communion in Marquis Court to help continue religious or spiritual needs.”



Outdoor garden and summer house





## 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 what they think of the quality and choice of food in the home, the resident the Healthwatch Team spoke to stated that the choice of food was displayed on the menu board (they pointed this out), and even though the choice of food wasn't always to their liking, staff would always make them an alternative and always make sure they have had something to eat.



They added that during mealtimes they always brought a cup of tea rather than the water that would normally be served as staff know this is their preference.

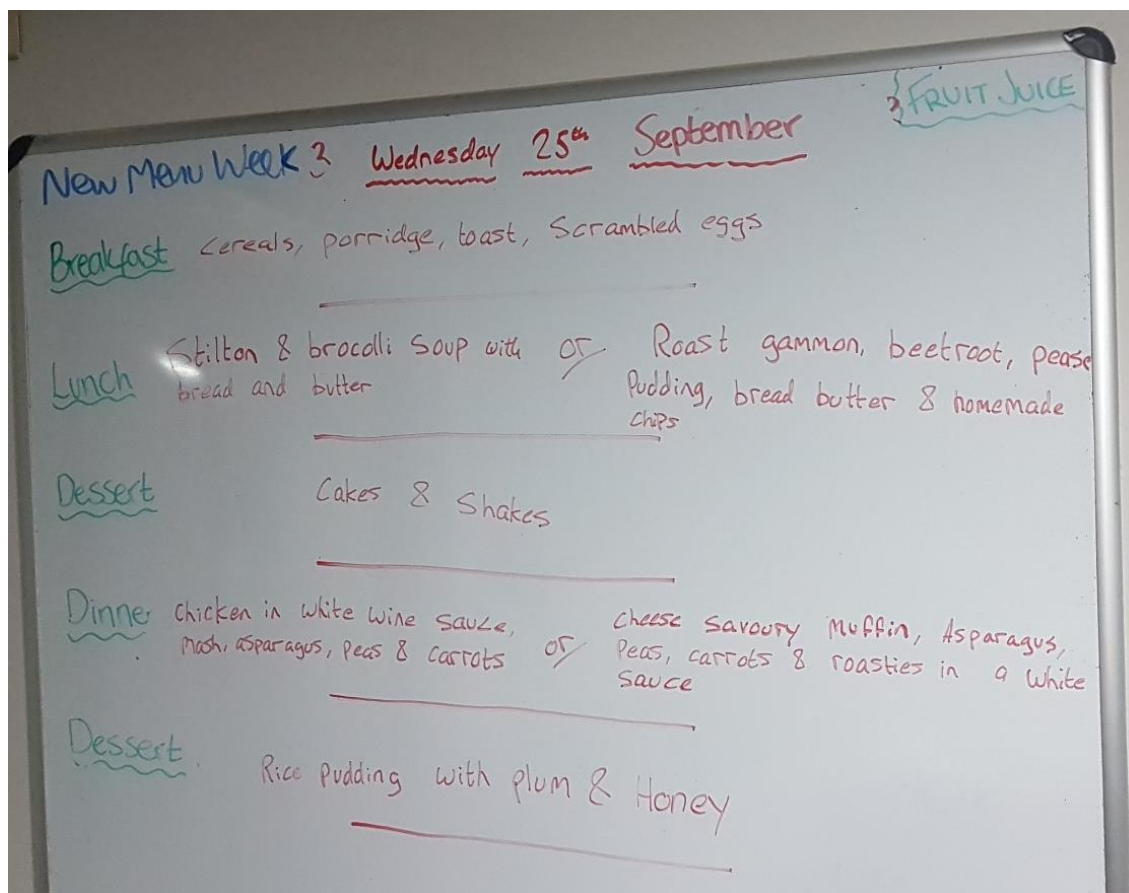
When asked where they eat their meals they stated they eat in the dining room, which is their choice, but if they would prefer to eat in their room this choice is also available to them. They enjoy their mealtimes and they are getting to know the other residents they sit on the table with. They added that staff always offer cups of tea and even bring them one late at night.

During the Healthwatch Team visit we witnessed refreshments and snacks being served to the residents. Carers were aware of how the resident liked their drinks and what their favourite biscuit were. They also ensured that residents finished their drinks.

When asked about the quality and choice of food at the home the majority of relatives who responded to the survey question, replied positively. Comments given included;

“Very good choice at all mealtimes.”

“It’s good but we had a recent change of Chef and it’s not as good as it used to be.”



“Food and drink is at hand all day, outside of mealtimes. We can bring our own treats in e.g. sweets. They are always given a choice and if there is something on the menu that she doesn’t fancy, the Chef will do something she like. She has put on weight while living at the home.”

“There is always a choice of two dishes at lunchtime and two for the evening meal. The quality seems to be very good.”

They added that they were confident that their relatives are supported to eat and drink as much as needed, comments included;

“I have great confidence in the support that is given.”

“I have been told by the staff that they encourage her to eat and drink on occasions when she appears not to want to do so. I am confident that they are doing their best.”

“Yes they recently moved her onto a different table where the others eat at the same pace as Mam and this suits her much better, she is happier now.”

When asked by the Healthwatch Team how the home ensures that mealtimes are social, relatives stated that staff encourage residents to eat in the dining room for a more social experience, some of the comments received included;



“Tables in the dining room seat four people, so people can communicate with each other. Showtime music is played and some residents will start to sing.”

“Family are welcome to stay with residents at mealtimes, there is always music playing, staff chat to the residents and have a joke and fun.”

“There is a lovely dining room where residents are welcome and encouraged to interact.”

Staff respondents to the survey were asked what they thought of the quality and choice of food available at each mealtime, the majority of staff who replied gave positive responses, these included;

“The quality of food is excellent at Marquis Court.”

“Plenty of choices and the Chef will ask residents what they want on the day. There is always a menu to choose from.”

“They get good nice fresh food cooked daily from scratch with a different choice three times a day. Someone goes round and asks all the residents with capacity what they would like. Anything extra can be done.”

“I think there should be more dessert options.”

The Manager added comments on how the home ensures that it provides high standards of quality and choice of food; “Menus are reviewed regularly with new dishes added. Some meals are successful and some are not. We have a full time Chef in place who ensures meals are tasty and nutritious. There is no set budget from the owner regarding the purchase of food. Being an independent home we are not restricted with regards to purchasing or menu choice.”





The Kitchen Manager stated; “I have created several seasonal menus which are made 100% fresh each day. A daily choice menu goes round the home in which residents are asked if they would like option one or two or anything from the alternative menu or something else entirely.”

When asked by the Healthwatch Team how they ensure that residents can eat and drink outside of mealtimes, staff and the Manager informed us that residents are encouraged to eat together in the dining areas as this encourages better food and fluid intake. Those residents who require more support are also supervised by staff and prompted and assisted with their meals if required and specialised cutlery is also available for those who need it. If a resident is unwell or doesn't eat their meal the home will keep a meal for them until they are ready to eat. In between meals a tea trolley and snacks are offered and staff will consult care plans and diet preferences to aid this. There are several drinks stations placed around the home, which residents can use at any time.

They added that residents are also offered a choice of what, when and where they eat, comments included;

“Residents have a varied selection of menus. If they make a suggestion regarding a different meal the kitchen will provide this as an extra option.”

“The residents can tell us whether they want to eat in the dining room or in their room. Also they can tell us what time they would like to eat and drink.”

The Manager added when asked the ways in which the home ensures that mealtimes are sociable; “Mealtimes are in pleasant dining areas with background music to fill gaps in conversation. Residents have ‘mealtime friendships’ where they gather and chat.”





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## Indicator 6 - Regular access to health professionals (GPs, Dentists, Opticians, Chiropodists, Audiologists 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 STRONGLY AGREE this was met.**

When the Healthwatch Team asked the resident if they have access to a range of health professionals they stated as they had only been there for a few short months they had only been seen by the Chiropodists within the home and they had been to their own Dentists in the community supported by a relative.

They went on to explain that should they need to see the GP they would ask a staff member to help book an appointment.

The relative respondents, when asked by the Healthwatch Team about the access to health professionals, all responded positively, replies given included;

“Regular visits by Nurses, Dentist, and Opticians etc. Risk assessments are carried out and yearly visits and updates made by Social Services etc.”

“Mam has had visits from the GP, Nurses and Chiropodists. When Mam had a chest infection the care home arranged for her to be admitted to hospital by ambulance.”

“The Doctor comes in, as do Chiropodist, Dentist and Opticians.”

“All health professionals are on hand to cater to resident’s needs.”

Staff and the Manager informed the Healthwatch Team about the range of regular visits to the home from health professionals including Dentists, Nurses, GPs, Opticians and Chirpodists. Comments included;

“In the short time I have been here I have seen Nurses coming in on a daily basis, Doctors visiting the home for clients and Opticians for clients with diabetes to give clients the support they need.”

“We are aligned with a GP surgery and access to medical professionals has improved. We have the Care Home Nurses who also visit and a regular District Nurses visits to give continuity of care. There is an MDT meeting every two weeks with GP and Care Home Nurses and the GP has a ward round weekly. We also have regular Chiropody and Optician visits.”



## 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.



The resident the Healthwatch Team spoke to stated that they didn't have any specific religious, cultural or lifestyle needs.

She added that she has her hair styled and cut once a week by the visiting Hairdresser but doesn't use home's laundry service as a family member launders her clothes.

Relatives who responded to the survey were asked how the home accommodates the lifestyle needs of their family member. Two of the relatives stated their relative is Catholic and receives Holy Communion once a month and takes part in other religious activities and events throughout the year. The other relatives stated their relative didn't have any specific religious or cultural needs but the home does respect them and addresses their individual needs.

Relatives went on to inform us that their relative has access to a visiting Hairdresser who comes into the home twice a week, with one relative also stating that their family members hair is also styled after each bathtime. Relatives all stated the laundry service is good, some of the comments received included;

“Fast, the laundry turnaround is excellent. They keep a good eye on everyone's clothing for repairs etc.”

“Very good. We made sure that all of her clothes were marked with her room number.”

All relatives also stated that their relative is always appropriately dressed and clean.

The Healthwatch Team asked staff and the Manager how the home finds out and caters to the residents cultural, religious and lifestyle needs. Those who responded



informed that at the pre-admission stage this information is gathered by talking to the residents as well as their families and professionals such as Social Workers etc. This information is documented in care plans for staff to follow.

Examples given of how the home accommodates some of the needs included, celebrating different religious dates/events, assisting residents to visit Church for Sunday Mass, holding Holy Communion for those who wish to attend, providing specialised diets for those who are vegetarians etc.

The Activities Coordinator gave the following comment; “We have a resident from the Sikh community, I speak a little Punjabi and greet him each day in his own language. He wishes to be called Pap-Fi (Revered Father) and I address him as such as do many of the staff. I have visited Gudwara in the hope that they will be involved. We are celebrating Divali this year and have planned visits from people from the temple to show all residents. There will be children dancing, henna tattoos and how to wear turbans and saris etc.”



The Manager reiterated that the home has a visiting Hairdresser who comes into the home twice a week to use the homes hair salon to cut and style the resident’s hair. The home also ensures that residents get their clothing back by all residents clothes being labelled inside with either the resident’s room number, name or initials, and they employ a full time laundry assistant.

When asked what mechanisms are in place to ensure that residents are always clean and appropriately dressed the Manager replied; “Clothes are washed daily by full time laundry staff. Baths or showers are offered by care staff following personal care plans, residents are not always ‘fully’ appropriately dressed as some people dress themselves and we will assist them throughout the day to support their dignity.”





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## Indicator 8 - An open environment where feedback is actively sought and used

The indicator states that there should be a mechanism in place for residents and relatives to influence what happens in the home, such as a residents and relatives committee. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

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

When asked if they get asked what they think of the home or if they are happy the resident stated that they have been asked and that they are happy and is getting used to living in the home. When asked if there was anything they would like to change about the home the resident replied that they couldn't think of anything but did comment that they felt that the home was ran very well.

The Healthwatch Team asked relatives if they felt a welcome participant of life in the home, all survey respondents replied very positively and went on to tell us how they and their relative can have a say in how the home is ran, they stated they can approach the Management Team at any time and that the Activities Coordinator holds a resident/relative meeting once a month.

Survey respondents added that should they wish to make a complaint about the home they would speak to the Management Team and all felt confident that a complaint would be acted on appropriately. One relative commented; "No problem, always sorted as soon as possible, appropriately and sensitively."

Staff and the Manager informed the Healthwatch Team when asked, how family and residents can have a say in how the home is ran. This is done via the Management operating an open door policy so people can talk to the Managers at any time, carrying out a resident/relative survey annually to gather information, regular reviews of care plans and residents meetings are held fortnightly.

The Management Team added how they make use of feedback or complaints from residents and relatives; "We review feedback and complaints and where possible and/or appropriate we change working practices and procedures."

The Activities Coordinator gave an example of how residents/family have contributed to the change of activity provision, they stated; "A suggestion came from family that residents were bored on weekends and evening at a time when I worked traditional office hours. Emma and I discussed this and I now work 12pm - 8pm and every other weekend. This has directly influenced activities with the inclusion of a singalong and supper and Netflix night, pub evening etc."

She added when asked how the activities provided are evaluated to ensure residents are continuing to enjoy them; "I observe residents continually in activities, elements which are not eliciting interest or enthusiasm are dropped and new ones added. I ask residents if they think I can do things in a different way. I tell residents, I need their help (especially with craft activities) as they need to feel they are still useful. I know my ladies and gentleman and play to their



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strengths. I make everything light hearted and often comedic. If someone is laughing, they are enjoying themselves.”

When asked how members of staff can have a say in how the home is ran, staff replied stating that they can approach the Managers and suggest ideas and new ways of working, speak to the Management Team at handover meetings or speak to the owner, who visits the home from time to time.

The Manager, when asked how staff can have a say, commented that they operate an open door policy and staff are free to give feedback at any time. The home also has handovers twice a day with management in attendance so information can be shared and this includes staff ideas.

### **Indicator 9 - Provide a physical environment which is suitable for the needs of the residents**

The indicator states that care homes should be suitable for their resident’s needs. Be comfortable, homely, well maintained with high standards of hygiene.

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

When asked by the Healthwatch team if the home is always clean and tidy and to a suitable temperature, the resident replied positively stating that it is and that they were aware that the cleaners were always about hoovering and cleaning. They added that they often ask for a cloth themselves, so they can go round the home and wipe down the handrails as this is a task they enjoy doing. They went on to say that the home is kept warm and on the odd occasion when their bedroom gets too warm this is rectified by simply opening a window.

All relatives when asked about the physical environment of the home gave positive responses stating the home was always at a comfortable temperature, hygienically clean and tidy, well decorated and well maintained and a dementia friendly environment. One relative added that staff even help her relative to keep her wardrobe and drawers in her bedroom tidy and if she wanted her room decorating and refreshed the handyman will assist with this. Another relative also commented that the handyman was very good and that the residents had been involved in picking out some of the home’s decorating choices.

The Manager explained that they ensure that a comfortable temperature is maintained in resident’s rooms and all communal areas by having radiators that can either be adjusted or switched off completely.

When asked how she ensures that the home is always hygienic and clean, the Manager stated; “We have full time domestic staff each day. We also have a Housekeeper who inspects the building and carries out quality checks.”

They added that they ensure the building and its contents are well maintained and decorated throughout by carrying out regular decorating where needed and the home employs a full time maintenance person who is on site at all times. The Manager also completes weekly checks.



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The Healthwatch team asked both staff and the Manager how the home is made a dementia friendly environment, they explained that the home uses contrasting colours with furniture, carpets, bedroom doors, toilet doors etc. Residents have bedroom doors painted to look like front doors and have pictures and names on them (young and old photos of the individual residents). The home uses dementia friendly crockery (yellow in colour), notices and signs to help with orientation are coloured and they try to create a warm cosy environment. Some staff also mentioned that they had attended training in dementia awareness and spend time getting to know residents and how best to care for them as individuals.



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## 5. Appendices

### Appendix 1 - Questions for residents

1. Who is 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? (Your daily routines, personality, lifestyle, clothing etc.)
6. What activities are there for you in the home?
7. What activities are there outside the home? (Groups, trips etc.)
8. Is it easy to join in the activities?
9. If you would like to use the garden are you able to?
10. Do you get a chance to do any of the things you used to enjoy before you came here? (I.e. bringing in pets, hobbies, interests etc.)
11. What do you think of the food here?
12. Is there enough choice of what you eat and when you eat?
13. Where do you eat your meals? (Is it your choice to eat there?)
14. Do you enjoy mealtimes? (What do like/dislike about mealtimes?)
15. Have you seen a dentist to check your teeth or an optician to check your eyes or an audiologist to check your hearing recently?
16. What happens if you need to see a doctor or have an appointment at the hospital?
17. Is there respect for your religion or your culture here in your home? E.g. Are you able to wear your own clothes, get your hair/nails done, have a shave, are the laundry staff good at getting your own clothes back to you?
18. Is the home always clean and tidy?
19. What is the temperature like here? Are you ever cold or too warm?
20. Do you get asked what you think about the home or if you are happy?
21. Would you like to change anything about the home? Have you told anyone about this and what happened?
22. 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/Deputy 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 ensure staff have enough time to care for residents?
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 likes/dislikes and their health and care needs updated as these change and passed on to staff?
4. **Offer a varied programme of activities**  
What activities are available for residents inside and outside the home?  
Does the home have access to its own transport and able to use this for trips and activities outside of the home?  
What encouragement and assistance is given to residents so that they can take part in activities?  
How are residents supported 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**  
How do you ensure high standards of quality and choice of food?  
What systems are in place to support residents to eat and drink at mealtimes and outside of mealtimes?  
What choices do residents have about what and when they eat and drink?  
What choices do residents have about where and how they eat and drink?  
Does the home have permanent drink stations available to residents?  
In what ways do you ensure that mealtimes are sociable?
6. **Ensure residents can regularly see health professionals**  
Please tell us about visits from all health professionals such as GPs, nurses, dentists, opticians, audiologists, 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 of how these have been accommodated?  
What provision is there for residents to regularly get their hair cut/styled?  
How do you ensure that the laundry staff get 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?  
How do you make use of feedback or complaints from residents and relatives?  
In what ways are staff able to have a say in how the home is run?
9. **A physical environment suitable for the needs of the residents**  
How do you ensure that a comfortable temperature is maintained in resident's rooms and all communal areas?  
How do you ensure the building and its contents are well maintained and decorated throughout?  
How do you ensure that the home is always hygienic and clean?  
In what ways do you make the home a dementia friendly environment?



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## Appendix 3 - Questions for Care Staff

- 1. Have strong, visible management**  
What support do you receive from the Manager?  
What is your experience of talking to the Manager when you want to ask a question or raise an issue?
- 2. Staff with time and skills to do their jobs**  
Do you feel you have enough time to care for residents? If no, why?  
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 you and other members of your team 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 and how do you know if there has been changes?
- 4. Offer a varied programme of activities**  
What activities are available for residents inside the home?  
What activities are available for residents 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**  
What do you think of the quality and choice of food?  
How do you make sure residents are able to eat and drink at mealtimes as well as outside of mealtimes?  
What choices do residents have about what and when they eat and drink?  
What choices do residents have about where and how they eat and drink?  
In what ways do you try to make mealtimes sociable?
- 6. Ensure residents can regularly see health professionals**  
Please tell us about visits from all health professionals such as GPs, nurses, dentists, audiology, opticians, chiropodists or other health care support mechanisms?
- 7. Accommodate residents' personal, cultural and lifestyle needs**  
Can you give an example of how the home caters for resident's religious and cultural needs?
- 8. Be an open environment where feedback is actively sought and used**  
In what ways can residents and their family/friends 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?  
How do you, as a member of staff have a say in how the home is run?
- 9. A physical environment suitable for the needs of the residents**  
How is the home made dementia friendly?



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## Appendix 4 - Questions for Activities Coordinator

1. **Have strong, visible management**  
What support do you receive from the Manager?  
What is your experience of talking to the Manager when you want to ask a question or raise an issue?
2. **Staff with time and skills to do their jobs**  
Do you feel you have enough time to provide varied activities for residents? If no, why?  
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 you and other members of your team get to know a resident's life history and personality when they first arrive at the home?
4. **Offer a varied programme of activities**  
What activities are available for residents inside the home?  
What activities are available for residents outside the home?  
What activity provision is made for those residents who cannot or do not wish to undertake group activities?  
What encouragement and assistance do you give to residents so that they can take part in activities?  
How do you ensure that residents have the opportunity to continue to take part in their hobbies and interests?
5. **Accommodate residents' personal, cultural and lifestyle needs**  
How are activities tailored to meet a resident's religious and cultural needs?
6. **Be an open environment where feedback is actively sought and used**  
In what ways can residents and their family/friends have a say in what activities are delivered both inside and outside the home?  
Can you provide an example of how a resident or their family member has influenced the provision of a new activity?  
How are the activities provided evaluated to ensure residents are continuing to enjoy them?  
How do you, as a member of staff have a say in how the home is run?
7. **A physical environment suitable for the needs of the residents**  
How is the home made dementia friendly?



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## Appendix 5 - Questions for Friends and Relatives

1. **Strong visible management**  
Who is the Manager of the home?  
Please tell us a little about the Manager?
2. **Have staff got the time and skills to do their jobs**  
Do you feel the staff have the time to care for your friend/relative? Please explain.  
Do you feel the staff have the skills to care for your friend/relative? Please explain.
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?  
How do they let you know about the changes?
4. **Offer a varied programme of activities**  
What do you think of the activities available for residents inside and outside the home?  
Please tell us how your friend/relative is encouraged and supported to take part in the activities.  
Now they live at the home, is your friend/relative still able to do the things they used to enjoy i.e. hobbies, interests, pets? Please explain.
5. **Offer quality, choice and flexibility around food and mealtimes**  
What do think of the quality and choice of food?  
How confident are you that your friend/relative is supported to eat and drink as much as needed?  
Please tell us how the home ensures that mealtimes are sociable?
6. **Ensure residents can regularly see health professionals**  
Please tell us about your friends/relatives access to health professionals such as GPs, nurses, dentists, opticians, audiologists, chiropodists or other health care support mechanisms?
7. **Accommodate residents' personal, cultural and lifestyle needs**  
Does your friend/relative have any specific lifestyle or religious or cultural needs?  
How do you feel the home respects and accommodates these needs?  
What provision is there for your friend/relative to regularly get their hair cut/styled?  
How good are the laundry staff at getting your friends/relatives own clothes back to them?  
Is your friend/relative always clean and appropriately dressed?
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/or your friend/relative have a say in how the home is run or give feedback?  
How would you make a complaint about any aspect of the home, management or the staff if you needed to?  
Would you feel confident to make a complaint and do you think it would be acted on appropriately?
9. **A physical environment suitable for the needs of the residents**  
Do you always find the home at a comfortable temperature for residents?  
Is the home always hygienically clean and tidy?  
Is the home always well decorated and well maintained?  
Do you think the home is a dementia friendly environment?





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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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