

Care home life, what it's really like!

# Regents View Care Home



Date of Healthwatch Sunderland visit:  
21<sup>st</sup> March 2018





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## **Acknowledgements**

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



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## 1. Introduction

### What is Healthwatch?

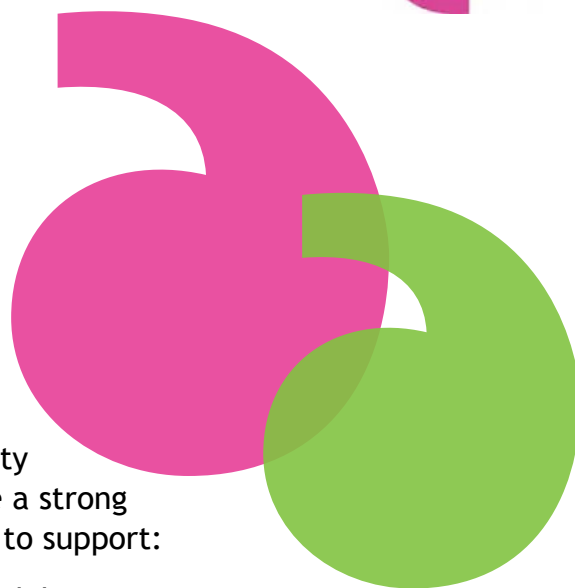
Healthwatch England is the national consumer champion in health and social care. It was set up by the government to ensure that people's views around health and social care services are listened to and fed back to service providers and commissioners with a view to improving services.

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

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

We achieve this by:

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





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## 2. Background and rationale

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

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

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

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

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



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### 3. Methodology

An initial pre-visit meeting with the home Michelle was held at Regents View Care Home. This was to explain the reason for the ‘Care home life - What it’s really like!’ visit, to understand the needs of the residents and to arrange a visit that would cause as little disruption as possible.

The ‘Care home life - What it’s really like!’ visit took place on the 21<sup>st</sup> March 2018 and was carried out by Healthwatch Sunderland staff, who are trained so that they can effectively capture the resident’s experience.

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

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

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

## 4. Findings - Summary

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

Here is the key which shows the indicator scores



Strongly disagree



Disagree
















Neutral



Agree



Strongly agree

|   |   |  |   |   |
|---|---|--|---|---|
| 1.  | A strong visible management   | <br>Neutral   |   |   |
| 2.  | Staff with time and skills to do their jobs   | <table border="0"> <tr> <td>Time<br/><br/>Neutral</td> <td>Skills<br/><br/>Agree</td> </tr> </table> | Time<br><br>Neutral | Skills<br><br>Agree |
| Time<br><br>Neutral | Skills<br><br>Agree |  |   |   |
| 3.  | Good knowledge of each resident and their changing needs  | <br>Agree   |   |   |
| 4.  | A varied programme of activities  | <br>Strongly agree  |   |   |
| 5.  | Quality, choice and flexibility around food and mealtimes   | <br>Agree   |   |   |
| 6.  | Regular access to health professionals  | <br>Agree   |   |   |
| 7.  | Accommodation of resident's personal, cultural and lifestyle needs                                      | <br>Agree   |   |   |
| 8.  | An open environment where feedback is actively sought and used  | <br>Strongly agree  |   |   |



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## Findings

Regents View Care Home is located on Francis Way, Hetton-le-Hole, Houghton Le Spring, DH5 9EQ and is a purpose built two floor care home providing nursing and social care for the elderly, some of which may be living with dementia.

Accommodation is available for 48 people and the home offers single en-suite rooms, communal lounges, separate dining rooms and large garden areas which are available for residents use.

The home also hosts a separate nine-place unit for gentlemen only on the ground floor.

See the latest CQC inspection report here:

<http://www.cqc.org.uk/location/1-128588727>

At the time of our visit there were 37 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch team were only able to support 1 resident to partially complete the survey. The team received 14 staff and 1 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 gave this a NEUTRAL rating, which indicates both positive and negative feedback, which when averaged results in a neutral score.**

The resident who the Healthwatch team were able to support to partially complete the survey process knew the Manager of the home by name and stated that he would go to her if he had to ask anything.

The relative who responded to the survey knew the Manager by name and she said she is helpful and friendly.

When the staff were asked what support they receive from the Manager, they gave a mixed response. Seven staff members stated that they feel supported by the Manager, four said that they don't always get the support they need and 1 staff member said this is OK. Two of the staff members highlighted the support they receive from the Deputy Manager of the home. Some of the comments we received included;

“I have had plenty of support with job roles and after having six months on the sick.”

“We get any support that we need, especially from Karen (Deputy Manager).”

“I feel sometimes I don't receive enough support, leading to misunderstandings.”





“I feel I receive very little support from my Manager at the moment.”

When staff were asked what their experience is of talking to the Manager when they want to ask a question or raise an issue, again there was a mixed response. Six staff members gave positive responses, four gave negative responses (three of which indicated they feel the Manager does not have time to spend with them), one said their experience was OK and one staff member did not complete this question. Comments included;

“No issues at all, the Manager is approachable.”

“My experience is great. She always answers anything I ask or need to know. Issues are always solved too.”

“I have spoken to my Manager on numerous occasions about difficult situations that I was involved in. To me I did not feel as though the situation was dealt with properly. In some cases, my Manager gives me good advice.”

“I feel I have to catch my Manager instead of having time in the room. I’m always hunting for the Manager.”

When the Manager and her Deputy were asked what attracted them to their roles they said;

“To make a difference and to bring organisation.” (Manager)

“Progress onto Deputy Manager was attractive as I can make a bigger impact to the residents lives, along with driving person centred care.” (Deputy Manager)

When asked what they enjoy about their roles, they responded by saying;

“Seeing the residents happy and doing a good job.” (Manager)

“It is rewarding, as I am able to lead a team effectively.” (Deputy Manager)



During the Healthwatch visit the team witnessed the Deputy Manager greeting a resident as they passed in the corridor. When the resident recognised the Deputy Manager she was happy to see her and their interaction was a relaxed and happy exchange.

**(Regents View is accredited to the Dementia Care Framework)**



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

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

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

When the Healthwatch team asked the resident who took part in the survey what he thinks about the staff he stated that he is well looked after. We went on to ask him if the staff at the home have the time to stop and chat to him, he stated that the staff are busy. The Healthwatch team witnessed him conversing with one member of the home's staff; they both seemed relaxed in each other's company and he also looked to her for reassurance when being asked some of the questions on the survey as he stated his memory wasn't good.

The relative stated that they feel the staff don't always have enough time. They went on to say that staff levels can be an issue, which they believed could possibly be due to holidays and sickness. When asked about staff skills, they stated, "The staff show care and affection when dealing with my mother and other residents."

When staff were asked if they feel they have enough time to care for the residents, five staff respondents agreed that this is the case. The remaining seven staff members stated that this is not the case and cited the amount of paperwork they need to complete as being the main barrier to them having enough time to care for the residents. Staff comments included;

"Yes, I feel I have enough time."

"Yes, I always make the time."

"In some cases we have enough time to sit and chat to the residents, but on other days, you never have time to do anything else other than paperwork."

"Not really, as there is a lot of paper work to do. There is never time to sit and chat to the residents - it's a real shame."

When staff were asked if they are encouraged to continue to develop their skills, two staff members answered this question on the survey by saying;

"If time is given and plenty of support."

The majority of staff stated that they are encouraged to develop their skills and that there are a range of training opportunities available to them. These include, National Vocational Qualifications (NVQs) of which one staff member told us they will soon be studying at level 3, e-learning opportunities and training around the Dementia Care Framework. One staff member added that although they have completed a lot of training, they feel this is not being utilised within their job role, they said; "I feel as though I don't do anything different now within my role to develop these skills, which is a shame after all the hard work I have done."



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When asked what they enjoy about their jobs, all of the staff who responded to the survey gave a range of positive responses, with all of them putting caring for the residents at the forefront. Here are some of the comments we received;

“Coming in on a morning and seeing the residents smiling faces, getting them up and ready, taking care of them and spending the day with them and knowing I’ve done my job and that the residents are happy and settled.”

“Coming to work knowing that I get to help people’s families, maintaining a happy life for them. Residents will always come first in my eyes!”

“Looking after people and getting to know them as if they are family.”

“Job satisfaction at the end of the working week, even just to think I’ve made a person happy and I leave work feeling I have made a difference to a person’s life.”

When the management were asked in what ways they encourage staff to develop their skills, they responded by saying they spend time with staff during supervision sessions, where areas in their development are identified and they are encouraged to undertake training and maximise their strengths.

When the management were asked how they ensure that the staff have enough time to care for the residents they said that workloads are prioritised and staff rotas are developed ensuring staff levels will meet the needs of the residents.

### **Indicator 3 - Good knowledge of each resident and changing needs**

The indicator states that staff should be familiar with resident’s histories and preferences and have processes in place for how to monitor changes in health and wellbeing.

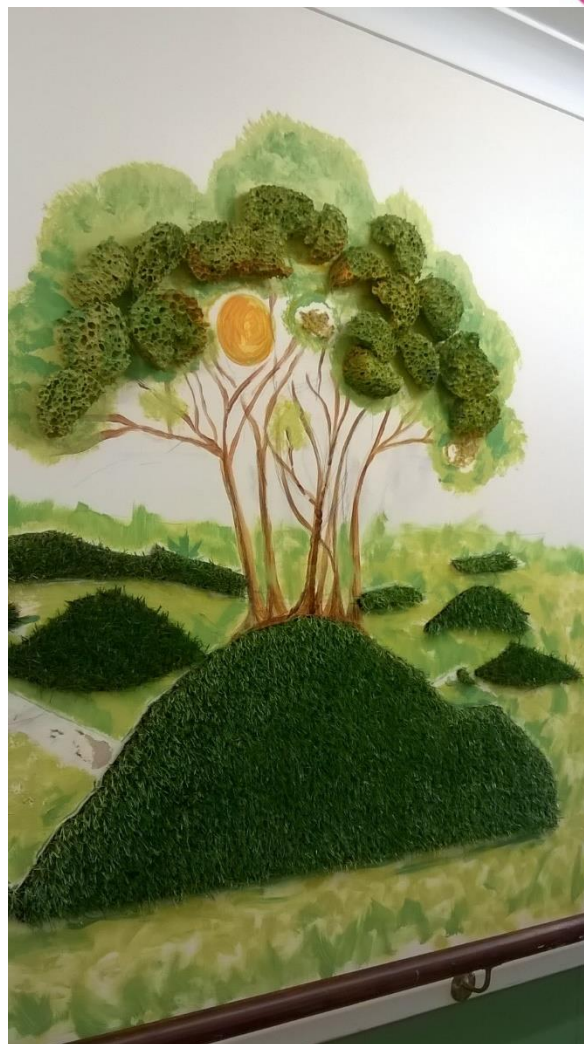
**The Healthwatch team AGREE this was met.**

The resident who was supported to partially complete the survey was unable to tell us if the staff at the home know what they need and what they like and don’t like, this may have been due to their own individual health and capacity.

The relative who responded indicated that the staff knew their relative’s life history, personality and health and care needs well. They added that the nurses and carers notice, react and advise them of changes in their mother’s health, medication or the positioning of her bed or chair.

The Managers and staff told us a range of ways they get to know residents, their life histories, personalities and health and care needs, these included; undertaking a pre-assessment with potential new residents and the completion of a ‘Me and my choices’ books which include personal information, from likes, dislikes, preferred clothes, food and toiletries, asking questions, speaking to residents and their families and reading residents individual care plans.

They went on to say that they ensure that information is shared with their colleagues by attending regular staff meetings and handovers.



The corridors in the home included various hand painted murals depicting the history of the local area and interactive items of interest

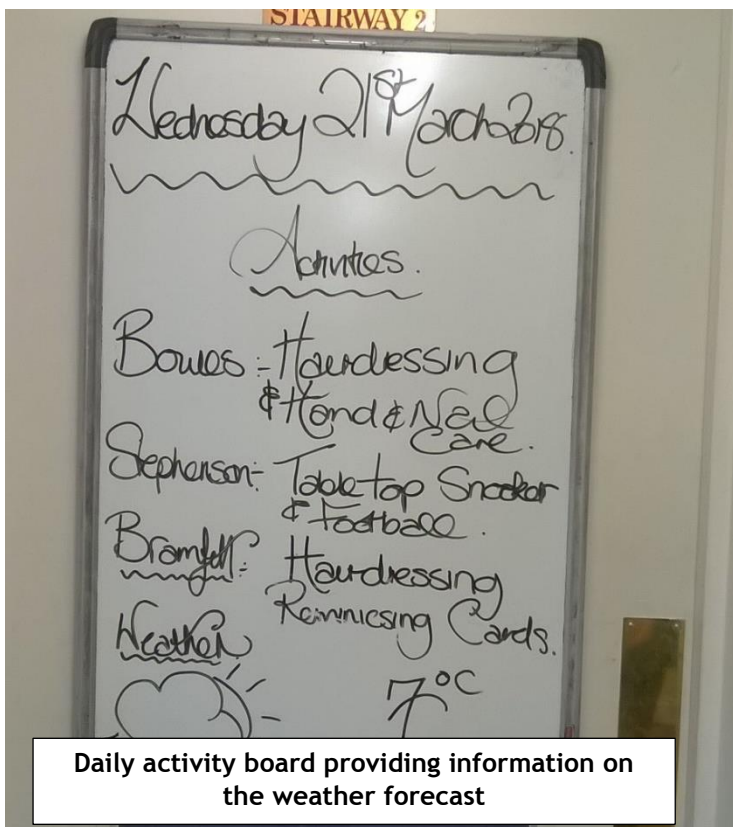
#### Indicator 4 - A varied programme of activities

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 what activities are available at Regents View, the resident who was supported to partially complete the survey process was able to tell us that some Irish Dancers from a local dance school had performed at the home on St Patrick's Day. He also stated that he goes out on trips occasionally on the mini bus. He told the Healthwatch team that a couple of days prior to our visit he had been with a group of other residents to the local seaside.





Daily activity board providing information on the weather forecast

The resident stated that he would like to play chess, drafts and table tennis but doesn't get the opportunity. He felt this was due to the capacity of other residents in the home and said they would not be able to participate.

The relative who responded to the survey stated that due to the decline in their relative's health, they no longer accessed the activities at the home.

When the Manager and staff were asked what indoor activities are available to residents at the home, they provided the following list; painting, memory cards, pamper sessions, sensory CDs, dominos,

painting, jigsaws, baking, board games, film days, external entertainers and performers, parties, singing, table football, music and music therapy, karaoke and reminiscing. One staff member stated that activities are varied, depending on the resident's capacity.

They went on to tell us about the range of activities which are available to residents outside of the home, which included; accessing local community events and activities (an example of this was trips to the Hetton Community Centre), trips in the mini bus to the coast and Beamish Museum, going out for walks, shopping trips and meals out.

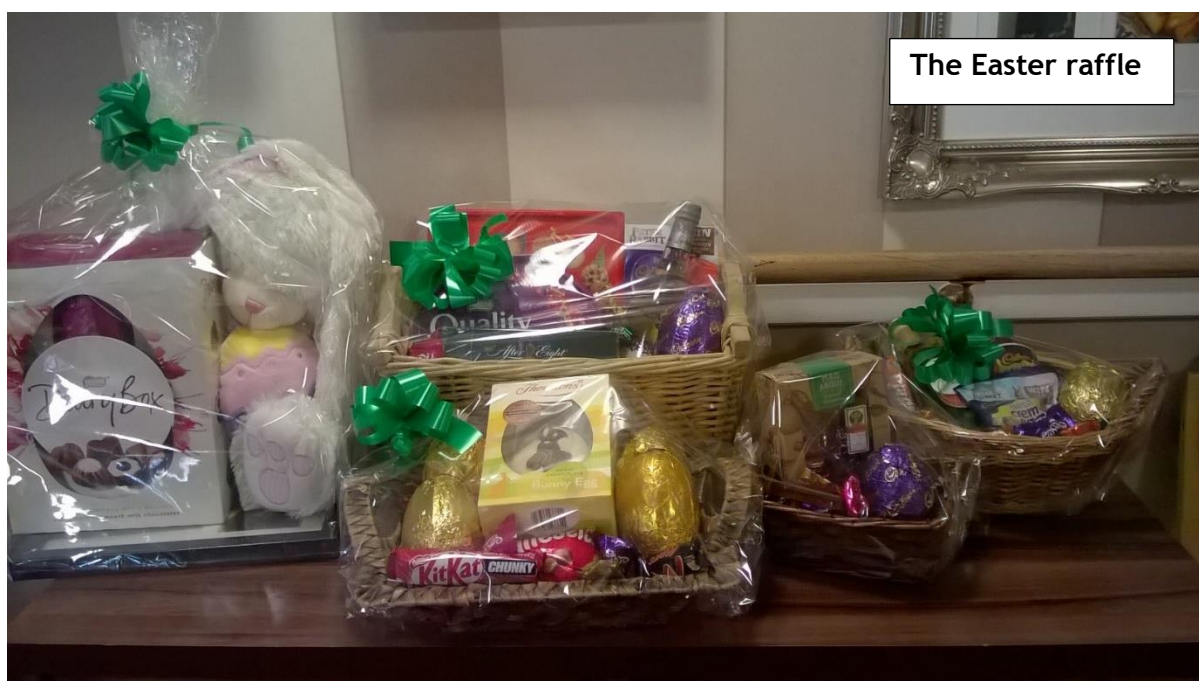
The Activities Coordinator went on to inform us of the activities which the residents favour and that staff also enjoy, they include; 'Fish and Chip Friday,' singing and dancing, coast to coast trips in the mini bus and trips to South Shields.





During the Healthwatch visit the Activities Coordinator showed the team some of the many resources she had available to her to support the facilitation of meaningful activities. This included a selection of 'sensory boxes' which enhanced reminiscence sessions with smells and sounds on a range of particular subjects, such as 'the garden' and 'the tool shed.' She explained that as well as a small budget provided by the home for the provision of activities, she is supported by the team and resident's friends and relatives with a range of fundraising events and activities. At the time of our visit, this included an Easter raffle, which is shown below.

The Activities Co-ordinator also stated that some residents had recently planted sunflower seeds which has been incorporated into a competition between them to see who can grow the tallest sunflower.



The staff and management told us that they encourage and assist the residents to take part in activities in a number of ways, which included; joining in on the activity with residents, talking to residents and reassuring them that they will enjoy the activity, making sure that the activities are of interest to the residents, making the activities fun and ensuring that residents who use wheelchairs are accommodated on trips out. The Activities Coordinator added that some staff give up days off work to support the residents on trips.

Management went on to tell us that residents are supported to continue to do the things they used to enjoy before coming into the home by sourcing information at the point of pre-admission, documenting interest and hobbies into the individuals care plans and discussing this with the home's Activity Coordinator.



## 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 we asked the resident who engaged with the survey process what he thinks about the food at the home, he stated; “It is alright.” He went on to say that he gets plenty of cups of tea and if the choice of meal menu is not to his liking the kitchen staff will make him an alternative. He added that although he eats his meals in the communal dining area as he likes to talk to people but there is a lack of conversation within the home as the other residents are unwell.



During the Healthwatch team visit we witnessed the ‘tea trolley’ being taken around the home. Residents were being served hot drinks and biscuits.

When asked about the quality and choice of food at Regents View, the relative respondent stated; “Quality food. It always looks

appealing. The cook is very good. Cakes are made for resident’s birthdays etc, which are beautiful.” They went on to say that staff advise them if their mother has eaten or hasn’t drank much, this enables family members to encourage her to drink more. They also added that most residents are taken to the dining room to facilitate sociable mealtimes.

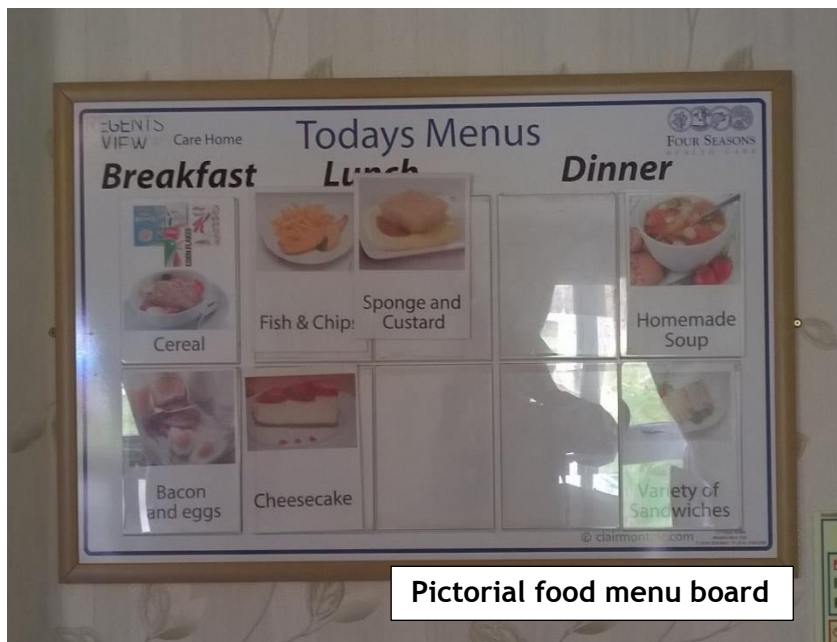
When asked about the quality and choice of food, only four staff members responded; two stated that they think the quality is good, one person said that both quality and choice are OK and one said that both quality and choice are poor at times. The majority of the staff respondents informed us that there are two choices at mealtimes and if a resident does not like either of those, an alternative will be prepared by the kitchen staff.

Staff added that they ensure residents eat and drink at mealtimes as well as outside of mealtimes by offering a lot of encouragement, reassurance and assistance if required, checking each individual resident’s care plan to see if they require a modified diet and checking their likes and dislikes. Any issues are reported to the nursing team, who will get in touch with the Speech and Language Team (S.A.L.T.), if required. If a resident needs a modified diet, provision will be made for this prior to outings to enable their participation.





They added that there is a tea trolley which is taken around the home, providing drinks and snacks and residents are asked where they would like to eat, with some choosing to eat in the communal dining areas, lounges or in their own rooms if they prefer.



Pictorial food menu board

To ensure mealtimes at the home are sociable the staff and management told us that the staff encourage and facilitate a calm and relaxed atmosphere with soft music being played in the dining area. Residents who get on together are seated together and staff also sit with the residents and sometimes eat their lunches with them,

particularly on 'Fish and Chip Friday'. Conversation is encouraged and everyone in the dining room is involved in this. One staff member stated that they feel the dining experience is made both homely and pleasant for the residents.

The management at the home stated that both quality and choice at the home is good. They added that the home has protected mealtimes (a period of time when activity is reduced, so staff can be available to help serve and supervise meals and assist residents who need help to eat and drink. This time also includes limiting visitors). Residents have individual 'fluid charts' to ensure they have an adequate fluid intake. They went on to say that residents are given choices where possible, of where they would like to have their food and drinks and this is accommodated.

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

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

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

During our visit to Regents view, the Healthwatch team witnessed a visit from 'Vison Call' which is an optician who visits care home settings to offer ophthalmic services to the residents. Several residents were having their eyes checked by the opticians, who told our team members that they visit the home routinely once a





year and on an ad-hoc basis to repair and fit residents glasses or if any residents require additional visits.

The resident who was supported to partially complete the survey process was having his eyes checked by the visiting opticians and he told the Healthwatch team that he also has regular visit from a chiropodist and that he has had recent access to a dentist. The resident added that if he needed to see his GP he would inform the carer on duty, who would then in turn inform the nurse who would then make him an appointment for the doctor to visit him in the home.

The relative respondent stated that they felt the doctor who visits the home is very good and that other health professionals visit on a regular basis.

The Deputy Manager informed us that the home have a variety of visits from a range of Multi-Disciplinary Team (MDT) professionals. Both the management and staff went on to say that a range of medical and health professionals are called when appointments are necessary and when reviews are required.

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

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



The resident who was support to complete the survey stated that there are visitors to the home from the local church and that the laundry system at the home is good.

The relative who engaged with the survey process stated that their relative does not have any specific lifestyle, religious or cultural needs, the provision for



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resident haircuts/styling at the home is very good and available on a weekly basis. They added that the laundry staff get their relatives clothes back to them most of the time and their relative is clean and appropriately dressed 95% of the time.

The management added that the home finds out about residents cultural, religious and lifestyle needs during the pre-assessment process and information which is gathered from family and friends. Examples they gave included;

“One gentleman likes to go out to health food shops.”

“Resident attends a church every other Sunday.”

The staff added that they believe the home meets all of the resident’s religious and cultural needs. Two staff members indicated that there are visits from members of the local clergy when they are requested by residents.

The Managers informed us that the home is visited by a hairdresser every week to give the residents the opportunity to have their hair cut/styled, but if residents wish to visit their own hairdresser this can also be accommodated. All residents clothing is labelled with their initials and room numbers to ensure their own items are returned to them after the laundering process. The home ensures that residents are kept clean and appropriately dressed by utilising ‘personal hygiene tools’ and referring back to individual care plans and ‘me and my choices’ documentation.

## **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 he ever gets asked what he thinks about the home and if he is happy at the home, the gentleman who was supported to partially complete the survey process stated that he would like to go out more and have more freedom, although he does go out with his daughter and attends the home’s organised trips out.

When a member of the Healthwatch team asked him if there is anything he would like to change about the home, he stated that he would like to go into Sunderland city centre. The gentleman stated if he ever needed to make a complaint about any aspect of his care of life at the home, he would tell the Manager, Michelle. He went on to say that he had lost his dentures in the past and had gone to Michelle with this issue and she found them for him.

The relative who responded to the survey process stated that they feel a welcome participant in the life of the home and added that it is a very friendly home. The home has regular meetings to enable their relative and themselves to give feedback and also have their say on how the home is run. They can also go



**Feedback station located in the main reception area.**

directly to staff if they prefer. If the relative needed to make a complaint they would go to the Manager and if it was not resolved they would then follow the home's complaint procedure (they added that they felt this would be an unlikely occurrence). The relative went on to say that any concerns they have had, have always been handled and resolved in a helpful and pleasant manner.

The management and staff stated that the residents and their families can have a say on how the home is run by attending monthly residents meetings, using the feedback ipad, completing questionnaires or approaching either the Manager or the nurses on shift. Two staff members gave the example of more

outings being provided to residents, which was a result of resident and family feedback.

The management stated that they use feedback to make changes if needed and ultimately to improve services.

The management and staff informed the Healthwatch team that staff are able to have their say on how the home is run by their attendance at monthly staff meetings, completing staff surveys, speaking to the Managers or nurses or offering feedback on the feedback ipad. One staff member said,

“My opinions and ideas or concerns are listened to. We have daily 10 at 10 meetings.”



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## 5. Appendices

### Appendix 1 - Questions for residents

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



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## Appendix 2 - Questions for Managers

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



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## Appendix 3 - Questions for staff

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





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## Appendix 4 - Questions for friends and relatives

1. **Strong visible management**  
Do you know who the Manager of the home is?  
  
Is the Manager friendly and helpful?
2. **Have staff with time and skills to do their jobs**  
Do you think the staff have the time and skills to care for your friend/relative?
3. **Have good knowledge of each individual resident and how their needs may be changing**  
How well do you think the staff know your friend/relative's life history, personality and health and care needs?  
  
Does the home notice and respond when your friends/relative's needs change?
4. **Offer a varied programme of activities**  
What do you think of the activities available for residents inside and outside the home?  
  
Is your friend/relative properly encouraged and supported to take part in the activities?
5. **Offer quality, choice and flexibility around food and mealtimes**  
What do you think of the quality and choice of food?  
  
Are you confident that your friend/relative is supported to eat and drink as much as needed?  
  
Do you think that mealtimes are sociable?
6. **Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists**  
Does a dentist and an optometrist (optician) come to see your friend/relative regularly or only if there is a problem?
7. **Accommodate residents' personal, cultural and lifestyle needs**  
Does your friend/relative have any specific lifestyle or religious or cultural needs? Are these respected and accommodated?
8. **Be an open environment where feedback is actively sought and used**  
Do you feel that you are a welcome participant in the life of the home?  
  
In what ways can you and your friend/relative have a say in how the home is run or give feedback?  
  
Would you know how to make a complaint if you wanted to?  
  
Would you feel confident to make a complaint and do you think it would be acted on appropriately?



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**DISCLAIMER:**

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

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