

Care home life, what it's really like!

Sycamore Care Centre



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Acknowledgements

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



Table of Contents

1. Introduction	3
2. Background and rationale.....	4
3. Methodology	5
4. Findings - Summary	6
5. Appendices.....	17
Appendix 1 - Questions for residents	17
Appendix 2 - Questions for Managers	18
Appendix 3 - Questions for staff	19
Appendix 4 - Questions for friends and relatives.....	20



1. Introduction

What is Healthwatch?

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

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

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

We achieve this by:

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





2. Background and rationale

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

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

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

The 8 indicators are:

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



3. Methodology

An initial pre-visit meeting with the home Manager, Helen was held at Sycamore Lodge Care Centre. This was to explain the reason for the 'Care home life - What's 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's it's really like!' visit took place on the 5th December 2017 and was carried out by Healthwatch Sunderland staff and volunteers 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	 Neutral				
2.	Staff with time and skills to do their jobs	<table border="0"> <tr> <td> Disagree</td> <td> Agree</td> </tr> <tr> <td>Time</td> <td>Skills</td> </tr> </table>	 Disagree	 Agree	Time	Skills
 Disagree	 Agree					
Time	Skills					
3.	Good knowledge of each resident and their changing needs	 Agree				
4.	A varied programme of activities	 Agree				
5.	Quality, choice and flexibility around food and mealtimes	 Agree				
6.	Regular access to health professionals	 Agree				
7.	Accommodation of resident's personal, cultural and lifestyle needs	 Agree				
8.	An open environment where feedback is actively sought and used	 Neutral				



Findings

Sycamore Care Centre has a mix of both a converted residence and purpose built properties set in 3 acres of mature tree lined grounds located at Nookside, Sunderland, SR4 8PQ

Sycamore Care Centre is a privately owned facility, with 113 beds. It is divided into 4 fully adapted buildings that are separated into 9 small homely units, suitable to provide the correct levels of care needed for any length of stay. The home provides care and support for those who may have a mental health need, nursing care need or residential care need.

See the latest CQC inspection report here:

<http://www.cqc.org.uk/location/1-118559328>

At the time of our visit there were 108 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch team were only able to support 10 residents to fully complete the survey. The team received 3 staff surveys, which were all from the Mews Unit and 10 relative surveys back.

Healthwatch Sunderland invited the Manager of Sycamore to complete a survey but she did not respond to the offer.

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

Some of the residents at Sycamore Care Centre had difficulty identifying the Manager but this may have been due to their own individual health or capacity. Others stated that there are several people in charge at the home. One resident knew the Manager, could name her and said she is good to chat to.

All but one of the family and relatives who completed the survey process knew the Manager, some indicated that they knew her by name. The one person who said they didn't know the Manager, said they were able to find out if they needed to. Some of the comments regarding the Manager included "She is very helpful, approachable, friendly and interested," "I know the Manager's name, but I haven't met her in person" and "Although her office is in The Lodge, I have only seen her on a few occasions. She is always pleasant."

Staff who completed the survey process informed us that they feel supported by the Manager at the home and that they feel comfortable approaching her with any concerns or questions.



The Manager's comments are missing for this indicator which may lead to gaps in the information detailed.

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

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

The Healthwatch team gave this a DISAGREE rating for staff time and an AGREE rating for staff skills.

Residents gave some very positive comments when asked what they think of the staff at the home. These included "They are brilliant, we are well looked after" and "We couldn't ask for better." One resident told us that some of the staff can be a 'bit sharp'.

During the Healthwatch Sunderland visit we witnessed many of the staff having positive interactions with residents. They seemed to know each other and be relaxed in each other's company.

The Healthwatch team were present when a resident, in conversation with another resident's visitor, stated that she was feeling unwell. The visitor advised her to tell a member of staff. The resident then said "You are not allowed to be poorly here, they don't like it."

The Healthwatch team received a mixed response when we asked the residents if the staff have time to stop and chat to them. Some felt the staff are too busy for this, whilst others stated "I have good relationships with some of the staff" and "I am comfortable with the staff and they listen to me."

All but one of the friends and relatives gave us positive comments about the staff skills i.e. "They are all very caring, understanding and professional." The majority also added that they felt staff time is an issue at the home. Comments included; "Definitely the skills, but not always the time. Due to the severity of the residents in the unit. Staff are often dealing with one or two persons needs at a time, so not always freely available for the others," and "The unit is challenging sometimes and staff do their best to give good care to the clients. We feel there are not enough staff on night duty."

When asked if they feel they have enough time to care for the residents, two members of staff stated that they make the time. Another said "At certain times of the day eg. breakfast and assisting people out of bed at the same time, I don't feel I have enough time to spend with assisting them."

All three staff members told us that they have opportunities to develop their skills by undertaking both classroom based and e-learning training courses.

Staff went on to tell us what they enjoy about their jobs, which included; "Knowing you have made a difference in an individual's life and often their family" and "Caring for people, providing help to make their lives as happy as possible."



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.

From the respondents, all but one of them felt that the staff know what they need and what they like and don't like. One person said "They know exactly what I like." Two of the residents didn't respond to this question.

Friends and relatives asked felt that the staff know the residents at the home, with some acknowledging that staff can't know everything about their friend or relative. Comments from friends and relatives included; "It is exceptional how much knowledge staff have about mam. This is reassuring for family."

"Most of the regular staff know my dad very well, as we have told them about his life etc. during our visits."

"The staff change units within The Lodge, therefore in my opinion, don't get the opportunity to know the residents."

All but one of the friends and relatives stated that they feel staff at the home notice and respond when their friend/relatives needs change, with some adding that staff inform them when this is the case. The remaining friend/relative did not answer this question.

Staff respondents informed us that they get to know new residents by accessing their individual Care Plans, which are computerised, their 'Life Story' booklets and speaking to the residents families.

The Manager's comments are missing for this indicator which may lead to gaps in the information detailed.

Indicator 4 - A varied programme of activities

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

The Healthwatch team AGREE this was met.

Residents told the Healthwatch team about a range of activities inside and outside the home which they enjoy, these include; reminiscence sessions, bingo, quizzes, Age UK computer sessions, balloon volleyball, TV, visits to the Salvation Army, visits to the sea front and shopping trips. One resident showed members of the team the four weekly activity schedule which each resident receives to keep them up to date with what is going on across the home. One resident said "The Activity Coordinators here are more than nice."

Some of the residents told us that it is easy to join in the activities, others did not complete this question.



When asked the majority of the residents asked told us that they are still able to do the things they used to do before moving into the home. One person said they are still able to use the computer but the home doesn't allow you to bring in your pets.

All of the friends and relatives who were asked about the activities at the home felt that there is a good range available and they spoke very positively about the Activity Co-ordinators at Sycamore Care Centre. Here are some of the comments we received; "The people who do the activities are pleasant, friendly and helpful; they go the extra mile for residents."

"We notice the people who organise the activities work hard to organise things that give pleasure to clients who are able to participate."

"The activities are good, although mam doesn't always take advantage but is still encouraged by staff."

Two respondents told us that some of the activities are not always suitable for their friend/relative due to the capacity or lack of mobility of the residents and one person added "Activities outside are for mobile residents. People who need assistance usually only attend the activities within the unit."

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
All activities subject to change at anytime for any reason				Unit activities		Sycamore Christmas fete 10am-3pm
4	5	6	7	8	9	10
10.00 Octaband unit 1,2,3 10.00 Move n groove Willow/Maple 1.45 Bingo	10.00 Sycamore coral choir practice led by St Thomas church 1.45 Tea n chat Unit 1 1.30 One to one (sensory) Cottage	10.00 Jamies Bake off Villa 10.00 Current affairs club Hawthorn 1pm Pennywell neighbourhood centre achievers awards afternoon 2pm Holy communion	10.00 Music for the brain 1.30 one to one Various units 2.30 Pennywell neighbourhood centre Tea club	10.00 Salvation Army coffee morning 10.00 Skittles Unit 3/2 1.45 A Carolling Christmas 1.30 one to one Hawthorn		
11	12	13	14	15	16	17
10.00 Pennywell neighbourhood centre cookery club 10.00 Balloon therapy Willow/Cedar 1.45 Bingo Lodge 1.30 ipod therapy Unit 3	10.00 Making Christmas Activity room 10.00 Sycamore coral choir practice led by St Thomas church 1.30 one to one Hawthorn/Cedar 1.45 Tea n chat 6.00 Visit to Carols by candle light Salvation army	10.00 Kayley Cares Musical memories Group 1.30 Armchair excises 1.30 Christmas Reminiscence Villa	10.00 Current affairs club Hawthorn 10.00 Christmas table deco's Activity room 1.30 one to one various units 2.30 Pennywell neighbourhood centre Tea club	10.00 Salvation Army coffee morning 10.00 Hoopla Maple/Hawthorn 1.45 A Carolling Christmas 1.30 one to one Villa/Cottage	10.30am Kathleen Davis Dance 10.00	St Thomas choir 3.00pm
18	19	20	21	22	23	24
10.00 Pennywell neighbourhood centre cookery club 10.00 Parachute Maple 1.45 Santa's prize Bingo 1.30 one to one Cottage	10.00 Sycamore coral choir practice led by St Thomas church 10.00 Christmas Time slips 1.45 A cup of Christmas Tea Lodge 1.30 Jamies Christmas Bake off Villa 6.00 Sycamore 7 Carols and 7 lessons Family service	10.00 Christmas move n groove Unit 2/ willow 1.30 one to one Christmas crafts Villa 2.15 Bojanglesukes	10.30 Panto Puss in Boots 1.30 one to one various units 2.30 Pennywell neighbourhood centre Tea club	10.00 Salvation Army coffee morning 10.00 Christmas crafts Unit 3 2.00 Singing puppets Christmas show 1.30 one to one Cedar	2pm Shirley Mac Christmas show	Christmas Farty 10.30am
25	26	27	28	29	30	31
	Unit activities	Unit activities	10.00 Christmas together stories. 2.00 Songbirds Choir	10.00 Christmas Current affairs Hawthorn 10.00 New year's crafts Activity room 1.45 Big prize Bingo Lodge One to one Various units		New years eve party at the pub Lodge

(The schedule indicates that activities take place across the units of the home)

Friends and relatives told us that they feel their friends/relatives are encouraged to take part in the available activities although one added "If there were more staff available more often, then perhaps she could be supported to take part in even more activities."



During the Healthwatch visit the team sat in on a reminiscence session, which was being held in the main dining room at The Lodge unit. The session included one of the Activity Co-ordinators reading news clippings and short stories out which prompted conversations, which she facilitated and encouraged. She ensured that all residents and relatives who were present, were included in the session which was relaxed, vibrant and fun.

Staff reiterated that the Activity Co-ordinators plan a range of activities on a monthly basis, details of which are given to all residents. As well as activities inside the home, residents are able to attend a monthly 'Songs of Praise' session at the local Salvation Army premises and outside cooking and bowling sessions. One to one activities, such as hand massages, music therapy and sensory activities are available to those who are unable to participate in group sessions. Staff encourage all residents to take part in the activities and one of the ways they do this is to take part themselves.



(Tactile objects on the walls of 'The Mews, Cedar Unit)

Indicator 5 - Quality, choice and flexibility around food and mealtimes

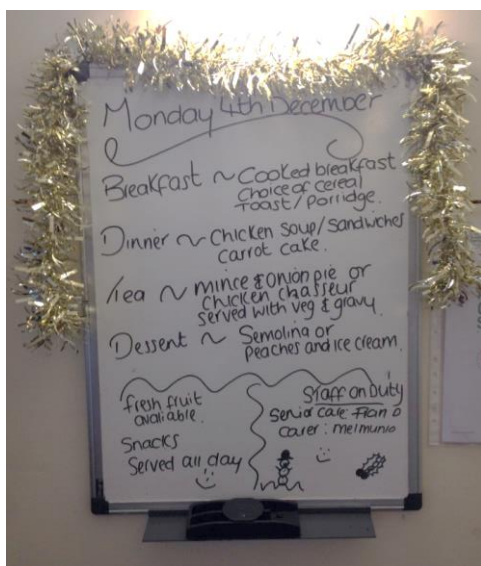
The indicator states that care homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink including between mealtimes. The social nature of eating should be reflected in how homes



organise their dining rooms and accommodate different preferences around mealtimes.

The Healthwatch team AGREE this was met.

All but one of the residents informed the Healthwatch team that the food is very good at the home and that there is plenty of choice. One resident told us that he has his own fridge in his room and is well stocked with drinks by the staff so he can help himself at any time. He also added that staff encourage him to drink more water and less fizzy drinks. Some of the comments we received included; “There is enough choice and the staff come around and ask what you would like.”



(Menu displayed in ‘The Villa’)



(Dining room in The Lodge)

“The puddings and custard are my favourite and I like fish and chips on Fridays.”

The majority of residents told us that they like mealtimes, although some said that other residents are not able to hold a conversation with them.

The majority of friends and relatives who completed the survey process told us that the food at Sycamore Lodge is good or very good and that they are confident their friends and relatives are supported to eat and drink as much as is needed. One respondent felt the food choices are very traditional and that there could be more variety on the menu. Others said “It could be better for some of the residents” and “Poor, there is no fresh fruit and the menu is limited.” Some felt that the lack of staff time meant they were not always confident that their friend/relative was supported to eat or drink as much as is needed.

Some of the friends and relatives told us that mealtimes are a sociable time at Sycamore Lodge, others said that their friends/relatives are bedbound and eat on their own in their rooms. One respondent said that their friend/relative has a



choice of where to eat their meals. Comments received included; “Occasionally a client can be disruptive but the staff deal with this as best they can.”

“Due to her mobility/lack of, she regularly eats alone, again this could possibility be due to a lack of extra staff to be able to lift, transport and supervise.”

Staff members who completed the survey process told us that all residents, including those who need assistance, are offered a choice of food at mealtimes. Residents also have an individual nutrition booklet which indicates their likes and dislikes. Mealtimes at the home are protected (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 include limiting visitors) but if a residents has visitors at mealtimes they are given to option to eat in their room. Staff encourage residents to eat in the main dining areas and tables are set out to seat four people to encourage interaction.

Staff added that jugs of juice and hot drinks are available to residents at all times.

The Manager’s comments are missing for this indicator which may lead to gaps in the information detailed.

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.

Some of the residents were unable to recall seeing health professionals whilst living at the home, this may have been due to their own capacity and health issues. Other residents stated that they get regular check-ups from dentist, opticians and chiropodists. Some of the residents added that GPs and nurses also visit the home.

Friends and relatives stated that health professionals visit the home on a regular basis and if there is an additional need. One respondent added “Family are not informed of visits” another said “To date only a chiropodist has been required and this need was acted upon immediately.”

Staff reiterated the fact that residents have regular access to an optician and dentist. One staff member added that most of the residents have the same GP, who visits the home alongside a Community Nurse on a Monday and Friday to see any residents who need medical attention. Another staff member stated that staff are available to assist residents to any appointments outside of the home.

The Manager’s comments are missing for this indicator which may lead to gaps in the information detailed.



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

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

Some of the residents which the team spoke to said that there is a regular religious services at the home as well as visits to a local Salvation Army to sing religious songs. Residents told us that they are able to have their hair cut/styled by the visiting hairdresser. The gentleman asked told us that as well as being able to shave themselves, staff are available to assist if necessary. One gentleman said "I can shave myself, but the girls keep a look out for me." Another said "The staff help me with showering, shaving and bathing, which I love, it gives me time to relax." Some of the residents said that they are given a choice of which of their own clothes they wear.

All but one of the friends and relatives asked stated that their friends/relatives currently have no specific lifestyle, religious or cultural needs. Although one person added that their relative is a Roman Catholic and that members from the local church have visited the home and brought them Holy Communion. The remaining respondent stated that their relative does have specific lifestyle, religious or cultural needs and that these needs are not respected and accommodated as they would like.

Staff members who completed the surveys informed us that the home has a policy around any religious or cultural needs. This includes changes in dietary requirements for people of certain religions.

The Manager's comments are missing for this indicator which may lead to gaps in the information detailed.

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

Residents gave a mixed response when we asked if they ever get asked what they think of the home. Some said that they don't get asked and others stated that they do. One resident said "Everyone works together here, we talk to each other and there are no problems."



(A newly decorated room in The Mews 'Maple Unit')

Only one of the residents which the Healthwatch team spoke to said there is something they would like to change about the home and this was the fact that all of the bedrooms are being decorated and they felt that they have no say as to what colours etc. are going to be used.

Two residents stated that they were very happy about the cleanliness of the home.

Residents told us who they would go to if they needed to make a complaint about the home, this included; 'the girls', fill in a form, speak to the Manager and speak to a relative who would deal with it or speak to team leaders on their behalf. One of the residents said that they wouldn't know who to approach to make a complaint and another stated that they couldn't speak to the home staff or tell their family as they would 'go mad.'



(Satisfaction survey reports 2016 were available around the home from service users, their friends and relatives and various professionals who visit the home)

The majority of the friends and relatives who completed the survey said that they feel welcome participants in the life of the home. One person stated that this is the case most of the time. Another said “Most of the staff are friendly, however there are guidelines.”

They went on to tell us how they and their friends and relatives can give feedback and can have their say on how the home is run, these included; questionnaires and speaking to the staff and management at the home. One person was unsure but stated that this may be encouraged in a weekly ‘chit chat’ meeting. Although one respondent stated “Residents have no say. Monthly meeting held for family.”

All of the friends and relatives stated that they would know how to make a complaint to the home if needed and that they would feel confident that it would be acted upon appropriately.

Staff reiterated that their resident and relative meetings take place at Sycamore Lodge and that feedback and concerns can be given via feedback forms. One staff member said “We bend to fit their wants and needs as much as we can.”

All three staff members told us that they feel they do not have a say in how the home is run.

The Manager’s comments are missing for this indicator which may lead to gaps in the information detailed.



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. Is it easy to join in the activities?
8. Do you get a chance to do any of the things you used to enjoy before you came here?
9. Do you go on trips outside?
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. Is there respect for your religion or your culture here in your home?
15. Do you get asked what you think about the home?
16. Would you like to change anything about the home? Have you told anyone about this and what happened?
17. What would you do if you wanted to make a complaint about the home?



Appendix 2 - Questions for Managers

1. **Have strong, visible management**
What attracted you to the role of care home manager?

What do you enjoy about the role?
2. **Have staff with time and skills to do their jobs**
In what ways do you encourage staff to develop their skills?
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**
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**
Do residents have regular, preventative dental and optometry (eye-care) appointments?
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?
8. **Be an open environment where feedback is actively sought and used**
In what ways can residents and their family have a say in how the home is run?

Are staff able to have a say in how the home is run?

How do you make use of feedback or complaints from residents and relatives?



Appendix 3 - Questions for staff

- 1. Have strong, visible management**
What support do you receive from the manager?

How easy is it to talk to the manager when you want to ask a question or raise an issue?
- 2. Have staff with time and skills to do their jobs**
Do you feel you have enough time to care for residents?

Are you encouraged to continue to develop your skills? In what ways?

What do you enjoy about your job?
- 3. Have good knowledge of each individual resident and how their needs may be changing**
How do you ensure that staff get to know a resident's life history, personality and health and care needs when the resident first arrives?

How is information about a resident's tastes and their health and care needs updated as these change?
- 4. Offer a varied programme of activities**
What activities are available for residents inside and outside the home?

What encouragement and assistance do you give to residents so that they can take part in activities?
- 5. Offer quality, choice and flexibility around food and mealtimes**
How do you make sure residents are able to eat and drink at mealtimes as well as outside of mealtimes?

What choices do residents get about what they eat and drink and when and how they eat and drink?

In what ways do you try to make mealtimes sociable?
- 6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists**
Do residents have regular, preventative dental and optometry (eye-care) appointments?
- 7. Accommodate residents' personal, cultural and lifestyle needs**
Can you give an example of how the home caters for religious and cultural needs?
- 8. Be an open environment where feedback is actively sought and used**
In what ways can residents and their family have a say in how the home is run?

Can you provide an example of how a resident or their family member has influenced how the home is run?

Do you feel staff can have a say in how the home is run?



Appendix 4 - Questions for friends and relatives

1. **Strong visible management**
Do you know who the Manager of the home is?

Is the Manager friendly and helpful?
2. **Have staff with time and skills to do their jobs**
Do you think the staff have the time and skills to care for your friend/relative?
3. **Have good knowledge of each individual resident and how their needs may be changing**
How well do you think the staff know your friend/relative's life history, personality and health and care needs?

Does the home notice and respond when your friends/relative's needs change?
4. **Offer a varied programme of activities**
What do you think of the activities available for residents inside and outside the home?

Is your friend/relative properly encouraged and supported to take part in the activities?
5. **Offer quality, choice and flexibility around food and mealtimes**
What do you think of the quality and choice of food?

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

Do you think that mealtimes are sociable?
6. **Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists**
Does a dentist and an optometrist (optician) come to see your friend/relative regularly or only if there is a problem?
7. **Accommodate residents' personal, cultural and lifestyle needs**
Does your friend/relative have any specific lifestyle or religious or cultural needs? Are these respected and accommodated?
8. **Be an open environment where feedback is actively sought and used**
Do you feel that you are a welcome participant in the life of the home?

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

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

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



DISCLAIMER:

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

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