



Care home life, what it's really like!

# Sycamore Care Centre



Date of Healthwatch Sunderland visit:  
11<sup>th</sup> April 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 11<sup>th</sup> April 2019 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 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	 Agree
2.	Staff with time and skills to do their jobs	 Agree
3.	Good knowledge of each resident and their changing needs	 Agree
4.	A varied programme of activities	 Strongly agree
5.	Quality, choice and flexibility around food and mealtimes	 Neutral
6.	Regular access to health professionals	 Agree
7.	Accommodation of resident's personal, cultural and lifestyle needs	 Neutral
8.	An open environment where feedback is actively sought and used	 Agree
9.	Provide a physical environment which is suitable for the needs of the residents	 Agree



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## 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  
Grindon  
Sunderland  
SR4 8PQ

Telephone: 0191 525 0181

Provider: SLW Ltd

Provider's Website: <http://www.sycamorecarecentre.co.uk>

See the latest CQC inspection report here:

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

Sycamore Care Centre has a mix of both a converted residence and purpose built properties set in 3 acres of mature tree lined grounds.

The home is registered for adult health and social care, providing residential, Enduring Mental Ill Health residential, general nursing, EMI nursing and palliative care. The majority of residents are over 65 years of age, however younger residents are also welcomed at Sycamore Care Centre.

The home has capacity for 113 residents, double bedrooms can be accommodated as required and there are 19 communal areas across the centre.

Residents are encouraged to bring in small items to furnish their own room to promote familiarity. There is a pet's policy in operation at the home and each residents request to bring pets into the home to live with them is viewed on an individual basis. Sycamore does have its own cat Nell, who is very friendly.

Wi-Fi access is available, however the home does not have a hearing loop. The home offers an extensive range of activities which are provided by 3 Activities Coordinators and external entertainers are enjoyed by residents. Generally activities are available 5 days per week and more often on special occasions. Sycamore Care Centre has a mini bus which is used for outings into the community.

Protected mealtimes are promoted within the home. (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).

At the time of our visit there were 106 residents living in the home. Due to the individual health or capacity of the majority of the residents, the Healthwatch Team were only able to support 3 residents to fully complete the survey. The team received 3 staff (1 Manager, 1 Deputy Manager and 1 Activities Coordinator) and 5 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 AGREE this was met.**

When the Healthwatch Team asked residents if they could identify the Manager, some residents had difficulty with this, however, this may have been due to their own individual health or capacity. Two residents said they left that kind of thing to their family and one resident stated that management often changes.

When asked if they could name the Manager of the home the majority of relatives who responded to the survey were able to name either the care home Manager or one of the unit Managers. One relative said that they knew the Manager but did not give a name and one relative stated that they did not know who the Manager of the home is, as their relative had only been living at the home for a few weeks.





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The Healthwatch Team asked relatives to tell us a little about the Management Team, responses were positive and included;

“I have been to meetings with her, she seems to take on board family comments.”

“She is very approachable and fair to relatives, staff and residents, confidential issues can be discussed and maintained, she is seen regularly around the home and is very supportive.”

“She is always friendly with a very positive attitude, always ready to listen and she reacts very quickly to any situation that arises. She is always professional and has very good rapport with residents, families and staff.”

“Pleasant and approachable.”

During the visit the Healthwatch Team observed the Care Home Manager interacting with residents, she knew each resident by name and was chatting and laughing with them as she showed us around the home.

When the Healthwatch Team asked staff about support they receive from the Manager, comments included; “Helen is a great support, you can go to her with any problems and or ideas and Helen often has a solution or will help find one. Helen always is approachable and friendly no matter whether the problem, professional or personal.”

When asked about experiences of talking to the Manager about any questions or issues, comments included; “In my experience as I’ve said in the previous answer, Helen is always there with the door open for any reason at any time.”

When asked what attracted them to their role, the Deputy Manager, who has worked at Sycamore Lodge for twenty years stated; “I have worked my way up to Deputy Manager from Care Assistant, I found that I naturally took to the role, I feel that in this position I am able to help others maintain high standards at any level and help people to progress if they wish.” She went on to tell us what she enjoys about her role; “Learning each day, keeping up to date with new Care Quality Commission (CQC) and Clinical Commissioning Group (CCG) regulations. Helping staff and service users daily and daily problem solving.”

The Healthwatch Team asked the Manager what attracted her to her role, she replied; “I have worked in the care industry for 23 years and aspired to become the best Manager that I could. I was attracted to Sycamore because it is family run, and the owners have direct experience of care having been registered nurses themselves. I have a strong belief that vulnerable people should be looked after with the highest possible standards from kind, caring, knowledgeable staff in a beautiful, clean environment with the utmost dignity.”

The Manager told us what she enjoys about her role, saying; “I enjoy seeing service users and families enjoying their time together, staff excelling in their careers and having an organised efficient service. I like introducing positive changes to our service.”



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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 AGREE this was met.**

When asked what they thought about staff at the home, residents comments included;

“They do their best with what they have to deal with.”

“Very nice up to now, the older ones are better.”

“Excellent, they do anything for you, if I need anything I ring the buzzer or the speaker, it doesn’t take long for them to respond.”

The Healthwatch Team asked resident respondents if staff have the time to stop and chat with them, responses were mixed and included;

“They very rarely have the time.”

“No, it would be nice if they could, just a few words.”

“Yes, they come in, clean my room and pass the time of day.”

When relatives were asked if staff have the time they need to care for their relative, the majority of relatives respondents agreed that they do, one relative said they do eighty percent of the time and one relative said in the main, they do.

Relative’s comments included;

“Eighty percent of the time they do, mealtimes are an added pressure. Seniors are spot on with medication.”

“Yes they do, although always busy they clearly have allotted times for various duties, but take time to talk to residents.”

“My Mum has only been at the home for a few weeks but from what I have seen I am happy that the staff seem to have the time and care.”

The Healthwatch Team asked relatives if they feel staff at the home have the necessary skills to care for their relative, all respondents agreed that they do. Comments included;

“My Mum has dementia, I am unsure if staff have specialist training in dementia but I will find out. I have no concerns at present regarding care.”

“Seniors are very well informed and skilled, their observation skills are excellent. Changes in health are dealt with very quickly and medicines correctly administered. Changes in mood are observed and reported to relatives. Other Carers, general hygiene etc. well carried out process.”

“Yes, training is clearly important and takes place regularly. Staff have the relevant skills required in a nursing situation and show a wide experience of the many duties required.”



The Healthwatch Team observed as one of the Nurses spoke with and calmed a resident who was visibly distressed, she was calm and understanding with this resident.

When asked if they have enough time to provide varied activities for residents, the Activities Coordinator agreed they did. The Healthwatch Team asked, are you encouraged to continue to develop your skills and if so how, the Activities Coordinator said; “Yes we are always offered training to improve our skills as well as doing mandatory training. I enjoy everything about my job, putting smiles on faces, improving service users’ wellbeing and the job satisfaction I get. It is a privilege to do this job!”

The Manager and Deputy Manager explained how staff are encouraged to develop their skills, stating that this is realised by operating a robust training system which reflects service users’ needs, by encouraging staff to gain recognised qualifications and promote advancement in the company, also through appraisals and staff development plans.

When asked how they ensure that staff have enough time to care for residents’ the Manager and Deputy Manager stated that a dependency tool is used which is based on service users’ needs. This gives the amount of staff required for each unit. In addition to this the nursing and management team are available to assist staff whenever required.



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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 AGREE this was met.**

When asked do staff know your personality, likes and dislikes, resident respondents gave mixed responses including;

“Some might, others don't.”

“I please myself, I choose my own clothes and staff help me to get dressed.”

“Yes they do know me and my ways.”

When relatives were asked if the staff know their relatives life history, personality and health and care needs well, one relative did not answer this part of the survey. Other relatives' comments included;

“Staff try hard to know, please and respond with care and thoughtfulness of resident's dignity.”

“There is a personal care plan and relatives are also asked to provide a 'scrapbook' with important people in, in the resident's life. It is obvious that they have regular contact with each resident.”

“Seniors have a very good profile of my Mother's history. Junior Carers need time to observe client care plans.”

“My sister has completed a book about Mum. I have no concerns regarding Mum's health needs.”

When asked if staff at the home notice and respond to changes in their relatives needs and if relatives are informed of any changes, most relative respondents agreed that staff do notice, respond and inform of any changes in residents' needs. One relative did not comment as her Mother has only lived at the home for a few weeks. Comments included;

“Excellent observations given regarding health and safety, situations are attended to quickly. I am informed of any changes daily on a one to one with seniors and relatives, daily one to one with clients, also newsletters, notices and telephone calls, regular Managers, clients and relatives meetings.”

“Yes, very quickly indeed and I have many examples of this which have been crucial to the welfare of my husband. I am informed of any changes by phone or in person.”

“Yes and I am informed either face to face or over the phone.”

When staff and Management were asked do they ensure that they and other members of their team get to know a resident's life history and personality when they first arrive at the home. They informed us that pre-admission assessment is carried out which identifies their health and care needs. On admission families or



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the service users themselves complete booklets about likes, dislikes, cultural, sexual, religious, beliefs and provide staff with a life history document. All these documents are then used by staff to write person centred care plans. Staff have full access to relevant information through our mobile computer system.

The Healthwatch Team then asked the Manager and Deputy Manager how information about a resident's likes/dislikes and their health and care needs are updated as they change and how are they passed on to staff, they replied that this is realised by care plans being updated at a minimum of monthly or on condition change if sooner. This is passed on by formal handovers, walk-arounds, and via the updated online care plans which all care staff have access to and also during meetings with families.

#### **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 activities provided at the home, resident responses were varied. Comments included;

“I had radiotherapy and chemotherapy a few weeks ago and feel very tired, staff bend over backwards to help me, but I am not up to doing activities at the moment.”

“No I have problems with my back.”

“Sometimes I am asked, sometimes not, but I just like to watch my TV.”

When asked about activities outside of the home, resident respondents gave the following comments;

“I have been asked but I am not up to it at the moment, I would like to sit in the garden when I feel a little better.”

“I haven't been out on any activities.”

“I just like to watch my TV.”

The Healthwatch Team asked residents if they are able to enjoy any hobbies or interests that they undertook before moving into the home, responses included;

“I don't have any hobbies, can't do things like knitting or sewing.”

“No, but the cat comes to visit me.”

When the Healthwatch Team asked relatives what they think about activities available to residents both inside and outside the home, the majority of relatives agreed that there is a good range of activities at Sycamore Car Centre. However, one relative stated that there is a good Activities Team but they could do more. Comments included;



“Staff try their best to entertain residents with a wide choice of activities.”

“There is a notice board with information and leaflets. I am happy with activities.”

“Activities are excellent, my mother does not participate but this is her choice, she is compos mentis, ninety four years old and wheelchair bound.”

“There is a varied and well advertised programme of activities.”

The Healthwatch Team observed as a singer entertained residents with renditions of songs they were familiar with, the room was packed, the audience were singing along and all appeared to be enjoying the occasion.

When asked what encouragement is given to their relative to take part in activities, relatives gave the following comments;

“Not applicable at the moment, but there is a list of activities in his room.”

“My Mother is informed and encouraged to participate in activities, she declines and is very happy to remain in her room and she has the television and her telephone.”

“I am unsure but the family have told staff that we would like Mum to be encouraged to join in.”

“Activities staff call on interested residents to ensure that they are able to participate, also a monthly programme is issued to all residents.”


When asked if residents continue to enjoy any previous pursuits, the majority of relative respondents stated that their relatives do enjoy some of their previous hobbies and interests, one relative reported that her mother is not able to do the things she used to. Comments included;

“Mum liked cooking, the home does take residents to Pennywell Neighbourhood Centre for cooking on a rotation basis, I would like my mum to go weekly but I do understand that all residents need to be offered this activity. Mum did like to read but due to dementia cannot concentrate, she enjoys Peoples Friend magazine which I take in for her.”

“TV is my mother’s main interest and very regular family visits, reading is now very difficult as she is blind in one eye, she has her mobile phone. A visitor from the church would be advantageous as she is a Methodist lay preacher.”





April		Morning
Monday	8th	9.00am Paper round Sycamores paper lad delivers the papers 10am Outing to Pennywell neighbourhood centre Down memory lane cookery club. Traditional Baking of cake, biscuits and scones 10.00am friendly visits, Individual personal centred activities, various units
Tuesday	9th	9.00am Paper round Sycamores paper lad delivers the papers 10am The Happy wonders choir practice led by St Thomas church 
Wednesday	10th	9.00am Paper round Sycamores paper lad delivers the papers Unit activities
Thursday	11th	9.00am Paper round Sycamores paper lad delivers the papers 10.00am Easter bonnet making making Easter bonnets to use in the Easter bonnet parade 10.00am Big cheese game a game of skill throwing bean bags to score as many points as possible. Maple 10.30am Target n toss points winning game to test your aiming skills unit 1 11.00am Skittles bowl over your opponents by know down more pins that them. 11.30am friendly visits, Individual personal centred activities. various units
Friday	12th	9.00am Paper round Sycamores paper lad delivers the papers 10am Outing to the Salvation Army coffee morning socialising and refreshments

Activity planner

“Within his limited capabilities definitely yes, he has his own CD player/radio and his son’s dog is very welcome and visits regularly.”

The Healthwatch Team asked the Activities Coordinator about activities that are available for residents both inside and outside of the home, he stated; “Outings to various places, men’s club, ladies club, history club, Bingo, time slips, kitchen creations, iPod therapy, parlour tea and sing-a-long, well-being workout, octaband games, parachute games, pond toss, big cheese game, Hoopla, various themed art activities, service users choir, music for the brain, one to one, juke box jury, in house Holy Communion service, Salvation Army in house service, boogie n bounce, move n grove, tap n clap, cheer leading, balloon therapy, various themed days, nights, for example,

rock n roll, film, Hollywood day, Valentine’s day, summer fete, Easter fayre, Christmas fete, just to name a few. Outside activities include, outings to Salvation Army coffee morning and a songs of praise service on a Sunday evening, music for the brain at the Alzheimer’s Society, Pennywell Neighbourhood Centre cookery club, National Glass Centre and various historical sites.”

When asked about provision for those residents who either cannot or do not wish to participate in group activities, the Activities Coordinator explained that there are one to one sessions most days which the service users receive from the one to one leads.

When asked how residents are encouraged and assisted so they can take part in activities, the Activities Coordinator said; “As Activity Coordinators we go round every day and chat to service users and try to encourage the service users to attend activities, staff also encourage service users to take part. Service users are given all manner of support to get them to activities and when in activities to complete the activity if they wish to do so as some service users come along to socialise which they can gladly do. The activity is not just about doing the task at hand, it’s also about having a change of environment, socialising, and filling the resident’s day in, stop the boredom and hopefully stops the service users from becoming isolated.”





The Healthwatch Team then asked, 'How do you ensure that residents have the opportunity to continue to take part in their hobbies and interests' the Activities Coordinator stated that this is accomplished by finding out if a service user has a particular interest or hobby and trying to tailor various activities to include this.

When asked about activities provided at the home, the Manager provided a copy of the Sycamore Care Centre April Activity Programme, (see photograph) and added that in addition to this, other ad hoc activities take place such as summer fetes, Christmas pantomimes, puppet shows, rock and roll nights, cinema nights etc. and in the warmer weather residents go out in the mini bus to different places, (the home has its own mini bus) or to the sister home to enjoy activities and entertainment. The most recent development in activities is that the owners have recently bought a local pub in Sunderland and some residents who enjoy a couple of sociable drinks go there with a member of staff for lunch. The Deputy Manager said that activities include, cookery, men's and women's clubs, bingo, exercises and other social events.

When asked how residents are encouraged to take part in activities the Manager and Deputy Manager said that Sycamore employ three activities co-ordinators and allocated care staff also assist if service users need additional support. Residents are informed daily of activities taking place. The management team stated; that Activities Coordinators look at people's life history, and try to arrange activities that are based on people's likes and dislikes. Such as starting a gardening group and a men's only group where they play dominoes or watch the football etc.

When the Manager and Deputy Manager were asked 'how are residents supported to continue with previous hobbies/interests/pets' they agreed that this is accomplished by activities being developed according to residents likes and dislikes. Activities Coordinators look at life history, personal hobbies and interests. A gardening club and a men's only group are now up and running due to this procedure.





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

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

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



When the Healthwatch Team asked residents about the quality and choice of food, the majority of resident respondents said that food at Sycamore Care Centre is okay. Comments included;

“Enough choice, but I am picky, I don’t like vegetables, I like sausage rolls, pies and things like that. If there is nothing I like they will

make me some toast with jam.”

“I get sick of the same things, I do get sandwiches, cakes and tea in my room if I ask for them.”

“It’s okay and sometimes good, they do their best.”

When relative respondents were asked about quality of food at the home positive comments were received including;

“Although my husband is nil by mouth, the menus look appetising, the kitchen looks sparkling and smells lovely at mealtimes.”

“My mother has a hiatus hernia, resulting in nausea. Staff take care to meet her dietary needs, the hot evening meal is her favourite. There has been a recent review on the quality of cakes provided and sandwiches are also available on an evening.”

“I have not seen a menu but what I have seen, I am happy with.”

The majority of relatives responded positively when asked if they were confident that their relative is supported to eat and drink as much as needed, another relative stated that this is not the case all of the time.



Comments included; “No problems with the intake and output of fluids, iced water would be advantageous in the summer (ice lollies) - cold drinks machine needed.”

“Mum can feed herself, staff have said that she has a good appetite and often has seconds.”

“Not applicable as he is fed by PEG but that is carried out accordingly to instructions.” (Percutaneous endoscopic gastrostomy is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient’s stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate for example, because of dysphagia or sedation).

“Not always one hundred percent, when a resident has tired, drowsy days and refuses to eat in the dining room.”

When asked how mealtimes are made sociable at the home, the relative respondents who found this question applicable gave positive responses, including; “Protected mealtimes, but my father can stay for meals with my mother if he gives notice, which I think is good, so both of my parents can have a mealtime together.”

“The dining room looks appealing, it could be a hotel facility. It is light and bright, staff assist residents and encourage social engagement.”

“Each resident is welcomed into the dining room and staff make every effort to create a social atmosphere.”

“Not applicable, my mother takes all of her meals in her very large room, this is her choice.”

When asked how high standards of quality and choice of food are maintained at the home, the Manager and Deputy Manager agreed that this is accomplished by changing menus on a weekly basis, if someone





doesn't like anything on the menu the head cook will speak to the resident and arrange food to their taste. If service users want their breakfast in bed they can of course have this wherever possible and all food is freshly prepared and cooked on site.

When asked how she ensures high standards of quality and choice of food, the Manager stated; "We ensure food is presented well, is of the desired temperature and is catered for around peoples likes."

The care home Managing Director added; "The menu is in every service user's bedroom in the information folder that is on full view in a pocket on the wall and menus are on every dining table. We have a 3 week menu plus an alternative menu that we sought approval by a hospital dietitian on its nutritional value, choice etc. and it was approved. When we formulated the menus we met with service users to incorporate their preferences into the menu. We carried out a survey with service users and their families to ask them if they agreed for the main lunch time meal to be served in the evening as NHS England have discovered that serving the main meal at lunchtime meant that it was too close to breakfast for people to eat enough and that if it was changed the length of time that service users were without food/overnight was shortened, resulting in better nutrition and more stable retained weight of debilitated patients/service users."

The Manager and Deputy Manager went on to say that residents are supported to eat and drink outside of mealtimes by, offering choices around mealtimes, including when and where meals are eaten and ensuring that dining rooms, lounges, bedrooms etc. are made comfortable in order that meals can be enjoyed at ease. Residents are asked for their choices and are shown picture menus if



necessary. If residents are unable to make their own choices, options will be chosen based upon their historical likes and dislikes. Support will always be given.

The Manager commented; “We always ensure food is available over the 24 hour period, but if we know someone is not going to be in the home at a mealtime (e.g. out for an external appointment) we liaise with the kitchen who make provision for them for their return.”

When asked if the home has a permanent drink stations available to residents, the Manager and Deputy Manager stated; “Yes we do, however, if any resident is unable to retain information, requires modified fluids, and is fully mobile, it would be dangerous to have fluids available for residents to drink without supervision. On those units we ensure fluids are given at increased frequency to promote hydration.”

When asked ‘how do you ensure mealtimes are sociable’ the Manager and Deputy Manager agreed that this is accomplished by ensuring that residents can sit with who they want and through ambient music being played, also all staff are available at mealtimes to support and ensure it is a well organised, relaxed atmosphere.





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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 AGREE this was met.**

When asked about regular access to Dentists, Opticians, Chiropodists, Audiologists and other health professionals, two residents who completed the survey said they did have access to health professionals, one resident did not answer this question, Comments gave included; “I have seen the Dentist and Optician but have not had a hearing check.”

When asked about access to GP or hospital appointments, residents gave the following responses;

“If I need to see a GP or have a hospital appointment my daughter would see to that.”

“Saw the GP, came to the home once, I have been to the hospital twice and was taken by staff in an ambulance taxi, I went to the Freeman Hospital for radiotherapy.”

The relatives who responded to the survey indicated that they are happy with the access to a range of healthcare professionals available at the home.

Comments included;

“The family arrange appointments with Dentists and Chiropodists etc. The home has contacted the GP as needed. The home has said that a GP from Pennywell visits once a week if we want to change GP but the choice is ours.”

“A regular visit by GP assigned to the home. There is an onsite Nurse and easy access to other health professionals.”

“GP and Nurse visit the home every Monday morning, client problems are discussed or visit arranged to monitor client - GP, Nurse, CPN, Dentist, and Social Worker. We have our own Optician and Chiropodist, mother attends chest clinic, Eye Infirmary by taxi with daughter.”

“Relatives are invited to take residents to appointments or an offer of the services of staff is made. Relatives are made aware of appointments and fed important information when requested.”

When the Healthwatch Team asked the Manager and Deputy Manager about regular visits from health professionals they agreed that this service is met at the home. The Manager said; “At Sycamore we are aligned with two GP surgeries - Pennywell and Broadway. Although our service users can choose to keep their own GP, the benefits of being aligned are huge. We have Community Nurses who visit twice weekly should we have any concerns, the GPs (from our aligned practices) visit every week, we have a visiting Dentist and Chiropodist (but residents can of course



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choose to make their own arrangements), and we have Visioncare who visit the home to carry out Optician and audiology services.”

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

When the Healthwatch Team asked residents if their culture and lifestyle needs are respected at the home, resident respondents agreed that they are and gave the following comments;

“I am religious when I need to be, I have a prayer on my wall. The laundry service here is good, nothing goes missing. I have just had a bath and a shave, the staff helped me with that, I don’t think I need a haircut yet.”

“I used to run a church in the East End of Sunderland and I do miss that. My daughter sees to my laundry, having my hair cut and styled and manicures my nails.”

The Healthwatch Team asked this resident if they would like a member of the clergy to visit her at the home, the resident said she was not sure but would think about it, if she decided that she did she would ask her daughter to sort this out for her.

When asked about specific personal, cultural or lifestyle needs and if these needs are met within the home, some relative respondents stated that their relatives have religious or other needs and gave following comments;

“Mum has always attended the Salvation Army, Dad does take her on a Sunday and the Salvation Army also has involvement within the home.”

“My relative was Catholic but does not understand now.”

“He needs a Zimmer frame and some supervision when walking (Parkinson’s with dementia sufferer.) He also needs to feel clean and smartly dressed. The staff are pleasant, amiable and caring. They do their best in often difficult circumstances.”

When asked, all relative respondents agreed that a hairdresser makes regular visits to the home, but some residents prefer to use their own hairdresser or a family member to cut and style their hair.

When asked about the laundry system at the home, one relative stated that she sees to her mother’s laundry, three stated that there has been problems with the



laundry service and one relative stated that the laundry service is very good and that all clothing is requested to be named. Other responses included;

“I have encountered problems with missing garments even though they are named, however, clothes come back clean and pressed.”

“This is one issue I am not happy with. My Mum’s clothes are labelled but I have seen one resident in my mother’s nightdress. One shirt has gone missing, tights I need to buy every week as they go missing. There are always other residents clothes in Mum’s room, these clothes also have names on so I cannot understand why this happens. I am going to speak to the Manager.”

All relative respondents agreed that their relative is always, clean and appropriately dressed. Comments included;

“Always - strip wash every morning, clean clothes and underwear and a shower in the evening.”

“Mum is always clean and tidy.”

When asked how activities are tailored to meet a resident’s religious and cultural needs, the Activities Coordinator stated; “Any information that is given to us about personal, cultural and lifestyle needs is taken into consideration when planning each month’s activity planner.”

The Healthwatch Team asked about what ways residents and their relatives and friends can have a say in what activities are delivered both inside and outside the home. The Activities Coordinator answered; “We hold a service users activity meeting each month where we also invite families and we often listen to service users comments during activities, we also chat to families when we see them around the care home.”

When asked to give examples of how a resident or their family member has influenced the provision of a new activity, he answered; “A service user asked us if we could hold the men’s, and ladies club on the same day every week so they know that the club is on just by knowing what day is, also a number of service users told us about their interest in history so we created history club.”

The Healthwatch Team then asked how are the activities provided evaluated to ensure residents are continuing to enjoy them, The Activities Coordinator stated that this is accomplished by completing an evaluation sheet and a tracking sheet after each activity to record what went well and the numbers of attendees.





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When the Manager and Deputy Manager were asked about residents' personal, cultural and lifestyle needs, they said these needs are met at the home at the pre assessment process, via discussions and booklets completed with residents and their families. Examples of such include; requests around clothing choices, vegetarian diets for two residents, church services and a visits to the home from an end of life Priest.

When asked about provision for residents to regularly get their hair cut/styled, both the Manager and Deputy Manager said that the home has a hairdressing salon and the hairdresser visits the home twice weekly. Hairdressing services can be carried out in residents rooms if they prefer, also some residents choose to use their own hairdresser.

The Manager and Deputy Manager went on to say that they ensure that the laundry staff get residents own clothes back to them by families being advised that they must label all their families clothing. Clothing is laundered unit by unit to ensure it is returned to the correct area of the home, and laundry bags are colour coded for easy identification purposes.

The Managing Director added; "Unfortunately in care homes some clothes may be returned to the wrong persons room because of human error and we are sorry about this and apologise to service users and relatives if this happens and then seek to find the item, however for the majority of the time the majority of our service users and families are satisfied with the laundry service we provide for 113 people and we know this because we ask them ourselves at service users and family meetings and quality audits."

When asked about mechanisms to ensure that residents are always clean and appropriately dressed the Manager said; "Many of our rooms have en suite facilities, but we also have large wet rooms, bathrooms, and shower rooms. Residents are encouraged to remain as independent as possible, but if they require assistance staff are on hand to assist."

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

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

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

When asked do management or staff ask what you think about the home or if they are happy at Sycamore Care Centre, one resident did not answer this question, one resident said they cannot remember being asked and another resident gave the following comments; "I was quiet for about half an hour, staff came in to ask me if I was OK, also one night when I could not sleep, I got up and went downstairs, straight away staff asked if I was OK and got me a cup of tea."



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When asked if there was anything that needed to be changed at the home and if so who would they tell about this, one resident simply answered 'no', other comments included;

"I would like not to be here, but I fell out of bed at home and was hurt so I know I am in the best place."

"I would like staff to spend a few minutes with me when they bring my meals, drinks and other things into my room."

When asked 'what would you do if you needed to make a complaint about the home' residents gave the following responses;

"I would tell every member of staff, but staff here go out of their way to help. I have watched staff feeding and caring for residents, I see people who are much worse off than me."

"I have never complained."

"My daughter, she deals with everything like that."

The majority of relatives gave positive responses when asked if they feel a welcome participant in the life of the home, one relative stated that it was too soon to say. Other comments included;

"Staff welcome me on arrival and speak to me on departing. I am very comfortable visiting."

"Very."

The majority of relatives gave positive responses when asked how they can have a say in how the home is run, one relative stated that they were not sure about this. Comments included;

"Regular management, client and family meetings or one to one with Helen Featherstone who is the home Manager."

"By communicating with staff in a pleasant way."

"Regular support group which is well advertised."

Relatives stated that they would speak to the relevant person to make a complaint about the home, they feel confident to do so and think that it would be acted upon appropriately. Comments included;

"First speak to the Unit Manager, Sarah one to one, then to Home Manager one to one then to Social Worker. I am fully confident to make a complaint and that it will be acted upon as soon as possible."

"Talk to the appropriate person or submit a letter, confident to complain and confident that it will be acted upon."

"Yes, I have made a complaint about missing clothes and yes I am confident that a complaint will be acted upon."



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One relative whose family member is quite new to the home commented; “I would ask who was in charge and speak to them at first. If the problem persisted I would talk to the Manager. It is too early to say but I feel any complaint would be acted upon.”

When asked how do you, as a member of staff have a say in how the home is run staff stated; “There are staff meetings where we can give our opinions and Helen is always keen to listen to suggestions from staff.”

The Manager and Deputy Manager explained ways that residents and their family have a say in how the home is run, including: operating an open door policy, and residents or their families being welcome at any time to discuss any ideas they may have.

The Manager commented; “We have a, You said, we did section in our resident and family meetings, so that they can see the suggestions that they have made and what we have done about it. We also have a family support group in addition to the service user and family meetings. Families will regularly ask if something is possible, or for a slight change during these meetings which is then fed back to myself from the Chair of the group. We also ask families and residents to complete surveys at a minimum of yearly to evaluate our service.”

When asked how they make use of feedback or complaints from residents and relatives, the Management team stated that they view all feedback as good feedback, even if it was a concern or a complaint. When dealing with complaints they use this to have a lessons learnt reflective session, to implement any changes to the service or to identify any training needs required.

When asked how staff can have a say in how the home is run, the Manager said; “Staff can approach me at any time with suggestions, or concerns which I am happy to listen to and act upon if required. Staff also have regular supervisions, and are invited to staff meetings. We hold a daily “snapshot” meeting which all staff are invited to, where any immediate issues are dealt with.”

The Deputy Manager added that feedback and comment boxes are available for staff to give their views.

## **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 about living conditions at the home, one resident said that the home is mostly clean and tidy, one resident stated that the home is clean and tidy and one resident said that their room is clean and tidy, but could not comment about the rest of the home as she does not leave her room. All resident respondents agreed



that the temperature at the home is fine for them and said that they have a thermostat in their room and if they want to alter the temperature they can do so.

When asked if the home is kept at a suitable temperature, all relative respondents agreed that it is, one

respondent stated that there had been a problem with the hot water but that was sorted as soon as possible.

All relatives agreed that the home is always hygienically clean and tidy, and the majority of relatives agreed that the home is well decorated and maintained. Comments included;

“Excellent domestic care to home, my Mother’s room is cleaned daily and a full spring clean when needed, no odours and very friendly and efficient staff.”

“Exceptionally clean and beautifully decorated and maintained.”

“When we visited the home six weeks ago we were told that the main room was going to have a new carpet, however there is still only hard board down, I feel that this should have been done by now as this would improve the environment.”

When asked, the majority of relatives agreed that the home is dementia friendly, positive comments included; “Yes, all the staff deal with this well.”

One relative commented; “I have noticed that there is not a board on the wall which can be updated with day, date and weather. I feel this should be done as Mum has great difficulty remembering. There is a small clock tucked away with date and time - not fit for purpose.”

When asked how the home made dementia friendly, the Activities Coordinator replied; “There many items of activity equipment on each unit to help a creative and stimulating environment.”

The Management Team assured that a comfortable temperature is maintained within the home through the use of thermostats in rooms and communal areas and that the heating is variable in accordance





to the seasons. They went on to say that the home is well decorated and maintained to a high level by a continuous decorating and maintenance process adding that any damage to the

home or furnishings are immediately rectified and replaced.

The care home Managing Director stated; “We take pride in our home and the provision of a high quality environment for our service users to live in and I believe that high quality environments encourage a higher standard of care. We always have a rolling programme of improvement in this area and have recently invested £430,000 in the homes refurbishment, which is around 90% complete.”

When asked how the home is kept hygienic and clean the Management Team said that this is accomplished by following robust infection control procedures and employing efficient domestic staff who are well trained, adding that the home is always clean and hygienic.

The Manager went on to say that Sycamore Care Centre is currently undertaking the Gold Standard Framework for Care Homes. (The Gold Standard Framework (GSF) is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis. It is a way of raising the level of care to the standard of the best).

When asked about the ways they make the home dementia friendly environment, the Management Team stated that this is achieved by maintaining dementia friendly environments using orientation clocks and boards, colourful decor with tactile decorations. Staff are all trained as part of their mandatory induction on dementia, and receive yearly updates. The environment atmosphere is calm and relaxed with appropriate music, lighting and photographs.



Gold Standard Framework



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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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