

Care home life, what it's really like!

The Village Care Home



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Acknowledgements

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



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1. Introduction

What is Healthwatch?

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

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

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

We achieve this by:

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





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, Tracey was held at The Village Care Home. This was to explain the reason for the ‘Care home life - What it’s really like!’ visit, to understand the needs of the residents and to arrange a visit that would cause as little disruption as possible.

The ‘Care home life - What it’s really like!’ visit took place on the 5th April 2018 and was carried out by Healthwatch Sunderland staff who are trained so that they can effectively capture the resident’s experience.

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

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

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

4. Findings - Summary

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

Here is the key which shows the indicator scores



Strongly disagree



Disagree
















Neutral



Agree



Strongly agree

1.	A strong visible management	 Strongly agree				
2.	Staff with time and skills to do their jobs	<table border="0"> <tr> <td> Neutral</td> <td> Strongly agree</td> </tr> <tr> <td>Time</td> <td>Skills</td> </tr> </table>	 Neutral	 Strongly agree	Time	Skills
 Neutral	 Strongly 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	 Neutral				
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	 Agree				



Findings

The Village Care Home is a converted residential dwelling with an extensive purpose built extension. The home is located on Hylton Bank, South Hylton, Sunderland, SR4 0LL.

It is a residential home, which provides personal care for up to 40 people. Support is available for people requiring personal care. Short stay is also available here for people who need time to convalescence following a hospital stay and prior to them returning home.

See the latest CQC inspection report here:

<http://www.cqc.org.uk/location/1-109973128>

At the time of our visit there were 33 permanent residents and 3 semi-permanent residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch team were only able to support 6 residents to fully complete the survey. The team received 8 fully completed surveys and 1 partially completed survey from staff and 4 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 STRONGLY AGREE this was met.

When asked about the Manager at the home, two of the residents who were supported to complete the survey process were able to name her and give these comments about her;

“She is a nice person. We don’t see much of her but she comes around sometimes with the medication.”

“She is a lovely, lovely girl and will do anything for anyone.”

One other resident named the Administrator, when asked if they know the Manager and said;

“She is very helpful. She helped me with money.”

The other residents were unable to identify the Manager, but this may have been due to their own health and capacity.

All of the relatives who engaged with the Healthwatch survey knew who the Manager of the home is and gave a range of positive comments about her, which included;

“She is a lovely lady and will always make time to talk, give advice to us and is very good at mending mam’s hearing aid. You can have a joke with her as well.”



“She is very pleasant and always approachable.”



All of the staff respondents spoke warmly about the Manager, all stating that they receive a range of support from her. This included support with training, personal support, professional support to assist with their careers and she is accommodating with the shifts where needed. Their comments included;

“We can always speak to her in confidence with any issues or worries. She works as part of the team to solve issues when needed and she makes sure we are all up to date with training.”

“My Manager operates an open door policy, so no matter what the problem or question may be, I know I will receive the best advice available. If it is of a personal nature, I know I can go to her with the knowledge that whatever passes on between us will stay that way.”

All of the staff went on to say that the Manager is easy to speak to, approachable and available at any time they need to contact her.

The Manager told us she was attracted to the role of care home Manager as she has worked in the care sector for over 30 years and has worked up from care assistant to Manager. She added that she started working at The Village Care Home as the Deputy Manager and took over the Managers’ role in 2002. She went on to tell us what she enjoys about her role;

“Every day is different at The Village. I enjoy my job very much and like new challenges.”



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 **NEUTRAL** rating for staff time which indicates both positive and negative feedback, which when averaged results in a neutral score. The Healthwatch team **STRONGLY AGREE** this was met for staff skills.

When residents were asked what they think about the staff at the home, all of responses we received were very positive. They included;

“Really good. You can get good and bad, but they are all good in here.”

“Everyone is lovely, I can’t fault them. I wouldn’t be here if it wasn’t for them looking after me.”

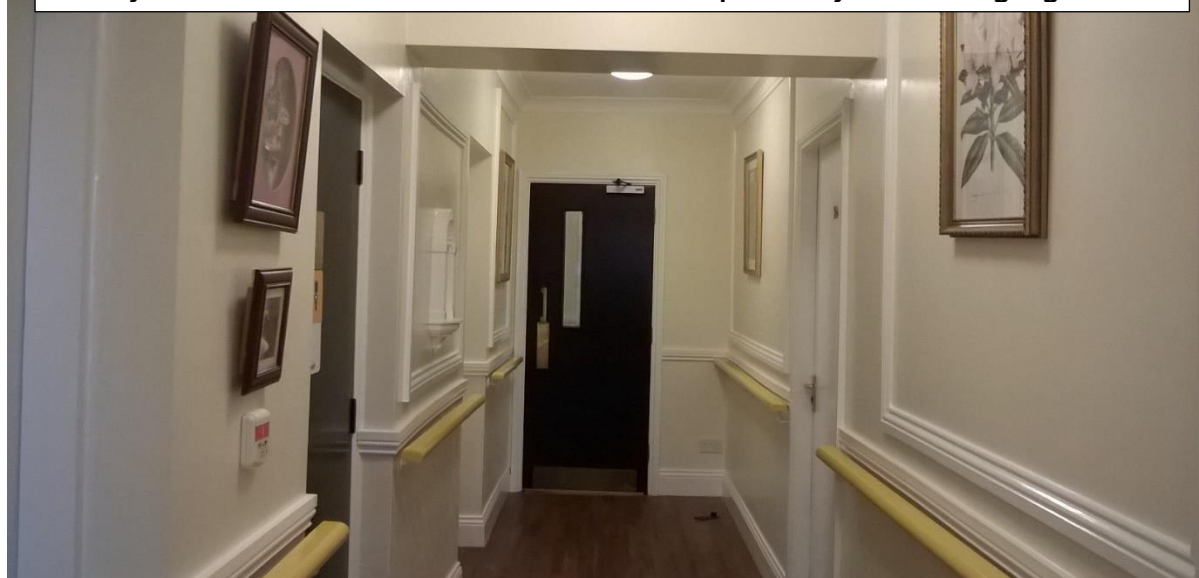
“They are gorgeous! They are very good to me.”

The Healthwatch team then went on to ask the residents if the staff at the home have time to stop and chat to them. This question was also met with positive responses, although one resident stated that this is the case for some of the staff and not all of them. Resident’s comments included;

“They are in and out all of the time with drinks and meals. They are all nice, but Jemma is lovely to me.”

“Yes, they all make the time.”

Areas of the home have been ‘colour zoned’ to aid orientation for the residents. The yellow zone - handrails in the corridor are painted yellow to highlight this.



All of the residents stated that the staff at The Village have the time to care for their relatives, although one person did say that this is the case most of the time. They added that at times, staff are caring for some challenging residents who can ‘play up’, but they are all very caring. Relative’s comments included;



“Yes, all of the staff are very nice and always busy caring for residents.”

“Staff are always on hand to help mam with whatever she needs.”

All of the relatives who responded to the Healthwatch survey indicated that the staff at the home have the necessary skills to care for their relatives. Comments included;

“Mam can ‘play up’ sometimes, but they understand that it is something causing it, like a water infection.”

When staff were asked if they feel they have enough time to care for the residents, several staff members shared that although there is enough time for personal care and mealtimes, they would like to spend more time with the residents who would like to have a conversation with them. Five out of the eight staff who responded to the survey informed us that staff support residents on trips in their own time, unpaid. Staff also shared that the residents at the home have varying degrees of illnesses and disabilities and that some residents can be quite demanding of their time. This was witnessed by the Healthwatch team during our visit to The Village Care Home. One staff member stated that staff time can be at an issue, particularly if staff are accompanying residents to medical appointments, which leaves the home short staffed. Two members of staff indicated that there is more time available during the night shift. One senior carer said;

“As a senior, I always tell staff that our residents come first, so any jobs that don’t get finished get passed over as this is a 24 hour job.”

The Manager stated that staffing is worked out around the residents. She added;

“I always tell staff to prioritise their workload, do what they can. Anything they don’t get completed is passed on to the night shift.”

All of the staff who engaged in the survey process informed us that they have a range of training opportunities available to them to enhance and develop their skills. Further development of staff’s careers is also encouraged greatly by the management and senior care team.

When staff were asked what they enjoy about their jobs, they all gave a range of positive comments, which included;

“Knowing when my shift is over I have made the resident’s day a good one.😊”

“I enjoy looking after the residents, making them smile and be happy.”

The Manager informed us that she organises in-house and external training for staff and also completes the training which staff are required to do herself.

During the Healthwatch visit the team witnessed several warm and positive interactions between the residents and care staff. All staff knew the residents by name and greeted them with a smile, were attentive and treated them with dignity and respect. Some residents were showing signs of distress or indicators of



their dementia and staff were able to recognise this and deal with the situations appropriately.

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.

All of the residents agreed that the staff at the home know what they need and what they like and don't like. One resident who stated that he had not lived at the home for long felt that the staff were getting to know him and added;

"They are great!"

When asked how well they think the staff at the home know their relative's life history, personality and health and care needs, one of the relatives stated that their relative had only been at the home for a short time. The other relatives expressed that the staff do know their relatives well. Comments included;

"Maxine knows mam very well. They know she likes to look nice. They dress her well and will add jewellery, perfume and lipstick every day."

"They seem to know exactly what she needs and know what she likes and doesn't like."

"I hope and think that the staff have all they need to know about my mam. They have brought her on a lot since we put her into the home - she treats them just like us."

All of the relatives went on to say that the staff at the home notice and respond to changes in their relative and inform them of the changes either by telephone or when they visit the home.

When the staff and Manager were asked how they ensure they and other members of their team get to know a resident's life history, personality, health and care needs when a resident first arrives at the home, they informed us they speak to residents, their families, friends, advocates and professionals who have been involved in the resident's care. All information is then documented into the residents individual care plans, which are updated by senior members of the care team or the Manager and studied by the homes' staff to ensure they are familiar with this information. Comments included;

"It's about communication; talking to families, friends and the individual and getting as much information as possible and documenting this. The more we know, the better we can look after our residents."

Staff added that they keep up to date with any changes in a resident's tastes and health and care needs by regularly reading the resident's care plan, changes are



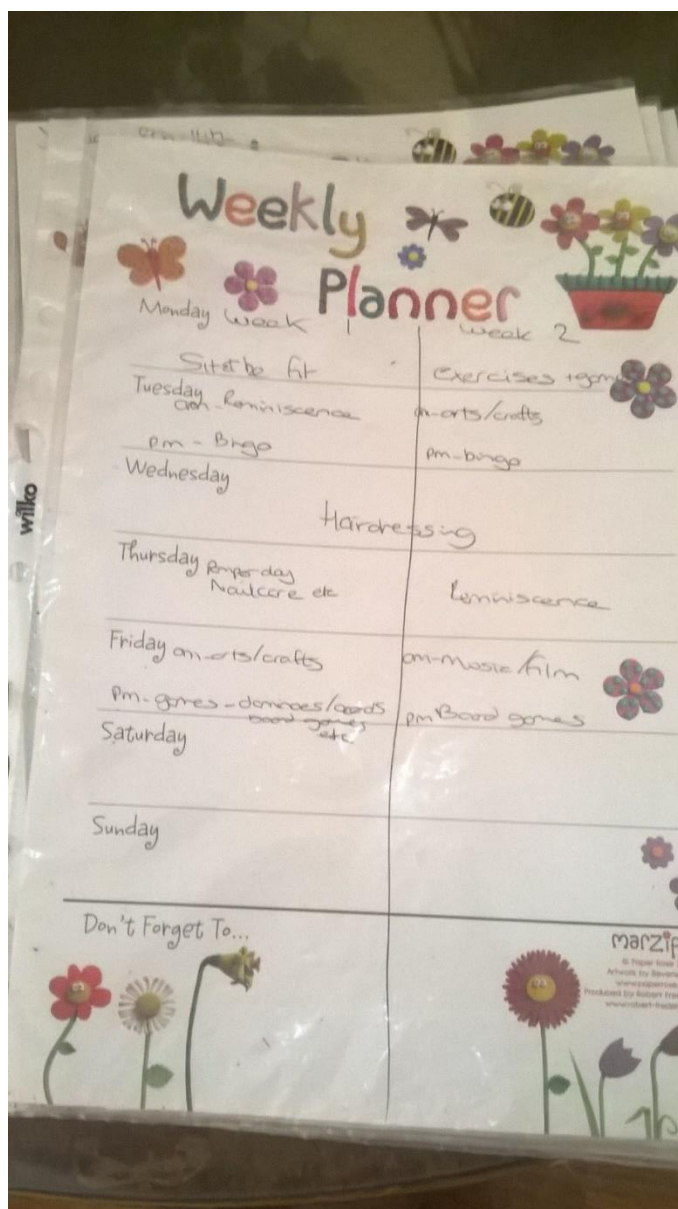
also shared verbally by senior members of the team during daily handover meetings.

One staff member added; “It’s all about communication, documentation and being observant so any changes are noticed.”

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.



When asked about the activities at the home, some residents stated that they do not take part and this is their own personal preference and others did not take part in activities due to their own personal health issues. Other residents said that they like to read, watch their TV and listed some of the activities which take place at the home, these included; films, exercise, games and singing. Comments included;

“There are not many activities, but I like to sit in the lounge, watch TV and take part in the quizzes.”

“Bingo - I won last night!”

“The activities girl is on holiday this week.”

When asked about trips outside of the home, a relatively new resident stated that although he thought trips were available, he wouldn’t be interested in taking part, due to his physical health. Two residents told the Healthwatch team they had been

out with the care staff to ‘the town’. Another said that they didn’t hear trips mentioned, but added that they felt trips would be difficult as everyone needs different care.



The majority of residents stated that it is easy to join in the activities with one resident adding that they are told when activities are due to begin.

All of the relatives who engaged in the survey process gave positive responses about the range of activities at the home and how staff encourage their relatives to take part in them. Comments included;

“There are always things for them to do. They play a suitable game with them or help them to make things.”

“Yes, they offer a great range and always try to include my Aunt in painting etc.”

The majority of relatives stated that their relatives are no longer able to enjoy past hobbies and interests due to the deterioration of their own health.

The Manager and staff informed us that the home employs an Activities Coordinator four days a week, who plans activities using feedback from resident meetings. They went on to give us a list of the activities which are available to residents, which included; ‘Sit ‘n’ be Fit’ seated exercise, bingo, arts and crafts, dominoes, movies, knitting groups, board games, mind games, pamper sessions, dressing up, photography, quizzes, cards, reminiscence sessions and sing-a-longs.

Outings include; visits to local coffee shops, personal shopping trips, Christmas plays at the local community centre, trips to the winter gardens, visits to the beach and walks in the park. Their comments included;

“We have a local tea room in the village and some of the staff volunteer to take a number of residents out, which is nice.”

“Residents can have days out, weather permitting, to town, beach etc. This only happens if carers are willing to give up their free time and unpaid.”

“Could do with more days out, but only happen when carers go voluntarily, without pay.”

The majority of staff stated that most of the residents are very keen to take part in activities. Staff and the Manager went on to say that if residents need encouragement it is given verbally, with staff telling them it will be fun, asking them what activity they would like to do, taking the activity to the lounge where some residents prefer to sit and giving physical assistance to get to and from the activity room if required. One staff member added;

“Being their eyes and ears if they are visually or audibly challenged and join in with them if they ask you to.”

When we asked the Manager of the home how she supports the residents to continue to do the things they used to enjoy before coming in the home she said;

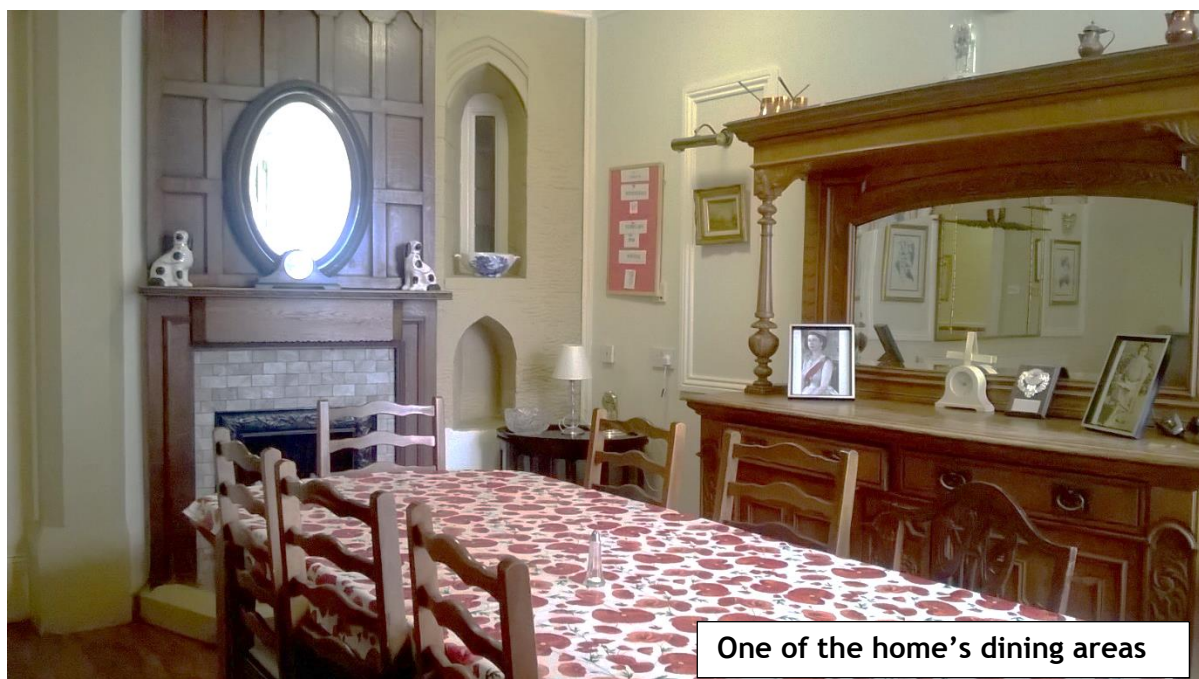
“One of our service users has cats, which she looks after still with support. Recently a lady had her dog with her on a short stay.”



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.



One of the home's dining areas

All but one of the residents which the Healthwatch team spoke to gave positive comments about the quality and choice of food at The Village Care Home. Comments included;

“You nigh-on get the same every day. Today’s food looks like yesterdays food and there are very limited menus.”

“It’s jolly good and plenty of choice.”

“It’s gorgeous, I really enjoy it. My favourite are the cheese scones and lovely apply pie with thick cream - you would never forget it once you’ve tasted it.”

“I like the sausage and mash. I don’t know how they make the potatoes, they are lovely.”

Residents also told the team that they can eat their meals in their own rooms, the dining rooms or the communal lounges, with all but one of them adding that they enjoy mealtimes at the home, with some residents adding that they also enjoy the conversation.



All of the relatives spoke favourably about both the quality and choice of the food available to their relatives at the home. They all went on to say that they are confident that their relative is supported by staff to eat and drink as much as is need.

When we asked relatives how the home ensured that mealtimes are sociable, they informed us that residents are encouraged to eat together in the communal dining areas, to sit at the large tables together and that family members are able to join residents at mealtimes if they wish.

Staff gave a mixed response about both the quality and choice of food at the home. Some staff members stated that there is a good choice available to residents, some stated that there could be more choice available. Some staff stated that the quality of food is standard, could be improved and varies. Staff comments about the food included;

“The quality and choice of food varies, a more chewable meal menu could be given, as many residents find chewing some meats difficult. There could be a bit more scope with the variety of meals supplied.”

“It is OK. The residents find it enjoyable, but it wouldn’t be what I would want.”

“Breakfast and lunchtime menu is really good, but there could be more options available on a tea time, but the home is working on this.”

“Our residents get a good choice of food. They get to choose what they want and are offered an alternative if they don’t like what is on offer.”



When staff were asked how they make sure that residents are able to eat and drink both at mealtimes and outside of mealtimes they told us that they always ensure that suitable utensils are available and offer physical assistance and verbal encouragement when needed. If residents have appointments and are out of the



home for mealtimes, mealtimes can either be brought forward or put back to accommodate this.

In-between mealtimes residents are offered a range of hot and cold drinks and biscuits. One staff member went on to say there is a range of snacks available to residents outside of mealtimes and staff are always willing to make a sandwich or snack upon residents' requests. Another stated;

“There is not a lot of other things to offer residents, such as fresh fruit or snacks, other than biscuits.”

The Healthwatch team witnessed the tea trolley making its way around the home during our visit. Its arrival was met with great enthusiasm by a lot of the residents seated in one of the lounge areas.

The Manager stated that menus are developed to keep the minds of the residents healthy and include their ‘five a day’. Food is on the agenda at residents meetings, where it is discussed and residents state what their food preferences would be.

Staff and the Manager told the Healthwatch team that residents can eat their meals anytime they choose and staff assist them with both food and fluid intake. Residents choose from the menu daily and if there is nothing on the menu which suits them, an alternative will be offered. Residents can choose to eat in their own rooms, the lounge areas or the dining rooms.

To help mealtimes be sociable, staff and the Manager informed us that staff often eat their meals with residents in the dining areas, conversation and social interaction is encouraged and facilitated by staff, there is music played in the background and sometimes sing-alongs.

One staff member said; “They like a good chat, even families join in.”

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 stated that they had been visited by a chiropodist, dentist and optician whilst living at the home. When asked what happens when they need to see a doctor or have an appointment at the hospital residents told the Healthwatch team that they would inform staff, who would make them an appointment and can escort them to either their doctors or hospital appointments. One resident added;

“Staff took me to the doctor yesterday and then they took me to the shops for snacks and a can of shandy, I really fancied one.”



One Healthwatch team member was present when a staff member approached this resident, it became apparent that this was the staff member who had accompanied the resident to see her doctor the previous day. The staff member asked the resident how she was feeling and if her health had improved. She went on to say that the resident looked better and was chattier than she had been and said “I’m so pleased you are looking and feeling better. I have been worried about you all night.”

Relatives expressed their satisfaction with the healthcare provision at the home. Their comments included;

“Any appointments that a resident has are important and are always kept. A carer would always take them and if a relative wishes to accompany them, this is also OK.”

“Since my mum went into the home, she has only to tell them and appointments are made straight away.”

“The nurse comes in to take bloods and administer injections, so mam doesn’t have to go to the surgery. An optician, chiropodist and dentist regularly visit.”

Staff and the Manager informed us that residents make regular visits to their local GP surgeries or the GP visits the home if required and appointments are accessed as soon as they are needed. Other health professionals, such as nurses, chiropodists, opticians and dentists are also regular visitors to the home for pre-arranged check-ups and ad-hoc appointments when needed.

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.**

Two of the residents when asked if they are still able to follow their religion now they live at the home, stated that there are members of the local clergy who visit. This is their opportunity to take part in group prayer and receive Holy Communion. Although two other residents told us that they are religious, they prefer to pray alone. Other residents, when asked stated that they are not religious.

When asked about the laundry system at the home, residents gave a range of positive comments. During the Healthwatch visit, one team member witnessed a conversation between a staff member who works in the laundry room at the home and a resident, who was very happy with the service she had received and she went on to say;

“If you need anything special, they clean it for you straight away.”

Another resident said:

“My family do my washing as I don’t want it to go in with everyone else’s.”



Several residents informed us that there is a hairdresser who visits the home weekly to cut/style their hair.



Only one of the relatives told us that their relative has any specific lifestyle, religious or cultural needs and that these are always respected. They said;

“A carer has, in the past, taken my mam to church on a Sunday, also she has been visited by two ladies from church, who bring Holy Communion.”

Staff stated that although members of the clergy visit the home on a regular basis, trips to mass on a Sunday are no long available, due to lack of staff to take residents.

All of the relatives reiterated that a hairdresser visits the home once a week to ensure that residents are given the opportunity to have their hair cut/styled.

The majority of the relatives stated that the laundry system at the home is very good, although two of the relatives wash their family members clothing due to personal preferences. One relative said;

“We do all of mam’s washing, as she has an allergy to some soap powders.”

When asked how the home ensures that the laundry staff get residents own clothing back to them, the Manager said;

“Laundry can be a nightmare. Families are asked to name all clothing, a separate laundry basket is used for each resident and the laundry assistant is asked to wash, dry and iron residents clothing straight away and return it back to them.”

All of the relatives who engaged with the survey process stated that the home always ensures that their relative is clean and appropriately dressed.



The Manager told us what mechanisms are in place to ensure that all residents are always clean and appropriately dressed;

“Assistance is given to all service users who need it to have regular showers or baths. Sometimes only prompts are needed.”

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.

Several of the residents we asked stated that they have been asked if they are happy at the home. This was by staff, family members and an inspector who had recently visited the home. When we asked residents if they are happy at The Village Care Home, here are some of their responses;

“An inspector came to look at the home and he asked if I am happy. I told him the truth, there is no place like home, but I need to be cared for, so I came here.”

“I am happy here actually. Staff show me how to do things, they never chase me or get angry.”

“I am happy here as I get care. I do forget things, but I can do what I like and join in when I want to.”

“I am happy here, I feel well looked after.”

When asked if they would like to change anything about the home, only one of the residents stated that they would like to go to bed a little bit earlier, as they had not been feeling very well. A member of the Healthwatch team was able to give this feedback to the Manager of the home, who was going to inform the staff of this request.

All of the residents who were asked what they would do if they ever needed to make a complaint, stated that they would either speak to the home’s staff or their family. Here are some of the comments we received;

“There is nothing here I would to complain about. It’s a canny little place.”

“I have never needed to complain, but I would tell a carer.”

All but one of the relatives stated that they very much feel welcome participants in the life of the home. One person did not complete this question on the survey. Another relative said;

“It’s just like a home from home, very friendly and helpful.”



Relatives stated that they and their relatives can have their say on how the home is run by speaking to any of the staff at the home or the Manager. They went on to say that if they ever had a complaint about any aspect of the home they would contact the Manager, have face to face conversations or contact their relative's social worker. One relative wrote;

“If I wasn't happy with anything, I would talk to staff, it would be fine.”

All of the relatives added that they would feel confident to make a complaint if necessary and would be confident that it would be acted upon appropriately.

The staff and Manager stated that residents and their families can have their say on how the home is run by speaking to staff or management, attending a resident's meeting, attending resident care plan reviews, completing the home's quality assurance questionnaires or by making a suggestion and placing it in the home's suggestion box. None of the staff who completed the survey were able to provide an example of how resident and family feedback has influenced how the home is run.

The Manager added that the home makes use of feedback or complaints by taking each one on board and making changes and improvements where possible and depending on the issue.

Staff and the Manager went on to say that staff can have feedback on how the home is run by attendance at regular staff meetings, regular staff appraisals and supervision sessions, the Manager has an open door policy, which allows staff to speak to her or other senior members of the team at any time, share their feedback or ideas or by using the home's suggestion box.





5. Appendices

Appendix 1 - Questions for residents

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



Appendix 2 - Questions for Managers

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

What do you enjoy about the role?
2. **Have staff with time and skills to do their jobs**
In what ways do you encourage staff to develop their skills?

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

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

What encouragement and assistance do you give to residents so that they can take part in activities?

How do you support residents to continue to do the things they used to enjoy before coming into the home i.e. hobbies/interests/pets
5. **Offer quality, choice and flexibility around food and mealtimes**
What systems are in place to support residents to eat and drink at mealtimes and outside of mealtimes?

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

In what ways do you try to make mealtimes sociable?
6. **Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists**
Please tell us about visits from health professionals such as GPs, nurses, dentists, opticians, chiropodists or other health care support mechanisms.
7. **Accommodate residents' personal, cultural and lifestyle needs**
How does the home find out about and cater to residents' cultural, religious and lifestyle needs? Can you give an example?

What provision is there for residents to regularly get their hair cut/styled?

How do you ensure that the laundry staff getting the residents own clothes back to them?

What mechanisms are in place to ensure that residents are always clean and appropriately dressed?
8. **Be an open environment where feedback is actively sought and used**
In what ways can residents and their family have a say in how the home is run?

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

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



Appendix 3 - Questions for staff

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

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

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

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

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

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

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

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

Can you provide an example of how a resident or their family member has influenced how the home is run?
Do you feel staff can have a say in how the home is run?



Appendix 4 - Questions for friends and relatives

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

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

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

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

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

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

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

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

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



DISCLAIMER:

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

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