

Care home life, what it's really like!

## Thorncliffe House



Date of Healthwatch Sunderland visit:  
11<sup>th</sup> October 2018



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## **Acknowledgements**

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



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## 1. Introduction

### What is Healthwatch 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 Thursday 11<sup>th</sup> October 2018 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 are designed to reflect the objectives of the visit. Observations were made on the physical environment and staff/resident interaction etc.

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

We engage with local people on an ongoing basis, encouraging them to share their feedback on their experiences of care homes across Sunderland. Any feedback we received was incorporated into the findings.

## 4. Findings - Summary

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

Here is the key which shows the indicator scores



Strongly disagree



Disagree













Neutral



Agree



Strongly agree

1.	A strong visible management	 Strongly agree
2.	Staff with time and skills to do their jobs	Time  Agree      Skills  Strongly agree
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	 Strongly agree
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	 Strongly agree
9.	Provide a physical environment which is suitable for the needs of the residents	 Neutral





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## Findings

Thorncliffe House is a converted domestic residence located in Thornhill Park, Sunderland, SR2 7LA and is run by Thorncliffe Care Limited. The home is a short walk from the city centre, set in a residential street and has its own private gardens which residents can access if they wish.

Care and support is available at Thorncliffe House for residents over the age of 18 years old, however, the current age of residents is over 65 years old. Beds are offered for those who need residential accommodation, or require residential Enduring Mental Incapacity (EMI) accommodation. Thorncliffe House also offer a flexible day care service, giving people who may need full time residential care in the future the opportunity to have care during the day.

The home has 21 rooms with capacity for 24 residents, with three rooms providing double accommodation. Seven of the rooms have en-suite facilities.

Residents are encouraged to personalise their rooms using their own furniture and other items. Small household pets may be welcomed into the home, on the approval of the Management.

The home has two communal lounge areas and one dining room for the use of residents and their visitors. There is access to the internet if residents wish to use it. The home does not have a hearing loop system.

Activities are delivered Monday to Friday by the home's dedicated Activities Coordinators, with alternative provision on a sixth day. The home also has its own car which is used to transport residents on trips and outings.

See the latest CQC inspection report here:  
<https://www.cqc.org.uk/location/1-112318096>

At the time of our visit there were 20 residents living in the home, one person on a short break and seven people attending day care. The Healthwatch team spoke to seven service users in total, two who were able to fully complete the survey and five who partially completed the survey. We also received six staff and one relative survey back.

One Healthwatch team member sat with a small group of residents who weren't able to complete the full survey, but did have a conversation about the home and share their opinions.

The results of these surveys are given overleaf:





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## Indicator 1 - A strong visible management

The indicator states that the Manager should be visible within the care home, provide good leadership to staff and have the right experience for the job  
**The Healthwatch team AGREE this was met.**

When asked if they knew who the Manager of the home is, two of the residents were able to name her, with one other resident stating that although they didn't know her name, they would recognise her by sight. The rest of the residents which the Healthwatch team spoke to were unable to answer this question, but this may have been due to their own individual health and capacity.

One resident said; "She is a lovely woman - I tell her every day."

The relative who responded to the survey knew the Manager by name and said; "She is a lovely person. She has time for you and no problem is too small!"

The staff who completed the survey stated that they all feel supported by the Manager of Thorncliffe House. Here are some of the comments we received;

"Professional and personal, Lesley has an open door policy for all staff."

"Management are easy to talk to and always approachable."

"I have opportunities to voice my opinions and suggestions."

Staff members indicated that they have no concerns approaching the Manager with questions or to raise an issue. Here are some of their comments;

"Understanding, open and will listen."

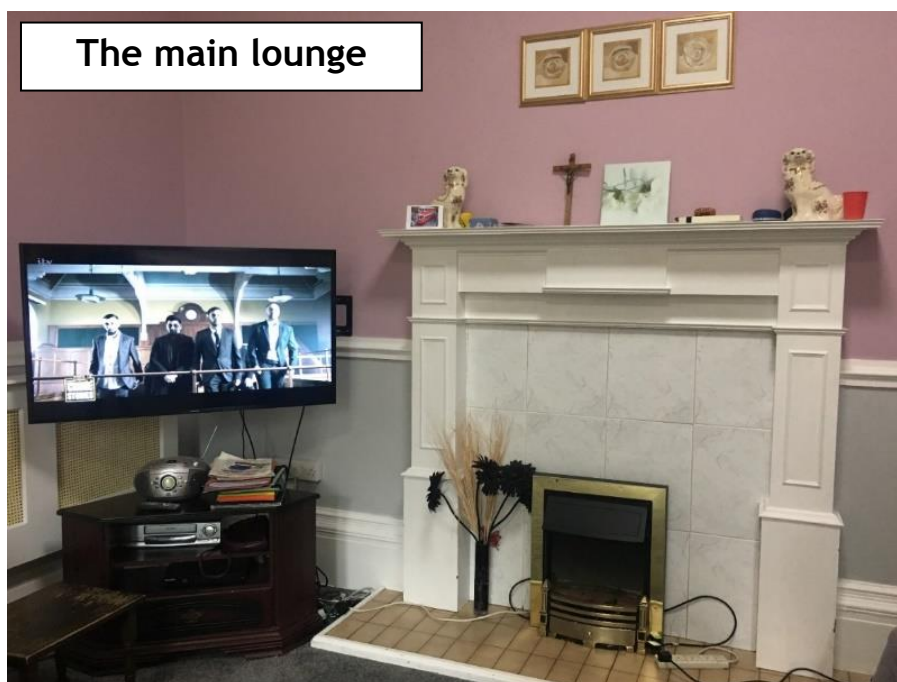
"My Manager always gives me support and guidance."

"No problems. There is always advice when I need it."

After working in the community for 22 years the Manager said she was attracted to her role as Care Home Manager as she looked forward to the challenge of working more closely with people to provide the best care and support to both staff and residents in a care home setting. She added that she wanted to share her knowledge and skills with the staff and wanted to make a difference in people's lives and keep them safe and happy.

The Manager went on to tell us what she enjoys most about her role, which included that every day is different, she enjoys receiving feedback - celebrating the positive and addressing and learning lessons from negative feedback. Her comments included; "I like a challenge and like to be at the forefront of future development plans and ahead of the game."

During the Healthwatch visit the Manager was observed by the team conversing and joking with some of the residents in the communal dining area. Both residents and the Manager looked relaxed in each other's company.



## 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 an **AGREE** rating for staff time and a **STRONGLY AGREE** rating for staff skills.

When residents were asked about the staff at the home, we received a range of positive comments, which included;

“The staff are alright as well - they are all good.”

“I’m looked after alright.”

“Quite nice, couldn’t grumble about them.”

Some of the residents were able to tell the Healthwatch team that the staff have time to stop and chat to them. The remaining residents were unable to answer this question, but this may have been due to their own individual health and capacity. Comments included;

“I’m hard of hearing, but the staff don’t ignore me.”

“They are very good and will speak when they’re not too busy.”

The relative informed us that there are staff present within the home all of the time and added that they are lovely and friendly. The relative went on to say that they feel the staff not only have the time, but also the skills to care for their relative.



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When asked if they feel they have enough time to care for the residents, all but one of the staff members stated that this is case. The one remaining staff member said; “Depending on what is going on. Every day is different.”

All of the staff informed us that they are encouraged to continue to develop their skills by attending training sessions and in-house workshops. Staff comments included;

“Yes, there are regular reviews of my training. Thorncliffe will always pilot new schemes and initiatives and staff at the home have opportunities to develop their skills at each supervision, which is every eight weeks.”

“Yes, offered training in lots of areas. In-house workshops are also available for anything we want to understand better.”

When staff were asked what they enjoy about their jobs, all of the staff who responded to the survey put the residents at the heart of their responses. Their comments included;

“Helping people to gain control over their lives and improving quality of life.”

“Being there to help and support people and making a difference.”

“Making people happy and protecting vulnerable people.”

When the Manager was asked how she ensures that the staff at the home have enough time to care for the residents, she stated that a Scottish Care Home Dependency Tool is carried out weekly and that additional staff are brought into the home to cover appointments, training and resident outings.

The Manager went on to tell us that she encourages her staff to develop their skills by identifying a staff development programme during the appraisal system where additional training can be identified. The Manager sources training and discusses and identifies any achievements staff would like to make.

During the Healthwatch team visit there was staff present in the communal areas. The team observed staff and resident interactions, with both seeming to be comfortable and enjoying each other’s company. Staff were addressing residents by name, they were laughing together and staff were assisting them from the lounge to the dining room, where an activity was taking place.



### 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 residents were asked if the staff know what they need, like and don't like only two residents were able to respond to this question, their comments were;

"Yes, they know when I am in a good or a bad mood."

"The lad who serves the teas is patient and understanding."

The relative stated that the staff at the home know their relative's life history, personality and health and care needs very well and went on to say; "They are very good." They also informed us that the staff notice and respond to changes in their relatives needs and inform them as soon as any changes happen. They added that they are invited to take part in review meetings if they would like to participate.

Staff and the Manager informed us that they get to know new residents by firstly completing a comprehensive pre-assessment of the person's needs. This includes gaining information of the person's mental health, life history and medical history. This information is then detailed in the new residents individual person centred care plan. Staff have access to these documents which are evaluated monthly and kept updated whenever there is a change in a resident's needs. Changes are highlighted at staff handover meetings and senior staff leave communication notes to keep staff members informed and updated.



## Indicator 4 - A varied programme of activities

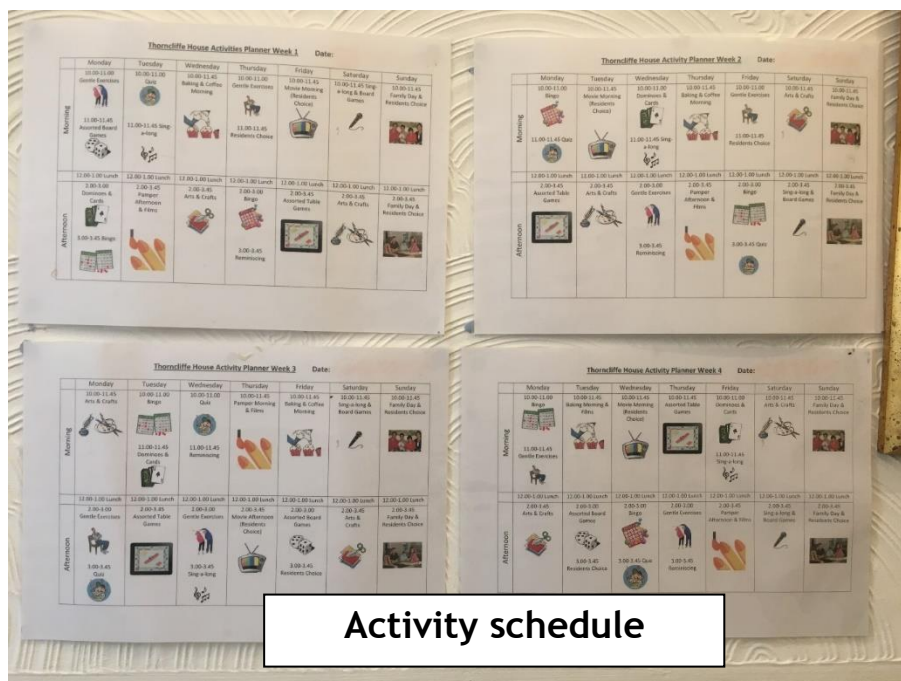
The indicator states that care homes should provide a wide range of activities (and ensure residents access these) in the home and support residents in taking part in activities outside the home.

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

Two of the residents didn't answer any of the questions around the activities at the home. This may have been due to their individual health and capacity. The remaining residents stated that they play bingo, dominos and one resident said that they enjoy drawing. Resident comments included;

“I really enjoy the activities. All of the people are nice.”

When asked about activities outside of the home, one resident said that staff take them out of the home on trips, one resident said that they go out on trips now and again and another resident said that they had been out shopping at the supermarket with staff that day.



Activity schedule

Two of the residents informed the Healthwatch team that the staff at the home tell them when an activity is about to start.

The majority of resident respondents were able to tell us that they enjoy spending time in the home's garden during the warmer months. Comments included;

“I sit out in the summer and I go outside for a smoke. One of the girls comes with me.”

“Odd times when it's sunny I go in the garden.”

“I sit out the front in the sunshine or sometimes on the chair in the window when the sun shines in - it's comfortable there.”





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Three of the residents gave a response when we asked if they still enjoy past hobbies and interests now that they live in the home. Two of the residents said that they don't get the chance to undertake their hobbies, but this may have been due to their own individual health and capacity. The remaining resident said; "I have won prizes for drawing and I still draw now."

When asked what they think of the activity provision both inside and outside of the home, the relative who responded to the survey process said; "I see them in Asda all of the time and around in the car. People also have parties all of the time."

The relative went on to say that although their relative is now unable to join in group activities due to their dementia, she has one to one time with staff, who understand her well.

When asked if their relative is still able to enjoy the things they used to before coming to live at the home, the relative said; "My mother can't do any of them due to her mental health. She does new things which she never did before and loves them."

When the staff and Manager were asked about the provision of activities at the home they informed us that suitable activities are identified for individual residents, taking into consideration their needs, capabilities, strengths and limitations. They went on to tell us some of the activities which are available inside the home, which include; dominos, painting nails, quizzes, exercise, cooking, card games, music, singing, dancing and cooking. They went on to tell us some of the outdoor trips which include; shopping trips, drives out on the home's mini bus, walks in the local park, gardening and opportunities to attend shows. The Manager stated that residents are often invited to another local care home to join in their outside activities, although the majority of residents prefer to stay within Thorncliffe House. She added that the home has its own transport (car), which can be used for those who can use a car and for those who are wheelchair users they access wheelchair taxis and provide a carer to support the resident/s.

Both the staff and the Manager at the home informed the Healthwatch team that residents are encouraged to take part in activities by staff using their communication, persuasive skills and knowledge of the residents to motivate and stimulate them to take part.

When the Manager was asked how residents are supported to continue to do the things they used to enjoy before coming into the home she said; "In the majority of cases, due to their physical/mental decline, they either choose not to or it has now become beyond their limitations to carry on with the things they used to do."



During the Healthwatch team visit to the home, a game of bingo was taking place in the communal dining area. Several residents were sat around a large table. One team member noted that there had been no adjustments made to the size of the bingo cards, which were of normal size. Two team members made note that there was no individual support available to residents were during the game and almost half of them didn't seem to be able to participate.

Also during our visit, one of the residents who enjoyed spending time in the kitchen, had her apron on and was about the help the Chef with the washing up. They were very relaxed in each other's company and

the Chef stated that they always enjoy a cup of tea and chat together before they get started.

## 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 STRONGLY AGREE this was met.**

Thorncliffe House care home operates a protected mealtime policy (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).

The majority of residents responded when the Healthwatch team asked them what the food is like at Thorncliffe House and if they are given choices around what they eat. Residents were very complimentary about the food, saying it was good and one resident adding that there is plenty of it. They also said that there are a couple of things to choose from on the menu. Their comments included;

“I eat everything. I love cheese and cheesy pasta, especially made for me when I ask for it.”

“The food is lovely. I like my food. I'm a good eater.”

“I tell them if I don't like what's on the menu and they make you something else.”





Residents went on to say that they can eat in the communal dining area, in the sitting room, or in their own rooms if they prefer. Some of the residents stated that they like to eat their meals in the dining room as it is a sociable space. Those who responded to the section on the survey around the food at the home, all said that mealtimes are a time which they enjoy and look forward to. Comments included;

“I do, especially when I’m hungry.”

“Yes. I sit with my friends.”

When asked about both the quality and choice of food at the home, the relative who engaged with the survey process said; “Excellent”. They went on to tell us that they are very confident that their relative is supported to both eat and drink as much as is needed. The relative was aware that the home operates a protected mealtimes policy, which ensures peace and privacy (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).

When the staff were asked about the quality and choice of food at Thorncliffe House, they all gave positive responses. All stating that the food at the home is good and some adding that the Chef is very well qualified and offers good choice to the residents. Here are some of the comments we received;

“All menus are reviewed and changed according to the seasons of the year and residents choices, preferences which are expressed.”

“Very good! Everyone likes the food here. The Chef is great!”



When the Manager was asked how she ensures high standards of quality and choice of food, she said; “The cook will speak to the service users with the menus. If there is something different they would like, it is made. Meals are important and the cook will often make three or four different meals.”

The staff and Manager went on to tell us how they make sure that residents can eat and drink at mealtimes as well as outside of mealtimes. This included that



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food is available 24 hours a day, hot and cold drinks are offered every two hours. Their comments included;

“The kitchen is always open. Staff have access to equipment to make light meals during the night.”

“All staff are food hygiene trained to enable them to support outside of the cooks working day.”

“Ensure that there is assistance if required, the correct cutlery is used, the seating area is appropriate, the correct cups/beakers are used and any dietary needs are adhered to.”

When they were asked what choices residents have about what and when they eat and drink the staff and Manager informed us that resident’s choose from a daily menu for mealtimes, but can request alternatives, which will be accommodated. They all agreed that residents can eat whenever they are hungry as the kitchen is always open.

They went on to tell us that residents can also eat wherever they wish and gave the following examples; the dining room, lounge, their own room, the staff room or on the decking in the garden.

Staff and the Manager told the Healthwatch team that they ensure mealtimes are sociable by encouraging residents to have their meals in the communal dining area, where they can sit where they wish, they create an ambient and relaxed atmosphere, play light music and the staff encourage conversation. Family and friends are also invited to the home at mealtimes.

The Manager stated that due to worries about cross-contamination, the home no longer has self-service drinks stations.

During the Healthwatch visit the home’s Chef was taking the tea trolley around the communal lounge and dining room, offering a selection of hot drinks and freshly made cakes to residents. The residents were given a choice of what drink they would like and also the staff member took time to tell them about the selection of cakes and allowed them to make their own decisions about which they would prefer. The residents seemed to all enjoy their snacks, with one relative who was also present stating that the Chef makes delicious cakes every day.

### **Indicator 6 - Regular access to health professionals (GPs, dentists, opticians, audiologists, 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.**

The healthwatch team asked those residents who engaged with the feedback process if they have seen a dentist, optician or an audiologist recently. From



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those residents who were able to respond to this questions, two residents stated that they have had access to a hearing check. Two residents said they had seen an optician, with one adding that they were wearing new glasses. Another resident said that they had seen a dentist.

Some of the residents informed the Healthwatch team if they needed to see a doctor, they would inform staff members. Their comments included;

“I would tell a senior member of staff and staff go to the surgery with you.”

“I have five sisters if anyone needs to go with me.”

The relative respondent agreed that all of their relative’s healthcare needs were met at the home.

The staff and Manager informed us that the home has a dedicated GP and care home nurses who visit the home once a fortnight to complete ‘ward rounds’. Regular visits to the home are made by a chiropodist, dentist and optician as well as some residents still being escorted by staff to attend health appointments within the local community.

## **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.**

One resident informed a member of the Healthwatch team that he doesn’t visit a place of worship or receive any religious visitors but this was his choice. Another resident stated that they are not really religious, while another said that they weren’t aware of any religious visitors to the home.

One resident commented that the laundry staff get his clothes back to him ‘OK’ after the laundering process.

The relative respondent stated that their family member had no specific personal, cultural or religious needs at this time. They went on to say that the home provides the opportunity for residents to have their hair cut/styled by a visiting hairdresser, who comes to the home once every eight weeks. The home’s staff look after the resident’s laundry and the relative added that they had encountered no issues with this aspect of the home and that their relative is always clean and appropriately dressed.

The staff and Manager at the home stated that a resident’s personal, cultural and lifestyle needs are identified during the pre-assessment process and documented into the residents care plans. They went on the say that there are a range of



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religious visitors who attend the home on a regular basis to meet the religious needs of individual residents.

The Manager gave an example of how these needs have been accommodated by the home; “Sister Cyril holds a regular weekly service for everyone to join in. Others attend on a one-to-one basis.”

She went on to inform the Healthwatch team that the home have a visiting hairdresser who attends the home upon request. She ensures that the laundry staff get the residents own clothes back to them by all clothing being named. When she was asked what mechanisms are in place to ensure that residents are always clean and appropriately dressed, the Manager said; “Care needs are met by following the care plan, preferences, choice, privacy and dignity are all taken into account.”

During the Healthwatch visit it was noted by the team that several of the people they met were observed as needing assistance with their personal grooming and some of their clothing appeared to be in need of changing. It was however unclear whether these were service users were in permanent residence at the home or there on a day care basis.

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

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

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

When the Healthwatch team asked the residents if they get asked if they are happy at the home, one resident indicated that they don't get asked, but added they are happy at the home. Another resident said that although they don't like living in a home they are well looked after. The remainder of the residents stated that they are happy living in Thorncliffe House. Their comments included;

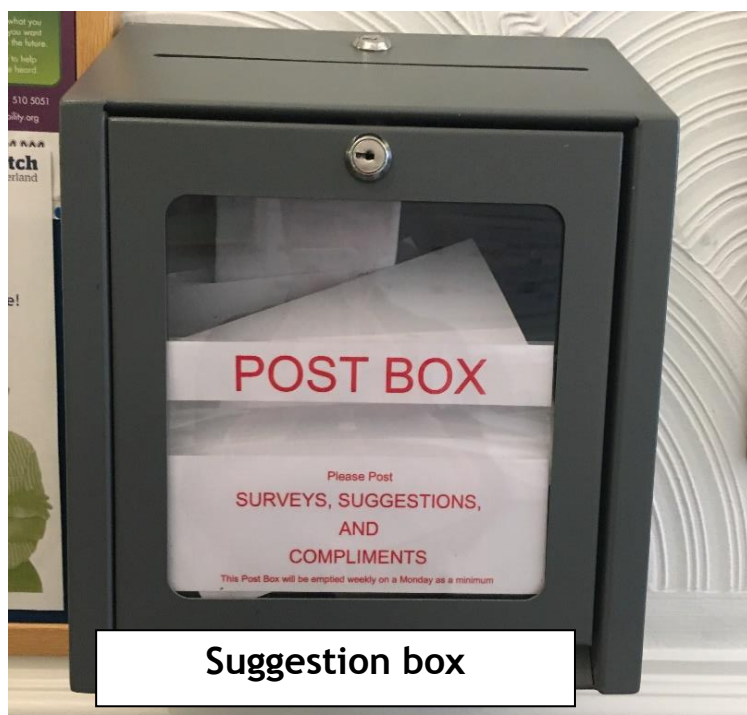
“Well, I'm not miserable. I get looked after and I'm happy enough.”

“The staff ask me if I'm happy and I am.”

“I couldn't complain. The girls are there if I need them.”

From the residents who answered the Healthwatch team when asked if there is anything they would like to change about the home, one resident stated that the home is too noisy for them. The remainder of the residents said there was nothing they would like to change.

The majority of the residents knew if they needed to make a complaint to tell a member of staff or the Manager.



The relative told us that they feel a welcome participant of the home and that they can have a say in how the home is run by accepting invitations to regular meetings, there is a suggestion box in the hall at the home and added that findings of inspections are shared with them.

When the relative was asked how they would make a complaint about any aspect of the home if they needed to, they informed us that they would speak to the Manager or her deputy and that there are also complaints forms in the

hallway at the home. They went on to say that they would feel confident to make a complaint if needed and that it would be acted upon.

When the staff and Manager were asked how the residents and their relatives and friends can have a say on how the home is run, they stated that there are regular meetings where suggestions and feedback are given. There is a suggestion book/box in the main foyer of the home. One staff member said; “Some residents have their say on a daily basis and all ideas are valued and often enforced.” The Manager added; “Residents give feedback about staff prior to supervisions and residents have occasionally taken part in the interview process during the recruitment of new staff.”

Staff went on to give examples of how a resident or their family member have influenced how the home is run. These included; “Residents were involved in choosing the décor for our latest refurb and we went with their choice.”

The Manager informed us that she makes use of feedback and complaints from residents or relatives by dealing with complaints in line with the home’s associated policy. Positive feedback is celebrated and negative feedback is used in an effective way to advise them of what we need to improve. She added; “We constantly strive to do things better.”

The staff were then asked how they feel they can have a say in how the home is run. One staff member did not complete this question, with the remainder of staff indicating that they can have a say. Their comments included;

“I will speak to management regarding any ideas or suggestions which I may have and these will be discussed.”





“As a Senior Carer I work well with my management team and try to help impact on how the home is run.”

“As the Deputy Manager I have very close links with the Manager and provider. We work together well as a team. I have a big impact on how we run the service as I am partly responsible for the delivery of the services and the outcomes of the governing body inspections.”

The Manager added; “Staff opinion matters. Staff are encouraged to speak openly to the Deputy Manager and the provider. Staff will discuss if they have any ideas to do things differently or better.”

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

When residents who took part in the survey process were asked if the home is always clean and tidy, four residents were able to answer this question, giving positive responses. Their comments included; “They keep the dust down and they keep going up and around vacuum cleaning.”

All of the resident respondents informed the Healthwatch team that the temperature in the home is right for them. Their comments included;

“It’s nice and warm in my bedroom.”

“It’s warm enough. I wear a jumper.”

The relative respondent said that they always find the home to be at a comfortable temperature, to be clean and tidy with no smells present. They went on to say that they feel the home is well decorated and maintained with a nice layout which they feel is dementia friendly.





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The Manager stated that she ensures the home is kept at a comfortable temperature throughout by having thermostats in all resident rooms and shared spaces. Rooms are heated to within NHS guidelines of between 18-21 degrees. She added additional blankets and clothing are used if individuals feel cold as the internal thermostat of a person with dementia doesn't regulate in the same way as a person without dementia.

She then went on to say that there is a rolling programme for maintenance and decorating and that emergency contacts are in place for plumbers and electricians in case they are needed. The home's handyman, the Manager and the provider undertake 'walk arounds' to identify anything which is in need of attention. She ensures that the home is always hygienic and clean by following infection control guidelines. All staff are trained in infection control and are infection control champions. The domestic staff follow a planner and audits are carried out to ensure all cleaning work has been carried out correctly. Spillages and accidents are dealt with immediately.

During the Healthwatch visit the team noted that the temperature in the home was comfortable and the kitchen looked clean and tidy. The carpet in the main hallway appeared to be dirty and there was an unpleasant odour present in this area of the home.

The staff and Manager informed us that the home is made a dementia friendly environment by L.E.D. lighting being used throughout, natural light being let into the building where possible, colour coded signs and toilet seats are in situ, there are no heavy patterns on the walls or flooring and also coloured cutlery is used against white tablecloths or placemats. Resident's photos are displayed on the individual's bedroom doors so they can easily find their own room.

Staff undergo dementia training, including Communication and Interaction Training (CAIT), which one staff member stated had had a dramatic effect on negative behaviours from residents.





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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 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?
9. **How do you, as a member of staff have a say in how the home is run?**  
  
**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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