

Care home life, what it's really like!

Washington Lodge 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?

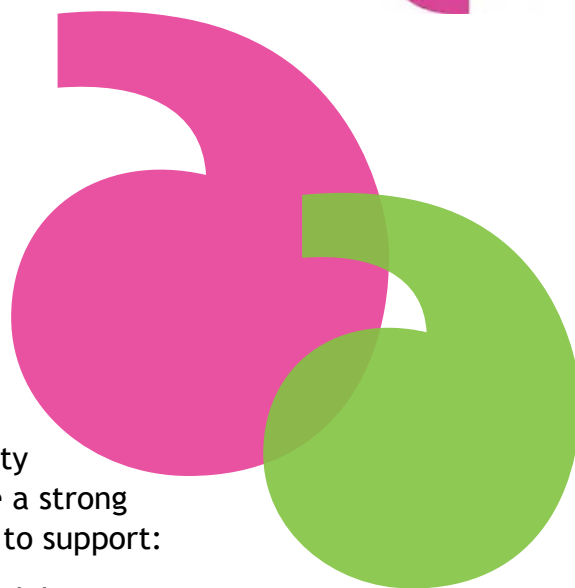
Healthwatch England is the national consumer champion in health and social care. It was set up by the government to ensure that people's views around health and social care services are listened to and fed back to service providers and commissioners with a view to improving services.

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, rather than safety, 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, June was held at Washington Lodge 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 February 6th 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 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	 Agree
2.	Staff with time and skills to do their jobs	 Agree
3.	Good knowledge of each resident and their changing needs	 Agree
4.	A varied programme of activities	 Agree
5.	Quality, choice and flexibility around food and mealtimes	 Agree
6.	Regular access to health professionals	 Agree
7.	Accommodation of resident's personal, cultural and lifestyle needs	 Agree
8.	An open environment where feedback is actively sought and used	 Agree



Findings

Washington Lodge Care Home is a purpose-built facility located on The Avenue, Washington, NE38 7LE.

The home can support up to 65 people, some of which could be living with dementia or related conditions, need nursing care.

Catering for any dietary and cultural needs are met.

Residents rooms are single and are all wheelchair friendly, some have views over the courtyard area and sensory garden. There is a choice of lounge areas available.

See the latest CQC inspection report here:

<http://www.cqc.org.uk/location/1-3211319698>

At the time of our visit there were 57 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch team were only able to support 2 residents to fully complete the survey. The team received 12 staff and 2 relative surveys back fully completed and 1 was partially completed.

The results of these surveys are given below:

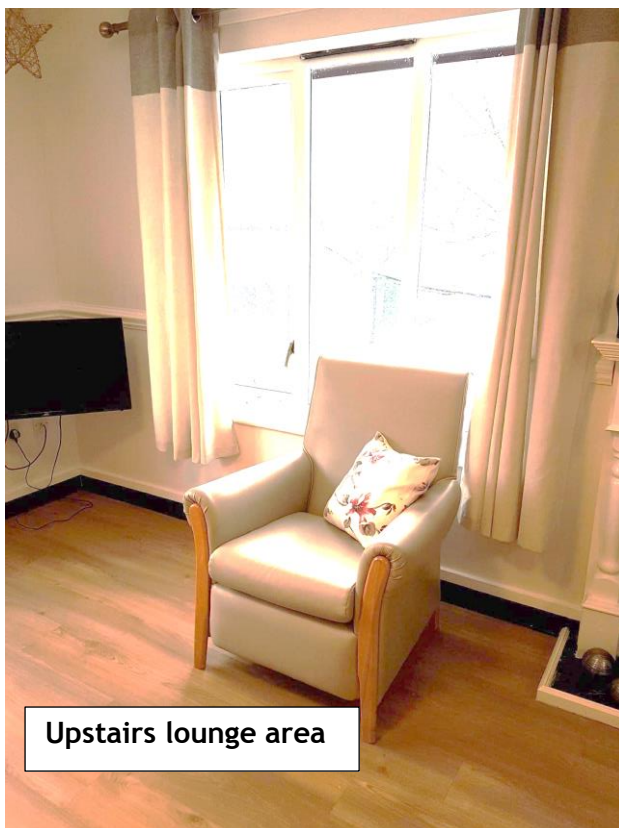
Indicator 1 - A strong visible management

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

One of the residents supported to complete the Healthwatch survey knew the Manager of the home by name and said “She is a nice person and we get on well.” The other resident was unsure who the Manager of the home is, but this could have been due to their individual health and capacity.

All of the relatives who responded to the survey process knew the Manager of the home by name. Here are their comments about her; “She is always available for support,” “June is very approachable when you want to speak to her and tries to solve the issues as soon as possible” and “She is very helpful and you can go and talk at any time - her door is always open.”

All but one of the staff respondents stated that they are supported by the Manager. Their positive comments included; “I receive all the support I need. I personally think we have needed a Manager like June for a long time. I personally, after 10 years, can see a change in this home for the good” and “June is very supportive with all my work and any problems I have outside of work. She is always there to give help and advice when needed.” The one respondent who didn’t feel as supported said; “I feel support is little for staff. As long as work is done, I think other issues get pushed back.”



Upstairs lounge area

When asked about their experience of talking to the Manager when they want to ask a question or raise an issue the majority of staff responded positively. Comments given included;

“She listens when asked a question and does her best to help.”

“We have had our issues in the past, but if I need any advice I can sit and talk to June, and she will answer any question I have.”

“June is very direct and honest.”

“I feel I have a poor relationship with my Manager, as she speaks abruptly to myself.”

The Manager stated that she was attracted to her role as care home Manager as she wanted to make a

difference and enjoys seeing her staff and residents happy.

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

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

The Healthwatch team AGREE this was met.

When asked what they think about the staff at the home the residents supported to complete the survey stated that the staff are ‘good’ with one person adding “They are good here, I really can’t say anything else.” One resident said that the staff had time to stop and chat to them and added “If I’m worried about anything, they are there.” The other resident said “The staff are very busy, but always come when I need them.”

All of the relative respondents stated that the staff have the skills to care for their relative. One person added “The staff are very approachable and very caring.” Two of the relatives stated that the staff also have enough time to care for their relatives and another said “Sometimes the staff are very busy as there are some residents who are poorly. They definitely have the skills and always find time to care for everybody.”

The majority of staff stated that they feel they have enough time to care for the residents at Washington Lodge. Other staff felt that staff time could be an issue at times. Two members of staff said that they feel there isn’t enough time to care for residents.



One member of staff stated that they hadn't received any training, although they did have some booked into their diary. The rest of the staff respondents said that they are encouraged to take part in training, with two people saying that they are either currently undertaking or just completed National Vocational Qualifications (NVQs). One person added that they have recently undergone a Nutrition Course.

Staff told us a range of reasons why they enjoy their jobs at Washington Lodge, their comments included;

"If I can make one resident smile, I know I have done my job and can come home happy."

"I like to think I'm brightening up their day when I am on shift. To see a smile is all I want from the residents."

"I get job satisfaction when the home smells and looks clean. I have many friends in the home and enjoy that we all work as a team."

During the Healthwatch team visit one team member was assisted by a member of staff to complete the survey process with a resident who was hard of hearing. The staff member showed patience and real knowledge of the resident's personality and needs. The staff member was able to make herself understood to the resident and all three enjoyed a laugh and fully completed the survey.

The Manager stated that staff are encouraged to undertake training sessions and these are discussed during staff supervision sessions. She went on say that she ensures that there are sufficient staff on duty to accommodate the differing dependency levels of the residents.

Indicator 3 - Good knowledge of each resident and changing needs

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

The Healthwatch team AGREE this was met.

Both residents said that they feel the staff at the home know what they need and what they like and don't like. One resident said "They certainly do. They know everything!"

The relatives stated that the staff at the home know their relative's life history, personality and health and care needs. One person said "They do know each individual and treat them as family" and another relative added "I am delighted with the care in the home and they know everything they need to know about my husband and the care he needs." All relatives felt that the staff notice changes in their relative's needs and that they are informed of changes as they happen.

Staff members commented on the range of ways they get to know a resident's life history, personality and health and care needs when the resident first arrives at the home. These included; by reading the individual's care plans and assessment



documents, speaking to the resident and their family and by asking the Manager, nurses and other staff about the new resident. Upon arrival to the home, a new resident's relatives are asked to complete a life history questionnaire and the cook asks the residents for their food likes and dislikes.

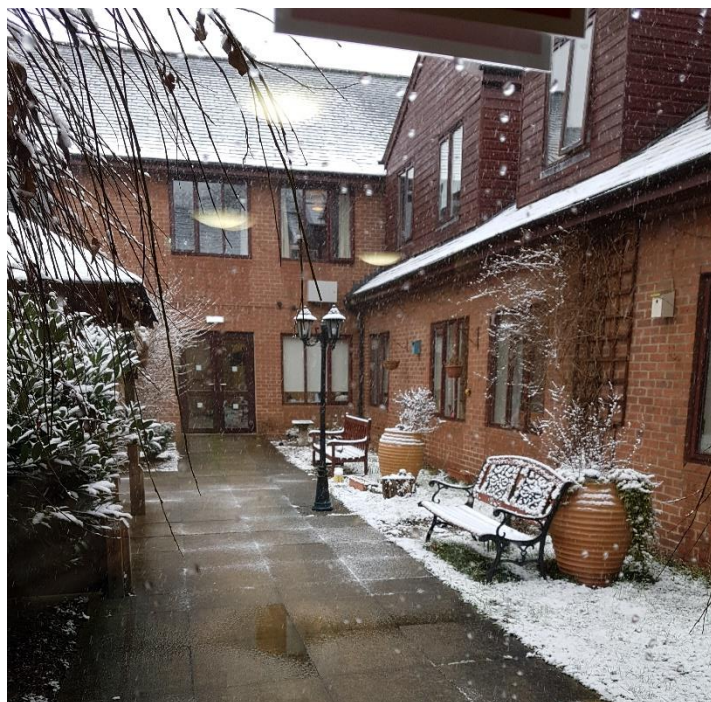
The Manager added that all residents have a 'This is me' file and changes to a residents needs are passed on to staff via handover meetings and updated care files.

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.

One of the residents when asked about the activities available to them in the home explained that they like to watch their own TV, but sometimes their eyesight issues prevents this. They then added that they attend a monthly trip to the Galleries Shopping Centre. Although the other resident stated that they do enjoy playing bingo, they usually decline taking part in other activities due to their hearing loss.



When asked if they were still able to enjoy any hobbies etc. which they used to take part before coming to the home, one of the residents stated that she had three cats, but her daughter looks after them now and the other said that apart from housework and shopping they didn't have many hobbies.

The relatives informed the Healthwatch team that the activities available to their relatives are good, although one person added that there could be more. Both indicated that their relatives are encouraged

to join in the activities. With one stating that their relative is still able to enjoy some of their hobbies and interests, the other person said "Not able to do things now."

The staff and Manager gave a list of some of the available inside activities at the home, these included; games, puzzles, TV, music, art and crafts, pamper days, hairdressing, nail painting, hand and arm massages, dancing, staff reading to



residents, men's afternoon, colouring in, painting, gardening, bingo, exercise, knitting, sing-a-longs, movie nights, external entertainers, memory talks and virtual reality sessions.

Some of the examples which the Manager and staff gave of activities outside of the home included; shopping trips, church visits, coffee mornings, meals out, day trips, coffee shops and pub visits. One member of staff stated that there would be more outings available if the home had its own bus. Another added "Since losing our bus the level of activities has dropped, but trips are still continuing to the coffee shop in the village."

Staff said that although they try to promote independence where possible, they support and encourage residents to take part in activities by offering choice of activity, offering the opportunity to sit, watch and chat with the residents who are taking part at first, if they are unsure.

The Manager added that residents are supported to continue to do the things they used to enjoy before becoming a resident in Washington Lodge by the staff team, ensuring that the resident's likes, dislikes, interests and wishes are taken into consideration.

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

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

The Healthwatch team AGREE this was met.

When asked what they think about the quality and choice of food at the home, one resident said "The food here is good. I was a Catering Manager and the food here is canny. I eat when I am ready." The other resident stated "The food is nice. Sometimes when I am out shopping I buy soup or stuff for sandwiches and the staff make them for me." One of the residents added that they like to eat their meals in their own room and the other said that they choose to do this too, some of the time and is accommodated by the staff. One of the residents said that they also like to eat in the dining rooms at times or in the downstairs communal area, as music is played. They added that they look forward to mealtimes at the home.



Ground floor dining room

Both relatives who completed surveys told the Healthwatch team that they are very confident that their relatives are supported to eat and drink as much as is needed. One person said that the quality and choice of food is “Excellent” and the other relative said it is “Very good.” They both indicated that they feel mealtimes are a sociable time at the home with music being played and staff being around to chat to residents.

One staff member said “The quality of food is satisfactory,” the rest of the staff stated that they feel the quality of food at the home is good. All the staff respondents said that the choice of food is good, with the chef making alternatives to meet the requests of residents if they do not want anything from the menu.

The staff and Manager informed us residents at Washington Lodge get three meals a day with snacks and drinks being served between meals. Staff ensure that residents eat and drink at mealtimes as well as outside of mealtimes by offering assistance to those who need it. The Manager added that the staff at Washington Lodge are trained to support residents using food and fluid charts. Staff sit with residents and encourage them to eat and drink. One staff member said “Anyone can have drinks and food at any time of the day.” Another said “I feel sad as people have to wait to be assisted with meals, but they do get a full meal and drinks at mealtimes and during the day.” The Manager and staff went on to say that residents are asked to make choices from the daily menu to ensure they have choice of what they eat. Both staff and the Manager also said that residents can eat whenever and wherever they choose.

The staff went on to say that they do try to encourage residents to eat in the communal areas to ensure they have the opportunity to enjoy the social aspect of mealtimes at the home. Other ways which the home try to make mealtimes as sociable as possible are by staff sitting with residents and encouraging and facilitating conversation, offering residents choice of where they sit, so friendship groups can sit together and develop. The Manager said “Upstairs, the ladies who can converse all sit together.”



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.

When asked about their access to healthcare professionals, both residents stated that they had seen an optician at the home recently and one person added that this had resulted in them getting some new glasses. Both added that staff attend appointments outside of the home with them and the home organises either taxis or hospital transport to get them to their appointments. One person said that GPs visit the home as and when needed and they have also seen a dentist at the home.

Both relatives indicated that they are happy with the level of access to healthcare professionals their relatives receive.

The majority of staff stated that the nurses at the home schedule appointments with medical professionals for the residents if and when required. The Manager and staff went on to say that other professionals such as chiropodists, dentists and opticians also attend the home to meet the resident's needs. One staff member felt that appointments took too long to be arranged.

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.**

When asked if there is respect for their religion, culture and any specific lifestyle needs, one resident stated that although they are Catholic they do not want to access any religious services. The other resident informed the Healthwatch team that they often have their nails painted by staff and that the laundry staff at the home are very good at getting their own clothes back to them.

Neither of the relatives felt their relative has any specific lifestyle, religious or cultural needs. Both expressed that their relative can have their hair cut/styled at the home and gave positive comments about the laundry staff and laundry system at Washington Lodge. Both added that their relative is always clean and appropriately dressed.

The Manager informed the Healthwatch team that the home finds out and caters for a resident's cultural, religious and lifestyle needs via the 'This is me' documentation. She went on to say that the staff undergo training so they are able to ensure the residents are always clean and appropriately dressed. All residents clothing is marked with their details to make sure they get their own



items back from the laundry. Some residents have laundry baskets in their own rooms so their clothing is washed individually.

Staff stated that they can accompany residents to church on a Sunday if a resident would like to go and members of the church visit the home on a monthly basis to offer Holy Communion.

The Manager added that a hairdresser visits the home once a week to cut/style the residents hair.

(Poster displaying schedule of Holy Community visits)

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

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

The Healthwatch team AGREE this was met.

When asked if they ever get asked what they think about the home, residents said “Nobody really asks, but I’m happy here. It’s nice and quiet and they always say good morning and are you well?” and “Usually once a year they ask.” None of the residents stated that they would like to change anything about the home. One resident added “I’m alright as I am. Everything is fine and I get looked after.”

When asked who they would speak to if they had any complaints one resident said “The Manager” and the other resident said “I would see someone high up, but I have no complaints.”

Both relatives said that they feel welcome participants in the life of the home and that they and their relatives can have their say about how the home is run at regular meetings. They added that if they ever had cause to complain they would go either directly to the Manager, a nurse or the care staff. One person stated that they would be confident to make a complaint and that it would be acted upon appropriately and the other person said “I have no problems with the care or running of this home. It’s very clean.”



Both staff and the Manager informed the Healthwatch team that residents and their families are encouraged to give feedback and ideas on how the home is run by attending regular residents meetings, adding items to the information board and during one to one meetings with the Manager. Some staff stated that the Manager's door is always open allowing residents and their friends and relatives to speak to her at any time. Staff gave examples of how feedback has influenced change in the home, these included; changes to the time of mealtimes to better suit both residents and staff and the introduction of family meetings.

The Manager said that she makes use of feedback and complaints from residents and their relatives by publishing them, discussing them and acting upon them.

Staff are able to have their say on how the home is run via staff meetings, where they are able to share suggestions and ideas. Staff comments included;

“I can put forward suggestions; if they are good, they'll be adopted.”

“We all attend monthly meetings and talk about all aspects of the home and residents.”

“I feel our input is not noticed and not counted.”



5. Appendices

Appendix 1 - Questions for residents

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



Appendix 2 - Questions for Managers

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

What do you enjoy about the role?
2. **Have staff with time and skills to do their jobs**
In what ways do you encourage staff to develop their skills?
3. **Have good knowledge of each individual resident and how their needs may be changing**
How do you ensure that staff get to know a resident's life history, personality and health and care needs when the resident first arrives?

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

What encouragement and assistance do you give to residents so that they can take part in activities?
5. **Offer quality, choice and flexibility around food and mealtimes**
What systems are in place to support residents to eat and drink at mealtimes and outside of mealtimes?

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

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

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

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



Appendix 3 - Questions for staff

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

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

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

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

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

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

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

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

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



Appendix 4 - Questions for friends and relatives

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

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

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

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

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

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

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

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

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



DISCLAIMER:

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

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