



Care home life, what it's really like!

Ashbourne Lodge Care Centre



Date of Healthwatch Sunderland visit:
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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.





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.

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



3. Methodology

The ‘Care home life - What it’s really like!’ visit took place on the 15th October 2019 and was carried out by Healthwatch Sunderland staff and volunteers who are trained so that they can effectively capture the resident’s experience.

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

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

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

4. Findings - Summary

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

Here is the key which shows the indicator scores



Strongly disagree



Disagree













Neutral



Agree



Strongly agree

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



Findings

Ashbourne Lodge Care Centre is a purpose built home, located at:

The Cedars
Ashbrooke
Sunderland
SR2 7TW

Telephone: 0191 565 2526

Provider: HC One

Provider's Website: <https://www.hc-one.co.uk/Carehomes/Ashbourne-Lodge.aspx>

Provider's Facebook: <https://www.facebook.com/HCOneKindcare/>

See the latest CQC inspection report here:

<https://www.cqc.org.uk/location/1-319142890>

The home has the capacity to support 40 residents aged 55 years and over. Residents are supported under the categories of Residential and Enduring Mental Ill-health (EMI) Residential.

39 bedrooms are en-suite and residents and their families are encouraged to personalise rooms. All rooms are single occupancy with no double rooms at the home.

Residents are allowed to bring pets into the home to live.

Ashbourne Lodge has two communal areas and an accessible garden, there is also internet access and a hearing loop system is available in communal areas for use by the residents.

The home operates protected mealtimes. (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 home employs a full time Activities Coordinator who offers activities Monday to Friday or alternative weekends.

At the time of our visit there were 39 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch Team were only able to support five residents to fully complete the survey. The team received seven staff (one Management Team, one Activities Coordinator, one Senior Care Assistant, four Care Assistants) and one relative's survey back.

The results of these surveys are given overleaf:



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 AFREE this was met.

The Healthwatch Team asked residents at Ashbourne Lodge if they know the Manager's name, the majority of residents could name the Manager, one resident could not name the Manager but did say they may have seen her.

Those residents who knew the Manager gave the following comments;

“She is very efficient.”

“She is fine, I get on well with her.”

“Seems very nice, but don't see much of her.”

“Punam, she is very nice.”

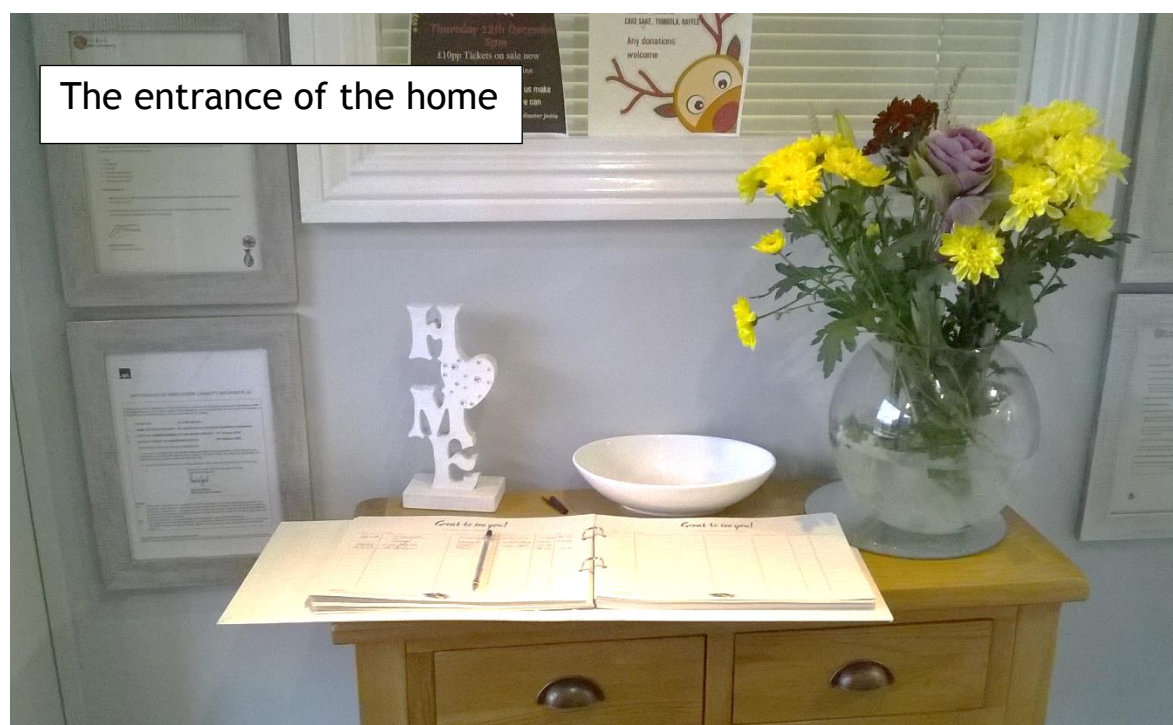
The relative respondent did know the Manager by name but when asked did not tell us anything about her.

All staff who completed the Healthwatch survey gave a range of positive comments about the support they receive from their Manager. Comments included;

“I feel I receive a lot of support from my Manager regarding any issues and concerns I may have.”

“I am fully supported with every aspect of my work.”

“I have received a lot of support within my role from my Manager, she has been a lot of help.”





All staff respondents stated that their experience of talking to the Manager with a question or to raise an issue is positive. Comments included;

“Our Manager always comes back with an outcome to our issues or questions.”

“Excellent fast response and always keeps us up to date with progress.”

“I find my Manager very approachable and she is always happy to offer support when I need it.”

When asked what attracted them to their role, the Manager who has managed the home for 10 years and Deputy Manager who has been in their role for six months stated that HC-One is a kind care company, and they were attracted to their role to further their careers and to try to make a difference in their care role.

The Management Team went on to tell us what they enjoy about their role, they said; “Dealing with elderly peoples’ care and making a difference to someone’s life.”

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 staff time a NEUTRAL rating which indicates both positive and negative feedback, which when averaged results in a neutral score and staff skills an AGREE rating.

When asked, residents the Healthwatch Team spoke to gave the following comments about the staff;

“They are very good and work far too long hours.”

“Fine, they are all fine, day and night shift.”

“Very good.”

“Lovely staff, very nice.”

“Most are very good. I take it as I find it. They help and look after me. One or two think they know better than me.”

When asked if the staff have time to sit and chat with them, residents who completed the Healthwatch survey gave mixed responses, their comments included;

“Not that often, but now and again, if I ask them anything they will talk.”

“Yes, no complaints.”

“Not always, staff are very busy.”

“They listen to you, some have to leave for different reasons. Staff help me to shower, but I try to be as independent as possible.”

“Not very often, they are nice girls but have a lot of work to do.”



Seating area

When asked, the relative who responded to the Healthwatch survey told us that staff do have the time to care for their relative and added that they make time. They also stated that staff do have the skills they need to care for their relative.

All staff who completed the survey gave positive responses when asked if they have enough time to care for residents saying that they had no concerns in this area. They went on to tell us how they are encouraged to develop their skills;

“Yes, we are encouraged to complete our HC-One training and any City Council training.”

“HC-One training, Council training and City and Guilds.”

“Yes, we have in-house training all of the time.”

When asked, the Activities Coordinator stated that she does have enough time

to provide varied activities for residents saying; “Yes I can share my time well within the time I have and I have been given various training to do.”

The Healthwatch Team were shown around the home by a staff member who greeted residents by name in an amiable yet professional manner, she appeared to have good knowledge of each resident and they looked comfortable in her company.

When staff were asked what they enjoy about their jobs, they gave the following responses;

“Interacting with the residents and getting to know them and their needs.”

“Looking after the residents and making sure they are happy.”

“I love to look after old people and caring for them, the interaction and general daily conversations.”

“I enjoy making a difference in the life of our residents.”

The Management Team were asked how they ensure the staff have enough time to care for their residents, they said; “By audit rota, by working on the floor with them and through supervisions and appraisals.”



When asked how they encourage staff to develop their skills the Management Team gave us the following comments; “By offering HC-One training and progress into their career. By offering any available training with the City Council to make a difference to their job role.”

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.

The residents the Healthwatch Team spoke to informed us that the staff know them, know what they need and what they like and don’t like. Their comments included;

“Yes, I pick my own clothes and get dressed myself. They know my daily routines and how I like my cup of tea.”

“Yes, I ask them to get my clothes out and staff help me to get dressed.”

“They know that I like to choose my own clothes.”

“They know what I like as I have settled in over the year.”

“I just wear the clothes they give me, what is available. I see different Carers and I just fit in.”

The relative respondent said that all staff are good at knowing her relative’s life history, personality and health and care needs very well. She went on to say that staff at the home notice and respond to her relative’s changing needs.

When asked how the home informs her of any changes she said; “I visit most days so they will tell me then or ring me at home.”

Staff stated that they and their team members get to know a new resident, their life history, personality and health and care needs through the use of pre-admission forms and by speaking to the resident and their family members, also by reading their care plans after they arrive.

The Management Team and staff went on to say that staff are kept up to date with any changes to a residents likes, dislikes and care needs at flash meetings, through care plans and diet notifications, kitchen updates, staff meetings and at morning and evening staff handovers.

The Manager and Deputy Manager informed on how they ensure this is implemented, saying there is a company policy for pre admission which collects most of the information for care staff to know about a new resident admission.



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.

The Healthwatch Team asked about activities available inside of the home, residents gave mixed responses, including;

“Physically I can’t take part and I am not interested.”

“I enjoy the activities, themed like Halloween, life stories and bingo sessions.”

“I do most things to suit myself in my own room, I watch TV.”

“No, I am not interested.”

“I can’t do much as I cannot see.”

The Healthwatch Team asked about activities available outside of the home, the majority of residents explained that they do not take part in activities outside of the home and one resident said that she goes out to the shops with her son when he visits. Comments included;

“I used to go out but not now, I don’t expect much.”

“Don’t go out really, my health has not been good enough.”

“I am limited with my mobility and use a Zimmer Frame after having frequent falls. I came here due to having several falls.”

“I don’t go out and don’t want to.”

When asked if activities at the home are easy to join in with, the majority of residents did not answer this question, however, one resident said yes it easy to join in if there are activities taking place.

The majority of residents who undertook the survey told the Healthwatch Team that they do not use the garden, comments included;

“I might if I push myself but no, I cannot walk far.”

“I have only been in the garden once, the weather has not been so good.”

“I haven’t done, due to protecting my skin.”

“I am happy to stay in and watch the TV.”

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

“Nothing, it’s just a question of being taken care of. I am not strong enough but I am looked after very well.”



“I used to knit and sew but my fingers are not so good now. I love TV (politics) and naps!”

“No, not really I just like TV, I like to watch quiz programmes.”

When asked about activities available for residents in the home the relative respondent said; ‘My mam is just happy watching the TV in her room.’

The relative went on to say that her mother could still enjoy previous hobbies and interests ‘if she wanted to.’

When asked about activities in the home, the Activities Coordinator, Care Staff, and Management Team gave the following examples of what is available to residents inside the home, including; bingo, Zoo lab, baking and cake decorating, arts and crafts, chair exercises, singing groups, various fun games to help with hand eye coordination, film days, outside entertainers, local schools and a monthly church service.

They went on to tell us about activities available outside of the home, which included; Age UK activities, family outings, trips out to various parks in the mini bus which take place twice a week or on request. The Activities Coordinator added that they are planning to attend a Salvation Army Coffee Morning.

The Activities Coordinator informed on activities for those residents who cannot or do not wish to undertake group activities, stating that individual activities of the residents choice are available for those who are bed bound or prefer not to be in a group setting.

When asked, what encouragement and assistance do you give to residents so that they can take part in activities the Activities Coordinator stated; “We ask our residents what type of things they would like to do as they are more likely to attend if the activities are person centre based, also we try and encourage on a day to day basis by going around residents and telling them what is on for the day and encouraging them to attend.”

Care staff and the Management Team stated that residents are encouraged, assisted and where needed fully supported to take part in any activities. The Management Team added; “Reassurance and prompts are used on a daily basis, help to join in with group activities is available and by asking residents their choice of activities.”

When asked how residents are supported to continue to do the things they used to enjoy before coming into the home, the Activities Coordinator said; “By making the activities adapted to all abilities and asking the residents what they would like

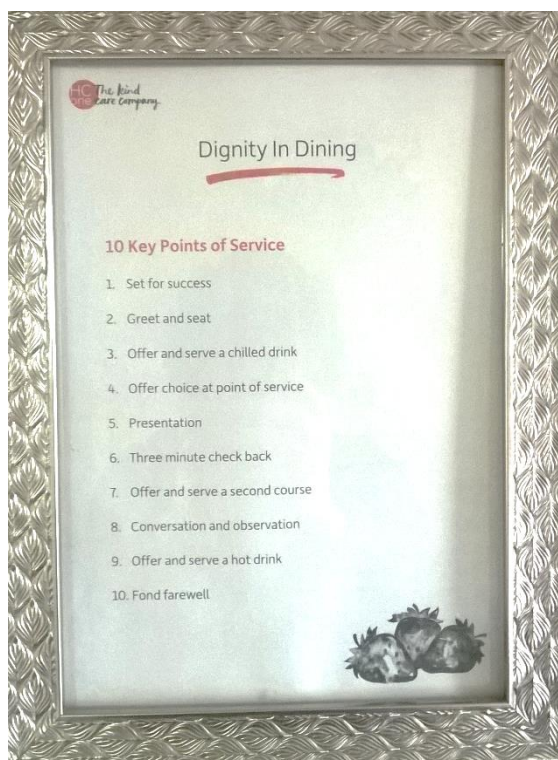


to do.” The Management Team added that this is also accomplished by offering assistance to keep their links within the community.

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 the Healthwatch Team asked residents about the quality and choice of food at Ashbourne Lodge, residents gave positive comments, including;

“Pretty good, but I don’t like it all.”

“Food is fine but my teeth aren’t good. Chris the Chef is 5 star! There is a good range of food.”

“Fine, I get most of the things I like. Crispy bacon sandwiches with brown sauce.”

“Very good, dinners are good, breakfast is good I have Weetabix.”

“It’s fine, I can ask for soup or beans on toast, I am a fussy eater.”

The relative respondent stated that the quality, choice and flexibility around food at Ashbourne Court is good and that she is confident that her mother is supported to eat and drink as much as needed. She went on to say that her mother prefers to take her meals in her own room.

The Healthwatch Team observed as tea, coffee, biscuits, cake and malt loaf were served to residents from the tea trolley. Staff knew the residents by name and were friendly and courteous with them.

When staff were asked about the quality and choice of food, all staff respondents said that food at the home has improved, residents have a choice of meals and can also choose a meal which is not on the menu.

The Management Team stated that they ensure high standards of quality and choice of food through the use of audits, feedback sheets, speaking to residents and at relative and residents meetings.



Staff went on to say that they ensure residents are able to eat and drink at mealtimes and outside of these times by close monitoring, prompting, giving choice and by providing assistance where needed.

The Management Team said that there is a set time for meals and that there are protected mealtimes for residents, so they are not disturbed by visiting professionals or relatives. They added that there are daily food menus and side menus.

Staff informed us that residents can eat their meals in the dining room or their own bedroom, they added that mealtimes are made sociable by encouraging residents to eat in the dining room with friends, by sharing a table with fellow residents, staff socialising with residents and by playing appropriate music.

The Manager and Deputy Manager said that the dining room is available but residents can also eat in their bedroom or the lounge area as is their choice. They added that they ensure mealtimes are a sociable occasion by using dining audits.



Indicator 6 - Regular access to health professionals (GPs, Dentists, Opticians, Chiropodists, Audiologists etc.)

The indicator states that residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.

The Healthwatch team AGREE this was met.

Residents gave mixed responses when the Healthwatch Team asked if they had been visited at the home by a range of healthcare professionals including the GP, Dentist, Optician and Audiologist, their comments included;

“It is four months since I got new glasses, they came to see me here. I have good hearing and have seen the Dentist as my teeth are not good now.”

“I have seen a Dentist who checked my teeth, I see the Optician once a year and have a hearing aid check at Specsavers.”

“I have not seen anyone and don’t want to, or I will go to the Optician in town, my daughter takes me.”

“I have false teeth, have saw an Optician and my hearing is fine.”

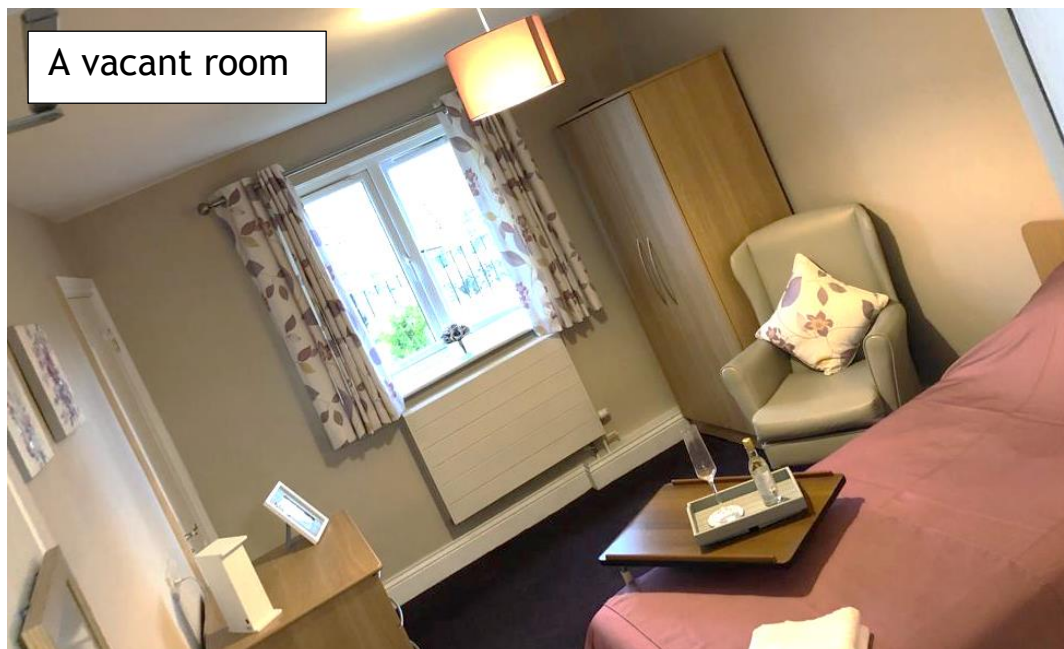
When asked what happens if they ever need to see a Doctor or have a hospital appointment, residents comments included;

“A Carer would get me a taxi and would go with me.”

The relative respondent gave the following comments when asked about their relatives’ access to healthcare professionals; “She only has to ask and it is done.”



The Management Team and staff who responded to the survey process stated that the GP and a range of medical professionals' visit the residents in the home and these are implemented through fortnightly Multi-Disciplinary Team meetings, the use of a 'News' system which is used to log with GP if there are any concerns with residents and by Senior Care Assistant requests 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.**

When the Healthwatch Team asked residents if their culture and lifestyle needs are respected at the home, the majority of resident respondents agreed that they are and one resident did not complete this part of the survey. Residents gave the following comments;

“My Church is St Ignatius, the laundry service is good and a Carer looks after my nails.”

“I don't go to Church, I do get some visits from St Ignatius Church and I use the Hairdresser here.”

“I have my hair styled once a fortnight, my own hairdresser comes in to do it and my daughter does my laundry. I used to be religious but not now.”

“I am Church of England but not bothered about religion now. I style my own hair by putting my curlers in and one of the Carers cuts it for me. I am happy with the laundry service, it is very good and I always get my clothes back.”



The relative respondent stated that her mother has no specific lifestyle, religious or cultural needs, she went on to say that she sees to her mother's laundry and a friend styles her hair. When asked if her mother is always clean and appropriately dressed she said; "Yes, always."

The Management Team told us how the home finds out and caters to residents' cultural, religious and lifestyle needs and gave examples of how these are accommodated;

"On pre-admission we ask residents and their family of their needs, also the kitchen will order food according to cultural and religious needs."

They went on to give an example of how such needs are accommodated; "By written care plans, diet notifications, by discussion at flash meetings and at shift handovers."

Staff who responded to the survey stated that food is ordered in adherence to dietary notification and requests.

The Activities Coordinator advised on ways that activities are tailored to meet a resident's religious and cultural needs, she said; "We have various religious groups entering the home and residents are given the choice if they would like to take part."

The Management Team informed that the Hairdresser visits the home on a weekly basis to cut and style residents hair. Laundry is labelled and laundry staff ensure each resident has their own clothes returned to them by delivering it to their bedroom and putting it away in their wardrobe.

When asked what mechanisms are in place to ensure that residents are always clean and appropriately dressed, the Management Team told us that they ensure this by upskilling staff knowledge and they added that it is resident's choice.

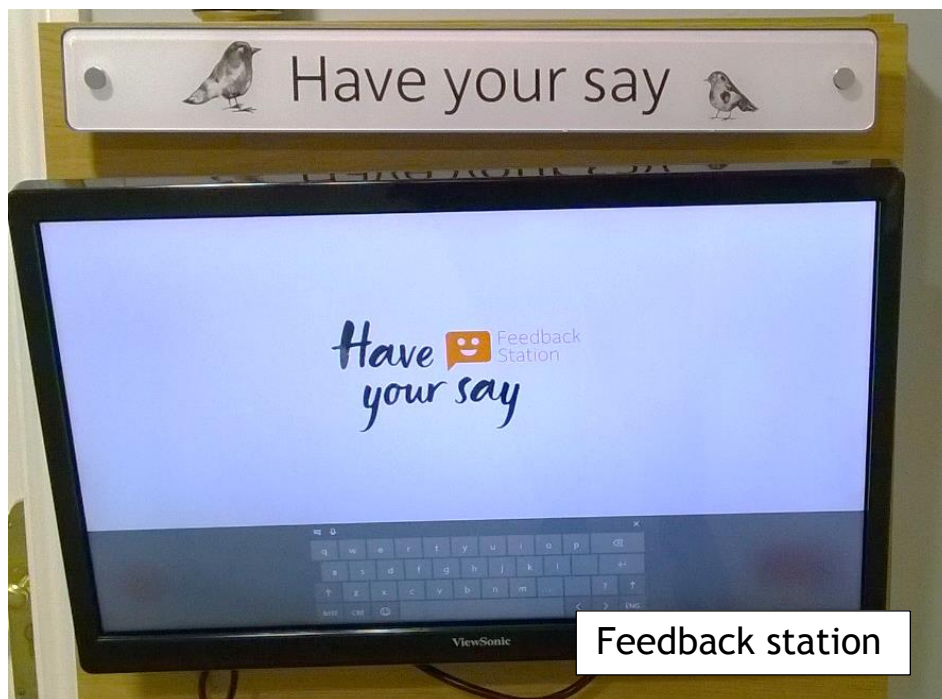




Indicator 8 - An open environment where feedback is actively sought and used

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.



The Healthwatch Team asked residents if staff at the home enquire whether if they are happy at the home, responses included;

“Yes, they come and talk to me.”

“Yes they do. Someone checks on me.”

“I can’t really be happy, but this is the best I have because I am old, I just try to enjoy it.”

“No they don’t ask, but I am happy.”

When asked if there was anything that needed to be changed at the home and if so who would they tell about this, residents gave the following comments;

“I am not in a position to change anything.”

“I am happy with everything.”

“No nothing to change, they do what they should.”

“There are ‘times’ for everything so you have to fit in with the general routine.”

“I don’t know how anything can change, there is a lot of work done here, I enjoy what I can. It would be nice to have local people come in to talk to me.” If they ever needed to make a complaint about any aspect of the home the majority of residents told us that they would either speak to a family member or directly to the home’s staff. One resident said they would not complain as the girls are nice. Another resident gave the following comment; “I would see Punam, or you can tell



any of the Carers. You have to make the best of things as you are not in your own home.”

The relative respondent stated that she feels a welcome participant in life at the home and she can give feedback or make a complaint by speaking with the Manager or Carers, she added that she feels this would be acted upon appropriately.

Staff and the Management Team stated that residents and family members can have their say on how the home is run by attending residents and relatives meetings and by the Manager operating an open door policy.

The Management Team went on to say they make use of feedback or complaints from residents and relatives by learning lessons and sharing findings in staff meetings.

The Activities Coordinator said residents and their families can have a say on which activities take place, she told us; “I have started a resident committee meeting once a month before each monthly activity planner is put out so they can give their views on what we should be doing in activities, also families are welcome to this.”

She added that residents and family members can influence the provision of a new activity by residents being encouraged to attend the committee meeting and also by taking the time to talk to residents about what they would like to do.

The Healthwatch Team then asked how activities are evaluated to ensure residents are continuing to enjoy them, the Activities Coordinator stated; “After every activity I do an evaluation of that activity, to review how it went and how well residents engaged throughout.”

The majority of staff respondents informed that they can have a say on how the home is run by attending staff meetings, through staff surveys, at flash meetings and at morning and evening staff handovers. One staff member did not answer this part of the survey.

The Activities Coordinator told us that she feels comfortable when giving her views or sharing her experiences.

The Management Team added that this can be accomplished at staff surveys and meetings, by the Management operating an open door policy, at flash meetings, handovers and by chatting with the Manager or Deputy Manager.



Indicator 9 - Provide a physical environment which is suitable for the needs of the residents

The indicator states that care homes should be suitable for their resident's needs. Be comfortable, homely, well maintained with high standards of hygiene.

The Healthwatch team AGREE this was met.

During the Healthwatch visit, Ashbourne Lodge was undergoing a decorating process. Even though this was taking place alongside care, the ambience was relaxed and friendly, corridors were uncluttered and there appeared to be little impact on residents.

All of the residents which the Healthwatch Team spoke to stated that they feel the home is always clean and tidy.

The majority of residents went on to say that the home is at a suitable temperature and that they can change the temperature in their own room should they wish to do so. One resident stated that they recently had a new thermostat fitted in their room as it was a bit cold.

The relative respondent stated that the home is always at a comfortable temperature for residents, is well decorated and maintained and is a dementia friendly environment.

The Management Team informed on how they ensure the home is always at a suitable temperature; "Temperature is controlled by thermostat and staff can ensure control temperature."

They went on to say how they ensure the building and its contents are well maintained and decorated throughout; "Refurbishment is in progress, there is regular maintenance by our Maintenance Officer in the building and HC-One inspections."

When asked how they ensure the home is always hygienic and clean, the Management Team told us that this is accomplished through the use of infection control audits, daily walk rounds and housekeeping team tasks.

The Management Team and Care Staff informed that they make the home a dementia friendly environment by following 'Harmony' with H-C One (Harmony: Nursing Dementia Care - Nursing dementia care is designed to support older people who are living with dementia and who have additional health needs that require care and support from qualified nurses). The Activities Coordinator gave the following comment; "By following the Harmony Highlights by the company, also dementia friendly training to staff and links with Age UK."



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?



Appendix 2 - Questions for Managers

1. **Have strong, visible management**
What attracted you to the role of care home Manager/Deputy Manager?
What do you enjoy about the role?
2. **Have staff with time and skills to do their jobs**
In what ways do you encourage staff to develop their skills?
How do you ensure staff have enough time to care for residents?
3. **Have good knowledge of each individual resident and how their needs may be changing**
How do you ensure that staff get to know a resident's life history, personality and health and care needs when the resident first arrives?
How is information about a resident's likes/dislikes and their health and care needs updated as these change and passed on to staff?
4. **Offer a varied programme of activities**
What activities are available for residents inside and outside the home?
Does the home have access to its own transport and able to use this for trips and activities outside of the home?
What encouragement and assistance is given to residents so that they can take part in activities?
How are residents supported to continue to do the things they used to enjoy before coming into the home i.e. hobbies/interests/pets?
5. **Offer quality, choice and flexibility around food and mealtimes**
How do you ensure high standards of quality and choice of food?
What systems are in place to support residents to eat and drink at mealtimes and outside of mealtimes?
What choices do residents have about what and when they eat and drink?
What choices do residents have about where and how they eat and drink?
Does the home have permanent drink stations available to residents?
In what ways do you ensure that mealtimes are sociable?
6. **Ensure residents can regularly see health professionals**
Please tell us about visits from all health professionals such as GPs, nurses, dentists, opticians, audiologists, chiropodists or other health care support mechanisms?
7. **Accommodate residents' personal, cultural and lifestyle needs**
How does the home find out about and cater to residents' cultural, religious and lifestyle needs?
Can you give an example of how these have been accommodated?
What provision is there for residents to regularly get their hair cut/styled?
How do you ensure that the laundry staff get the residents own clothes back to them?
What mechanisms are in place to ensure that residents are always clean and appropriately dressed?
8. **Be an open environment where feedback is actively sought and used**
In what ways can residents and their family have a say in how the home is run?
How do you make use of feedback or complaints from residents and relatives?
In what ways are staff able to have a say in how the home is run?
9. **A physical environment suitable for the needs of the residents**
How do you ensure that a comfortable temperature is maintained in resident's rooms and all communal areas?
How do you ensure the building and its contents are well maintained and decorated throughout?
How do you ensure that the home is always hygienic and clean?
In what ways do you make the home a dementia friendly environment?



Appendix 3 - Questions for Care Staff

- 1. Have strong, visible management**
What support do you receive from the Manager?
What is your experience of talking to the Manager when you want to ask a question or raise an issue?
- 2. Staff with time and skills to do their jobs**
Do you feel you have enough time to care for residents? If no, why?
Are you encouraged to continue to develop your skills? In what ways?
What do you enjoy about your job?
- 3. Have good knowledge of each individual resident and how their needs may be changing**
How do you ensure that you and other members of your team get to know a resident's life history, personality and health and care needs when the resident first arrives?
How is information about a resident's tastes and their health and care needs updated as these change and how do you know if there has been changes?
- 4. Offer a varied programme of activities**
What activities are available for residents inside the home?
What activities are available for residents outside the home?
What encouragement and assistance do you give to residents so that they can take part in activities?
- 5. Offer quality, choice and flexibility around food and mealtimes**
What do you think of the quality and choice of food?
How do you make sure residents are able to eat and drink at mealtimes as well as outside of mealtimes?
What choices do residents have about what and when they eat and drink?
What choices do residents have about where and how they eat and drink?
In what ways do you try to make mealtimes sociable?
- 6. Ensure residents can regularly see health professionals**
Please tell us about visits from all health professionals such as GPs, nurses, dentists, audiology, opticians, chiropodists or other health care support mechanisms?
- 7. Accommodate residents' personal, cultural and lifestyle needs**
Can you give an example of how the home caters for resident's religious and cultural needs?
- 8. Be an open environment where feedback is actively sought and used**
In what ways can residents and their family/friends have a say in how the home is run?
Can you provide an example of how a resident or their family member has influenced how the home is run?
How do you, as a member of staff have a say in how the home is run?
- 9. A physical environment suitable for the needs of the residents**
How is the home made dementia friendly?



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?



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?



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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