

Care home life, what it's really like!

# Ashlea Lodge Care Home



Date of Healthwatch Sunderland visit:  
15<sup>th</sup> January 2019





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## Acknowledgements

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



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## 1. Introduction

### What is Healthwatch Sunderland?

Healthwatch Sunderland is the independent local champion for people who use health and social care services. We're here to make sure that those running services put people at the heart of care.

By speaking to Sunderland residents we aim to understand their needs, experiences and concerns of accessing and using local health and social care services. We can then speak out on their behalf to local service providers, focusing on people's concerns about current services and ensuring they are listened to and addressed by those who are running services.

We encourage and work with local services to involve Sunderland residents in the changes to health and social care provision. The ultimate aim is to get things right for the future, with health and social care services which meet the needs of the local community.



*We champion what matters to you and work with others to find ideas that work.*

*We are independent and committed to making the biggest difference to you.*





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## 2. Background and rationale

Research carried out in 2016 highlighted that there is a need to provide qualitative information on care homes which goes beyond basic safety standards. It shows that the information needed by people looking for a suitable care home should provide a real sense of what a home may be like to live in.

Since 2017 Healthwatch Sunderland has responded to this need and began carrying out visits to all care homes currently available to older people across Sunderland. The aim is that these visits will be carried out on an annual basis to ensure the findings are current and up to date.

To enable members of the public to make more informed choices when considering which care home to move into for themselves or their relatives, the complete results are available via our website, where you will also find a promotional video which will explain the work fully: [www.healthwatchesunderland.com](http://www.healthwatchesunderland.com)

Professionals and members of the public are also welcome to contact us if they need further information or access to the reports in other formats.

The work is based on 9 indicators which focus specifically on issues of quality, such as how much residents and family can have a say in how the home is run, and whether residents are able to pursue their hobbies etc.

### **The 9 indicators are:**

1. A strong visible management
2. Staff with time and skills to do their jobs
3. Good knowledge of each individual resident and how their needs may be changing
4. A varied programme of activities
5. Quality, choice and flexibility around food and mealtimes
6. Ensuring residents can regularly see health professionals such as GPs, Dentists, Opticians, Chiropodists, Audiologists etc.
7. Accommodate resident's personal, cultural and lifestyle needs
8. Provide an open environment where feedback is actively sought and used
9. Provide a physical environment which is suitable for the needs of the residents



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### 3. Methodology

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

At the visit residents were asked a range of questions via a set questionnaire (see appendix 1). The questions were 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		Disagree
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		Neutral
8.	An open environment where feedback is actively sought and used		Agree
9.	Provide a physical environment which is suitable for the needs of the residents		Strongly agree



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## Findings

Ashlea Lodge Care Home is a purpose built property located on:

Hylton Road  
Sunderland  
SR4 7AB

Telephone: 0191 5109405

Provider: Orchard Care Homes

Website: <https://orchardcarehomes.com/>

Facebook: <https://www.facebook.com/orchardcarehome/>

See the latest CQC inspection report here:

<http://www.cqc.org.uk/location/1-2580362025>

The care home which is over two floors, provides support for people aged 60 and over who require residential care and residential Enduring Mental Ill-health (EMI).

Rooms are en-suite and the home encourages residents to personalise their own space to ensure their comfort and sense of place and home.

The home did not have an Activities Coordinator at the time of the Healthwatch visit, however, care staff are undertaking these duties until the vacancy is filled.

The home has six lounges/communal areas and an outdoor patio area which residents can enjoy. Free Wi-Fi is installed within the home, the home does not have a hearing loop system and does not operate protected mealtimes, which means that visitors are welcome during mealtimes.

Residents are not encouraged to have pets living with them at the home.

At the time of our visit there were 27 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 6 staff and 4 relative surveys back.

The Manager of Ashley Lodge was invited to complete a survey but did not respond to the offer, therefore her comments are missing for all indicators which may lead to gaps in the information detailed.

The results of these surveys are given below:

### **Indicator 1 - A strong visible management**

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

When asked by the Healthwatch team, the two residents who completed the survey had difficulty identifying the Manager but this may have been due to their own





individual health or capacity. One resident pointed out the location of the office and said that she knew the Manager by sight and said she was ‘pretty good’. The other resident did not know the name of the Manager and said that she would not recognise her.

All of the relatives who responded to the survey knew the Manager by name and when asked to tell us a little about the Manager gave the following positive comments;

“She is very helpful and understanding of family situations. She gives any help we need, bearing in mind that most people have little or no knowledge of the care system.”

“She is very good at her job, very helpful and ready to support at all times.”

“Gillian is a lovely person, nice to talk to. When asking for help, she gets things done for my mam, it’s never a problem for her.”

When the Healthwatch team asked staff about support they received from the Manager all staff who responded to the survey gave positive comments including;



“Any that is needed.”

“All manners of support given. Any questions about training or any other subject are resolved.”

Staff also gave positive comments when asked about their experience of speaking to the Manager to ask questions or to raise issues. Comments included;

“Issues with any grievance and/or whistleblowing if needed. Can speak in confidence.”

“No concerns about speaking to the Manager.”

“Discuss the question and the outcome is explained or raised with a senior.”

The Manager of Ashley Lodge was invited to complete a survey but did not respond to the offer, therefore some detail on this indicator is missing.



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

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

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

When asked about staff at the home, one resident told the Healthwatch team that the staff do a good job, she feels well looked after and comfortable around staff, the other resident who responded to the survey stated that ‘most of the girls are alright but some are not.’

The Healthwatch team observed that staff and the Administrator appeared to know residents well and interactions were positive.

When asked if staff have the time to sit and chat, both residents who responded to the survey agreed that staff do take the time to chat with them. One resident commented; “They do listen if I need to speak with them.”

When relatives were asked if staff have the time they need to care for their relative, responses were mixed. Comments included;

“Yes, they have the time, they are always there to help and never a problem, and mum knows that.”

“No, I do not think there is enough staff on ratio to residents.”

“From what I have seen yes, my mam was in a bad way when she came into the home. Now she is one hundred percent better, so I think they are looking after her very well.”

When asked if they feel staff at the home have the necessary skills to care for their relative, all relatives gave positive responses. Comments included;

“Basically yes.”

“I think they do very well. They look as if they are skilled to do the job they have to do.”

“Yes, it is about understanding his personality.”

When staff were asked if they feel they have enough time to care for residents, they gave mixed comments, including;

“No time. Not enough time in the day when short staffed.”

“No, sometimes I feel there is not enough time to see every resident.”

“Yes and no, some days are very busy and I don’t have much time on the floor. Other days - yes, not as busy on senior role.”



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When staff were asked by the Healthwatch team if they are encouraged to develop their skills, replies included;

“Doing training when needed.”

“Yes, we are encouraged with training and there are always different opportunities for different topics.”

The staff who replied to the survey explained what they enjoyed about their job;

“Speaking with residents and families if I have the time and when staff work as a team.”

“Interacting with residents, knowing it helps their day and the staff I work with.”

### **Indicator 3 - Good knowledge of each resident and changing needs**

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

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

When asked do staff know your personality, likes and dislikes, one resident respondent said that staff do have knowledge of their personal preferences and lifestyle choices. The other resident who undertook the survey commented; “I don’t think so, I choose the clothes I wear and get myself dressed.”

When relatives were asked if the staff know their relatives life history, personality and health and care needs well, all relatives who responded to the survey agreed that they did. Comments included;

“I have spoken in length with most of the staff about dad’s life and problems, in that he does not engage with his family on any meaningful basis. He is non-communicative by personality rather than due to dementia.”

“They know all about my wife’s needs. My wife has Chronic Obstructive Pulmonary Disease (COPD) and they keep an eye out for her all the time.”

When asked if staff at the home notice and respond to changes in their relatives needs and if relatives are informed of any changes, all relatives who completed the survey agreed that they did. Comments included;

“They accommodate his smoking and we take him out for a couple of hours to give him a change of scene, they appreciate this.”

“When I visit I speak to management and carers to find out how he is/has been, to identify any needs he has.”

“They tell me all the time when I visit my wife.”

“I am informed by phone and when I come to visit.”

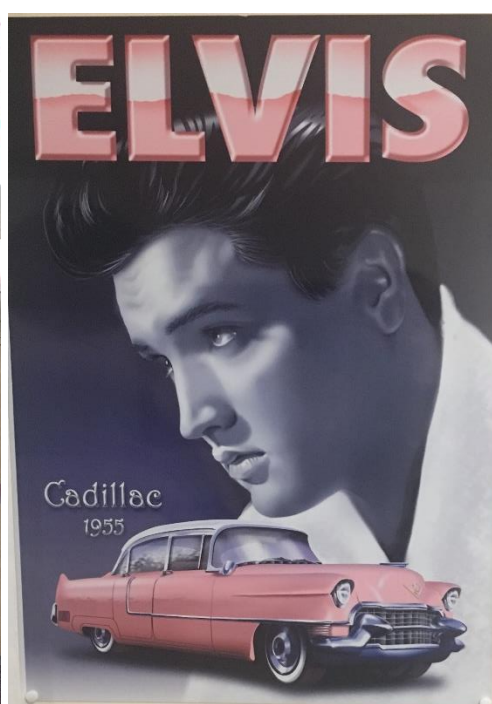


Staff informed the Healthwatch team that they get to know residents' life history, personality and healthcare needs when the resident first arrives at the home, by; speaking to residents and their relatives to gain a comprehensive history of the person and through care plans. Comments included;

“Care plans are updated and the Senior informs staff about any allergies, mobility needs etc. Also by talking to the resident and their family if able to.”

“Ask next of kin and record in care plan, also GP if medical.”

One staff member told the Healthwatch team that a resident had recently celebrated their 102<sup>nd</sup> birthday! A beautiful bouquet and an Elvis Tribute Act were included in the festivities.



#### **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 DISAGREE this was met.**

When asked about activities at the home, one resident who completed the survey, told the Healthwatch team that he enjoys playing dominoes, playing cards and likes a ‘canny little jive’ and would like to go out on trips.

The other resident respondent stated that the hairdresser visits the home every fortnight and she has her hair washed and styled then and that she enjoys watching films. The resident in question was going out on a visit into town with her





niece who had come into the home to accompany her, she seemed excited to be having a trip out shopping.

When asked if it is easy to join in with activities, one resident did not answer the question and the other resident respondent said that 'no' it is not easy to join in with activities. Both resident respondents said they would use the garden space in the summer. One resident stated that he likes to go out for a cigarette and staff keep an eye on him while he is outside.



When the Healthwatch team asked relatives what they think about the activities available to residents both inside and outside the home, responses were varied. Comments included;

“The activities are very mild, ‘chair aerobics’ and other light things.”

“No activities.”

“They are OK.”

When asked what encouragement is given to their relative to take part in activities, one respondent did not answer this question and other responses were mixed. Comments included;

“My wife cannot take part in activities because she is not very well most of the time.”

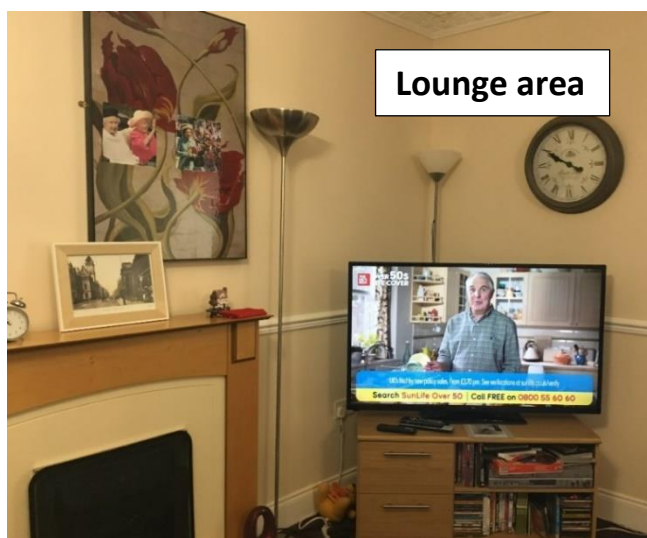
“None at all.”

“They may ask her but they do not always get an answer.”

When asked if residents continue to enjoy any previous pursuits, relatives indicated that due to their own health and capacity this can be limited. Comments included;



“Dad had/has no hobbies, interests or pets. We have all (his 4 children) tried at various times and been rebuffed, his friends were his drinking pals, not a pastime that any of us engage in.”



“My wife cannot do much at all now, like she used to when she was at home.”

“No, for example, they won’t let him stay overnight occasionally, which he loves to do, although we have took a course and are qualified carers.”

When asked about activities available both inside and outside of the home, the majority of staff respondents stated that activities are not available inside the home. One staff member did not answer

this part of the question. All staff respondents advised that residents enjoy outings with ‘Oomph’ on a fortnightly basis. (Oomph is an organisation that offers trips out to engage residents with the world around them). Outings have included, Herrington Country Park and to see the statue ‘Tommy’ at Seaham.

When the Healthwatch team asked staff how are residents encouraged and assisted to take part in activities, staff comments included;

“No activities available.”

“Explain that at present we don’t have an Activities Coordinator.”

“Sing along to the music.”

## 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 quantity of food at Ashlea Lodge, the two residents who completed the survey stated that the food was good. Both residents agreed that they enjoy mealtimes, that they do have a choice of where they eat their meals, stating that the dining room, sitting room or their own room as was their preference.

Resident’s comments included;



**Refreshments trolley**

“If there is a meal I don’t like they will make me something else - all good, I like them.”

“There are plenty of options, I like the food here.”

The majority of relatives who responded to the survey agreed the quality, choice and flexibility around

food and mealtimes at the home is good. One relative did not agree. Comments included;

“There is plenty of nourishment, but the quality of food is not good due to the cooks.”

“Food is very good, this is one of the main things we are very pleased with. When he lived at home, if we offered to make something he would be difficult and aggressive. Here he accepts the timetable and eats regularly.”

The Healthwatch team observed staff serving refreshments to residents, including fresh fruit, a choice of biscuits and hot and cold drinks.

All relatives responded positively when asked if they were confident that their relative is supported to eat and drink as much as needed. Comments included;

“Very confident, much supported.”

“The carers walk around the dining room all the time to help residents to eat and drink.”

“We all know that he is safe, well, clean and settled, this gives us much comfort. He accepts from them what he resisted from us.”

When asked how the home ensures that mealtimes are sociable, relatives comments included;

“Yes, residents are encouraged to eat together in the dining room.”

“I could stay all the time if I wanted to, but I have to go home, mealtimes are very sociable.”

“Many residents are withdrawn, so this fits in with his personality. I know the staff engage with him all the time as I have seen this.”

When staff members were asked what they think of the quality and choice of the food at the home for residents, comments included;

“Huge variety available.”





Dining Room

“Various meals offered at lunch and teatime, three options given.

“Good quality and nutritionally based.”

“Good quality of food but could offer a better choice of food.”

When asked how residents are able to eat and drink at mealtimes as well as outside of mealtimes, all staff

respondents stated that hot and cold drinks are available along with fruit, biscuits and cakes. Staff went on to say that jugs of juice/water are available in resident’s rooms and are replenished at regular intervals. Staff comments included;

“If residents do not want to eat in the dining room, they can eat in their own room. All food and drink intake is recorded, with jugs of fluid in the lounge and tea trolleys in the morning and afternoon.”

When asked about resident’s choices on what and when they eat and drink, staff informed the Healthwatch team that menu choices are available, the menu is displayed in the dining room and questionnaires are undertaken. Staff stated that mealtimes are made sociable by playing ambient music, offering pleasant and unhurried mealtimes and by supporting residents to sit and eat together in the dining room to encourage conversations.







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

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

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

When asked about regular access to dentists, opticians, chiropodists, audiologists and other health professionals, one resident respondent stated that she had not seen a dentist, optician or audiologist at the home, but informed that the GP makes home visits, that she has a broken arm and if she has a hospital appointment a staff member will accompany her.

The other resident respondent was 'unsure' if he had seen health professionals but stated that the girls would make him an appointment, if he needed one.

The Healthwatch team witnessed staff wearing tabards which read, 'Do Not Disturb. Drug Round in Progress' as they distributed medication to residents.

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

"They come out to see them for check-ups, if they are not very mobile and cannot get out staff order a taxi and accompany residents to appointments to the hospital etc."

"My wife has COPD and as soon as she feels poorly they take her to see the doctor. All other health professionals are there when needed."

"His local GP is long standing and on the doorstep, his healthcare needs are also longstanding due to lifestyle choices but are not particularly complex."

Staff informed the Healthwatch team that GPs make home visits as and when needed and that appointments to GP surgeries are made by staff. Nurses visit as and when requested or when intervention is needed. The Dentist, Opticians, Chiropodists and other health professionals visit on a regular basis.



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## Indicator 7 - Accommodate resident's personal, cultural and lifestyle needs

The indicator states that care homes should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs and shouldn't make people feel uncomfortable if they are different or do things differently to other residents. **The Healthwatch team gave this a NEUTRAL rating which indicates both positive and negative feedback, which when averaged results in a neutral score.**

When the Healthwatch team asked residents if their culture and lifestyle needs are respected at the home, one resident respondent stated that she does get her clothes back after laundering and that she often has her nails manicured and varnished.

The other resident who completed the Healthwatch survey stated that he was a Christian but does not attend a church service. He went on to tell the Healthwatch team that he had an appointment to have his hair cut and was concerned that he may forget about it. A Healthwatch team member duly called into the Admin office and asked that the gentleman in question be reminded of his appointment as requested. Staff assured the team that the gentleman would be reminded of his appointment and this is usually the case.

All relative respondents stated that their relative doesn't have any specific personal, cultural or lifestyle needs. One relative stated that if his wife did have any needs the home would accommodate them.

All relatives agreed that there is regular provision for their relatives to have their hair cut and styled at the home.

When asked about the laundry system at the home, relatives said;

"Not as good as they could be. My wife has lost some clothes and slippers."

"Clothes are clean but quite a lot of clothes disappear. Wardrobe and drawers are very tidy."

"Have no problems, he is always well dressed, we label his clothes and they are always clean and put away carefully."

When relatives were asked if their relative is always clean and appropriately dressed, the majority agreed that they were. Comments included;

"My wife is always neat and tidy when I go in."

"Always clean but not always appropriately dressed."

"Absolutely."

When asked how they accommodate resident's personal, cultural and lifestyle needs at Ashlea Lodge, staff stated that they read resident's life history, social culture and care plans. One staff member did not answer this question. Comments included;



“By getting information from family and friends and the resident themselves if possible.”

“Members from the church come to visit residents from time to time.”

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

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

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

When asked do management or staff ask what you think about the home or are you happy at Ashlea Lodge, residents said they are happy at the home but stated they have not been asked, they went on to say that there are not any changes they would like to make, but if they did have a complaint they would go to ‘somebody high up’ or a staff member.

When asked, all relatives who responded to the Healthwatch survey agreed that they feel welcome participants in life at the home.

All relatives agreed that they can have a say in how the home is run by attending meetings or speaking with the Manager. Comments included;

“They do take notice if I suggest something, but there is nothing to change, it is run very well.”

“Gillian does call meetings occasionally and Nicola from the office is very good.”

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

“I would go to the management and have a word with them, I would think it would be acted upon, they are pretty good like that.”

“Go to Head Office, I don’t think I would need to make a complaint I just speak to Gillian and it gets done.”



Staff stated that residents and their relatives and friends can have a say in how the home is run by attending regular relative meetings, completing surveys or by speaking with the Manager or her deputy.

The Healthwatch team asked staff how they have a say in how the home is run, three staff respondents did not respond to this question. Comments received included;

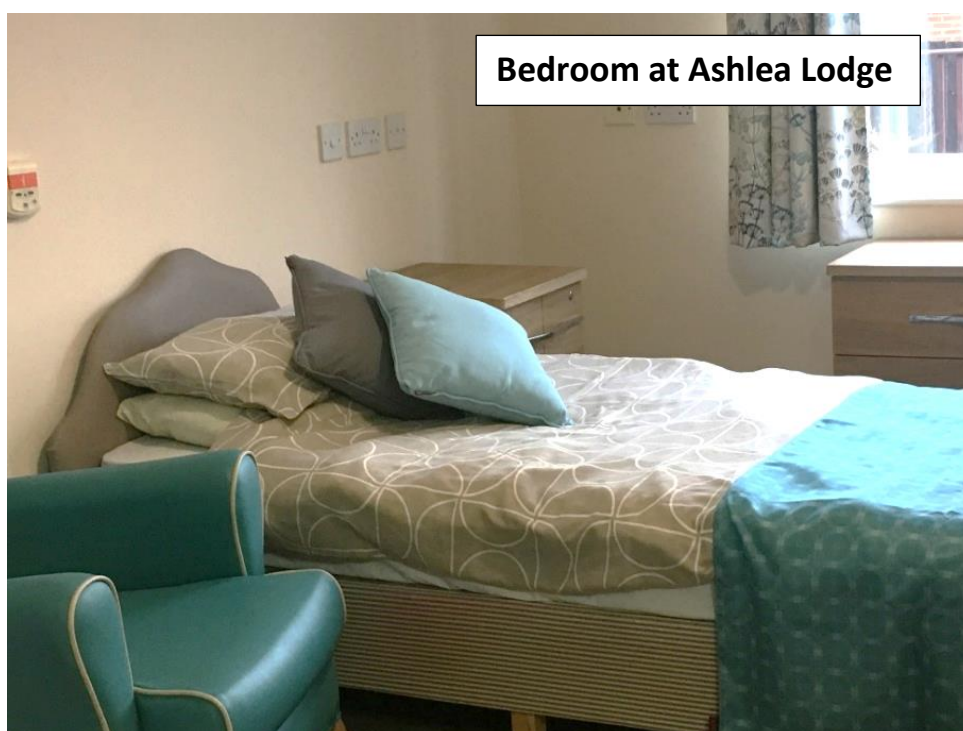
“If I have an opinion, I inform the Manager.”

“The home is ran by Orchard Care.”

### **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 STRONGLY AGREE this was met.**



On entering the home the Healthwatch team noted that it appeared very clean, odour free and warm, also that domestic staff were present and cleaning was in progress.

When asked about living conditions at the home, one resident respondent replied saying that staff at the home ‘try to keep the home clean and tidy’ and the other resident respondent said ‘yes’ the home is always clean and tidy. Both residents agreed that the home is always warm enough for them.

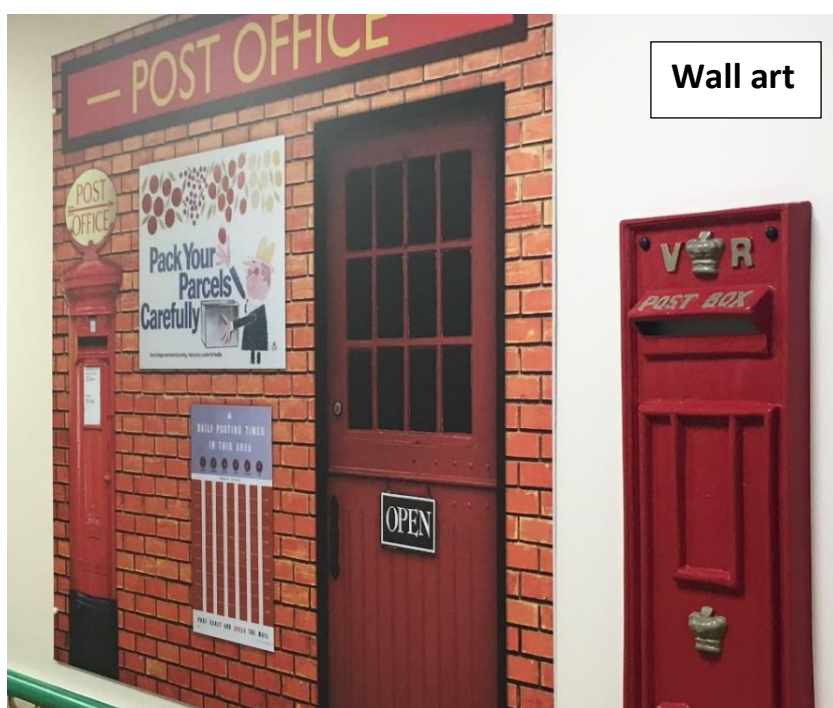


When asked if the home is kept at a suitable temperature, relatives gave mixed responses, including sometimes it can be too warm for visitors but just right for residents' one relative stated that 'it's just right most of the time.'

Most went on to say that the home is always hygienically clean, tidy, well decorated, well maintained and a dementia friendly environment. One relative said that décor and maintenance could be better in some places. Comments included;

“Very impressed.”

“As far as I have seen the home is always clean and tidy, staff are always tidying. There is a handyman who makes sure that everything is well looked after and maintained.”



“I think the home is dementia friendly.”

“Lots of items mirror the home environment, colourful, warm and welcoming. My father's entry was via Deprivation of Liberty (DOL\*) at local hospital, this process was unplanned, but staff here are very helpful and our minds are now at rest. Our father was dangerous to himself and others. Cannot thank staff enough!”

(\*The Deprivation of Liberty Safeguards are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom).





**\*Twiddlemuff**

The Healthwatch team noted that there was dementia signage throughout the home, including the resident's rooms.

When staff were asked how the home is made dementia friendly, comments included; "Trained staff and by the use of bright colours to indicate, toilets, bedrooms, dining room etc."

"Person centred care, by incorporating resident's needs in everyday life, handrails are coloured, and communal areas are yellow. Memory boxes, photographs and personal effects."

\*A Twiddlemuff is a double thickness hand muff with bits and bobs attached inside and out. It is designed to provide a stimulation activity for restless hands for people suffering from dementia.



**Dementia friendly signage**



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## 5. Appendices

### Appendix 1 - Questions for residents

1. Who is the Manager of the home?
2. What do you think of the Manager?
3. What do you think about the staff here?
4. Do the staff have the time to stop and chat with you?
5. Do the staff know what you need and what you like and don't like? (your daily routines, personality, lifestyle, clothing etc.)
6. What activities are there for you in the home?
7. What activities are there outside the home? (Groups, trips etc.)
8. Is it easy to join in the activities?
9. If you would like to use the garden are you able to?
10. Do you get a chance to do any of the things you used to enjoy before you came here? (I.e. bringing in pets, hobbies, interests etc.)
11. What do you think of the food here?
12. Is there enough choice of what you eat and when you eat?
13. Where do you eat your meals? (Is it your choice to eat there?)
14. Do you enjoy mealtimes? (What do like/dislike about mealtimes?)
15. Have you seen a dentist to check your teeth or an optician to check your eyes or an audiologist to check your hearing recently?
16. What happens if you need to see a doctor or have an appointment at the hospital?
17. Is there respect for your religion or your culture here in your home? e.g. Are you able to wear your own clothes, get your hair/nails done, have a shave, are the laundry staff good at getting your own clothes back to you?
18. Is the home always clean and tidy?
19. What is the temperature like here? Are you ever cold or too warm?
20. Do you get asked what you think about the home or if you are happy?
21. Would you like to change anything about the home? Have you told anyone about this and what happened?
22. What would you do if you wanted to make a complaint about the home?



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## Appendix 2 - Questions for Managers

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





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## Appendix 3 - Questions for Care Staff

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



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## Appendix 4 - Questions for Activities Coordinator

1. **Have strong, visible management**  
What support do you receive from the Manager?  
What is your experience of talking to the Manager when you want to ask a question or raise an issue?
2. **Staff with time and skills to do their jobs**  
Do you feel you have enough time to provide varied activities for residents? If no, why?  
Are you encouraged to continue to develop your skills? In what ways?  
What do you enjoy about your job?
3. **Have good knowledge of each individual resident and how their needs may be changing**  
How do you ensure that you and other members of your team get to know a resident's life history and personality when they first arrive at the home?
4. **Offer a varied programme of activities**  
What activities are available for residents inside the home?  
What activities are available for residents outside the home?  
What activity provision is made for those residents who cannot or do not wish to undertake group activities?  
What encouragement and assistance do you give to residents so that they can take part in activities?  
How do you ensure that residents have the opportunity to continue to take part in their hobbies and interests?
5. **Accommodate residents' personal, cultural and lifestyle needs**  
How are activities tailored to meet a resident's religious and cultural needs?
6. **Be an open environment where feedback is actively sought and used**  
In what ways can residents and their family/friends have a say in what activities are delivered both inside and outside the home?  
Can you provide an example of how a resident or their family member has influenced the provision of a new activity?  
How are the activities provided evaluated to ensure residents are continuing to enjoy them?  
How do you, as a member of staff have a say in how the home is run?
7. **A physical environment suitable for the needs of the residents**  
How is the home made dementia friendly?



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## Appendix 5 - Questions for Friends and Relatives

1. **Strong visible management**  
Who is the Manager of the home?  
Please tell us a little about the Manager?
2. **Have staff got the time and skills to do their jobs**  
Do you feel the staff have the time to care for your friend/relative? Please explain.  
Do you feel the staff have the skills to care for your friend/relative? Please explain.
3. **Have good knowledge of each individual resident and how their needs may be changing**  
How well do you think the staff know your friend/relative's life history, personality and health and care needs?  
Does the home notice and respond when your friends/relative's needs change?  
How do they let you know about the changes?
4. **Offer a varied programme of activities**  
What do you think of the activities available for residents inside and outside the home?  
Please tell us how your friend/relative is encouraged and supported to take part in the activities.  
Now they live at the home, is your friend/relative still able to do the things they used to enjoy i.e. hobbies, interests, pets? Please explain.
5. **Offer quality, choice and flexibility around food and mealtimes**  
What do think of the quality and choice of food?  
How confident are you that your friend/relative is supported to eat and drink as much as needed?  
Please tell us how the home ensures that mealtimes are sociable?
6. **Ensure residents can regularly see health professionals**  
Please tell us about your friends/relatives access to health professionals such as GPs, nurses, dentists, opticians, audiologists, chiropodists or other health care support mechanisms?
7. **Accommodate residents' personal, cultural and lifestyle needs**  
Does your friend/relative have any specific lifestyle or religious or cultural needs?  
How do you feel the home respects and accommodates these needs?  
What provision is there for your friend/relative to regularly get their hair cut/styled?  
How good are the laundry staff at getting your friends/relatives own clothes back to them?  
Is your friend/relative always clean and appropriately dressed?
8. **Be an open environment where feedback is actively sought and used**  
Do you feel that you are a welcome participant in the life of the home?  
In what ways can you and/or your friend/relative have a say in how the home is run or give feedback?  
How would you make a complaint about any aspect of the home, management or the staff if you needed to?  
Would you feel confident to make a complaint and do you think it would be acted on appropriately?
9. **A physical environment suitable for the needs of the residents**  
Do you always find the home at a comfortable temperature for residents?  
Is the home always hygienically clean and tidy?  
Is the home always well decorated and well maintained?  
Do you think the home is a dementia friendly environment?



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**DISCLAIMER:**

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

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