



Care home life, what it's really like!

Elizabeth Fleming Care Home



Date of Healthwatch Sunderland visit:
13th February 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.*





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 13th February 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	 Strongly agree
2.	Staff with time and skills to do their jobs	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  Time Neutral </div> <div style="text-align: center;">  Skills Strongly agree </div> </div>
3.	Good knowledge of each resident and their changing needs	 Strongly agree
4.	A varied programme of activities	 Strongly agree
5.	Quality, choice and flexibility around food and mealtimes	 Strongly agree
6.	Regular access to health professionals	 Strongly agree
7.	Accommodation of resident's personal, cultural and lifestyle needs	 Strongly agree
8.	An open environment where feedback is actively sought and used	 Strongly agree
9.	Provide a physical environment which is suitable for the needs of the residents	 Strongly agree



Findings

Elizabeth Fleming is a purpose built home, located at:

Market Street
Hetton-le-Hole
Houghton le Spring
DH5 9DY

Telephone: 0191 283 7616

Provider: Four Seasons Health Care

Provider's Website: <https://www.fshc.co.uk/elizabeth-fleming-care-home/>

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

See the latest CQC inspection report here:

<https://www.cqc.org.uk/location/1-318001637>

The home has the capacity to support 36 residents who are mainly elderly, but care is also provided for younger adults. Residents are supported under the categories of Enduring Mental Ill Health (EMI) Nursing, EMI Residential and Functional Mental Illness.

New residents are encouraged to bring some of their own items to the home with them to ensure their surroundings are familiar.

The home benefits from three communal lounge areas, two dining rooms and one conservatory for the residents and their visitors to use, alongside accessible gardens. Residents also have access to the internet and the home has some ipads for their use.

Elizabeth Fleming does not provide en-suite accommodation or have any double occupancy rooms and currently there are no hearing loop systems installed at the home.

There are activities provided for residents by two part time Activities Coordinators (Full time equivalent - 35 hours), from Monday to Friday and occasional weekends.

Elizabeth Fleming operate 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 include limiting visitors).

At the time of our visit there were 36 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch Team were only able to support three residents to fully complete the survey and two to partially complete the survey. The team received six staff, five friends and relative surveys back and one from the GP which is aligned to the home.

The results of these surveys are given over the page:



Indicator 1 - A strong visible management

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

When asked about the Manager of the home, only one of the residents who was supported to complete the Healthwatch survey could identify her by name. The remaining respondents were unsure, but this may have been due to their own individual health or capacity. Although some of the residents stated that they would recognise the Manager if they saw her. One resident said; “Yes, I like her.”

All of the relatives who completed the survey process knew the Manager by name and spoke positively about her. Comments included;

“Very pleasant and friendly. I wouldn’t hesitate to go to her with any problem.”

“Very approachable and always asks about my wellbeing.”

“We can’t speak highly enough of the Managers at Elizabeth Fleming Care Home. They are always on hand for support and to give advice regarding any matters.”

All of the staff who responded to the survey process stated that they feel supported by the Manager of the home. Their comments included;

“My Manager is very supportive and always wants the best for the staff and residents.”

“Constant support with all aspects of both my job and also my personal life.”



Staff also indicated high levels of satisfaction when asked about their experience of talking to the Manager when they want to ask a question or raise an issue. Comments included;



“Every time I have had any questions, I have had their full attention and always get useful information back and excellent feedback.”

“Lorraine will listen and always makes time if I need to ask her anything.”

The Manager of Elizabeth Fleming informed us what attracted her to the role of Care Home Manager; “I was employed as Deputy at the home and loved the residents, the home and team which gave me the incentive to apply for the Manager’s job when the previous home Manager left.”

She then went on to say what she enjoys about her role; “I really enjoy making a difference to our residents lives, however the role can be challenging at times but very rewarding. I am very fortunate as Home Manager as I have a great team who are really committed to their role and each one of us works very hard to ensure our residents have a good quality of 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 a STRONGLY AGREE rating.

When asked about the staff at the home, all of the residents who spoke to the Healthwatch Team gave positive feedback, stating that the staff are kind, friendly and adding that they feel well looked after.

They also added that the staff at the home do have time to stop and chat to them. One resident said; “Yes, they talk to you and show you things. They take you places when its fine.”

When asked about staff time to care for residents, the majority of relatives who completed the survey stated that they feel the home would benefit from having more staff. Their comments included;

“The staff are all lovely and very caring towards the residents, but at times they are stretched and could do with more staff over times such as dinner, tea and whilst getting residents dressed. They often don’t have time for their lunches or drinks.”

“I feel the staff would be there to help my husband at all times.”

When asked about the skills of the staff at the home, all of the relatives indicated high levels of satisfaction in their responses. Their comments included;

“Yes, I feel they are more than capable of doing their job and have the skills. They are always willing to help and do anything you ask. My husband is well looked after and I have no issues at all with his care.”

“Yes, 100% they have the skills to care for my relative.”



“The staff certainly have the skills and give 100%.”

When the staff were asked if they feel they have enough time to care for the residents, one person did not answer this question, one said yes, they do and the remaining staff member stated that they don't have enough time. Comments included;

“35 hours is not enough for 36 residents.”

“Not all of the time if it's really busy. When a lot of professionals visit it is difficult to try to do paperwork and work the floor - you don't have enough time on occasions.”

All of the staff respondents went on to say that they are encouraged to develop their skills by undertaking additional training.

When the staff were asked what they enjoy about their jobs, the majority put the residents at the heart of their responses. One staff member did not answer this question. Other staff comments included;

“I enjoy looking after and spending time with the residents, chatting and doing things with them.”

“Bringing a smile to the resident's faces.”

“How rewarding it is.”

When the Manager was asked how she ensures that staff have enough time to care for the residents, she answered; “I monitor the dependencies of our residents and staff the home accordingly and as home Manager I ensure the home is never short staffed. If I have been unable to cover a shift I have worked on the unit as a Carer mainly on night shift and in the kitchen as Kitchen Assistant.”

She went on to inform the Healthwatch Team how she encourages staff to develop their skills; “I have an open door policy. Staff come and see me anytime and let me know if they have any training requirements. I also discuss training in supervisions and appraisals and I always try to source the training they require. All new Carers complete the Care Certificate and Dementia Care Framework training and mandatory training to ensure they have the knowledge and skills to care for our residents.”

The Healthwatch Team witnessed several positive interactions between staff and residents during the team visit to the home. One resident was in one of the communal lounges and appeared to be distressed. A staff member approached her, calling her name as she did and encouraged her to open her eyes as she spoke. The lady calmed almost immediately. Staff were also witnessed re-adjusting the seating position of the resident in her wheelchair. This was done with care as the staff member chatted to the resident.



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 **STTRONGLY AGREE** this was met.

All of the residents who were supported to fully complete the survey felt that the staff at the home know them well, including their likes and dislikes.

When the relatives were asked how well they feel the staff know their relative's life history, personality and health and care needs, again all respondents indicated high levels of satisfaction. Their comments included;

"I'm confident, I have no worries about my husband. This fact helps me to cope and know he is well looked after."

"Most of them know my mother's moods and needs better than me."

"They try their best to know as much as possible about each resident".



They all went on to say that the home both notices and responds to any changes in their relative's needs and keep them informed as and when changes happen. This may be via telephone, face to face during visits or via a daily diary in which changes are highlighted.



When staff and management were asked how they ensure that all staff get to know a resident's life history, personality and health and care needs when they first arrive at the home they informed the Healthwatch Team, that all relevant information is gathered during the pre-admission stage. Information is gained by liaising with the resident themselves, their family and friends and health professionals involved in the resident's care which may include Social Workers. The home also have formulation meetings with hospital staff prior to admission. All staff are paid for attending the formulation meeting as it's very important to ensure staff are confident and competent to look after new residents. The information is cascaded to all staff and used to formulate the resident's individual care plan, which is available for staff to familiarise themselves with and updated on a regular basis.

The Manager went on to inform the Healthwatch Team how information about a resident's likes and dislikes and health and care needs are updated as they change and are passed on to staff; "With our current residents if there are any changes to their needs this is passed on during handovers and in our staff meeting we discuss each unit and any changes residents may have."

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 STRONGLY AGREE this was met.

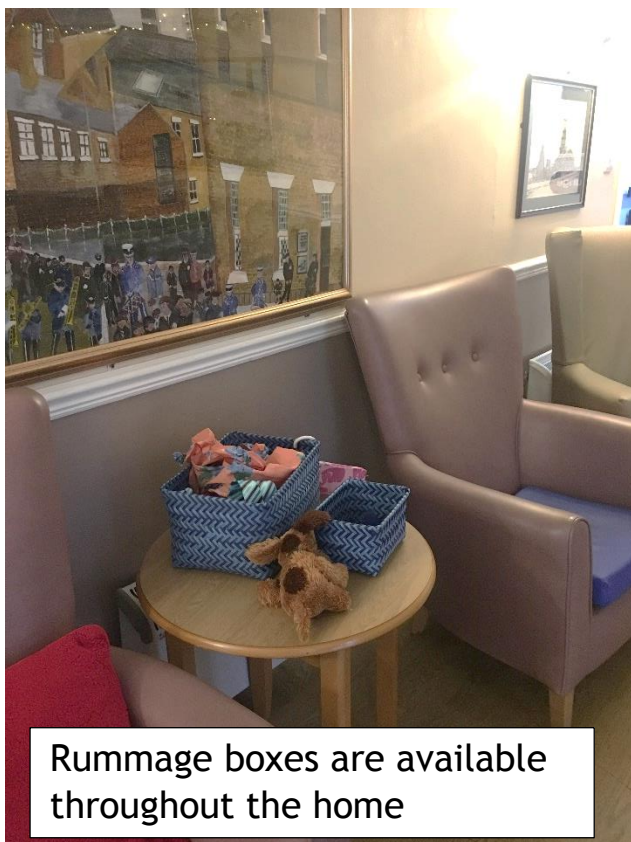
When asked about the activities available to them inside the home, some of the residents were able to tell the Healthwatch Team that although there are things going on they do not wish to join in. One resident informed a team member that they like to spend time in their own room, listening to music or watching DVDs.

When asked about trips and outings, one resident said that they enjoy taking part in walks, bowling and going to the cinema. Another said that they enjoyed a recent trip to a museum.

Some of the respondents were able to tell us that the activities are easy to join, with staff asking them if they would like to attend. The majority of residents were then able to state that they enjoy using the home's garden and are supported by staff to do so. Comments included; "Yes, the staff will push my wheelchair into the garden if I ask."



When residents were asked if they are still given the opportunity to undertake past hobbies and interests, some of the residents said that they still enjoy, knitting, watching TV and films and listening to music. Comments included; “I like to knit. I make little hats and give them away. The Nurses bring the wool in.”



Rummage boxes are available throughout the home



A craft activity

Three of the relatives gave very positive comments when asked about the provision of activities in the home. Comments included;

“Second to none, she has a better social life than me.”

“It seems really good to me. My husband just likes lively music, when he is feeling up to it.”

“There are plenty of activities (afternoon teas, singers). They have had my husband to watch a football match and we have been out in the mini bus.”

The remaining relatives said;

“Seems to be quite good, although the choice of music is not always of the age to appeal to the residents. Could do with more gentle music, such as choirs.”

“There could be more outside trips for residents, if more transport was available.”

All of the relatives went on to say that their relatives are encouraged by staff to take part in the activities, although some stated that their relatives health or capacity has deteriorated and sometimes prevents their participation.



A view of the garden from a communal space

When the relatives were asked if their relatives are still able to take part in past hobbies and interests, they indicated that they still enjoy singing, getting out and about, knitting and reading, again however some stated that due to a deterioration in health or capacity participation is prevented for some.

When staff were asked what activities are available to residents inside the home they gave the following examples; sensory activities, virtual reality, gardening, cookery, 1-1 reminiscence and therapy sessions, visits from entertainers, local schools and nurseries, arts and crafts, board games, bingo, dominoes, film evenings, exercise, animal therapy, afternoon teas, birthday parties and pamper sessions etc. Staff comments about the activities included; “There are a variety of activities for the residents - the activities staff are great!”

Staff went on to give a list of the activities which are available to residents outside of the home and facilitated by the home’s mini bus, which is shared with their sister home; trips to football matches, cricket games, museums, the beach, garden centres, local shops and cafes, a nursery, churches, parks and ten pin bowling etc.

The Activities Coordinators informed of activities which are available for those residents who cannot or do not want to undertake group activities; one to one reminiscence, hand massage or beauty treatments, and smells and sounds. She added; “We try to take whatever we are doing as a group therapy to one to one sessions.”

Staff and the Activities Coordinators explained how they encourage residents to take part in activities sessions. They stated that staff ask residents what they



would like to do, invite them to take part and sit with the residents to demonstrate the activity and assist. Comments included; “We ask, show, encourage, go back and try again!”

The Manager and Activities Coordinators said that they ensure residents have the opportunity to take part in their hobbies and interests by gathering information about these and also their life history from the residents, their families and through assessment. They are then encouraged to continue these past pursuits.

The Manager added; “We offer our residents activities within the home and encourage them to go out into the community. I feel very lucky as our two Activities Coordinators have sound knowledge of the importance of activities and both Gloria and Callum offer a range of activities that meet our resident’s needs. We also encourage nursery children and pet therapy to come into the home.”

During the Healthwatch Team tour of the home, we witnessed various ‘rummage boxes’ in the communal lounge areas of the home, which it was explained are to keep the residents hands occupied which in turn can help them to relax.

The team also witnessed a small group activity in one of the small dining areas of the home. A staff member was painting with the residents and showing them how to make paper flowers. Their efforts were praised and celebrated.

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 STONGLY AGREE this was met.

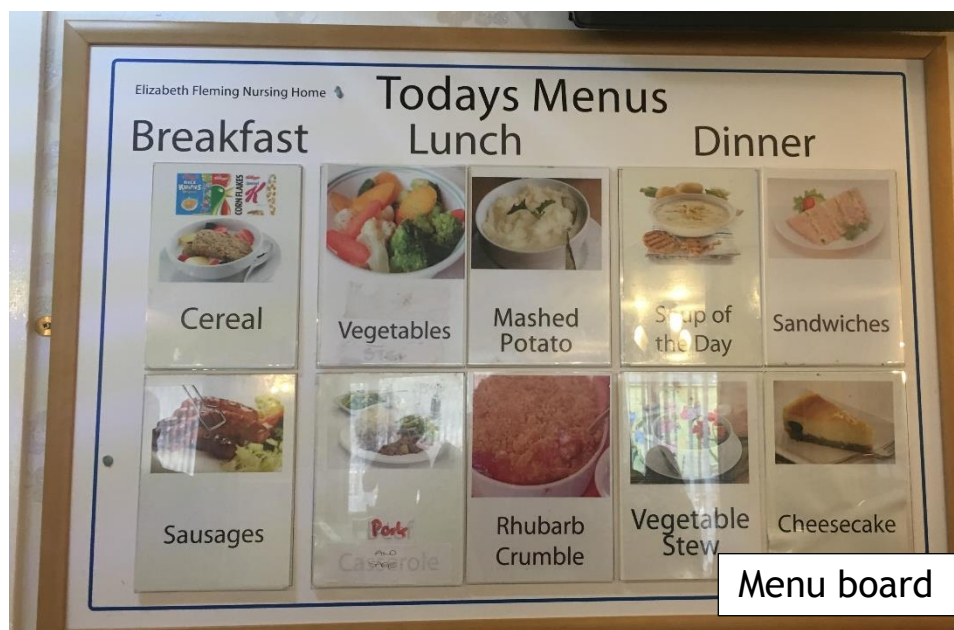
When asked what they think about the food at the home, the majority of the residents were able to tell the Healthwatch Team that it is good. One resident said; “It’s alright - it’s edible.” Other comments included;

“It’s nice and there’s plenty to eat.”

“It’s good. They food here is nice. There are too many nice things to have a favourite.”

“If I don’t like the dinners they will make me a toasty.”

Some of the residents went on to say that they can choose where they eat their meals, with some choosing the lounge, dining room or their own room and added that they enjoy mealtimes.



When the relatives were asked about the quality and choice of food at the home, they gave positive comments such as first class and excellent. Comments included;

“Adequate on the whole. The cakes are excellent and there are always choices given to residents.”

“Excellent, always good. My husband enjoys the meals and there is always plenty.”

“Really good quality and always something she likes.”

All of the relative respondents shared that they are confident that their relatives are supported to eat and drink as much as is needed. One relative stated; “I attend most lunchtimes to assist giving him his lunch. There are only a few residents that can eat meals on their own, so the staff work extremely hard.”

Relatives informed the Healthwatch Team that mealtimes are made sociable by residents sitting in the dining areas of the home, where there is a good atmosphere and plenty of laughter. Some relatives informed the team that they join their relatives in the dining areas of the home to support them at mealtimes. Comments included; “It is bright and airy and there is music playing in the background, which is nice.”

When staff were asked what they think about the quality and choice of the food at Elizabeth Fleming, they all responded positively. Their comments included;

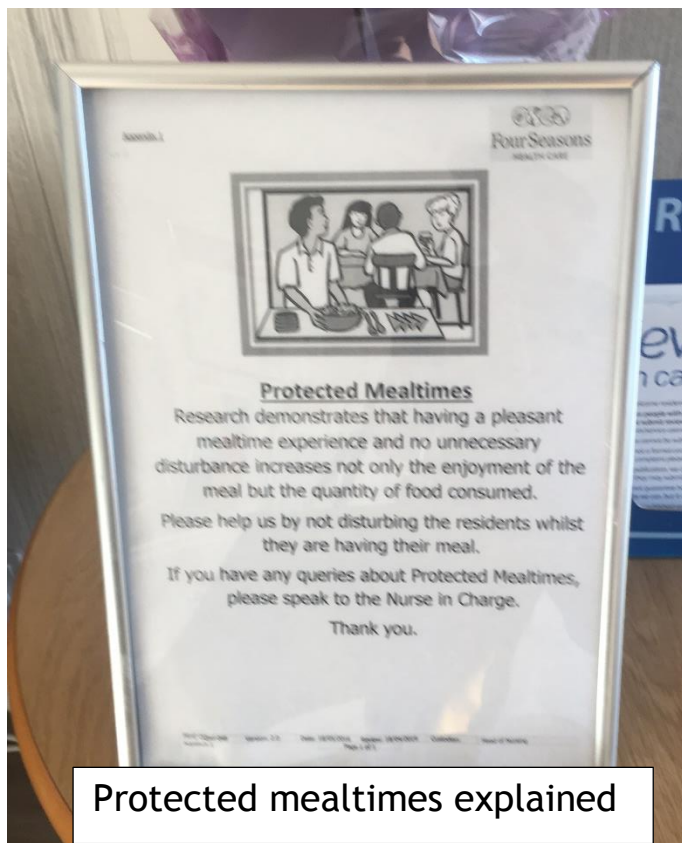
“The food is great! There is always plenty of choice.”

“Very good range of choice and if they don’t like what’s on they will make alternative meals. Residents can have the meals at different times if they prefer.”

“The residents have a meeting every month and are asked if they are happy with the food they receive and if they would like any changes of meals.”



The Manager informed the Healthwatch Team how she ensures high standards in both quality and choice of food; “We ask our residents their preference as to where they prefer to eat their meals and complete surveys to ensure they are enjoying the food provided. We also have a Head Cook who spends time talking to our residents and families to ensure they are enjoying the food provided. She spent time with one resident and he gave her a list of foods he would like, she then purchased the foods and ensured he was offered these at mealtimes. I also do a dining room experience to ensure I can see if residents appear happy and are enjoying the meals provided.”



The staff and Manager informed the Healthwatch Team how they ensure residents are able to eat and drink at both mealtimes as well as outside of mealtimes, this included the ‘tea trollies’ which staff take around the home several times a day, serving a range of hot and cold drinks, desserts and other snacks. If residents are hungry at any point, either the resident or a staff member can request food at any time from the kitchen. One staff member added; “When residents are out of the home a packed lunch will be provided and snacks, drinks and meals will be kept for their arrival back at the home.”

The Manager said; “The kitchen staff have foods that can be

offered throughout the day and we ensure that residents are provided and supported to eat outside of set mealtimes.”

When the staff and Manager were asked what choices residents have about what and when they eat and drink they said that there are daily menus available to allow residents to make their own choices for their main meals and drinks. If residents are unable to respond they are physically shown the choices. The Manager added; “We try to encourage choice and provide foods that our residents prefer and if someone does not want to eat at a set mealtime we always cater for this.”

She went on to say the home has a water cooler on both units and have a juice dispenser on the units which is replenished daily.

The staff and Manager informed the Healthwatch Team how they ensure mealtimes are made sociable times. This included music playing quietly, residents are



encouraged to eat in the communal dining areas to give them the opportunity to sit with fellow residents, staff are present to chat to residents or have a sing song, tables are nicely set and residents are given as much time as needed to finish their meals.

During our visit the Healthwatch Team witnessed the ‘tea trolley’ being taken around the home. Residents were being served a selection of tea, coffee, juice and one resident was observed being assisted to drink a fortified drink.



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 STRONGLY AGREE this was met.

When asked about visits from healthcare professionals some of the residents were able to inform the Healthwatch Team that they had recently seen a Dentist, Optician and had, had their hearing checked. Other residents were not able to respond to the questions in this section of the survey, which may have been due to their own individual health or capacity.



Some residents were also able to state that if they need to see a health professional the staff would arrange this for them and would also escort them to appointments outside of the home.

When the relative respondents were asked about healthcare provision for their relatives at the home, they all indicated high levels of satisfaction in this area. Their comments included;

“The nurses went out of their way to help my husband get new hearing aids when he lost his.”

“Better than mine - covered within 24 hours.”

“There is a nurse on duty 24 hours a day, who sees to all my husband’s needs.”

The Healthwatch Team went on to ask the staff and Manager of Elizabeth Fleming about visits from health professionals to the home. They informed us that a range of health professionals visit both on a regular basis and when required. The Manager said; “We have a Multi-Disciplinary Team (MDT) meeting every two weeks with the GP and other professionals and discuss our residents, which are great as it is the same GP who comes, therefore he knows our residents well. We have a regular Dentist, Podiatrist and Optician who visit and know the residents well. The nurses who work here are very experienced and liaise with Occupational Therapists, Tissue Viability Nurses and Dieticians 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 STRONGLY AGREE this was met.**

When asked if there is respect for their religion or culture in the home, three of the residents agreed that this is the case. When asked about the laundry system at the home, one resident was able to respond stating that if any of their clothes are misplaced during the laundering process the staff look out for them.

Three of the relatives responded to say that their relatives does not have any specific religious or cultural needs. Two other respondents stated that these are catered for at the home. Comments included;

“Respect - That’s how I feel they feel about us all!”

“I do feel that there should be a Carer in each lounge to engage with those who could chat.”

All were aware that there are regular visits from a hairdresser to cut/style their relatives hair.



When asked about the laundry system at the home and how good the staff are at getting their relatives clothes back to them, all of the relatives commented positively. These included;

“Every day and nothing ever goes missing.”

“Good considering the huge amount of clothes. My husband can change up to three times a day and there has been only one item which has gone missing.”

“Pretty good - it is hard at times.”

All relatives also commented positively when asked if their relative is always clean and appropriately dressed. Comments included;

“Yes, no complaints, he is always immaculate!”

“Yes, apart from after mealtimes, but every effort is made.”



The Manager informed the Healthwatch Team how the home finds out about and cater to residents’ cultural, religious and lifestyle needs. She said; “We collate this information at pre admission assessment and from other professionals who have been working closely with them or their families if our residents cannot tell us themselves.”

When asked to give examples of how these have been accommodated, the staff and Manager informed that the home has a smoking room as some of the residents



smoke, there is a Catholic Father who visits one resident, and another resident is a vegetarian and is given meat replacements and vegetarian gravy.

The Manager of the home stated that a hairdresser comes to the home once a week and two residents go to their own hairdressers once a week. She ensures the laundry staff get the residents own clothes back to them by encouraging families or the home's staff to name the residents clothes upon admission and staff help laundry staff identify who the clothes belong to.

The Manager went on to state what mechanisms are in place to ensure that residents are always clean and appropriately dressed; "We ensure staff are trained appropriately and have the skills to ensure that standards are high within the home, a daily walk around is completed by the nurses on the unit or the home Manager, which helps us identify that residents are always clean and appropriately dressed."

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

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

The Healthwatch team STRONGLY AGREE this was met.

When the residents were asked if they ever get asked if they are happy at the home, some were able to respond giving a mixed response. All who were able to answer when the team asked if they were happy at the home agreed that they are happy. None of them went on to say that there is anything about the home which they would like to change. One resident said; "No, I am satisfied with what they do. They help me and show me how to make things."

When the Healthwatch Team asked the residents what they would do if they ever needed to make a complaint about the home, some residents were able to state that they would inform a family member, the home's Nurse or the Manager.

All of the relatives indicated that they feel that they are welcome participants in the life of the home. One saying; "Yes definitely. I feel part of their little family."

Relatives went on to say that they and their relatives can have a say on how the home is run, by speaking to the Manager or staff who are always willing to discuss things. One relative shared one thing they would like to change about the home; "The only thing I would improve is the number of staff as they are always under pressure and the job is very demanding and non stop, but they never complain."

All of the relatives shared that they would speak to the Manager or staff if they ever needed to make a complaint and all added that they would feel confident to make a complaint if needed and that it would be acted upon appropriately.



Staff and the Manager told the Healthwatch Team what ways residents and their family are able to have a say in how the home is run and which activities take place. Staff stated that there are monthly resident meetings, which are advised by displaying posters and by word of mouth via the staff, feedback forms can be completed and staff including the Carers, Activities Coordinators and Nurses are always available for a chat. The Manager said; “I have an open door policy. Residents and family can come in anytime to see me. We also have the Quality of Life iPads and encourage residents and families to complete questionnaires which are audited by me and discussed in staff meetings.”

Staff did not give any examples of how residents and their families have influenced change at the home, although one of the Activities Coordinators gave us an example of how a resident has influenced a new activity. They said; “A resident told us he loves the cricket, so we visited a cricket ground.” The Activities Coordinators went on to say that activities are evaluated on a monthly basis by using the ‘My Choices Booklet’.

The Manager added that she makes use of feedback or complaints from residents and relatives by looking at the feedback in staff meetings then looking at service improvement and ensures all complaints are acted upon.

The staff and Manager informed the Healthwatch Team that staff are able to have a say in how the home is run by attending one to one meetings with the Manager, supervision sessions, appraisals and staff meetings. One staff member said; “We are asked our opinions by the Manager.”

The Manager said; “Staff are encouraged to have their say in staff meetings or discuss things with me as I welcome their opinion as it may help improve the service we provide, they also are encouraged to complete a questionnaire on the iPad.”



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.

When asked if the home is always clean and tidy, some of the residents which the Healthwatch Team spoke to were able to agree that it is and that the temperature of the home is comfortable for them. Two of the residents stated that they can control the heating in their own rooms, by opening the window or adjusting the thermostat on the radiator.

Relative respondents all agreed that the temperature of the home is always at a comfortable level for the residents. They also all agreed that the home is always hygienically clean, well decorated and maintained and a dementia friendly environment. Comments included;

“The cleaning staff are always visible and the rooms and communal rooms are always clean and tidy. My husband's room was decorated at my request by the Handyman and he will always assist with the hanging of pictures and cabinets.”



Dementia friendly signage

The Manager informed the Healthwatch Team that she ensures the home is always at a comfortable temperature in resident's rooms and all communal areas by having thermometers which can be adjusted accordingly. She went on to say that she ensures the building and its contents are well maintained and decorated throughout by having daily walk-arounds and monthly audits. Staff are encouraged to write any work/decorating needs in the maintenance man's book for his



attention. The Manager added that she ensures the home is always hygienic and clean by having cleaning schedules in place and carrying out audits.

When asked in what ways the home is a dementia friendly environment, the staff informed the Healthwatch Team that doors are painted in different colours to the walls and floors so they stand out, dementia friendly signage is used throughout and the home is easily accessible. The Manager said; “We follow our Dementia Care Framework training which is implemented into the environment.”

During the Healthwatch Team visit we noted that the home had a relaxed atmosphere, it was bright and clean, with no apparent odours. The home has a new addition from the Healthwatch Team’s visit in 2018, this is the Orchard Café, which is a newly decorated conservatory area, with furniture which has been added to allow residents and resident’s families to enjoy views of the garden whilst enjoying refreshments such as afternoon tea.

It was noted that Elizabeth Fleming has a room dedicated to those residents who smoke. It was explained to the Healthwatch Team that this was a decision which was made when the smoking ban originally came into force. The room was sparsely furnished to keep fire risks to a minimum. Residents were observed using the space on what was a freezing cold day.



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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