



Care home life, what it's really like!

Alexandra View Care Centre



Date of Healthwatch Sunderland visit:
19th 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 19th 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	 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 Agree</div> </div>
3.	Good knowledge of each resident and their changing needs	 Neutral
4.	A varied programme of activities	 Agree
5.	Quality, choice and flexibility around food and mealtimes	 Neutral
6.	Regular access to health professionals	 Strongly agree
7.	Accommodation of resident's personal, cultural and lifestyle needs	 Agree
8.	An open environment where feedback is actively sought and used	 Agree
9.	Provide a physical environment which is suitable for the needs of the residents	 Strongly agree



Findings

Alexandra View Care Centre is a purpose built home, located at:
Lilburn Place
Sunderland
SR5 2AF

Telephone: 0191 549 6331
Provider: Roseberry Care Homes

See the latest CQC inspection report here:
<https://www.cqc.org.uk/location/1-308151266>

The home comprises of three floors and provides accommodation for 62 people in single occupancy rooms, 50 of which have en-suite facilities. Residents are encouraged to bring in their own items to furnish and personalise their room. The home does not offer double rooms.

Support is provided for people aged 65 years and over, who require residential, Enduring Mental Health (EMI) residential, Nursing, EMI nursing or palliative care.

There are six communal areas across three units, and three dining rooms. The home also has an accessible garden and Wi-Fi is available to residents, however, the home does not have a hearing loop system.

Activities are provided from Monday to Friday by a full time dedicated Activities Coordinator, who will also swap to work evenings or weekends to hold special events.

Residents wishing to have pets are assessed case by case and situation specific case. There are no hard and fast rules. Visitors are welcome to bring pets into the home to visit.

Protected mealtimes are promoted within the home. (A period of time when activity is reduced so staff can be available to help serve and supervise meals and assist residents who need help to eat and drink. This time also includes limiting visitors).

At the time of our visit there were 58 residents living in the home. Due to the individual health or capacity of the majority of the residents, the Healthwatch Team were only able to support 7 residents to fully complete the survey. The team received 3 staff (1 Manager, 1 Activities Coordinator, and 1 Care Staff) and 4 relative surveys back.

The results of these surveys are given overleaf:



Indicator 1 - A strong visible management

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

When the Healthwatch Team asked residents if they could identify the Manager, some residents had difficulty with this, however, this may have been due to their own individual health or capacity and two residents stated that they could not identify the Manager as Managers often changed.

The majority of relatives who responded to the survey said that they did not know the Manager at Alexandra View or knew little or nothing about her. One relative knew the Manager by name.

Relative's comments included;

"I have not met the Manager properly as I am at work most days."

"Don't know anything about the Manager."

When the Healthwatch Team asked staff about support they received from the Manager one staff member said the Manager has an open door policy and there is a daily huddle meeting where she can hold discussions or bring up any issues with the Manager or heads of departments. The other staff member stated that the Manager is new in post.

When asked about their experiences of talking to the Manager about any questions or issues, one staff member said that she has no issues around speaking with the Manager and commented "If the Manager is able to answer she will and if she doesn't know the answer she does try to find out."

The other staff member explained that as due to the Manager being new in post she is unable to comment on any experience of speaking with the Manager.

When asked what attracted them to the role of Care Home Manager, the Manager commented; "I am an experienced Manager and have worked across a variety of settings, both in older persons care and as a home and Regional Manager. Alexandra View was interesting as there was a need for a strong and consistent Manager and scope to develop the service in a truly person centred way."

The Manager explained that she had been in post for a few months and commented about what she enjoys about the role, saying; "Every day is different. My role demands that I manage the home and the safety of all who come to live here. I am also responsible for the staff team and have a duty of care to all who work and live within the home. In terms of the people who choose to live in Alexandra View, I want this to be home from home, with in built safety and well- being support. In terms of the staff, I am able to drive quality and standards to ensure staff understand their role and have the opportunity and ability, through skills, training and mentoring to do their job well."



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

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

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

When asked what they thought about staff at the home, residents gave mixed responses, the majority of residents agreed that staff are very good/good, with two saying it depends on who is on duty and one saying staff are 'alright'.

When asked if staff have time to sit and chat, three residents agreed that they do and two residents stated that they do not have time or are short staffed. Comments included;

“They are either too busy or not around.”

“I have a bit of a carry on with them, I will miss them if I have to go anywhere else.”

When relatives were asked if staff have the time they need to care for their relative, two relatives agreed that they did and one relative did not answer this question. Comments included;

“Yes, they talk to him and make sure he is fed and clean.”

“Don't know, I am not at the home every day.”



When asked if they feel staff at the home have the necessary skills to care for their relative, two relatives agreed that they did, one relative did not answer this question and one relative commented; “Don’t know, I am not aware of what training/skills staff have been given.”

When staff were asked if they feel they have enough time to care for residents, one staff respondent said ‘sometimes’, when asked if staff are encouraged to develop skills she stated this is accomplished by undertaking distance and online training.

Staff members who completed the survey explained what they enjoy about their job, some of the comments included;

“I enjoy talking to residents and listening to some of their life histories.”

“Making people smile and listening to different stories from service users from a range of different backgrounds.”

When asked if she has enough time to provide activities for residents, the Activities Coordinator commented; “Not always, it changes every day, especially when I have all my documentation, paperwork and risk assessments to complete.” She went on to say that skills are developed through regular training and that new ideas and suggestions are always gratefully received and appreciated.

The Healthwatch Team asked the Manager about ways staff are encouraged to develop their skills, she said; “I have experience of staff training and have worked in local college environments, gaining both my certificate in education and assessor units during this time. Staff employed within the home work through a variety of both face to face and on-line training. It is also important to ensure that staff reflect on practice and consider what has gone well, what did not go well and what could have gone better and how we can ensure this moving forward. This is encouraged through discussion and feedback as well as supervisions.”



The Manager went on to say; “I am currently rolling out some teaching sessions to senior Care Assistants to ensure that they have the skills and knowledge to complete all aspects of their tasks well. These are running alternate weeks from 6 -8pm and cover topics such as medication management, Deprivation of Liberty (DOLS), Mental Capacity ACT (MCA) and incident management.”

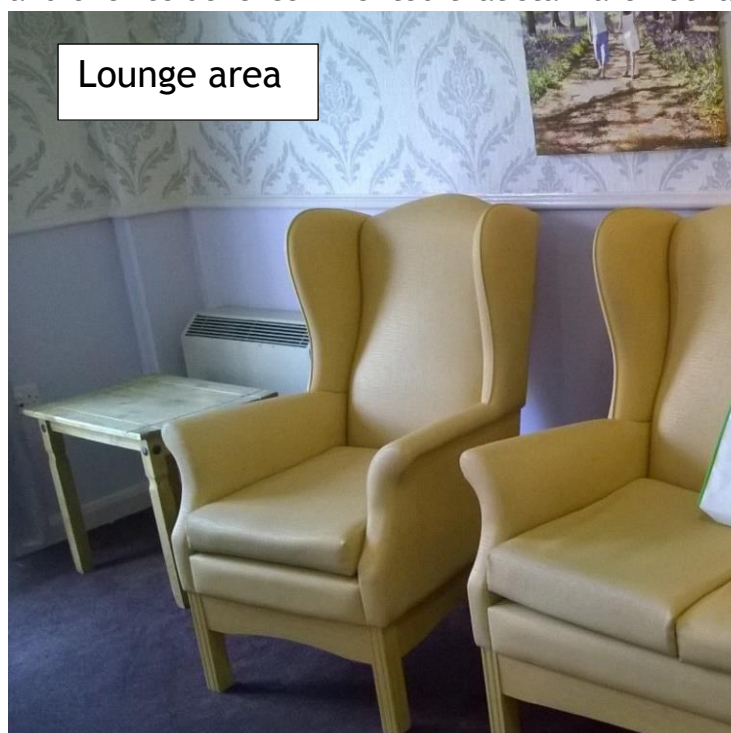
When asked how she ensures staff have enough time to care for resident’, the Manager stated; “Resident dependency is reviewed each month and this is then linked to the actual number of staff required on each unit. In addition, attendance at staff meetings and daily management meetings is used so that I can glean information about any changes or, indicators of change that may mean a person’s needs have changed. I review files and walk around the home several times daily and at all times I am observing and assessing both needs and requirements of each person on each unit.”

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

When asked do staff know your personality, likes and dislikes, resident respondents gave mixed responses, one resident stated ‘they definitely do’, two residents said that they do, two residents stated that they get themselves dressed and one resident commented that staff are not familiar with him or his changing needs.



needs.

When relatives were asked if the staff know their relatives life history, personality and health and care needs well, comments included;

“I believe they know very little of my wife’s past.”

“Don’t know what the staff know about my mum’s history, she suffers from dementia so they are unlikely to have been told anything by her. I would hope they should know her health and care needs.”

“Very well.”



When asked if staff at the home notice and respond to changes in their relatives needs and if relatives are informed of any changes, relatives gave mixed responses, ranging from ‘well enough’, ‘don’t know I am not there every day’ and ‘they seem slow in recognising my wife’s needs’. All relatives said that they are kept informed of any changes in needs either verbally whilst visiting or over the telephone.

Staff members who completed the survey informed the Healthwatch team that they get to know residents’ life history, personality and healthcare needs by talking with them and their relatives and that any changes in needs or preferences are recorded, including dietary notifications and also by speaking with residents and their relatives. Comments included;

“Staff complete ‘Memory Diaries’ and ‘This Is Me’ questionnaires to find out as much as we can about residents.”

The Healthwatch Team observed a staff member interacting with residents, he was pleasant and knew the resident by name.

When asked how she ensures staff get to know a residents life history, personality and health care needs when the resident first arrives at the home, the Manager said; “A detailed pre assessment document is completed and this is shared with the team. We also build care plans and risk documents to ensure that a step by step guide is available to staff to read. We have a handover tool which has every persons information included to give an overview of key needs and considerations/ preferences.”

The Healthwatch Team then asked the Manager how information about a resident’s likes/dislikes and their health and care needs are updated as they change and how are they passed on to staff, the Manager replied; “Care files are evaluated and reviewed each month or sooner if needs changes prior to the monthly planned review. Handovers are updated and a physical handover occurs at the commencement of each shift where changes are discussed and noted.”

Indicator 4 - A varied programme of activities

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

The Healthwatch team AGREE this was met.

When asked about activities provided at the home, resident responses were varied. Comments included;

“Activities include, ‘guess the song’ which we are going to do today, watching DVDs and I just like to sleep.”

“Sometimes we play cards for prizes.”



“I have been asked but I only get up for a couple of hours every day, usually at lunchtime to socialise with other residents.”

The Healthwatch Team observed staff and residents playing card games in the dining room, residents appeared to be enjoying the pastime.

When asked if it is easy to join in with activities, the majority of resident respondents stated that it is not easy to join in, one resident said that staff inform them when activities are taking place and one resident did not answer this part of the survey. Two residents said they would enjoy sitting in the garden during the summer months and one resident stated that they are not able to use the garden as it is not very nice.

The Healthwatch Team asked residents if they are able to enjoy any hobbies or interests that they undertook before moving into the home. The majority of resident respondents said that they do not undertake any previous pursuits. A further two residents gave the following comments;

“I still do some knitting but do not have any pets.”

“I like to play carpet bowls and greens bowls but I could not do that now, I sometimes do gentle chair exercises.”

When the Healthwatch Team asked relatives what they think about activities available to residents both inside and outside the home, responses were mixed with one relative not answering this part of the survey. Comments included;

“They seem fine and fair due to limited funding.”

“Very good.”

“Don’t know what activities are available, my mother is bedbound.”

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

“The staff try very hard to encourage my relative.”

“Don’t know what they do.”

When asked if residents continue to enjoy any previous pursuits, relatives indicated that due to their own individual health or capacity, their relative is no longer able to continue with any previous pursuits.

The Care staff respondent stated that the Activities Coordinator undertakes various activities at the home and that residents are asked if they would like to join in. However, she did not answer the question relating to outside activities.

The Activities Coordinator and Manager informed on activities available both inside and outside of the home, including; bingo (number and card bingo, crafts, home baking, skittles, bean bags, ball games, social afternoons and entertainment



evenings, pub visits for drinks and lunch, shopping trips, visits to the park and beach. She went on to explain that ‘Pony Therapy’ and ‘Hen Power’ make visits to the home and residents are encouraged to pet the animals.

The Activities Coordinator explained provision is made for those who cannot or do not wish to take part in activities. She commented; “One to one activities in residents’ rooms or in quiet areas. The activity depends on individual likes which are found out by speaking with residents and their families and is documented in care files (Memory Diary).” She added that residents are always given choice, encouragement and any support needed and that residents’ choices are always respected.

When asked how she ensure residents have the opportunity to continue their hobbies and interests, the Activities Coordinator explained that this is accomplished through the Process of Life assessment and a progress report. This asks service user likes and documents any assistance staff need to give to enable individuals to continue to take part.

When asked about activities provided at Alexandra View, the Manager stated; “We employ a dedicated Activities Coordinator who plans a diary of events for residents to choose from.” She reiterated a range of activities including reminiscence, knit and natter, craft afternoons and entertainers visiting. We try to link some activities to national and local events such as Burns Night supper, Easter bonnet making and New Year’s parties. She added that the home has access to a bus with trained drivers (shared with its sister homes), to facilitate trips to local beauty spots, shopping trips or lunch out etc.

The Manager said that residents are assisted and encouraged to take part in activities by being offered choice in differing formats such as verbally, via posters and picture based. She explained that the home has an ethos of inclusivity, differentiating access to all by adopting a flexible approach. She gave examples of how this is done, for example in knit and natter, using traditional wool and needles that have adapted tools to allow people with poor dexterity to engage in the same activity.

When the Manager was asked ‘how are residents supported to continue with previous hobbies/interests/pets’, she said “Residents are supported to access pastimes by ensuring each person’s needs are reflected in the planning process. We also facilitate attendance at local events where a hobby has been attended prior to moving to the home. Pets are also welcome to visit.



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

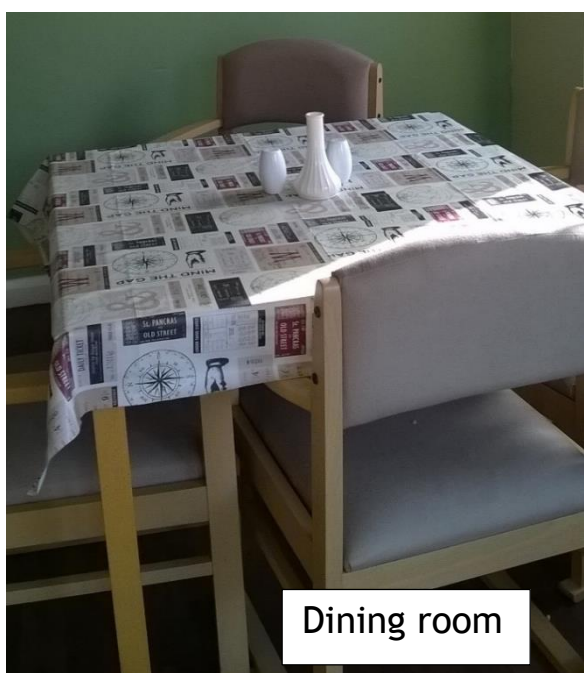
When the Healthwatch Team asked residents about the quality and quantity of food at Alexandra View, three residents who completed the survey stated that the food was good, one resident stated that the food was 'okay' and one resident said that sometimes it is good, sometimes not so good, one resident said the food was not very good.

When asked about choice of food available, responses were mixed, three residents agreed that there was enough choice, with two residents commenting 'not really much of a choice' and one resident stated 'not at all', one resident did not answer this question or the remainder of the survey. The majority of resident respondents said that they eat their meals in the dining room and this is a pleasurable experience, a further two residents stated that they eat meals in their room.

Comments included;

"I eat in the dining room, it's lovely and sunny in there."

"I like talking to friends, I like a joke and a bit of fun."





The majority of relatives who responded to the survey agreed the quality, choice and flexibility around food and mealtimes at the home is good or okay and one relative did not agree. Comments included;

“Not very good, mother often declines food that she does not like and is not given the option to have something else.”

“Very good.”

“It’s all very well and of a good quality.”

The majority of relatives responded positively when asked if they were confident that their relative is supported to eat and drink as much as needed and another relative stated that they did not know. Comments included;

“I have no complaints.”

“Highly satisfied.”

“Don’t know, I am not there every day or at mealtimes.”

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

“Don’t know.”

“All residents eat in the dining room.”

“They seem to be fixed to a time slot which helps residents to know mealtimes.”

When the Care staff respondent was asked what she thought of the quality and choice of the food at the home for residents, she commented; “Very good.”

When asked how residents are able to eat and drink at mealtimes as well as outside of mealtimes, she stated; “By offering encouragement and assistance”, she added that menu choices are available each day. Residents’ choices are adhered to by asking their preferences or looking at their diet notification sheet.

When asked what ways are mealtimes made sociable, the staff respondent stated that this is realised by staff interacting with residents and through the use of ambient music.

The Healthwatch Team observed staff serving tea and biscuits to residents, we were also shown the upstairs kitchenette area for use of residents and their relatives and friends.

When asked how she ensures high standards of quality and choice of food, the Manager stated; “We offer a four-week pre planned menu. We use fresh produce and home cooking is a priority. We offer vegetarian options as well as a range of other dietary needs being catered for. In addition to the planned menu, there are always alternatives available. Residents are asked about meal satisfaction each day and we add the food and menu topic to the resident and relative meeting each



month so that we gain feedback. We audit both the meal time experience as well as the quality of the kitchen and catering team and provision.”

The Manager explained that residents can choose to eat in the dining room or their own room and that smaller seating areas are available, to enable people to have family meals together if this their preference.

When asked does the home have permanent drink stations available to residents’ the Manager explained that hydration stations are available on each floor and that she ensures mealtimes are made sociable by encouraging an ambient environment. Staff also sit with residents offering un-intrusive and low key support and music is played in the background and the environment is set out in a tidy way.

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 STORNGLY AGREE this was met.

When asked about regular access to Dentists, Opticians, Chiropodists, Audiologists and other health professionals, the majority of residents responded to inform the Healthwatch Team that they have regular access to health professionals. One resident had recently moved into the home and had not seen anyone yet and one resident said they were fine and did not need to see a health professional. When asked about GP or hospital appointments, one resident stated that she had seen the Nurse that morning and other residents agreed that staff make appointments on their behalf and accompany them to any outside appointment.

The Healthwatch Team observed as the Nurse issued medication to residents.

Three relatives who responded to the survey indicated that they are happy with the access to a range of healthcare professionals available at the home. One relative did not respond to this question. Comments included;

“Very good.”

“I believe mother has access to GPs, Dentists and Optician when needed.

When asked about access to health professionals a staff member who completed the survey told the Healthwatch Team that District Nurses, Opticians make regular visits to the home and that GPs visit when requested.

When the Healthwatch Team asked the Manager about regular visits from health professionals she said; “We have regular visits from members of the multi-agency team, where we support their accessing the home. There is a weekly GP round which facilitates a review for each resident across a three-week cycle. Interim visits are booked and managed on a need led basis. The home has a strong link to the local surgery and has regular visits with the Elderly Liaison Nurse. When



residents choose to remain with a GP practice outside of the local arrangements, we support this and maintain close links to ensure support available when needed. Residents are supported and encouraged to have a minimum of yearly checks with Podiatrist, Dentist and Optician. The home has strong working links with an Optician and Dentist who will visit the home if needed.”

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

The indicator states that care homes should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs and shouldn’t make people feel uncomfortable if they are different or do things differently to other residents. **The Healthwatch team AGREE this was met.**

When the Healthwatch team asked residents if their culture and lifestyle needs are respected at the home the majority of residents agreed that they are met. Comments included;

“I go to the Salvation Army on a Monday for my dinner, my friend takes me. The laundry service here is good, if I need a shave one of the girls will do it for me and I get my hair cut here. I used to be a postman, I liked my job but felt I was too old to drive so I gave it up.”

“I shave myself and don’t need a haircut, nice laundry service, I always get my own clothes back.”

“A lady from the church comes in on a Friday morning.”

All relative respondents stated that their relative doesn’t have any specific personal, cultural or lifestyle needs and also agreed that a hairdresser makes regular visits to the home.

Relatives’ comments included; “Mother is bed bound, I believe mother’s needs are met but I am not here every day.”

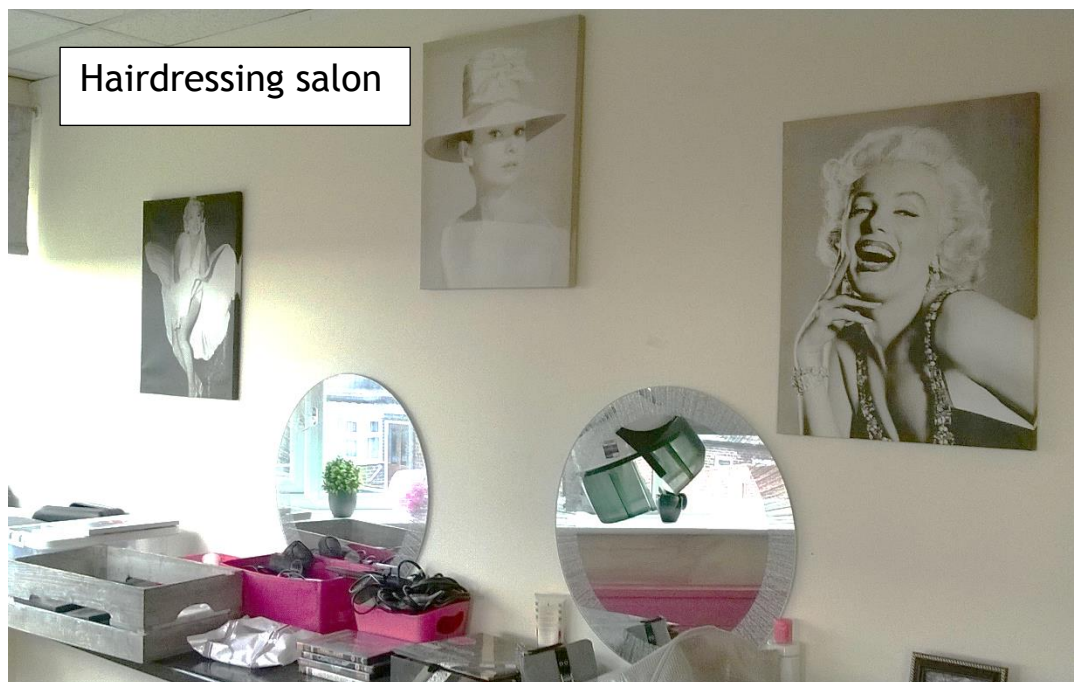
When asked about the laundry system at the home, two relatives agreed that it is very good/good. Others commented;

“My wife finds clothes hard due to no fabric conditioner.”

“Often takes a while for mother to have clothes returned to her after they are cleaned.”

When asked how residents’ religious and cultural needs are met the staff respondent commented; “We have representation from St Hilda’s Church, they come in on a Friday to give Holy Communion to some residents.”

The Healthwatch Team asked how residents and their family and friends can have a say in how the home is run, the staff respondent explained that surveys are undertaken. When asked for an example of how a resident or a family member has



influenced how the home is run, she commented; “Through residents and relatives meetings.”

Another staff member commented; “Residents can receive prayers, blessings or Holy Communion every week. A member of the church visits the home, also staff can ensure residents visit a church of their choice.”

When asked how staff have a say in how the home is run, staff respondents stated this is carried out at staff meetings, daily huddle meetings, also the Manager operates an open door policy.

When the Manager was asked about residents personal, cultural and lifestyle needs, she replied; “Through the initial assessment process and completing the ‘this is me’ booklet, needs and wishes are ascertained. Residents are supported with religious observations by visits to church and Holy Communion is then held every Friday within the home. Staff work flexibly to support visits to family members, having birthday celebrations inside of the home amongst other means to ensure that the lifestyle preferences preferred by the resident continue when they move to the home. We also have open visiting hours, giving flexibility of access to visitors, thus encouraging family links wherever possible.”

The Manager gave an example of how such needs have been accommodated, she stated; “A recent birthday party for the husband of a resident. This was celebrated in the home with a cake, the singing of happy birthday etc. Holy Communion is held in the home each Friday to support those people who wish to access this to do so. The hairdresser visits the home on a regular basis.”

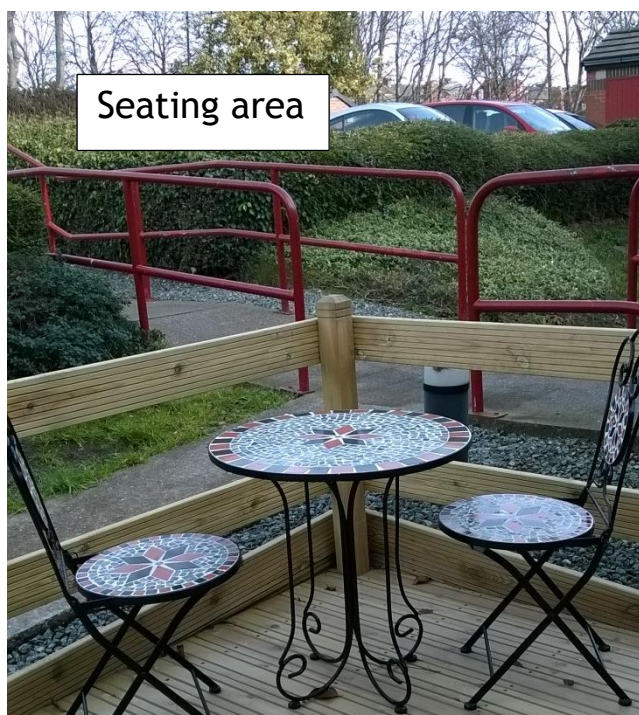
When asked about provision for residents to regularly get their hair cut/styled, she replied; “We have a hair salon within the home with a regular visiting hairdresser.



If the preference of the resident is to either have their own hairdresser visit or, to go into the community to attend the hairdresser, this would also be supported.”

The Manager went on to say that she ensures that the laundry staff get the residents own clothes back to them by the use of a marker system, residents have a name tag and marker applied to a discreet area of clothing to then identify the same.

When asked about mechanisms to ensure that residents are always clean and appropriately dressed the Manager stated; “Care needs are planned for within the care file and care plans. This details the support a person needs and the way they prefer to access this support. Senior members of the team then monitor the standard of care provided through direct observation and monitoring of care documentation completed by care staff. As Manager, I also observe discreetly and prompt staff where I perhaps have recommendations or suggestions to make. This is done informally and through a formal audit process.”





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 Alexandra View, two residents agreed that they are happy and have been asked, one resident said they are not happy, one resident said that he is alright but needs more things to do and the food needs to change. Two residents said they have not been asked if they are happy at the home. All residents agreed that the home is always clean and tidy, the majority of residents agreed the home is of a suitable temperature, however, one resident stated that it can be a little cold in the morning.

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

“I think it is marvellous that there are places like this. The good staff make it a good home.”

“A few have asked me if I am happy and I am happy with everything.”

“Yes I am happy and there is nothing I would change.”

When asked ‘what would you do if you needed to make a complaint about the home’ most residents informed that they would tell a family member, a member of staff or the Manager, two residents stated that they did not know how to make a complaint.

When asked, the majority of relatives who responded to the Healthwatch survey agreed that they feel welcome participants in life at the home. One relative said that they did not know.

Relatives gave mixed responses when asked how they can have a say in how the home is run. One relative stated that yes they do have a say in how the home is run, another did not respond to this question. Comments included;

“Chat with staff.”

“Don’t know.”

Relatives stated that they would speak to the Nurse, the Manager or in writing to make a complaint about the home, two relatives stated that they feel confident to do so and think that it would be acted upon appropriately. One relative stated that the home seems slow to react to requests and one relative said that they did not know as they had never made a complaint, so don’t know how a complaint would be dealt with.



The Activities Coordinator informed that residents, their families and friends can have a say in what activities are delivered both inside and outside of the home by attending regular residents and relatives meetings. The Activities Coordinator commented; “Residents and relatives can also approach myself, another member of staff or the Manager with any ideas or suggestions.”

When asked to give an example of such an occasion, she explained that relatives have volunteered to accompany on outings, suggested baking days/sales which they and staff have supported.

When asked how activities are evaluated to ensure that residents are continuing to enjoy them, the Activities Coordinator commented; “Process of life and progress report, also monthly evaluations are completed in the residents care plans and changed accordingly.”

When asked; ‘How do you as a staff member have a say in how the home is run’ the staff respondent said; “In a staff meeting.”

The Manager explained ways that residents and their family have a say in how the home is run; “We utilise surveys on a yearly basis and work alongside commissioners of services and social care teams to determine the way that the service moves forward. In addition, we look to utilise resident and relative meetings to gain opinions and thoughts of those using the service to guide us in its design. In recent weeks, we have begun a decoration upgrade and, to ensure people’s opinions and choices were at the forefront to what we provide, samples were shown to residents and relatives in colour and wall paper choices, so that they could choose what they felt they wished to see.”

When asked ‘How do you make use of feedback or complaints from residents and relatives’ The Manager explained that complaints and concerns are used to gather information about where things may have gone wrong, to reflect upon what goes well/what does not and how we can improve our practice. They are also a time to ensure we listen and, where necessary say sorry, to then include people in driving the service forward in a more positive way.

The Manager and staff informed on ways that staff have a say in how the home is run, including; staff meetings/ supervisions and discussions which are used as a means to gain opinions of those working within the home. Also, yearly staff surveys solicit opinion to inform the way forward.



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 **STORNGLY AGREE** this was met.

When asked about living conditions at the home, all residents informed that the home is kept clean and tidy, the majority of residents agreed that the home is kept at a comfortable temperature. All residents agreed that the home is always clean and tidy, the majority of residents agreed the home is of a suitable temperature, however, one resident stated that it can be a little cold in the morning.

Comments included;

“Yes, it is a lovely, situation is nice and sunny, and it's just nice and warm.”

“Yes my room is good, it's sometimes cold in the morning, otherwise alright.”

When asked if the home is kept at a suitable temperature, all relatives agreed that the temperature is fine. All relatives agreed that the home is always hygienically clean and tidy, well decorated and maintained. The majority of relatives agreed that the home is dementia friendly, however, one relative commented; “I don't know, I'm not there every day.”

When staff were asked how the home is made dementia friendly, they explained, that they ensure areas are safe (health and safety) and friendly with staff speaking with residents, correcting them in a calm friendly manner and that the home is being decorated at the moment using dementia appropriate colours.

The Healthwatch Team observed that the home was clean and being decorated throughout. The team also saw the use of dementia signage and contrasting colours which is used to stimulate the brain of dementia sufferers.

The Manager explained that the downstairs decorating process was near completion and the upstairs would be started soon. She added that a suitable temperature is maintained throughout the home by utilising regulated heating and thermostatic controls allowing the regulation of the temperature across all areas of the home.



The Healthwatch Team asked the Manager how she ensures the building and its contents are well maintained and decorated, she explained; “A constant programme of maintenance is in place with daily/weekly and monthly checks and audits of the fabric of the building, to support development of the home.



Observation on a daily basis is also utilised to highlight areas of concern or to identify necessary replacement items.”

She went on to say that she ensures the home is always hygienic and clean by employing a housekeeper who leads a team of domestic staff. Through a cleaning schedule and an audit process, to ensure the highest standards are employed both through planned and response-based cleaning.

When asked what ways is the home a dementia friendly environment, the Manager stated; “We utilise differentiation in colour to highlight key areas, pictures and names of those residing within the home to highlight personal space. Signage with pictorial emphasis is also utilised to highlight areas such as bathrooms etc. Training for staff to ensure they identify key and positive approaches to working with those with a dementia is utilised to ensure skill levels within the team.”





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, chiropractors 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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