



Care home life, what it's really like!

## Primrose Care Home



Date of Healthwatch Sunderland visit:  
17<sup>th</sup> July 2019





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### **Acknowledgements**

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



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## 1. Introduction

### What is Healthwatch Sunderland?

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

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

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



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

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





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## 2. Background and rationale

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

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

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

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

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

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

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



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### 3. Methodology

The ‘Care home life - What it’s really like!’ visit took place on the 17<sup>th</sup> July 2019 and was carried out by Healthwatch Sunderland staff and volunteer 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	 Agree
3.	Good knowledge of each resident and their changing needs	 Agree
4.	A varied programme of activities	 Agree
5.	Quality, choice and flexibility around food and mealtimes	 Strongly agree
6.	Regular access to health professionals	 Agree
7.	Accommodation of resident's personal, cultural and lifestyle needs	 Agree
8.	An open environment where feedback is actively sought and used	 Agree
9.	Provide a physical environment which is suitable for the needs of the residents	 Strongly agree



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## Findings

Primrose Care Home is a converted building and located at:

62A Station Road  
Hetton-le-Hole  
Houghton le Spring  
DH5 0AT

Telephone: 0191 517 2496

Owners: Rupinder and Hardip Kang

Website: <https://www.primrosecarehome.com/>

Facebook: <https://en-gb.facebook.com/primrosecarehome/>

See the latest CQC inspection report here:

<https://www.cqc.org.uk/location/1-146803738>

Primrose Care Home has the capacity to support 21 adult residents who require residential and Enduring Mental Ill-health (EMI) residential accommodation.

Although only four of the bedrooms have en-suite facilities, other rooms include a wash basin. Residents and their families are actively encouraged to personalise bedrooms as much as possible. The home has two bedrooms which are large enough to accommodate couples.

The residents at the home have access to the internet, the home's garden area and two communal rooms. Although there is no hearing loop system currently.

Requests from those who wish to bring along pets are considered on an individual basis prior to admission. Visitors are able to bring their pets into the home to visit the residents.

Activities take place every day at Primrose Care Home, with an Activities Coordinator being present on the rota each day.

Protected mealtimes are in operation at 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 15 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 one additional resident completed the survey independently. The team received six staff (one Manager, two Senior Care Assistants, two Care Assistants and one Activities Coordinator) and four friends and relative surveys back.





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The results of these surveys are given below:

## Indicator 1 - A strong visible management

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

Two of the residents who were supported to complete the Healthwatch survey were unable to name the Manager or tell us a little about them. This may have been due to their own individual health and capacity. One of these residents was introduced to the team by the Manager and seemed very relaxed in her company. The two remaining residents were able to name the Manager and said;

“She is a lovely lady. She’s great, a cracker!”

“Lovely, very helpful and caring.”

Although the friend who completed the survey did not know the Manager of the home, who had only been in post for four weeks at the time of our visit, the three relatives could all name her and when asked to tell us a little about her said;

“She is a new Manager, so I don’t really know much about her yet. She seems nice and is very welcoming.”

“Do not know anything about the Manager as she has only been in post a few weeks.”

“She is doing really well since she came here four weeks ago.”

When the staff were asked about the support they receive from the Manager, comments included;

“We are under new management, however the Manager appears visible when needed.”

“We have a new Manager, so we are just learning about each other at the moment, but she does seem approachable.”

The staff stated that when speaking to the Manager they find her to be approachable, helpful, easy to speak to, she listens and is understanding.

When the Manager was asked what attracted her to the role of Care Home Manager she said; “I was a Support Manager for New Prospects based at Whitley Bay and I was looking for something closer to home to manage. When I saw the home, the residents and met the staff I thought that this was a really nice caring home and I felt comfortable to manage the home.”

She went on to tell us what she enjoys about the role; “I enjoy seeing how keen the staff are to ensure that the residents are safe and happy. I have enjoyed getting to know the staff, their routines and meeting the families. I have enjoyed doing the audits; this has allowed me to ensure that the home is running safely and



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that the staff are completing their individual roles. I am going to be starting the staff supervisions soon, but as I have only been in the post four weeks I wanted to get to know the staff better before I start this.”

During the Healthwatch visit the team witnessed her having several positive interactions with both the residents and staff members of the home. She knew the residents by name and they seemed comfortable in her presence.

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

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

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

When the residents were asked about the staff at the home, we received the following positive responses;

“You can travel anywhere and not get better!”

“For what I know of them, they are very nice.”

“They are champion. One of two of them look after me.”

“Fab! Very kind and will do anything for me. They look after me every day.”

When the residents were asked if the staff have time to stop and chat to them they said;

“They talk to me if they see me.”

“They are busy, but if they have the time, they sit and have a chat with me.”

“Oh yes, they do have a chat.”

“Yes, they do.”

When the friend and relatives were asked if the staff at the home have enough time to care for their friend and relatives we received these mixed responses:

“There seems to be plenty of staff at the moment, but sometimes they are short staffed.”

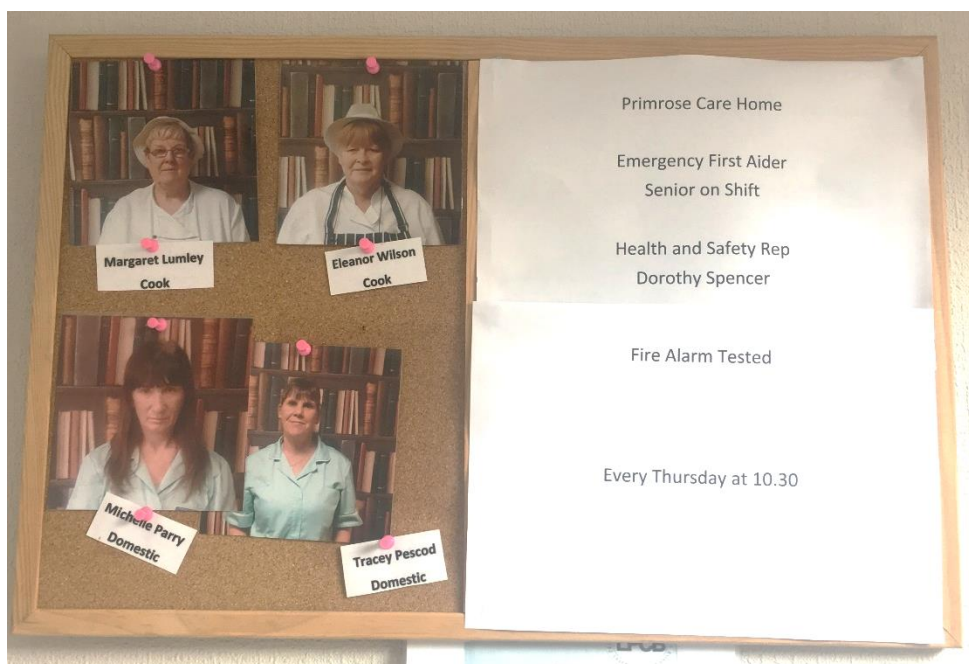
“Only two staff and one Senior Carer on during the day. So the answer is no.”

“From what I have seen and heard 100% time and care.”

“Yes, try to do something different every day.”

When asked if they feel the staff have the appropriate skills to care for their friend and relatives we received the following responses;

“Some do and some don’t.”



Some of the Primrose Care Home staff

“Yes they do.”

“Have all the skills they need and give really, really good care.”

“If they did not have the skills and care it would be seen. They are very professional.”

All of the staff who were asked if they feel they have enough time to care for the residents at Primrose Care Home agreed they do. Their comments included;

“Yes, I have no issues in regard to the care or time I give to each resident.”

“Yes we have enough time to care for each resident.”

When the Activities Coordinator was asked if she has enough time to provide varied activities for the residents at the home, she said; “Yes, we fit our activities around our residents so as and when residents want activities we are able to provide them.”

Staff added that they are encouraged to develop their skills and enhance their knowledge by attending a range of training courses, including e-learning. One staff member added that they attend Sunderland College to enhance these opportunities.

All of the staff respondents to the Healthwatch survey put the residents at the heart of their responses when we asked them what they enjoy about their jobs. Their comments included;

“Putting smiles on the resident’s faces.”

“I enjoy caring for the residents and making sure they are happy, content and comfortable.”



“Helping the residents to maintain their independence as much as they are able. Listening to their stories about life years ago.”

“I enjoy providing good quality care to each individual in the way they choose.”

The Manager informed us how she ensures staff have enough time to care for residents; “I ensure I always have sufficient staff to cover each shift. We have Activity Coordinators on shifts to ensure that the residents are fully supported to do the activities they enjoy.”

She went on to say how she encourages staff to develop their skills; “I used to teach Health and Social Care and I have been able to locate some free accredited courses. Four members of staff are going to complete the Level 2 Medication course, two are going to compete the level 2 Health and Social Care qualification and another member of staff will be completing End of Life training.

I am a Moving and Handling Instructor and I have been able to teach two new carers within the safe handling of people before starting their caring role.”

Several positive interactions were witnessed during the Healthwatch Team visit between staff and the residents. All seemed relaxed and were chatting and laughing together in the communal areas. The staff who introduced the team to residents who were able to complete the survey process, were respectful, knocking on residents doors before entering and giving the residents the choice to speak to us or not.



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Some residents choose to sit in the communal dining room which is adjacent to the home's conservatory and the kitchen, where the cook is on hand to make refreshments and chat to them. The team noted that there was a lovely atmosphere in the room. Residents and staff seemed relaxed and at home in their environment.

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

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

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

All of the residents agreed that the staff at the home know them, know what they need and what they like and don't like. Responses included; "I think they do. They have a difficult job, but I have no complaints, they are all lovely!"

Relatives and the friend who responded to the survey were asked how well the staff at the home know their relative or friend's life story, personality and health and care needs, they said;

"They seem to know her well. She has been here now for four years."

"Yes, they know what my mother-in-law needs."

"They are well versed in all aspects of his care and needs."

"No evidence or little evidence to my relative's life story."

All but one respondent gave positive comments when asked if the home both notices and responds to changes in their friend's or relative's needs. Comments included;

"Notice straight away if my mother-in-law isn't well."

"Not sure."

The majority of relatives stated that the home contact them either by the telephone or during their visits to the home if there have been any changes to their relative. The remaining relative said; "No one contacts me or other family members."

The friend replied; "As a friend, I presume I would be informed on behalf of his other friends."

When the staff were asked how they and other staff members get to know a resident's life history, personality and health and care needs when they first arrive at Primrose Care Home they said that this information is gathered from Social Workers, healthcare professionals, family members and the residents themselves. Care plans are developed which the staff are then able to read to learn more



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about the resident. Comments included; “Our care plans are very good and have a good background.”

The Manager said; “The way we find out what our residents want to do and what they enjoy is by taking time to talk to them and getting to know them on an individual basis, this way we can provide personal centred care. Prior to new residents coming into the home a pre-assessment is carried out. This way we can be sure that their needs, likes, interests, and goals can be fully supported; often this is done with the residents and their family members or friends, this allows us to ensure we capture a good background understanding of the person. We build upon this as they come into the home by talking to them and spending time with them.

Staff are given induction training and part of this training also involves reading the individual care plans which have all they need to know about the resident. A large section of the care plan is taken up with resident’s personal life stories, new staff are encouraged to read this vital section as it shows what the resident enjoys or, dislikes and it provides details of their family life. Other parts of the care plan will indicate how the individual should be moved, where risk assessments are written up showing how to ensure safety when handling. Many residents need support with moving and handling and new staff cannot start working with our residents unless they have had their moving and handling training.”

Staff went on to say that resident’s likes/dislikes and their health and care needs are updated as these change and passed on to staff who observe residents, making records of changes which are transferred to the resident’s care plans each month or straight away if there are any updates from Healthcare professionals. Staff are kept up to date at hand over meetings. The Manager added; “The staff communicate with the residents and their families, new information is passed over to members of the next shift via a handover; the way this works is by using a communication book, if a resident says that he/she no longer enjoys a certain item then it is placed into the communication book and their care plan is updated. All residents have free choices whether this be with activities, food or within their daily routines.”

#### **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 the activities available to them in Primrose Care Home, we received the following responses from residents;

“There is bingo and we often watch a film together. The women get together and have a chat and a cuppa. I enjoy the sewing, it occupies my mind.”





“I join in whatever is happening.”

“Lots of games and colouring books, bingo, dominoes and ball games.”

“I know there are activities, but at 98 I can’t do much now.”

The Healthwatch Team then asked the residents about activities outside of the home and we received the following responses;

“We are going for a walk to Hetton this morning. We go out often, but if I don’t feel like going, I don’t go. The girls take us, but I’m not bothered who takes me as long as I get out.”

“One of the girls is doing a parachute jump a week come Wednesday and I am looking forward to going along to watch. The girls are arranging for me to go.”

“I am taken out to meet people from different homes and trips out to the shops in Hetton Centre.”

On discussion with one staff member she told one of the Healthwatch Team that she was very much looking forward to ‘jumping out of a plane’ to raise money for the home’s resident’s fund. She went on to say that the money would be used to hire a mini bus and driver from a local charity to take residents on trips and activities.

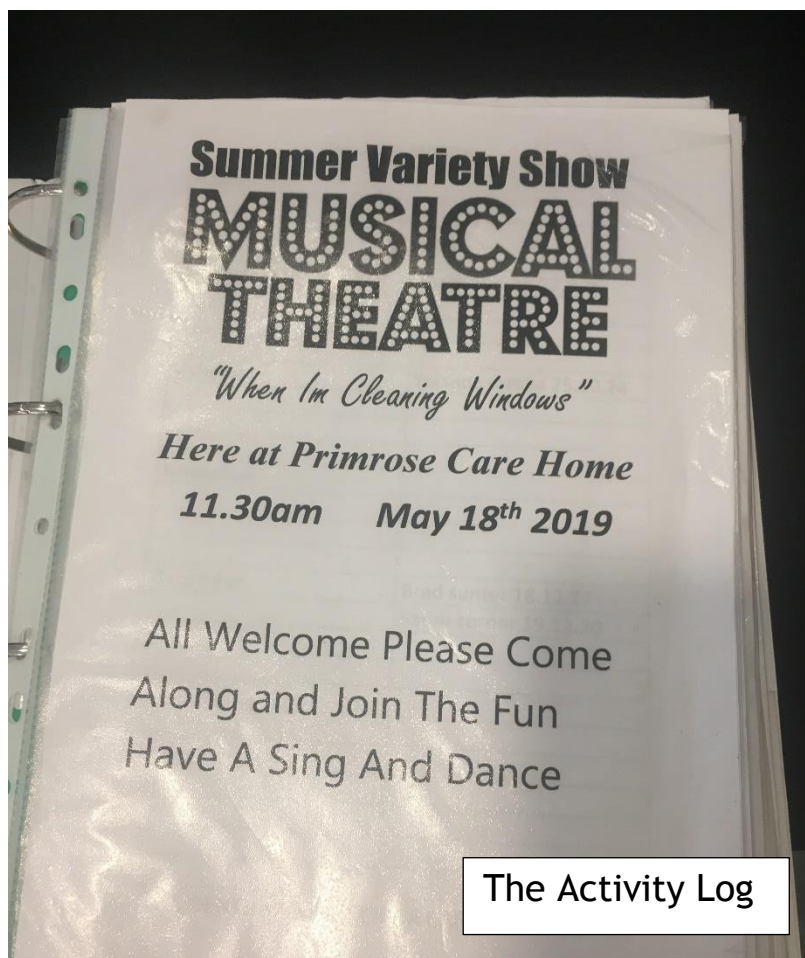


All four residents agreed that the activities are easy to join in, with some telling the team that staff members come and tell them when something is about to begin. One resident added; “Even though they know I don’t normally join in they still check if I’m interested.”

All of the residents stated that they like to use the home’s garden in the nice weather.

One resident informed us that they are still able to attend outside groups such as; a disability group and one for senior citizens.

When friends and relatives were asked what they think about the activities available at the home they said;



“The activities are there if he needs them.”

“There are activities both inside and outside of the home, but my relative isn’t always up to doing them.”

“Yes she is taken out.”

“Not a great deal for them to do. Sat in lounge most of the day watching TV. Could take them out, but just sit in garden.”

All of the respondents went on to say that their relatives and friend are encouraged to get involved in the activities, but sometimes do not want to join in. Comments

included; “She is encouraged by the Activities Coordinator, but needs pushing more, we think.”

When asked if their friend and relatives are still able to take part in past hobbies and interests, we received these mixed responses;

“She does some activities and still goes to her disability group.”

“Not so much, mobility is less now and eyesight not too good.”

“He is a person who needs very little things to do, just a nice peaceful environment keeps him content.”





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“Takes part in some things, but interests and hobbies are not met.”

The staff gave us the following list of activities which are available to residents inside Primrose Care Home and facilitated by the home’s two Activities Coordinators: arts and crafts, board games, reading, knitting, bingo, cooking, flower arranging, quizzes, glass decorating, darts, karaoke, milk shake making, ball games, memory books, pamper days, painting nails, drawing and colouring, films, sensory activities, toys, gardening, time in the garden and afternoon teas.

The Manager added; “Primrose has networked with other businesses and they have invited our residents to join them within the activities that they have put on. Two weeks ago many of our residents enjoyed going to a tea party which was held at Hetton Centre and appreciated the old style of musical entertainment which was provided.

Within the home we have Activities Coordinators that prepare well thought out activities to help keep the residents both entertained and their minds active.”

Staff informed us about activities outside of the home, which included: visits to local clubs, afternoon tea, walks out, farm trips, shopping trips, activities with other care homes and visits to Hetton Carnival and summer fairs. The Manager added; “Residents enjoy going out and we have sufficient members of the team to ensure that they are able to visit places of interest. Next week on the 24<sup>th</sup> a member of staff is going to do a parachute jump where she has raised over £1000 which is all going toward amenities for the residents.”

The Activities Coordinator told us what provision is available for those residents who can’t or do not wish to take part in group activities; “Some residents do not wish to take part in activities, as such, therefore we would offer one to one chats, reading, games of Connect 4, walks out and attendance at coffee mornings.”

Staff stated that they encourage residents to take part in activities by offering their assistance. The Activities Coordinator added; “We offer a lot of encouragement. I am always happy and chirpy, which makes a big difference to their moods and their wanting to join in. Sometimes we ask them to help, so they know they are a valued part of the team. Also sometimes shorter activities are better to keep the residents engaged.”

The Manager said; “We try to do activities that they enjoy and want to take part in. We ask them and encourage them to take part if they can. We have a range of different activities so they can be changed if the residents do not want to do a particular activity.

Our Activity Coordinators are happy people and they have taken time to get to know each resident on an individual basis and know their likes and dislikes.”

When asked how residents are supported to continue to do past hobbies and interests the Activities Coordinator said; “In time we find out what residents enjoy the most and carry on to encourage them to keep up with the particular hobby as well as trying new ones.”



Resident's wall art

The Manager added; “We have had a resident in the past that had a cat and the cat came into the home with him. I am assessing a gentleman tomorrow that has fish and as this is going to be his home, he can bring them in with him. Some family members bring their dogs in to see the residents and they love to see the animals. We do have a lady that regularly brings her dog into the home as pet therapy, this makes the residents happy.”

The Manager stated that the home doesn't have its own mini bus to facilitate outings.

During the team visit one of the Activities Coordinators started her shift by firstly completing a round of the home with the 'tea trolley' which included hot drinks and a selection of biscuits. On her way she was asking residents if they would like to join her and other staff members, which included a young lady who was on work experience at the home, for a walk to Hetton Centre to see the newly erected statue of a miner and his son. Several residents were excited at the prospect of the outing.



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The Activity Coordinator asked one gentleman who was in the main lounge if he would like to watch a movie and gave him a choice of films. She put the film on for him as he would be alone in the lounge as the other residents were accompanying her on the walk.

Several residents were watching the TV in the comfort of their own rooms.

One resident stated that they are no longer able to undertake their past hobbies and interests and cited this was due to their age.

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

All residents gave positive responses when asked about the food at the home, they said;

“It’s very nice, normal food.”

“It’s alright, the stew is my favourite.”

“Marvellous! You couldn’t get a better Cook anywhere. Everything she makes is nice.”

“The food is good, we have two good Cooks.”

Three of the residents stated that there is always a choice given to them at mealtimes. Comments included;

“They have just been to see me to ask me what I want for dinner. I am having mince and dumplings and I am looking forward to it.”

“There is always a choice and you never go hungry in here. They are always coming around with tea, coffee and biscuits.”

The remaining resident did not answer this question on the survey.

The residents went on to say that they like to eat their meals in either the dining room or adjoining conservatory, with one person stating that if they are unwell they eat their meals in their own room. Three residents added that they look forward to mealtimes and the remaining resident said that they enjoy mealtimes some of the time.

When the friend and relatives were asked to comment on the quality and choice of food at the home, we received three positive comments, with the remaining relative stating that they have not seen the food as the home follows a Protected



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Mealtimes Policy. They added that they feel the portion size is inadequate. Another relative's comments included; "The food is fantastic. When mother says she fancies something it is made for her."

The majority of respondents went on to indicate high levels of satisfaction when asked if their friend and relative is supported to eat and drink as much as possible. The positive comments included; "Yes, she is supported to eat. She did not drink enough at home, but she is encouraged here." The remaining relative stated that their relative doesn't need support in this area.

The friend and relatives stated that mealtimes are made sociable by residents all sitting together in the communal dining room, which is calm and peaceful.

All of the staff spoke positively about the food at Primrose Care Home, stating that it is fresh and homemade. Comments included;

"The food is handmade and residents can have whatever they wish."

"Good quality food and the fresh meat is supplied by the local butcher."

The Manager explained how she ensures high standards of quality and choice of food; "The residents are asked about likes and dislikes. The cook always provides a choice of meals and if the resident does not want the choices provided then we extend the choices to ensure that each resident is provided with a range of tasty, healthy options."

Staff informed that residents who need assistance to eat and drink are given the support they require. Snacks and drinks are also available at the home at all times and residents are aware that they can request them at any time. There is a daily menu available to residents to make their meal choices, but alternatives are accommodated where possible. Residents can eat their meals where they wish. Comments included; "Residents mostly come to the dining room, but can also eat in the lounge or in their own rooms."

Mealtimes at the home are made a sociable time by staff encouraging residents to eat in the communal dining room together to enable conversation. The Manager said; "Residents eat together and can sit wherever they prefer, there is no set places, this allows residents to mix and meet with everyone. As many have dementia in varying stages we always say who they are sitting with for example, X you are sitting next to X today."

The Manager informed the Healthwatch Team what systems are in place to support residents to eat and drink at mealtimes and outside of mealtimes; "We have a range of different choices both hot and cold. Each resident is asked what they would like to drink. Some residents must have a thickener added to prevent choking, again staff would know this by reading their care plans. We have different cups to support the needs of our residents with range from spouted beakers and beakers with two handles to help to keep residents independent."



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As the weather has improved some have enjoyed taking advantage of this and enjoyed drinking cold drinks outside, obviously the same care is taken and the variety of choice is provided.”

She went on to say what choices residents have about what, when, where and how they eat and drink; “The residents have total choice as to when they would like to eat and drink. The residents get up at different times in the morning, some like to have their breakfast as soon as they get up; one gentleman prefers to get up early and to have a coffee and then he goes back to bed for an hour to have his breakfast. Some residents enjoy a later lunch if they have had their breakfast later than they usually do. Many residents go out with their family members and will have lunch or tea when they get back from their outing.

Some residents prefer food to be offered little but often, others enjoy a larger meal and will wait until their tea is made for them. We can adapt our time to suit the needs and desires of the residents.

Although the home does not have a permanent drink stations available to residents, they are provided with drinks whenever they request them. If a resident is unable to communicate well staff will provide choices by showing the drinks and allowing them to pick their preferred option.”

During our visit the Healthwatch Team spoke to the Cook who explained there was a choice of either sausage and onions or mince and dumplings for lunch and a soup would be served at tea time. There was another young lady in the kitchen who was helping out on a week’s work experience from a local school.

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

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

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

When the residents were asked about their access to a range of health professionals they all stated that they had seen a Dentist. One resident said; “I have just got new teeth, that’s why I’m smiling!”

Two residents stated that they see a Chiropodist, who looks after their toe nails, offers necessary treatment and had supplied one resident with some ‘special slippers’.

All of the residents told us that staff accompany them to external appointments.

When one resident was asked what he would do if he ever felt unwell he said; “I would tell the lasses. The first thing they ask you on a morning is ‘how are you feeling?’ I used to live next door to the Cook, so I know her and her husband well. He took me to a hospital appointment.”



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Another resident said; “The home rings the doctors for an appointment and the ambulance (Patient Transport) is booked for visits to the hospital.”

The friend and relatives informed us that there are a range of healthcare professionals who attend the home to see the residents and appointments are made by the staff.

Staff informed us on the range of healthcare professionals who visit residents at the home, they included; GPs, District Nurses, mental health professionals and Social Workers. Their comments included; “Primrose has a Dentist and Optician who visit regularly. The Chiropodist visits every six weeks. Any need for a health care professional can be contacted daily in order to make appointments.

The Manager added; “All professional visits are written into the care plan. It states who the professional was and the outcome of the visit. The information is then put into the expected part of the care plan, for example the dietitian notes would be written up into the nutrition part of the plan as well as the professional visitor’s part. To ensure that the shift that follows knows about the visit it is logged into the communications book so that this can be handed over to all who are supporting the residents.”

## **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 residents were asked if they were happy with the laundering process at the home and if they always get their own clothing back, they all agreed. Comments included;

“You put your laundry out for the staff and they come and collect it from you and wash it. They make sure you’re nice and clean.”

“Yes, also able to wear my own clothes and staff are good at returning my own clothes.”

When asked if they are still able to practice their religion, two residents said;

“I believe in God and pray every day. I don’t see any religious visitors here, but I don’t want to. I used to play the cornet for the Salvation Army.”

“Religious people will come if I’m poorly.”





Two residents informed that a hairdresser comes to the home to cut and style their hair. The Healthwatch Team met her as she was in the communal dining room chatting to residents as they finished their breakfasts and enjoyed a cup of tea.

One resident was very happy with her nails which one staff member had painted for her and proudly showed them off to one of the Healthwatch Team members.

Neither the friend nor the relatives who responded to the survey stated that their friend or relative have any specific lifestyle, religious or cultural needs. All were aware that there are regular visits from a hairdresser, to cut and style the resident's hair.

When asked if the laundry staff get the correct laundry back to the correct person, we received these mixed responses;

“Yes, they are always returned.”

“Clothing and essentials are washed, pressed and returned as needed.”

“Sometimes items go missing, even when they have their name on and must all be washed together, because white bras go grey.”

“Not very good at all. Always has other residents clothes put in with their own.”

All but one of the respondents indicated high levels of satisfaction when asked if their friend and relatives are always clean and appropriately clean and tidy. The



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remaining relative said; “Some days. Other days there is dinner etc down their jumper which is still on if messy.”

All staff respondents stated that church services are available to residents if they wish to attend. Comments included; “All residents are respected individually in their beliefs. The Activities Coordinator collects leaflets from local churches and any residents wishing to attend church will be supported.”

The Activities Coordinator explained how activities are tailored to meet a resident’s religious and cultural needs; “Residents always have a choice if they wish to take part in birthday and Christmas celebrations. We encourage residents to take part in any activity that is part of their culture.”

The Manager explained how the home finds out about and cater to residents’ cultural, religious and lifestyle needs; “We ask the resident and involve the next of kin. Should any resident want to attend church or if they required special diets this can be arranged. We understand how important it is to keep cultural and religious needs and staff are trained within equality and diversity to ensure that needs are met.”

She went on to give an example of how these have been accommodated; “Unfortunately, due to the residents age and ailments they do die; many have stated what kind of funeral that they would prefer, at Primrose we work with the bereaved families and have ensured that their wishes have been met.

As I have only been in the position for four weeks, I have not come across any cultural needs but prior to accepting people into the care of Primrose we would be sure that we could meet their expectations and their needs.”

She added that the home has a trained hairdresser that calls into Primrose every week to style, perm or wash and blow any of the resident’s hair. Residents have the right to choose their own hairdresser/barber if they wish.

The Manager stated that she ensures the laundry staff get the residents own clothes back to them by the home having its own washing facilities and clothing is washed daily; to ensure it is returned to the correct resident their initials are discreetly placed onto the tag. Some family members prefer to take their loved ones washing home and they launder it and bring it back.

To ensure residents are always clean and appropriately dressed, staff support and encourage the residents to wash each morning. The residents have a choice to take either a shower or a bath, to ensure safety a bath seat hoist and showering chair are in situ. Staff encourage the residents to pick out their own clothing and will support with dressing if required.

The Healthwatch Team witnessed the laundry assistant who was in the laundry folding resident’s clothing. It was noted that the area was very clean and sweet smelling and the residents clothing was being treat with respect.





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## 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 the residents who were supported to complete the Healthwatch survey were asked if anyone asks what they think of the home and if they happy, none of the residents said that they get asked if they are happy, but they all gave positive responses;

“I’m alright here. They are a few people together.”

“I quite like it.”

“They can see I am happy.”

“I’m happy with the home.”

None of the residents stated that there is anything they would like to change about Primrose Care Home.

When residents were asked what they would do if they ever felt they needed to make a complaint, they said;

“I would see Dorothy (Manager) and have a word, although I have had no reason to so far.”

“I would see whoever is in charge.”

“I would tell one of the staff.”

“I can talk to the Manager about my problem.”

All but one of the relative respondents stated that they feel welcome participants in the life of the home. The remaining relative said; “Not sure.”

The friend who responded to the survey said; “Most definitely! Always welcome.”

Two of the relatives informed us that they and their relatives can have a say on how the home is run by attending family meetings or by speaking to the Manager. The friend said; “The home is in my mind well run, his needs are always catered for.” The remaining relative said; “Have no say in the matter.”

Three respondents said they would feel confident to make a complaint if needed and they would do so by approaching either the staff or the Manager of the home. Two of these respondents stated that they feel their complaint would be acted upon appropriately, with the remaining person adding that they did not know if this would be the case. One relative was unsure who to make a complaint to, if they would feel confident to make a complaint or if it would be addressed.



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Staff and the Manager stated that residents and their family members can have a say on how the home is run by speaking to either staff or the Manager of the home, by completing regular questionnaires or by attending resident and relative meetings where notes are taken and comments are acted upon. Their comments included; “All residents are encouraged to be open about their needs and wants and wishes. Family and friends are also encouraged to be open and honest. All staff are easily approached with any concerns and regular questionnaires are done by management.”

Two of the staff members stated that some family members arranged for a local charity who run a community transport service to be used by the home to take residents on trips and outings.

The Activities Coordinator explained how residents and their friends and families can have a say on which activities are delivered at the home; “Families generally don’t join in with our activities. Residents are always asked what new activities they would like to do or anywhere they would like to go. In the future we are going to offer an activities questionnaire.”

She gave the following example of how family members have influenced the provision of a new activity; “Some families bring donations in for memory boxes, which include old and new photos and decorations. We appreciate family input and ideas and we generally act upon them.”

The Activities Coordinator stated that activities are evaluated each month with every resident to find out which activities they have enjoyed or not enjoyed as much.

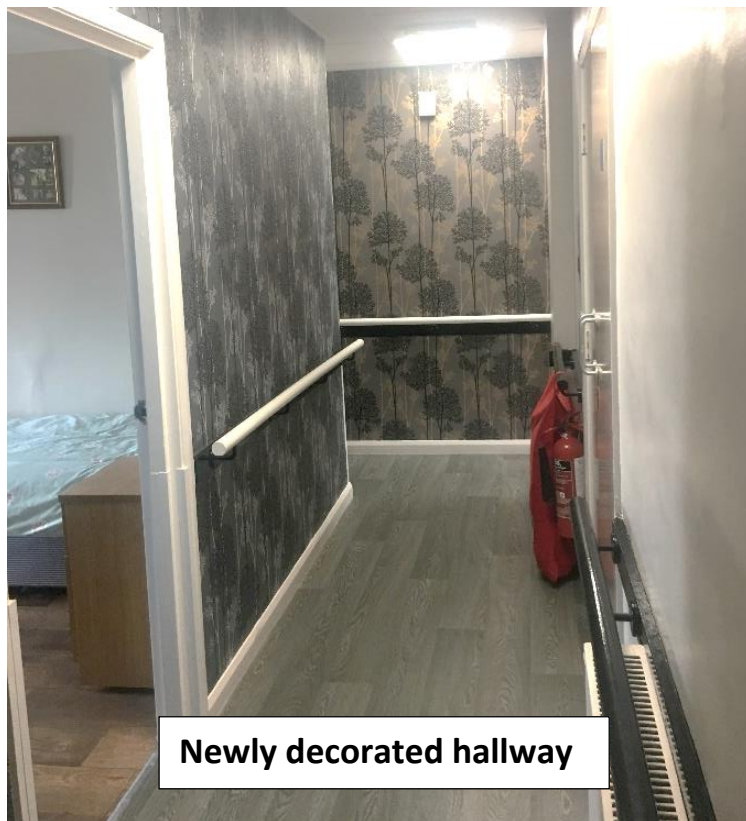
The Manager explained how she makes use of feedback or complaints from residents and relatives; “We hold team meetings where it is stated how many complaints, comments and praises we have received from residents and their family members. The issues are recorded and as a team we work hard to amend and resolve any areas of concern. We then ensure that we keep the resident and/or the next of kin up-to-date with the progression.”

Staff agreed that they can have their say on how the home is run by speaking to their Coordinators, attending regular staff meetings or by speaking to the Manager or other staff members.



## 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.



Three of the residents stated that they find the temperature within Primrose Care Home to be at a comfortable level. The remaining resident said; "Never cold, always warm."

When asked if the home is always clean and tidy, positive responses included; "It's lovely! I see the girls cleaning."

"Yes, I see the staff many a time cleaning in the morning."

The friend who responded to the survey stated that when they visit the temperature at the home is at a comfortable

level, with one relative agreeing with this statement. Another relative respondent said that although they find the temperature too hot, the residents at the home feel the cold more and find the temperature to be OK. The remaining relative said that some days the home is too hot and on others it can be too cold.

The majority of respondents went on to say that the home is always hygienically clean and tidy, with the remaining relative saying this is the case most of the time.

The majority added that the home is well maintained and well decorated, with the remaining relative stating that although the home has been decorated lately they find the décor to be gory.

The friend and majority of relatives stated that the home is a dementia friendly environment, with the remaining respondent saying that they are unsure about this aspect of the home.

The Manager explained how she ensures a comfortable temperature is maintained in resident's rooms and all communal areas; "The residents are asked if the temperature is too hot or cold. We have different areas, sometimes residents will sit in the conservatory as this may be cooler or warmer depending upon the



outside temperature. We support our residents to dress appropriately for the weather conditions. We will open or close windows as required.”

She went on to state how she ensures the building and its contents are well maintained and decorated throughout; “The owner has updated the décor of the home. The contents are visibly checked to see if they are damaged. As part of my audits I check mattresses and chair coverings to ensure that they are in tacked and that they are safe and fit for purpose. Any damage is logged and either repaired or discarded.”

Finally the Manager informed how she ensures that the home is always hygienic and clean; “We have cleaners that are on the rota each day to ensure the home is hygienically clean. Staff follow the hygiene policies and ensure that they come into work clean and that they wash their hands when needed. The home has a sufficient supply of gloves, aprons and cleaning products.”

Staff and the Manager told the Healthwatch Team how the home is made a dementia friendly environment; the use of pictures and old photos of the local area and wording signs. The same flooring is used throughout the building (to support perception), staff take time to speak to residents, the use of dolls as many feel comfort from having a baby or a child that they can care. The facilitation of dementia friendly activities which are designed to support people with dementia, for example singers that sing songs that were popular when residents were younger.

The Healthwatch Team noted that during our visit there had been several areas of the home redecorated since our last visit, there were no unpleasant odours in the home and the communal rooms were bright and inviting.

One team member noted that the residents at Primrose Care Home appeared to be settled and happy.



Dementia friendly signage



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## 5. Appendices

### Appendix 1 - Questions for residents

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



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## Appendix 2 - Questions for Managers

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





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## Appendix 3 - Questions for Care Staff

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



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## Appendix 4 - Questions for Activities Coordinator

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





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## Appendix 5 - Questions for Friends and Relatives

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



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**DISCLAIMER:**

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

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