

Care home life, what it's really like!

The Village Care Home



Healthwatch Sunderland visit:
14th August 2019

Date
of



Distribution List:

The Village Care Home - Tracey McCully, Manager

Provider - The Village Care Home Ltd, Mr H.T Hair

Care Quality Commission - enquiries@cqc.org.uk

Healthwatch England - enquiries@healthwatch.co.uk

Katie Johnson, Development Officer

Research Helpdesk

Sunderland Clinical Commissioning Group:

Dr Ian Pattison, Clinical Chair

David Gallagher, Chief Officer

Janet Farline, Clinical Quality Officer

Debbie Burnicle, Lay Member Patient and Public Involvement

Anna Davidson, Safeguarding & Quality Admin Support Officer

Sunderland Local Authority

Councillor Graeme Miller, Leader of the Council

Graham King, Head of Commissioning

Anne Wilson, Commissioning Specialist

Fiona Brown, Executive Director of Adult Services

Ann Dingwall, Lead Commissioner Adults

MP Washington and Sunderland West - Sharon Hodgson

Local Councillors for St Anne's Ward

Councillor Pam Mann

Councillor Susan Watson

Councillor Karen Wood

Health and Wellbeing Board

Councillor Dr. Geoffrey A. Walker, Portfolio Holder for Health & Social Care

Karen Graham, Office of the Chief Executive, Sunderland City Council

Public Health - Gillian Gibson, Director of Public Health, Sunderland City Council

Tyne & Wear Care Alliance - info.twca@sunderland.gov.uk

HealthNet Sunderland - VCAS

Sunderland Echo - Joy Yates, Editorial Director

Age UK Sunderland - Tracy Collins, Director

Independent Age - Catherine Seymour, Policy and Research Manager

Sunderland Alzheimers Society - Helen Williams & Penny Easton

Action on Dementia Sunderland - Ernie Thompson, Chairman

Sunderland Carers Centre - Amanda Brown, Chief Executive Officer

Essence Service - Anthony Gonzales, Service Manager

Total Voice Sunderland – Niall Salmon, Managing Advocate

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.



Table of Contents

1. Introduction	3
2. Background and rationale	4
3. Methodology	5
4. Findings - Summary.....	6
5. Appendices.....	33
Appendix 1 - Questions for residents	33
Appendix 2 - Questions for Managers	34
Appendix 3 - Questions for Care Staff	35
Appendix 4 - Questions for Activities Coordinator	36
Appendix 5 - Questions for Friends and Relatives	37



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 14th August 2019 and was carried out by Healthwatch Sunderland staff and a 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	 Strongly agree
2.	Staff with time and skills to do their jobs	 Agree
3.	Good knowledge of each resident and their changing needs	 Strongly 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	 Strongly agree
7.	Accommodation of resident's personal, cultural and lifestyle needs	 Strongly agree
8.	An open environment where feedback is actively sought and used	 Strongly agree
9.	Provide a physical environment which is suitable for the needs of the residents	 Agree



Findings

The Village Care Home is a purpose built home, located at:

Hylton Bank
South Hylton
Sunderland
SR4 0LL

Telephone: 0191 534 2676

Provider: The Village Care Home Ltd

See the latest CQC inspection report here:

<https://www.cqc.org.uk/location/1-109973128>

The home has the capacity to support 40 residents aged 65 years and over, however individual cases below this age can be considered. Residents are supported under the categories of general residential and EMI residential.

All bedrooms are en-suite, the home does not have double rooms, but does have companion rooms (two rooms together linked by an adjoining door).

Residents are allowed to bring along pets into the home, depending on what type of pet it is.

The home has six communal lounges/dining areas and also the conservatory for residents use.

The home has an accessible garden for residents use and internet access is available, however the home does not have a hearing loop system.

The Village Care Home employs an Activity Coordinator four days per week on a part time basis which includes weekends.

The home does not operate protected mealtimes, families can visit when they wish. Some families who visit at mealtimes like to help staff with feeding their relative.

At the time of our visit there were 35 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 resident to partially complete the survey. The team received seven staff surveys (one Manager, two Senior Care Assistants, three Care Assistants and one Activity Coordinator) and four friends and relative surveys back.



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 STRONGLY AGREE this was met.

Residents at The Village Care Home were asked by the Healthwatch Team if they knew the Manager and what they thought of them. One of the residents could remember the Managers name and said she is very nice, she delivers the medicine and that she deals with any complaints. One resident said she would recognise the Manager, stating that she is lovely and two residents stated that they did not know the Manager, this may be as a result of their own individual health and capacity.



When asked if they could name the Manager of the home all relatives who responded to the survey stated that they knew the Manager by name and told us a little about her. Comments included;

“Tracey is a kind, caring and devoted individual in her role as a Manager and a Carer. I can approach her at any time if I have any concerns regarding the care, health and wellbeing of my mam.”

“Tracey has always been very helpful, always on the other end of the phone to help me when I am struggling.”

“She is hardworking, lovely with the residents, caring and very approachable.”



“Pleasant, agreeable lady willing to talk and to listen.”

The Healthwatch Team observed interactions between the Manager and residents, the Manager greeted each resident by name and was friendly and talkative with them. The residents appeared to know the Manager well and were visibly happy to see her.

When the Healthwatch Team asked staff about support they receive from the Manager, all staff who completed the survey gave positive comments, including;

“My Manager has supported me through all aspects of my training courses which has enhanced my knowledge. If I need any advice or guidance concerning all aspects of work or personal issues, I know I can rely on her for support.”

“Everything, if I need any help or advice on training, National Vocational Qualification (NVQ) or flexibility regarding my hours for hospital or childcare.”

“My Manager is a person that I can go to for help support and advice when needed. When dealing with staff or residents she operates in a fair and just manner and is willing to listen to any issues. She is there to help and guide me when and where needed. She is also there to support me if I have any personal problems.”



“I am allowed to plan, organise and carry out activities myself and the residents decide what they would like to do. We can ask for anything we need to carry this out.”

When asked about experiences of talking to the Manager regarding any questions or issues, all staff respondents gave positive comments, including;

“My Manager is very approachable. If I need to raise an issue or ask a question, I would feel very confident to do so.”

“Absolutely fine, she is very understanding and resolves any issues.”

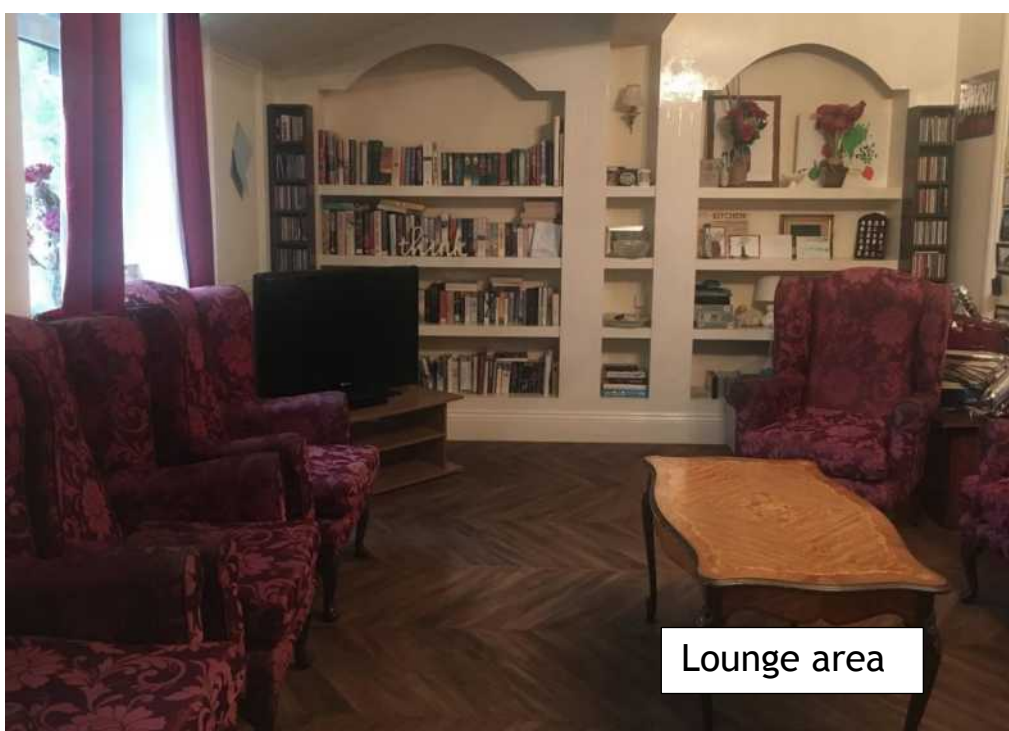
“I find my Manager easy to approach when asking questions or raising any issues. She is



always willing to offer guidance and best advice or solution to help resolve the matter.”

The Healthwatch Team asked the Manager what attracted her to her role, she said; “I have worked in the care sector since 1987. I have worked at The Village since 1999, employed as Deputy Manager, promoted to Manager when the previous Manager left. I started in care as a Care Assistant and worked my way up the ladder. I enjoy my work very much, looking after vulnerable elderly people.”

The Manager went on to tell us what she enjoys about her role, she said; “In the care home every day is different with everyday challenges. When I receive positive feedback from service users, families and other professionals who visit the home, I know I am doing my job as I should be.”



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.

Residents the Healthwatch Team spoke to gave mixed comments about the staff when asked what they thought of them. Comments included;

“Staff are lovely, could not fault them.”

“Some are good.”

“Very nice, they look after me.”

“Most of them are alright.”



When asked if the staff have time to sit and chat with them all residents who completed the Healthwatch survey agreed that they did, comments included;

“Oh yes, they speak to my family as well.”

“They have got the time.”

When relatives were asked if staff have the time they need to care for their relative, all relative respondents agreed that they do and gave positive comments including;

“The staff have always been helpful and kind towards my mam, they always have time to talk with her and the family.”

“One would assume so. On observations I believe the staff are kind and caring and show a lot of empathy to their charges, they go at the speed of each individual, nothing is ever rushed.”

“I think the staff are very good to the residents, they see to their many and complex needs, are friendly, have time for them and a great deal of empathy.”

“Yes, always handy to chat to them, their needs are well catered for, they are looked after very well.”

The Healthwatch Team asked relatives if they feel staff at the home have the necessary skills to care for their relative, the majority of respondents agreed that they do, one relative did not answer this question. One relative commented;

“I do feel that staff have the skills to care for my aunt. I think that the strength of the home is that a lot of the Care Assistants have been employed at the home for a long time.”



The Village Care Home Conservatory

When asked if they feel they have enough time to care for the residents, the majority of staff who completed the survey agreed that they do most of the time. Some staff members stated that this can be complicated at times. Comments included;

“Yes, when all residents are settled, I can sit with them and ask if they would like to join in a game of



perhaps, dominoes or bingo. Some of the ladies may be asked if they would like to have their nails varnished.”

“Yes and no, because some residents have different/specific requirements, so it may take a little longer to do their personal care. However, we do manage as a team and as individuals.”

“I find when dealing with the residents most of the time we have enough time to care for them, but on the odd occasion when residents are taken out or escorted to an appointment, then time is limited.”

The Healthwatch Team asked the Activities Coordinator if they felt they have enough time to provide varied activities for residents, they commented; “I feel like I have enough time to provide group activities, but not always enough time when residents require one to one times.”

The Healthwatch Team watched as staff were caring for residents in a caring manner, one member of staff was supporting a resident into the lounge area and chatting as they went, Staff were calming those who were distressed and were also warm and welcoming with visitors to the home.

All staff members told us that they have opportunities to develop their skills by undertaking National Vocational Qualifications (NVQ), a short university course, practical training including hoist usage and are encouraged undertake training to improve as individuals and as part of a team. Comments included;

“I am always encouraged to develop my skills at work, through training courses, book work, one to one with colleagues, and through off site activities and training courses. There is always hands on practice and I also learn from my fellow workers.”

“I am encouraged to look for and try out new activities, but I feel that I would benefit from doing some training specifically aimed at activities, especially encouraging those who do not wish to join in.”

All staff gave positive responses when asked if they enjoy their job. Comments included;

“I enjoy the aspect of being there for all service users within the home, some of them do not have family which must be lonely. I like to see them smile when they see me or if they ask for me. My job is very rewarding, I can be having a bad day then I come into work and I switch off from the outside world and concentrate on the residents.”

“The workplace and the residents and their needs. To go home knowing you’ve given one hundred and ten percent care to them. Plus you gain qualifications as you work.”

“I love working in healthcare, I work with the elderly residents, they all have mixed characteristics and every day is different. I work within a dedicated team who all try their best to ensure that the best possible care is given to each resident.”



“I love spending time with the residents and seeing them have fun and enjoy the things they like to do.”

The Manager explained how staff are encouraged to develop their skills, saying; “I organise all training courses for staff including myself to develop knowledge and skills. I keep the staff informed of any changes in laws and how we have to run the care home, they are happy to complete any training that is asked of them.”

The Manager went on to tell us how she ensures staff have enough time to care for residents, she said; “The amount of staff we have on shift daily is worked out around the needs of the residents, a dependency tool is completed.”

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 STRONGLY AGREE this was met.

Three of the residents the Healthwatch Team spoke to informed us that the staff know them, know what they need and what they like and don’t like, they went on to say that staff know how they like their cup of tea! One resident did not answer this question.

When relatives were asked if the staff know their relatives life history, personality and health and care needs well, all relative respondents agreed that they do, their comments included;

“The staff know my aunt, her personality and mental health issues very well.”

“Very well, a booklet is filled in and available to staff.”

“Excellent.”

When asked if staff at the home notice and respond to changes in their relatives needs and if relatives are informed of any changes, all relative respondents agreed that staff do notice, respond and inform of any changes in residents’ needs. Comments included;

“They certainly do respond to a change of needs in the residents. This was particularly noticeable when my aunt broke her hip and they helped her with her mobility. They let me know about changes on a one to one basis or they telephone me if there is something I urgently need to know about.”

“Immediately, if urgent they telephone or when visiting.”

“They talk me through everything connected to my mam.”



Conservatory

When asked, staff stated that good knowledge of each resident is gained by gathering information from the resident themselves or their family and friends, by reading care plans and by passing information onto other staff, including residents likes and dislikes. Comments included;

“As a member of a dedicated team we all make sure that the best interest of each resident is met, we ensure their care plans are read and kept up to date daily, communicate by having hand overs at the start of a new shift. We listen to the residents family and friends, what Social Workers, Doctors, Nurses, Dentists or any other body that represents the service user and even talk to the residents themselves.”

“When a resident arrives at the home I try to fill out a ‘My Life Story’ form, which includes questions about their background, family life, memories and likes and dislikes. If the residents are unable to do this we encourage families to fill out the form.”

When asked, staff stated that good knowledge of residents changing needs is maintained by various methods including; updating care plans, the Manager, senior staff members or Carers relay changes. Changes are documented in care plans on a daily basis or when an incident occurs. Comments included;

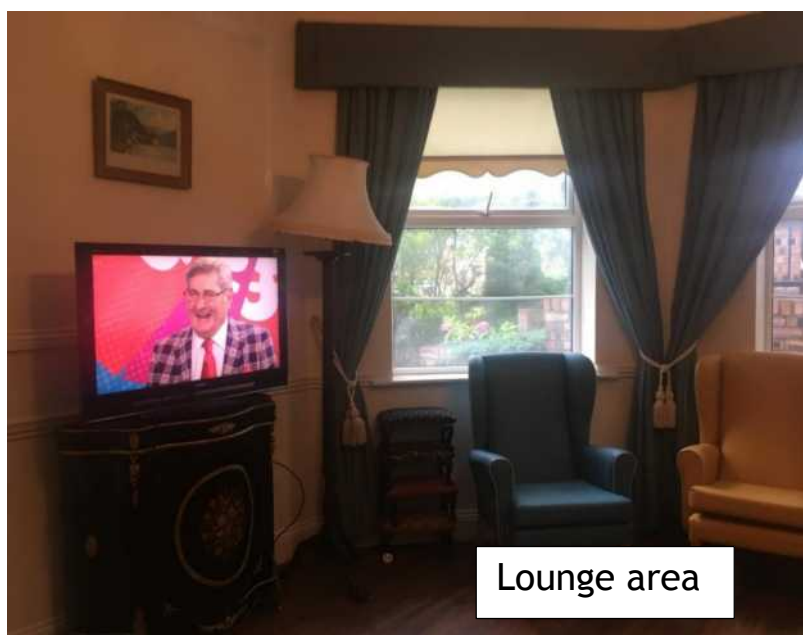
“Carers monitor daily and complete daily reports, this enables the giving of information as to any concerns or care needs for the residents.”

“Review care plans monthly, staff report daily on any changes on likes and dislikes.”

When the Manager was asked how they ensure that they and other members of their team get to know a resident’s life history and personality when they first



arrive at the home they commented; “I gather as much information as I can prior to a new resident moving in, I carry out a pre-assessment visit and speak to appropriate people such as family, health professionals, social worker and the service user to gain information around basic skills they have, I also find out their likes, dislikes, and hobbies, what they like to do etc. Plans are then put in place when they move in. The Activities Coordinator gathers further information around their life history, this is added to the care plans and staff spend time with the resident to get to know them. Any new information from staff when they are getting to know the resident is added to the care plans. New residents are also discussed at staff hand overs to ensure that all information is being passed on.”



The Manager went on to tell us how information about a resident’s likes and dislikes and their health and care needs are updated as these change and passed on to staff, she said; “Care plans are evaluated on a monthly basis, or sooner if needed any changes in care needs. Staff are informed of changes at daily handovers, group meetings.”

Indicator 4 - A varied programme of activities

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

The Healthwatch team AGREE this was met.

The Healthwatch Team asked about activities available inside of the home, one resident said that she is not fit enough to participate in activities, one resident explained that she likes to watch TV and one resident did not answer this question, this may have been due to her own individual health and capacity.

When asked about activities available outside of the home, the majority of residents agreed that these were available and these were are easy to join in with. One resident didn’t answer this question this may have due to their own individual health and capacity. Comments included;

“The activities can be a bit noisy for me, I enjoy reading, sitting in the garden and watching the TV, I like watching the quiz shows on the afternoons. The Activities



Coordinator is on leave and there is no cover, so there are no activities at the moment.

Once a month we are invited out to see a show, also a mini bus is going to take residents out to Mowbray Park and the Winter Gardens, we are going to take a picnic if the weather is nice and if not we will go into the café for a cup of tea. Activities are easy to join in, they have games, it's the resident's choice if you want to go. The 'Sit and B Fit' lady comes in but I just do all of the exercises in my room as I have gone to these classes for years, I do them morning and night to keep myself moving."

The majority of residents who undertook the survey told the Healthwatch Team that they enjoy using the garden, comments included;

"I like to sit on the veranda, it has big umberellas, I like going out for fresh air. You have to have a staff member with you if you go into the garden, just to make sure that you are safe."

"I like to sit out in the garden."

"Been out in my wheelchair, my daughter took me."



When the Healthwatch Team asked relatives what they think about activities available to residents both inside and outside the home, the majority of relatives agreed that there are a good range of activities, comments included;

"The home put on a varied programme of activities both inside and outside. These are displayed on posters if they are large events such as Summer Fayre."



“Well organised.”

“Good, Mam enjoys them.”

“Fair.”

When asked what encouragement is given to their relative to take part in activities, relatives gave the following comments;

“The staff try to encourage and motivate my aunt to take part in activities even though she may be reluctant to join in.”

“My mam is invited to join in but due to the nature of her condition is not able and cannot cope with too much noise. I am advised when she joins in or if she leaves.”

“Always encouraged but sometimes Mam does not want to do certain things, they listen to Mam and respect her.”

When asked if residents continue to enjoy any previous pursuits, one relative did not answer this question, others relative respondents gave the following comments;

“My aunt likes going into town and having a coffee. She was taken out for afternoon tea with other relatives from the home.”

“Due to Mams condition, not so much but the opportunity is there if Mam wants to be involved.”

“Mam has lost her sight, but the staff still encourage her.”

The Healthwatch Team asked the Manager, Activities Coordinator and staff about activities that are available for residents both inside and outside of the home, they listed numerous and varied activities, including; reminiscence sessions, bingo, various arts and crafts, board and card games, knitting, hair styling and nail

painting, film mornings, music/singing sessions, sit and be fit, tea parties, birthday parties, entertainers visiting the home including, singers, puppet show, musicians, and animals including; Teddy the donkey, dogs, snakes and lizards. We also have a pet day where staff and some visitors bring in their pets.



Outside courtyard area



The Manager, Activities Coordinator and staff listed various outside activities which are available to residents, they told us that activities are based on what the residents would like to do. Activities include; summer fayre, monthly visits to a community care home event at the Derwentside Club, where there is normally a singer, food and a raffle; gardening, sitting in the garden and feeding the fish, trips out including to the seaside, shopping, walks in the village and visit to the Winter Gardens.

When asked about provision for those residents who either cannot or do not wish to participate in group activities, the Activities Coordinator said; “Most of the residents who want one have a TV in their room, there are also TVs in the lounges. Those who do not want to join in group activities are offered things that they can do in their own time, including knitting, colouring, puzzle books etc. As well as trying to encourage them to do some form of activity with me, maybe a walk out or a chat over a cup of tea or visiting somewhere that interests them.”

When asked how residents are encouraged and assisted so they can take part in activities, the Manager and Activities Coordinator told us that residents are asked if they would like to join in with activities and are assisted by staff to get to the site of the activity, they are always encouraged, for example if a person thinks they can no longer do something they have enjoyed, the Activities Coordinator will adapt it so it is a little easier for them, such as pictorial bingo rather than numbers, or if they cannot manage to get into the garden they will plant inside.”

The Manager stated; “All residents are encouraged to join in with activities, some decline, they are happy to watch other people or to sit reading. At regular residents meetings, residents are asked what activities they would like to do, all suggestions are documented and organised if possible. All residents are supported by staff so that they can take part in activities of their choice.”

Staff members said;

“I would sing along with a resident, dance with them, help a resident to read, play bingo or cards, sit and play ‘I Spy’ be jolly and happy to let them know that it is OK to join in with activities.”

“Some of the male residents like to play dominoes, so I ask them if they would like to play after lunch, or the ladies like bingo or to have their nails painted, so, I take them along to the activity room as this gives them exercise.”

“Some residents need more encouragement than others, we always try to encourage them by giving positive outlooks. If a resident needs help to hold a musical instrument or wants to get up and dance but is unsteady, we would also try our best to help so they don’t feel left out.”

The Healthwatch Team asked the Activity Coordinator how they ensure that residents have the opportunity to continue to take part in their past hobbies and interests, they commented; “I encourage the residents to carry on with their hobbies and regularly talk about things they like to do, for example, one of our residents used to like to visit the library and read regularly but is no longer able to



walk around the library, so we arranged for a library at home service. Another resident can no longer read so we got her talking books, we also try to have things around the home to encourage hobbies such as dominoes, wool and knitting needles, gardening equipment, puzzle books, books, magazines and music.”

When asked about ways in which activities are tailored to meet residents religious and cultural needs, the Activities Coordinator said; “We have people from the local Roman Catholic Church come in on a weekly basis to give Holy Communion and to say a prayer with those residents who are Catholic but are no longer able to attend church.”

The Manager said; “Staff assist in organising anything the resident wants to continue to do. An example of this one gentleman likes to have a bet on a weekend, so a member of staff goes to the betting shop with his bet for him. “

When asked does the home have access to its own transport and able to use this for trips and activities outside of the home, the Manager said; “We do not have a minibus but hire one for any outings when needed, we also use taxis, or the local metro service when residents are going into town individually.”

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.

When the residents who were supported to complete the survey were asked by the Healthwatch Team about the quality and choice of food at the home all who responded gave positive comments, including;

“We get two choices at lunchtime and three choices at teatime and can have alternatives. I have had beef and onion pie with vegetables today and apple crumble for dessert. I can have poached egg on toast or a full English for breakfast and quiche, potato croquettes and salad for tea. They are always coming round with tea and biscuits and they know how I like my tea.”

“The food is very nice, the fish and chips is my favourite.”

All residents agreed that there is plenty of choice around what and when you eat and that they enjoy mealtimes they went on to say that they eat in the lounge, their own room or the dining room where it is very sociable.

“Yes, we get plenty to eat.”

“I look forward to my meals.”



“I like the desserts but don’t like custard.”

When relative respondents were asked about quality and choice of food at the home positive comments were received including;

“The food is of an excellent standard. It is cooked fresh every day and there is always a choice.”

“Pretty good.”

“Mam enjoys most of her meals and she eats well. So that means and says a lot.”

“Mam is encouraged to make her own choices but most times needs a prompt.”

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

“I have no worries at all about my aunt’s diet. The staff record what she eats and they weigh her frequently.”

“Very confident.”

“Always supported.”

“Very confident, encouraged to eat and drink at all times.”

When asked how mealtimes are made sociable at the home, relative respondents said;

“Mealtimes are very sociable, the residents have a choice of where they want to sit and music is often played.”

“Mealtimes are always very sociable.”

“Staff have chats, conversations and involve residents.”

The Healthwatch Team asked staff about the quality and choice of food on offer at the home, all staff agreed that the food is fresh each day and of good quality, adding that there is a daily menu with different choices. Staff comments included;

“All residents are asked what they would like to eat from the daily food menus. They have a variety of choices, for example hot food, sandwiches and different desserts. If the food menu is not to their taste they can request something else to eat from the cook. All food is fresh, meat is from the butchers and fruit and vegetables from the local fruiterers.”

“The resident’s meals are of good quality, variety and nutrition. They have a balanced meal with a good selection of fresh meat and vegetables and a selection of hot and cold drinks.”

“Its fresh meat and vegetables and a varied menu which residents seem to enjoy.”

The Manager told us how she ensures quality and choice of food are to a high standard, saying; “Menus are reviewed by myself and the cook. Residents are



asked about food choices and quality of food at residents meetings, menus are changed to suit individual choices.”

The Manager showed the Healthwatch Team pictorial menus of meals on offer at the home, she said; “I made the picture menus myself, what is on the picture is what the residents get.”



Pictorial food menus



When asked how residents are able to eat and drink at mealtimes as well as outside of mealtimes, staff responses were positive, they said;

“Jugs of juice, water, milk and tea are available and offered on a regular basis, fruit and snacks are available throughout the day.”



“Residents meals are nutritious, good quality and variety with a good selection of fresh fruit and vegetables. They are catered to everyone’s needs, hot and cold drinks are available at all times. If any resident asks for a meal outside of the main mealtime slot, then a meal or sandwiches are provided, if they request fish and chips or a curry instead of what the home has provided, a member of staff will collect it or home delivery is made.”

“The residents can request anything to eat or drink throughout the day from the Cook or a member of staff.”

Tea, coffee and biscuits were being served to residents in the lounge areas and in their own room as the Healthwatch visit was taking place, top ups were available to those who wanted them.

The Manager said; “We have set mealtimes, if residents prefer to have their meals at other times it is not a problem, meals are kept in the kitchen until the resident is ready to eat. Residents who require assistance with their food or drink this is given by care assistants, this could be cutting up food for them or feeding them with their meal.”

The Healthwatch Team asked the Manager and staff about resident’s choice of where they eat and drink, staff stated that residents are encouraged to eat in the dining room, if they do not wish to they can eat in one of the lounge areas or in their own room. The Manager said; “Residents can have their meals wherever they want when they want, in their own room or in the communal dining rooms. Some residents only like a small portion others prefer large portions of food.” Staff comments included;

“We have a few lounge areas, dining rooms and they can also sit in their own room, just where they feel comfortable. But we do try to get residents to interact with others at the dining table - but only if they want to.”

“At tables, different dining areas, we use adapted cutlery and coloured plates if needed.”

The Healthwatch Team asked the Manager if the home has a permanent drinks station available to residents, she replied; “We don’t have a permanent drinks station, but drinks are offered throughout the day and night. Some residents ask if they want a drink in between the trolley going round. Some residents





like to have jugs of juice or water in their rooms or bottles of pop where they help themselves.”

When asked what ways are mealtimes made sociable, staff gave the following comments;

“All residents are encouraged to be seated in the dining areas where we play music of their choice.”

“We make mealtimes sociable by integrating with the residents, playing music, sitting, talking and listening to them, having them sit next to someone with the same interests at heart. Having a relaxed manner and a friendly approach and a smile.”

“Music, nice and chatty and a quiet dining room available if needed.”

The Manager said; “We have several dining rooms, residents sit with people they get on with, music is on in the background. Staff sit with the residents and sometimes have their lunch and chat bringing the residents into conversations.”

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

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

The Healthwatch team STRONGLY AGREE this was met.

All residents the Healthwatch Team spoke to stated that they had been visited at the home by a range of healthcare professionals including the GP, Dentist, Optician and Audiologist and they visit the home on a regular basis.

When asked what happens if they ever need to see a doctor or have a hospital appointment, all those residents who responded said that they would let one of the Carers know and they would arrange an appointment on their behalf. They added that should they need to go to the hospital for an appointment that again staff would support them and attend with them if necessary. Comments included;

“The Dentist comes in twice a year and I have seen an Optician and a Chiropodist. I have hearing aids which my son takes to be cleaned and if I am really poorly the Nurses will come in to see me from my GP practice. If I have any outside appointments staff will take me in a taxi which I pay for. I do not have any hospital appointments.”

“The Optician came into the home two weeks ago and I go to the Eye Infirmary for treatment.”

“I have had a dental check and had a tooth out at hospital. I also get a hearing check and see the Optician here.”



The relatives who responded to the survey indicated that they are happy with the access to a range of healthcare professionals available at the home. They said;

“The staff are excellent at making sure that outside agencies attend to my aunt’s complex needs.”

“Mam has always been taken to her appointments.”

“Mum has ease of access, I am always advised when she has visits to the GP or when they come to the home.”

When asked about access to health professionals, the Manager and staff agreed that all health professionals are available to residents at the home. The Manager said; “GPs visit on request, or appointments are organised to go to the surgery. Staff escort the residents at all times, to all appointments, this could be hospital, chiropody, diabetes appointments, opticians if the resident prefers to use their own that they have been going to for years. We have Chiropodists, Opticians, and Dentist that also visit the home. On a weekly basis we have the care home Nurses that visit if we have any concerns relating to a service user on the day. We also have fortnightly MDT (Multi-Disciplinary Team) meetings with the care home Nurses and care home alliance GP, any concerns on the day with residents is discussed and GP checks them over. District Nurses visit daily to administer insulin to some residents, deal with any skin concerns and administer vitamin B12 injections when required to service users. Reablement-At-Home also visit on request, usually out of hours. Mental health professionals also visit when needed.”

Staff comments included;

“If residents require any visits from health professionals, we can arrange this urgently and have them visit here at the home and we also use the Aftercare Team if we have any concerns. We take residents to any appointments via ambulance or taxi, this is no problem at all.”

“Residents are regularly visited by Nurses, Doctors, Opticians, Dentists, Chiropodists, Advocates, BIA (Best Interest Assessor) and Social Workers. If needed residents are taken to visit their GP. Residents are escorted to any out of home medical appointments, such as hospital, audiology appointments, scans, the Eye Infirmary and much, much more.”

“A lot of care professionals come into the home to see residents. If a resident is not well and would like a home visit, staff will try their best to try to get a Doctor out. All residents have routine checks and all are up to date with dental, optician and podiatry. All of these services come into the home.”



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

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

When the Healthwatch Team asked residents if their culture and lifestyle needs are respected at the home, resident respondents agreed that they are and gave the following comments;

"I have my hair styled by the Hairdresser who visits the home every week. My son does my laundry, I prefer that as some clothes have been mixed up and I was getting other people's clothes."

"I used to go to the Bethesda Church, I would like someone from the church to visit me."

"I am very religious, Catholic, I receive Holy Communion here. I have my hair styled every week and I am happy with the laundry."

During our visit the Healthwatch Team noted that resident's hair looked well-kept and styled.



When asked about specific personal, cultural or lifestyle needs and if these needs are met within the home, three relative respondents said that their relatives do not have such needs, the remaining gave following comment; "Excellent at seeing to my aunts religious needs. She is well catered for, as a Minister from the local Catholic Church visits her with Holy Communion every week."



When asked, all relative respondents agreed that a Hairdresser makes regular visits to the home, one respondent stated that staff also style her relatives hair in between visits from the Hairdresser.

All relatives agreed that the laundry service is good at The Village Care Home, they said;

“Laundry service very good we have no issues.”

“Clothes always clean and hung up in the wardrobe.”

All relative respondents agreed that their relative is always, clean and appropriately dressed. Comments included; “Always and they offer to change Mam if she gets dirty before I take her out.”

The Manager was asked about how the home finds out and caters to residents cultural, religious and lifestyle needs. The Manager stated that information around this is gathered from the resident when they move in, this is put into their care plan.

The Manager and staff were asked to give an example of how the home caters for such needs, the Manager said; “We have Holy Communion every Monday morning for Roman Catholics, people from St Anne’s Church visit to offer Holy Communion. Sometimes the priest will visit on request. We have a gentleman that’s involved in the local council and he has continued to attend meetings when he has been well enough to do so.”

Staff comments included;

“All care workers are up to date with all aspects of equality and diversity. The Catholic residents go to confession on a Monday morning within the home, two ladies from the church take the residents to a quiet part of the home. Any resident with religious or cultural beliefs are supported from within the home.”

“Once a week there is Holy Communion in the home for our Catholic residents. If any resident would like to go to church our Activity Coordinator would take them.”

When asked about provision for residents to regularly get their hair cut and styled the Manager stated that the hairdresser visits the home on a weekly basis. If a resident prefers to use their own hairdresser arrangements are made for their hairdresser to visit the home or the resident goes to them.

When asked how she ensures that residents get their own clothes back after laundering the Manager said; “We ask that all clothing is named, some residents have their own laundry bins and the washing is kept separate, washed, dried, ironed and took back to the resident.”

The Healthwatch Team asked the Manager how she ensures residents are always clean and appropriately dressed. The Manager answered; “Residents are assisted daily with personal hygiene tasks, some like to be showered/bathed daily. Some are independent but may require a little help with small tasks. Care plans are



evaluated and changed as care needs change. Encouragement is given to residents that are independent to change their clothing regularly.”



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

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

The Healthwatch team STRONGLY AGREE this was met.

When residents were asked if they are asked if they are happy at the home, responses included;

“I am not asked, I think they just take it for granted that I am but yes I am happy enough here.

“My family and staff ask me if I am happy.”

“We have meetings and the Activities Coordinator asks if I am happy.”

When asked if there was anything that needed to be changed at the home and if so who would they tell about this, three residents agreed that changes are not needed at the home. Comments included; “No, it’s champion here I get well looked after.”



When asked ‘what would you do if you needed to make a complaint about the home’ residents stated that they would go to the Manager, a member of staff or a family member. Comments included;

“I would tell the boss, I recognise her.”

“I would tell the girls and they would tell the Manager, I have only complained once, asking for a change of menu, this was dealt with; they now rotate menus and the new Cook is great.”

All relative respondents gave positive responses when asked if they feel a welcome participant in the life of the home, they said, ‘definitely’ and ‘very much so’. They also gave positive responses when asked how they or their family member can have a say in how the home is run, they said;

“The staff always ask Mam if she is happy or has any problems.”

“Feedback to the care staff.”

“My aunt has dementia but is always saying how good the care workers are to her.”

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

“If I had a complaint I would speak to the Manager and I would be very confident that she would deal with any concerns swiftly, appropriately and professionally.”

“I think it would be nice just to have a word with the management or staff at the home, yes I am confident it would be acted upon.”

When the Healthwatch Team asked staff how residents and their family and friends can have a say in how the home is run, all staff respondents agreed that this can be accomplished in several ways, one staff member said that residents are allocated a key worker with whom they build up trust and friendship, this gives family members reassurance that their relative is happy and receiving the best care possible, this key worker often assists family with personal and emotional needs, management are aware of this and do their best to ensure that key workers work with their allocated residents whilst on shift.

Staff comments included;

“If family members have any queries in regards to the home or the residents they can approach a member of staff who will pass this on to a senior member of staff or the Manager. Questionnaires are given to visitors and family members, so they can voice their opinions.”

“Residents and family members can have a say in how the home is run by using the suggestion box, by speaking to the Manager, through Advocates, Social Workers, monthly meeting at the home, by letter and by word of mouth from the resident.”



“We do have meetings with family and residents, this enables them to give feedback or suggestions; or, if they would rather keep it confidential they can leave a note.”

The Healthwatch Team asked the Activities Coordinator about ways residents and their family and friends can have a say about activities delivered both inside and outside of the home and how she ensures that residents continue to enjoy the activities on offer. The Activities Coordinator stated; “I hold a residents meeting once a month where we discuss all areas of care and we always discuss activities, also when I am planning activities on a weekly basis I encourage residents to tell me if there is something they want to do. I also ask residents if they are enjoying

the activities provided. Residents know that if there is something they want to do or somewhere they want to go they can ask me. We also have a suggestion box.”

The Manager went on to agree with staff and added that she regularly chats with residents and families and any suggestions that come up in conversation are acted upon if possible.

When asked how feedback or complaints are acted upon, the Manager said; “We very rarely have any complaints from residents or families, if we do a discussion will take place with staff, residents and family on how we can change depending on the issue. Questionnaires are given out to residents and families.”

Staff informed on how they can have a say in how the home is run, comments included;



“Any ideas or suggestions would be given to the Manager and discussed at staff meetings.”

“As a staff member we can have a say in how the home is run by having regular meetings with the Manager and other staff, we speak to the resident and their family to gather information which is passed on to the Manager and Seniors. We do not have regular staff meetings as the home has three different working shift patterns, but anything said is passed on when we have smaller group meetings. We also have suggestion boxes available and one to one meetings and any changes that can be acted upon are dealt with when or if possible.”



“We can always approach our Seniors or Manager in regards to any concerns or suggestions we may have.”

When asked about ways in which staff are able to have a say in how the home is run, the Manager stated; “I chat and work with staff on a daily basis, sometimes staff have some suggestions, I listen to them and then discuss further. I have an open door policy so staff call into the office on several occasions to discuss any issues or suggestions. We also have small group meetings at staff handovers. Staff also have supervision sessions where they can discuss anything they want.”

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

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

The Healthwatch team AGREE this was met.

On entering The Village Care Home it felt homely and welcoming, it was clean and tidy and dementia signage was evident.

When asked by the Healthwatch Team if the home is always clean and tidy, the residents who completed the survey stated that it was. Comments included;

“There has been a lot done since last year in term of decorating. It is always clean, the Cleaner comes in all of the time.”

All residents were able to tell us that the temperature in the home is always suitable for them. Comments included; “The girls help to regulate the temperature by opening windows etc. The heating is turned off in the summer and if I am cold I use a portable heater in the winter.”

The Healthwatch Team observed that this resident did have a portable heater in her room.

When asked if the home is kept at a suitable temperature, the majority of relative respondents agreed that it is. Comments included; “There is always a comfortable temperature in the home for residents. In the winter the heating is always on and it is warm and comfortable.”

The majority relatives who answered the survey agreed that the home is always hygienically clean and tidy, and that the home is well decorated and maintained. Comments included;

“My aunt’s room is always clean and tidy. They even provided her with a new toilet when the other one wasn’t working efficiently.”

“Yes, the home has just recently been decorated.”



When asked, the relative respondents agreed that the home is dementia friendly, comments included; “I do think that it is very dementia friendly. It is relaxed, the care workers treat the residents with dementia with a lot of skill, empathy and they understand their needs. In fact it is like a home from home.”



Dementia friendly signage

The Manager informed the Healthwatch Team how she ensures the temperature at the home is kept at a comfortable level for residents, she informed; “All residents are different, some don’t like to be too hot or too cold. The heating is switched from summer to winter and vice versa. Some residents like to have their windows open and only light bedding to keep cool. Some service users have a fan in their room, blankets are used if needed for the residents that like to be warm. Radiators have thermostats on so they can be turned up or down to suit the individual.”

She went on to tell us how she ensures the building and its contents are well maintained and decorated throughout, saying; “We have recently had a lot of decoration carried out. As bedrooms become empty we have them decorated. Bedroom furniture is replaced as and when. Beds and mattress are replaced very regularly. Decoration is on-going.”



When the Manager was asked how she ensures the home is always hygienic and clean, she informed; “An audit is carried out on a monthly basis looking around the home. On a daily basis any odours are dealt with straight away, or any other issues raised.”

Staff and the Manager were asked by the Healthwatch Team in what ways do you make the home a dementia friendly environment. They agreed that this is accomplished by the use of adapted cutlery, coloured plates, bowls and beakers for residents to use to continue to be independent when eating and drinking. There are also coloured handrails and colour coded corridors around the home. The bedroom door has a picture on of something that is important to them to help them to identify their room. The residents have their own possessions, there is an open house policy for family and friends to visit when they please and there is soft lighting and music in the background.



5. Appendices

Appendix 1 - Questions for residents

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



Appendix 2 - Questions for Managers

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



Appendix 3 - Questions for Care Staff

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



Appendix 4 - Questions for Activities Coordinator

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



Appendix 5 - Questions for Friends and Relatives

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



DISCLAIMER:

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

© Healthwatch Sunderland 2019

Healthwatch Sunderland
Hope Street Xchange
Sunderland
SR1 3QD



Tele: 0191 514 7145

Email: healthwatchesunderland@pcp.uk.net

Web: www.healthwatchesunderland.com