



Care home life, what it's really like!

## Blossom Hill



Date of Healthwatch Sunderland visit:  
19<sup>th</sup> September 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 19<sup>th</sup> September 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		 Agree
2.	Staff with time and skills to do their jobs	 Time Neutral	 Skills Agree
3.	Good knowledge of each resident and their changing needs		 Agree
4.	A varied programme of activities		 Agree
5.	Quality, choice and flexibility around food and mealtimes		 Agree
6.	Regular access to health professionals		 Agree
7.	Accommodation of resident's personal, cultural and lifestyle needs		 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		 Agree



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## Findings

Blossom Hill Care Home is a purpose built home, located at:

Riga Square  
Red House  
Sunderland  
SR5 5DD

Telephone: 0191 337 1521

Provider: Crystal Care Service Ltd

Provider's Website: <https://www.crystalcare.org.uk/our-homes/blossom-hill-care-home/>

See the latest CQC inspection report here:

<https://www.cqc.org.uk/location/1-4581440316>

Blossom Hill Care Home has capacity to support 40 residents over the age of 18 years, requiring Enduring Mental Ill-health (EMI) residential and nursing care, have a physical disability or young people with physical disabilities.

35 of the homes' rooms have en-suite facilities and although the home has no double rooms, couples can occupy adjoining rooms. Individual rooms can be personalised with residents' own furniture and personal items. Internet access is available to residents throughout the home and there is access to the homes' garden and there are two communal lounge areas available for residents to enjoy.

Although residents' pets are unable to live with them at the home, visitors are welcome to bring pets for visits.

The home has two part-time Activities Coordinators (working in total 40 hours per week) who work Monday to Friday and also some weekends.

There is no hearing loop system available at Blossom Hill Care Home.

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

At the time of our visit there were 40 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch Team were only able to support four residents to fully complete the survey. The team received seventeen staff (one Manager, one Deputy Manager, two Senior Care Assistants, six Care Assistants, one Maintenance, two Domestic, one Kitchen Assistant, one Laundry Assistant and two Activities Coordinators) and seven relative surveys back.

The results of these surveys are given overleaf:





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## 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.**

At the time of the Healthwatch visit, the Manager of the home has been in post for only six weeks.

Two of the residents which the Healthwatch Team supported to complete the survey were able to name the Manager of the home. The remaining two residents couldn't name the Manager with one adding; "It's hard to say as she is new."

When asked about the Manager we received the following comments;

"She's really nice."

"She seems quite nice. She is approachable, I am able to talk to her."

Although some of the relatives who completed the survey process stated they had not yet met the Manager of the home, as she has only been working there for a few weeks, six of the relatives knew her by name and gave some positive comments about her, which included;

"Carmen is a very pleasant lady, who always pops in to see the residents in the lounge."

"She is new, but always stops me and asks if all is well."

"Qualified Nurse, previously a Manager at a care home in Middlesbrough. Only been in post since the end of July, so still finding her feet, but she has implemented some changes to procedure e.g. the addition of car registration numbers to the visitors signing in sheet. She seems friendly and approachable."

"I haven't met her yet, but my sister says she is very nice and helpful."

All of the staff who took time to complete the Healthwatch survey gave a range of positive comments about the support they receive from their Manager. Comments included;

"New Manager has taken over, she is approachable and offers support if you need it."

"We have a new Manager. She is easy to communicate with and listens to any ideas we put to her."

"If you need advice or support she will solve any problems you may have."

The majority of the staff stated that their experience of talking to the Manager when they have a question or need to raise an issue is good. Here are some of their comments;

"I get a good response from the Manager if I ask a question."

"The Manager takes on board any issues and sorts out problems."



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“I feel comfortable to ask questions and confident that I’ll receive help and answers.”

“New Manager so haven’t had much experience of this.”

“The Manager has explained to staff that we are free to go and see her if the office door is open and not to bother her if the door is shut.”

“I don’t really know the Manager that well, but I do feel like it is hard to get my point across or to explain certain issues.”

Since the Healthwatch visit the Manager informed us; “I intend holding a staff meeting on 21/10/19 to reassure staff that if my door is closed, I am still available to be seen, but that I may be discussing confidential issues at that time.”

When she asked the Manager and her Deputy what attracted them to their current roles they said; “Managers who do not truly care about their directs as people, and about the success of their teams, can turn the work atmosphere into a dull grey, and suck all motivation and energy out of the people around them. They are also one of the dominating causes for people to leave. Therefore, caring is, to me, the number one requirement if you want to become a Manager.

As a Manager, information gathering is going to be one of your most important activities. It helps to be a good observer to find out where things go wrong, or where people are dissatisfied. However, ultimately, you cannot be everywhere at the same time, and you will not notice everything. Therefore, you will have to get people to tell you what is going on, and yet people will not tell you what is going on if they have the feeling you are not listening. Listening is more than hearing. Listening means asking good questions, paying attention to what was omitted, and rephrasing things that were said so that there are no misunderstandings and the other party truly feels heard.

Developing skills of a good communicator- you get to meet a lot of people of different backgrounds like health and social care professionals, commissioners, etc.

Recruitment process - getting to interview people and identify their talents.”  
(Manager)

“I have a lot of experience in this role.” (Deputy Manager)

The Management Team went on to tell us what they enjoy about their roles;

“Seeing staff achieve their full potential. Seeing residents happy and satisfied about the quality of care they receive and the environment they live in and being compliant with the requirements of commissioners and regulators.” (Manager)

“Working within the team, learning every day and interacting with the residents.”  
(Deputy Manager)

During our visit the Manager of the home showed the Healthwatch Team around. She addressed each of the residents who we met on our way by name, displaying empathy and professionalism whilst also displaying a friendly and approachable



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persona. Residents seemed to recognise the Manager, be happy to see her and relaxed in her company.

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

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

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

All four resident respondents spoke very highly about the staff at the home. Some of their comments included;

“They are lovely. If I’m not very well, they can tell, they know something is wrong and they try to cheer me up.”

“They are all very good. I have not met anyone I don’t like. I am comfortable with all of them.”

“The staff are lovely, although the home needs more of them. They’ve got a lot of heavy lifting and they are all really busy.”

When residents were asked if the staff have time to stop and chat to them, they all responded positively. Comments included;

“They chat if they can. I feel well looked after.”

“Some days, if you really need a Carer, they are there.”

When relatives respondents were asked if they feel the staff at the home have enough time to care for their relatives, four people indicated that they are happy with this aspect of the home. Three responses stated that staff time can be an issue. Here are some of the comments we received about staff time;

“Nothing is too much trouble for them. My mother’s care is fantastic.”

“The staff at Blossom Hill are all amazing, dedicated people. I’ve become great friends with some of them.”

“The care staff are kept very busy and they need more Carers, especially as the care home is full now and some of the residents need assisting at mealtimes.”

“Not always. Sometimes staff appear over-stretched and somewhat stressed.”

“Now that the home is at its residential capacity, I feel that they are stretched.”

Since the Healthwatch visit the Manager informed us; “I intend to hold a Resident/Relative meeting on 7<sup>th</sup> November 2019 to reassure residents that the home is staffed accordingly to meet the need of the residents. The minutes of this meeting will be displayed in the home and detail will be included in the relevant monthly bulletin.”

When they were asked about the skills of the staff at Blossom Hill, the majority of comments were positive and included;



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“Yes, the staff appear to know and understand the needs and personality of individuals and endeavour to communicate and to attend to them appropriately. This includes knowledge of safe use of aids and support equipment.”

“Yes, the care is brilliant. The staff go over and beyond to help my mam.”

“The staff know the needs of my mam and tend to all her needs.”

One of the relatives gave this mixed response; “As would be expected, some of the staff have more skills than others. It isn’t hard to see which staff love the job and which ones are there because it’s a job.”

Some of the Carers who completed the survey process stated that they do have enough time to care for the residents, however the majority stated that this is dependent on the level of staffing on shift. The auxiliary staff who completed the survey indicated that although caring for the residents isn’t their main role within the home they converse and pass the time of day with residents as they undertake their duties.

The two Activities Coordinators both stated that they have the time to provide a programme of varied activities for the residents, although one respondent added that they undertake the planning of activities outside of working hours.

Since the Healthwatch visit the Manager informed us; “The Activity Coordinators have attended a training session on our newly introduced activity documentation and the theory that underpins the documentation. The Activity Coordinators are currently receiving support from the Crystal Care Services Ltd Compliance Officer who is directing strategies across activities relating to dementia/reminiscence, exercise, good nutrition & hydration and dignity and is supplying one to one direction around delivering activities that break down barriers to ensure social exclusion is maximised for each resident according to their wishes. The breadth of activities and volume is indicated in section four of this report. One of the Activities Coordinator is currently enrolled on a Distant Learning Level Two Certificate in Improving Personal Exercise, Health and Nutrition with College of West Anglia.”

All of the care staff and auxiliary staff indicated high levels of satisfaction when asked if they are encouraged to develop their skills and undertake training. The two Activities Coordinators stated that they don’t feel encouraged to develop their skills, with one person saying; “There are very few or no courses for activities, you learn as you go.”

When staff were asked what they enjoy about their jobs at Blossom Hill Care Home, two people did not answer this question but the rest of the staff respondents put the residents at the heart of their responses. Comments included;

“I enjoy making the home clean and tidy and enjoy interacting with the residents. Even if it’s just five minutes, I love to talk to the residents and make them feel good.”

“I enjoy caring for the residents, giving them enjoyment of living here.”

“I love working with a good team and being with the residents and meeting new people.”



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“Having good communication and bonding with residents and their families.”

“Laughing with the residents, making a difference to their lives and planning new things to raise money.”

The Management Team were asked how they ensure the staff have enough time to care for their residents, they said;

“There should be adequate number of staff on duty 24/7 as per residents’ dependency level. There should be a daily routine and allocation of task, so staff know which floor they’re working and how many residents to assist daily.”

“Try to delegate different job roles to make more time when needed.”

When asked how they encourage staff to develop their skills the Management Team gave us the following comments;

“In finding staff strengths and weakness, I allocate them to shifts with a good skill mix. Staff that have leadership potential can progress to doing their National Vocational Qualification (NVQ) Level 3 where they can become a Team Leader in the future. By assigning staff to become a Champion in an area, such as dignity or dementia to boost their confidence. Also the staff have mandatory training to complete during their employment with regular updates, may it be face to face training or e-learning.”

“Always offer training, give full support and by praising their efforts.”

Several staff interactions with residents and their relatives were witnessed by the Healthwatch Team during our visit. Staff were friendly and professional and the residents seemed relaxed in their company. One relative was struggling to put her relatives’ large wheelchair along a corridor. A staff member immediately stopped and offered her assistance to get the resident to the garden.

### **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 but one resident, who didn’t answer the question, which may have been due to their individual health and capacity, agreed that the staff at the home know them, know what they need and what they like and don’t like. Comments included; “Yes, they have got to know my personality and how I like things done. I feel comfortable around the staff.”

When relatives were asked if the staff at the home know their relative’s life history, personality and health and care needs, two respondents gave the following mixed response;

“Again some of the staff do this better than others. Also staff are rotated from the normal residential floor to the upstairs dementia floor, where the skills required are more complex. So some are great and some are not so good.”



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“Most of the staff know about my partners’ health and care needs.”

The remaining relatives gave positive comments, which included;

“All of the staff are aware of my mams’ needs.”

“Very well.”

“Each person has a life profile on display in their room. Health and care needs are recorded in a personal file, which is updated daily. Staff often speak with residents and ask them about their life.”

The majority of relatives answered ‘Yes’ when asked if the home notices and responds when their relatives’ needs change. The two remaining respondents said;

“Yes, although occasionally I have found it necessary to ask them to monitor physical conditions.”

“I think so, but it’s a difficult situation with the home being full now.”

Relatives went on to tell the Healthwatch Team that the home informs them of any changes to their relative via the telephone, face to face conversations or via text.

Staff and the Deputy Manager stated that they and their team members get to know a new resident, their life history, personality and health and care needs when they arrive at the home by speaking to the resident and their family members and by reading their care plans and associated documents. The Activities Coordinators added that they learn about this during the completion of the residents’ memory box. Staff added that they are kept up to date with any changes to a residents likes, dislikes and care needs at daily handover meetings, by reading care plans, and by speaking to other staff.

The Manager added how she ensures this occurs; “A pre-admission assessment should have been carried out prior to the resident’s admission to ensure that the care home can meet their needs. A short discussion/handover of the prospective resident takes place, so staff know what to expect. It will be an ongoing assessment, but a care plan will be in place about a residents’ activities of daily living as soon as they come into the care home. It will be evaluated as and when there are changes. A named nurse and key worker will be allocated to each resident to be more person centred.

A form is filled in about their likes/dislikes on the first day the resident arrives. A copy will be given to the kitchen in order to meet their dietary needs. It will be discussed in handover, heads of departments’ meetings and staff meetings to ensure everyone is familiar with the resident’s health and care needs.”



## 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.

All of the residents stated that there are external entertainers who come into the home and that they enjoy this. One resident said; "I enjoy the singers enormously. I wish I could tell them just how much I enjoy it."

Residents added that they get the opportunity to play bingo and other games. One resident said that he likes to 'potter' in the homes' garden.

All of the residents had either been on trips outside of the home, or were aware of them and stated that they did not wish to attend. Comments included;

"I haven't been on any trips as I get lots of visitors and my family take me out. The girls ask if I would like to go on the trips though."

"There are trips to Southwick, to farms and to play bingo, which isn't for me, but they always ask if I would like to go."

All of the residents we spoke to during our visit told us that the activities at the home are easy to join in with staff asking them if they would like to take part. One resident said; "It's easy to join in if I want to, it's my choice."



All of the residents stated that they like to spend time in the homes' garden. One resident said that he enjoys growing tomatoes and leeks and 'brought them on' in his room this year. He has had a conversation with the new home manager and she has agreed to buy a small Perspex greenhouse in time for next year.

One resident informed the team that as a smoker he is now able to enjoy a cigarette in the garden unsupervised during the day. He was relatively new to the home and had to be escorted out into the garden when he first arrived to ensure he would be safe and not at risk of falling.

Two residents went on to say that they are still able to enjoy past hobbies, which included sewing and gardening and that this was encouraged by staff.



When asked about the activities provided at the home for their relatives, the majority of relative respondents agreed that they are good and varied. One relative shared that they feel that activities on the dementia floor aren't as regular as they are downstairs. Another shared that they feel activities outside of the home can't be enjoyed by everyone, and although they feel the activities within the home are generally good, there aren't many available outside of school terms and are rare at weekends.

All of the relatives agreed that the staff at the home encourage their relative to take part in activities and their comments included;

“All residents are encouraged to take part in activities. Kirsty and Susan are amazing.”

“The notice board tells me what's happening and the staff encourage them to take part and she loves it!”

“Gentle prompts and encouragement to join in for a short while and they can stop if they wish. Residents are told they are doing well. Some activities have small rewards given for winning or taking part, such as sweets for winning a game of bingo.”

When relatives were asked if their relative is still able to take part in past hobbies and interests, the majority of respondents stated that due to their relatives' decline in health or capacity they are now unable to. Other comments included; “Sees her former neighbours and friends during visits to community events and to the local church.”







The garden

When asked about activities in the home, the care staff, auxiliary staff, Activities Coordinators and Management Team gave the following examples of what is available to residents: chatting, dominoes, pamper sessions, nail painting, quizzes, visits from external entertainers such as singers, parties, arts and crafts, sitting in the garden, games, films afternoons, visits from children from local nurseries, afternoon teas, flower arranging, themed days, ‘What’s in the box?’ cooking, sewing and cake decorating.

They went on to give a list of activities which are available outside of the home, which include visits to: Church, Cameo Club, local garden centres, garden parties, Beamish Museum, local farms, the Salvation Army for lunch, shopping and meals out.

The Manager added; “The Activities Coordinator has a monthly timetable for activities around the activities takes place each day. They take some residents out every week.”

Although Blossom Hill Care Home does not have their own transport, local taxis with wheelchair access are used when required to facilitate outings.

Staff at the home encourage residents to take part in activities by ensuring residents know when an activity is about to begin, by sitting with them, chatting to them, explaining the activity and offering support where required.

*Activities Planner*  
*September 2019*

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
2019 Week Commencing 2nd	Singer Allan Ramsey	Church Hub	Cameo Club	Cross Stitching	Pamper Day		
9th	What's that smell	Church Hub	Cameo Club  Dan Walker		Pamper Day	Fruit Tasting	
16th	Taste the difference	Church Hub	Cameo Club	Pamper Day	Hairdresser		
23rd	Discovery Zoo	Church Hub  Musical Memories	Cameo Club	Brenda Lindsay Birthday Singer Marcus	Fun & Games		

The Activities Planner is displayed

The Manager added; “Activities are held in a common area like the lounge so everyone can take part. Anyone who is bed bound will be attended to mostly in the mornings in their own room with activities such as pampering, reading or listening to music. Residents are given



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alternative choices and preference as to what they want to do on the day, if they don't feel like engaging on the set activity."

When asked how residents are supported to continue to do the things they used to enjoy before coming into the home, one of the Activities Coordinators said; "I find out what activities they like, for example gardening and provide and support them to do this."

The Manager added; "Any information gathered that forms part in their life story will determine what activities residents are interested in. We base our activities around this."

The Activities Coordinators informed us that they evaluate the activities by keeping a record of what went well, what didn't and what the residents enjoyed and took part in and changes to the schedule are made accordingly.

During our visit to the home, the Healthwatch Team supported some of the resident respondents to complete the survey whilst sitting in the garden, enjoying the sunshine and a cup of tea. The garden was clean, tidy and free of obstacles. A summerhouse was present, which provided a shaded area for residents and their visitors to enjoy.

We also observed some residents enjoying an old film in the ground floor lounge. One resident said; "I really enjoy these films, I like to watch them in here with other residents." Other residents were visibly enjoying the film and the room was calm and relaxed.

## **Indicator 5 - Quality, choice and flexibility around food and mealtimes**

The indicator states that care homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink including between mealtimes. The social nature of eating should be reflected in how homes organise their dining rooms and accommodate different preferences around mealtimes.

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

All of the residents who responded to the survey spoke very positively about the quality and choice of the food at the home and said;

"It's good and there's plenty to eat."

"I enjoy the food and all of my meals. They have asked me if I want anything special. I love the scampi here and there is plenty of choice. I like a small whisky on an evening and they get this for me."

"The food is good, very tasty and there is plenty of variety. I enjoy it all. I like the cream cakes and meat pies. I couldn't choose a favourite as they are all nice."

"The food is pretty good, although I would like more choice. The mince and dumplings and the Sunday lunch are my favourites and there are always alternatives if you don't like what's on the menu."



Communal dining room

All residents stated that they choose to eat their main meals in the communal dining rooms, where they can chat to other residents. One resident added that they like to eat breakfast in the lounge and that this is accommodated by staff.

All of the residents went on to say that they enjoy mealtimes.

Resident comments about the food at the home also included; “You also get a sandwich at 7pm, with tea and biscuits if you want them. You can get a drink whenever you want one.”

Relatives stated that they find the quality and choice of food at the home to be either good, great or satisfactory. Comments included;

“Food is good but they get the same things a lot of the time and portion size is not enough for people with a good appetite.”

“The food is lovely and the cooks are brilliant. I can personally vouch for the lasagne!”

“Two meals are available for lunch but residents can have something different if they prefer. The quality appears satisfactory.”

All relative respondents indicated that they are confident that their relatives are supported to eat and drink as much as is needed.

Three of the relatives stated that they are not present at mealtimes at the home so were unaware how they are made sociable, although one person said; “I’m quite happy with what I hear from my sister.”

The remaining relative respondents stated that the home achieves this by encouraging residents to eat their meals in the communal dining rooms, so they can chat with other residents, tables seat four people, which includes provision for those residents who use wheelchairs.



Menus are displayed in both dining areas

When staff were asked about the quality and choice of food, they gave a mixed response, with the majority stating that they think the food is good, some saying very good, not very good or OK. Some of the staff respondents felt that there should be more variety at mealtimes and snacks should also be more varied.

The Manager explained how she ensures high standards of quality and choice of food; “We offer a four-week menu with a variety of choices and are displayed in the dining area. The menu offers a variety of five a day and a focus group consisting of relatives and residents is in place.”

Staff went on to say that they ensure residents are able to eat and drink at mealtimes and outside of these times by having drinks and snacks available to residents throughout the day and by offering their assistance to those residents who need it.

The Manager told us what systems are in place to support residents to eat and drink at mealtimes and outside of mealtimes; “Bowls of fruits and drinks are made available in the lounge or dining area 24/7 so residents can help themselves whenever they want to. The dining room on the top floor is equipped with a toaster, a kettle and a microwave and cereals and biscuits are stored in the cupboards so they can request snacks or drinks anytime they want to. For those unable to verbalise their needs, it is anticipated that they receive adequate dietary intake and hydration with documentation in place.”

Staff informed us that residents are given two choices of meals at mealtimes and choices of drinks are also available, with some adding that residents have a choice of when they eat their meals. One staff member shared that they feel that choices are limited due to budget restrictions and meal planning.



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The Manager stated what choices residents have about what and when they eat and drink; “Residents are shown the menu after breakfast with a choice of two main courses at lunch and dinner. Residents choose what they want for lunch or dinner and when lunch or dinner comes and if they don’t fancy what they have chosen or changed their mind, they will be offered an alternative so long as it can easily be sourced.”

The Management Team added that permanent drink stations are present throughout the home, enabling residents to help themselves to cold drinks are assisted to do so.

Staff went on to say that residents can eat their meals where they choose, which includes their own room, the dining room or the communal lounge. One person said; “They are asked but if we think it’s in their best interest or for health and safety reasons, we may need to make that choice for them.”

The Manager informed what choices residents have about where and how they eat and drink; “Residents are encouraged to have their meals in the dining area but those who prefer it in their room will also be catered for.”

Staff and the Management Team stated that mealtimes at the home are made sociable times by trying to encourage residents to eat in the communal dining rooms with other residents and their friends, by staff encouraging conversation around the tables and appropriate soft background music being played and it is ensured that there are no loud, distracting noises. There are protected times for residents, so they are not disturbed by visiting professionals or relatives and one staff member told us that sometimes sing-a-longs take place at mealtimes.

During the Healthwatch visit to the home a selection of hot drinks, cake and biscuits were being served to residents and their visitors. Cold drinks were readily available in the communal lounges and individual’s bedrooms for them to access at anytime.

## **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.**

The residents informed the Healthwatch Team that they get regular check-ups from a range of healthcare professionals including; Dentists, Optician and Chiropodist. One of the residents stated that they had been to a local Health Centre for an Audiology check-up too. Another resident said; “I do have some issues with my teeth slipping, but the staff here help me to add some stuff to them to help with this.” Residents added that staff make them the necessary appointments to see their GP or District Nurses and that either staff or family members escort them to appointments outside of the home.



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When asked about their relatives' access to a range of healthcare professionals, all but one of the relatives who completed the survey indicated high levels of satisfaction in this area. Comments included; "Nursing staff are employed at the home and care staff arrange site visits by GPs and District Nurses if required. A Dentist, Chiropodist and Optician are affiliated to the home."

The remaining relative said; "She was admitted several months ago and to date, despite giving my verbal consent, this has not yet been done."

All of the staff who responded to the survey process stated that a range of medical professionals visit the residents in the home. One person said; "All visits seem to go fine and the residents always have it explained to them who is coming and if they have any questions about the visit. Staff are always there to help if needed."

The Management Team were also asked about the range of healthcare professionals who visit the home and said;

"There is a Multi-Disciplinary Team (MDT) meeting that takes place fortnightly, consisting of a GP, a Nurse Practitioner, Community Matron, etc. We have an Optician from Vision Care who visit regularly or as and when a resident requires their service. Residents are referred to the GP for any other services such as the District Nursing Team, Dietician, Audiologists etc., who will then arrange these visits."

"We have a Nurse Practitioner who will visit the home as soon as needed and Multi-Disciplinary Team meetings every two weeks."

## **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.**

The majority of the residents we spoke to during our visit to the home were aware that religious visitors attend the home, even though not all of them took part in services or receive Holy Communion. They informed the team that there are regular visits to the home by a Hairdresser who cuts and styles their hair. All of the residents who were asked about the laundry system at the home and if staff are good at getting their own items of clothing back to them agreed that this is the case. Comments included;

"The laundry staff are good at getting my own clothes back to me and they put them away in my drawers."

"The laundry staff are good. I have my own bedding and they look after it for me. They also change my bed."

Only one of the relative respondents stated that their relative has specific lifestyle, religious and cultural needs and told us that they receive visits from



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members of the church each week and that they feel the home respects and accommodates these needs.

All of the relatives were aware that a Hairdresser visits the home every Friday, with one person giving a full account of what is available to residents; “The Hairdresser visits each week. She will style, trim and/or apply treatments such as permanent waves, wash and blow-dry the resident’s hair without prior notice or requests from relatives or staff. My mother looks forward to her weekly appointment.”

The majority of relatives stated that they are happy with the service from the home’s laundry staff. One relative stated that some laundry items have gone missing when the regular laundry staff are absent and another stated that although the laundry is pretty good, other items such as slippers, combs and razors have gone missing.”

All relatives indicated that their relatives are always clean and appropriately dressed, with one person adding that they believe the ability for residents to have more frequent baths/showers would improve cleanliness further.

The Management Team told us how the home finds out about and caters to residents’ cultural, religious and lifestyle needs and gave examples of how these are accommodated;

“These are all considered at the pre-assessment period and discussed with the residents and their relatives in order to meet their needs according to their choices and preferences. If a resident states that they are a practicing Muslim and they only eat Halal meal, then that will be granted. We order Halal meals from our suppliers.

If a resident is religious and wanted to have a weekly Holy Communion, we can either take them to the church situated behind the care home or invite the Parish Priest or Vicar into the home based upon whatever denomination they are. If a resident expresses sexual identity, they will always be given due respect and their dignity maintained.”

“We look at Social Work reports and speak with the person or their family. One resident has a member from the church visit every other day for prayers. We ask the church to visit.”

One staff member added that as well as visitors from local churches who visit the home to offer residents Holy Communion, the home hosts themed days eg. Italian Day when there was an Italian visitor to the home.

One of the Activities Coordinators told us that activities are tailored to meet residents’ religious and cultural needs by the celebration of all religious dates.

The Management Team shared that residents can have their hair cut and styled by the visiting hairdresser in the home’s dedicated salon once a week if they wish. They ensure the laundry staff get the residents own clothes back to them by all clothes being labelled with the resident’s initial and room number on admission when staff do their property list. Relatives are also encouraged to label their loved one’s clothes prior to admission.



When asked what mechanisms are in place to ensure that residents are always clean and appropriately dressed, they stated that this is achieved by residents being supervised/assisted with personal care daily. A daily chart is in place to evidence that personal care has been given and it is written in residents' care plan about their choices and preferences if they prefer to have a bath or shower, how frequent and at what time of the day they wanted it.

The Healthwatch Team noted that the residents at the home were well dressed, clean and their hair was clean and neat. The gentlemen also looked freshly shaved.

## 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.**

All but one of the residents informed that they get asked by the Manager or other staff members if they are happy at the home. All of the residents went on to say that they are happy living at Blossom Hill Care Home and gave the following comments;

“Yes, the Manager asks me and I say; ‘Where else could I be as comfortable and looked after?’ I am happy. I’m not pushed into bed, I choose when I want to go to bed and have a bath.”



“Ah yes, I’m content. I am alright here.”

“I am as happy as I can be. I’m comfortable here.”

All of the residents stated that there is nothing about the home which they would like to change.

When residents were asked what they would do if they wanted to make a complaint about the home they stated that they would either speak to the staff or the Manager of the home.

All but one of the relative respondents





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stated that they feel welcome participants in the life of Blossom Hill Care Home. The remaining relative did not answer this question. Relative respondents added that they and their relatives can have a say on how the home is run by attending open evenings, by speaking or writing to the staff or the home's Manager, attending resident and family meetings or by adding comments to the suggestion box. One relative told us that they didn't know how this would happen.

If they ever needed to make a complaint about any aspect of the home, relatives said that they would speak to either the Manager or the home's staff, contact the home's owners or contact the Care Quality Commission (CQC). All went on to say that they would feel confident to make a complaint if needed and that any complaint would be acted upon appropriately. Comments included;

"This area is untested so far, but I would like to assume complaints would be acted on correctly."

"Yes, I believe issues are unlikely to need to be escalated beyond the home environment."

Staff and the Management Team stated that residents and family members can have their say on how the home is run by attending resident meetings, by speaking to the Manager or staff members, by adding comments to the suggestion box or by completing the company's twice yearly quality survey.

One member of staff gave an example of how residents or their families have influenced how the home is run; "One family member fundraised for the home, which then led to more residents' funding and we were then able to have a singer one afternoon."

The Activities Coordinators said residents and their families can have a say on which activities take place by asking them what they would like to see on the schedule. They gave the following examples; "A resident's daughter asked for an ice cream van to visit and I have organised for it to come along this afternoon.

One family organised a surprise anniversary for a gentleman, his wife and family, with our help. There were tears from everyone and it was a fab afternoon."

The Manager went on to say how she makes use of feedback or complaints from residents and relatives; "I use it as a learning curve and include in reflective practice."

Staff informed us that they can have a say on how the home is run by attending staff meetings, completing surveys and by speaking to the Manager. One of the Activities Coordinators said; "Only what activities go on in the home."

The Manager said that staff are also able to have a say in how the home is run at their supervisions and appraisals, they are aware of safeguarding and whistleblowing policy or by completing a staff quality survey at least once a year.

Since the Healthwatch visit the Manager informed us; "Regular staff meetings are scheduled monthly where staff have an open forum to include any issue on the agenda. Supervisions provide a confidential forum for staff to raise any issue with me which would be treated in the strictest confidence. My door is always open for staff to discuss anything they need at any time."



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## **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.**

All but one of the residents stated that the home is always clean and tidy and that they see the staff cleaning their rooms and the communal areas every day. The remaining resident did not answer this question, which may have been due to their own individual health or capacity.

All but one of the residents stated that they are always at a comfortable temperature in the home. One remaining resident stated that they have been cold recently in their room at night. The staff and Manager are aware of this issue and are in the process of getting the heating adjusted to suit them better.

Four of the relatives who completed the Healthwatch survey reported that the home is always at a comfortable temperature for residents, with one person adding that this can sometimes mean it is too warm for the care staff and visitors. Three relatives reported the temperature at the home is sometimes an issue;

“No, sometimes it's too cold or too hot, but the majority of the time it's correct.”

“A little cold at night.”

“On a few occasions the residents have reported feeling cold, but this is not the usual case.”

The majority of the relatives stated that they feel the home to be always hygienically clean and tidy, although one person added that they have not seen the communal toilet and bathroom areas. Another respondent said; “It's immaculate.” The remaining person said; “The rooms are cleaned daily, but I think they could be more thorough.”

The majority of relatives also stated that they feel the home is always well decorated and well maintained. One relative said that since it has been two years since the home's refurbishment they feel some areas are a bit shabby. Another relative told us that although there have been some issues, the Handy Man usually deals with things promptly.

All relatives agreed that the home is a dementia friendly environment.

The Manager informed how she ensures the home is always at a suitable temperature; “There are thermometers dotted around the home. There are some residents that feel cold most of the time. They can express their needs and will be assisted to put extra clothing or cover with blanket as appropriate. If they haven't got the capacity to verbalise their need, it will be anticipated, and staff will ensure they are comfortable and warm.”

She went on to say how she ensures the building and its contents are well maintained and decorated throughout; “There is a Handy Man available four days a week, except weekends but can be contacted for emergencies. There are



certificates for checks and maintenance of equipment some monthly, six monthly or annually. These are all documented in the maintenance book and a daily log for the Handy Man to check first thing before he commences his shift.”

When asked how she ensures the home is always hygienic and clean, the Manager said; “There is a cleaning regime in place for the Domestics daily. I ensure COSHH (Control of Substances Hazardous to Health) regulations are maintained, there is a daily check which is also documented.

The Manager stated that the home is a dementia friendly environment by there being a one-page profile for each resident in place, so staff know their individual choices and preferences. There are tactile and reminiscence materials around the home and there is low levels of noise and signposts to resident’s bedrooms, toilets, and communal areas.

The staff told us that they feel the home is made a dementia friendly environment by having contrasting coloured toilet seats, using bright colours, there being some quiet times, residents having personal items and belongings around them, use of good lighting, the use of appropriate flooring throughout the home, light coloured furniture in place and having large clocks and flowers around the home to make it a welcoming place to be. Comments included;

“Everyone is included in everything. Residents all have the same choices to take part.”

“We have butterflies outside of our dementia resident’s rooms and we have exercises to help them remember certain parts of their lives.”

“The home is set out and looked at for dementia residents. We think of ways to improve the home daily and everything is to suit the needs of the residents.”

“We always keep up to date with research on dementia.”

During the Healthwatch visit the team noted that the home was clean and well



decorated throughout, with no unpleasant odours present on either floor.



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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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