

Care home life, what it's really like!

Bryony Lodge Nursing Home



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



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1. Introduction

What is Healthwatch Sunderland?

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

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

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



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

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





2. Background and rationale

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

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

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

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

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

The 9 indicators are:

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



3. Methodology

The ‘Care home life - What it’s really like!’ visit took place on the 25th September 2019 and was carried out by Healthwatch Sunderland staff and volunteers who are trained so that they can effectively capture the resident’s experience.

At the visit residents were asked a range of questions via a set questionnaire (see appendix 1). The questions were designed to reflect the objectives of the visit. Observations were made on the physical environment and staff/resident interaction etc.

Staff and relatives were also given questionnaires to complete (see appendix 2, 3, 4 and 5).

We engage with local people on an ongoing basis, encouraging them to share their feedback on their experiences of care homes across Sunderland. Any feedback we received was incorporated into the findings.

4. Findings - Summary

The Healthwatch team collated the survey findings we gathered from residents, their family and friends, staff and Managers and our observations made during our visit. The findings have been scored against the nine indicators in terms of the degree which they were met, from strongly disagree to strongly agree. A neutral rating indicates both positive and negative feedback, which when averaged results in a neutral score. A summary of this can be found below:

Here is the key which shows the indicator scores



Strongly disagree



Disagree













Neutral



Agree



Strongly agree

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



Findings

Bryony Lodge Nursing Home is a purpose built home, located at:

Leechmere Rd
Sunderland
SR2 9DJ

Telephone: 0191 687 2133

Provider: Memory Lane Care Homes

Provider's Website: www.memorylanecarehomes.co.uk/care-homes/

See the latest CQC inspection report here:

<https://www.cqc.org.uk/location/1-3525341955>

The home has the capacity to support 47 residents aged 50 years and over, where residents are supported under the categories of Nursing Care Residential Care. The home also has a younger persons unit which accommodates people from the age of 30 years.

There are 46 en-suite bedrooms two of which are double rooms and one quiet room. Residents are able to bring some of their own items to personalise their room and pets are allowed at Bryony Lodge.

The home has four lounge/communal areas and has an accessible garden for residents use.

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).

Internet access is available, however, the home does not have a hearing loop system.

Bryony Lodge employs a full time Activities Coordinator who ensures that activities are available to residents every day of the week.

At the time of our visit there were forty three residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch Team were only able to support five residents to fully complete the survey and one resident to partially complete the survey. The team received ten staff (one Manager, one Deputy Manager, two RGN, one Senior Care Assistant, four Care Assistants and one Activities Coordinator) and three 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 AGREE this was met.

Residents at Bryony Lodge were asked by the Healthwatch Team if they knew the Manager and what they thought of them. Three of the residents who completed the survey knew the Manager by name and three residents could not name the Manager, however, this may be as a result of their own individual health and capacity. Two resident respondents did not give an answer. Comments included;

“Much better now that we have got Sharon, residents are given the opportunity to voice their opinions and ideas and they are acted upon.”

“Alright.”

“Alright, good.”

“Not sure.”

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

“She is pleasant, friendly and helpful.”

“In my experience the Manager is a lovely lady who is always happy to help us with any queries we have. You can also see the good relationship she has with her staff, which is nice to see.”

“The Manager thinks a lot about her staff and the people they support, putting their best interests first. She is easy to approach with any queries and makes sure she greets relatives when they come into the home.”

All 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;

“Sharon as Manager is passionate about her role, she is visible and caring. She has commitment to staff and responds to staff and residents issues with compassion at all times.”

“A good Manager, supports us well with maintaining and monitoring high quality clinical care for residents. Ensures clinical practice such as medicine management, infection control and patient nutrition reflects national and professional guidance.”

“If I want any support from my Manager I can speak to her at any time.”



All staff members gave positive responses when asked about their experience of approaching the Manager with a question or to raise an issue. Comments included;

“Manager will discuss any issue and deals with problems immediately. Gives a feeling that she listens and respects you.”

“If we have any issues we go to the Manager and she will resolve the problem, everything is confidential.”

“I find it easy to talk to the Manager about things I need.”

“Open and honest.”

The Healthwatch Team asked the Manager and Deputy Manager what attracted them to their roles, they told us; to ensure a high quality of care to their residents, also an excellent Management Team and excellent training is offered on an ongoing basis. The Deputy Manager added to assist the home Manager in the everyday running of the home.

When asked what they enjoy about their role the Manager who has been in post for 18months stated; “Genuine spirit of cooperation and shared goals and revolving around the growth of the home.”

The Deputy Manager who has been in post for five years said; “Ensuring our residents are happy and well cared for. Ensuring all staff work as a team and ensuring the smooth running of the home on a day to day basis.”

On visiting Bryony Lodge, the Manager of the home showed the Healthwatch Team around. She addressed each of the residents we met by name and appeared to know visitors quite well, she was very professional and had a friendly, approachable manner. Residents and visitors recognised the Manager and were 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 **AGREE** this was met for staff time and **STRONGLY AGREE** this was met for staff skills.

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

“Good.”

“Most are alright, they do anything for me.”

“Fantastic staff.”

“Good, I love my Key Worker.”

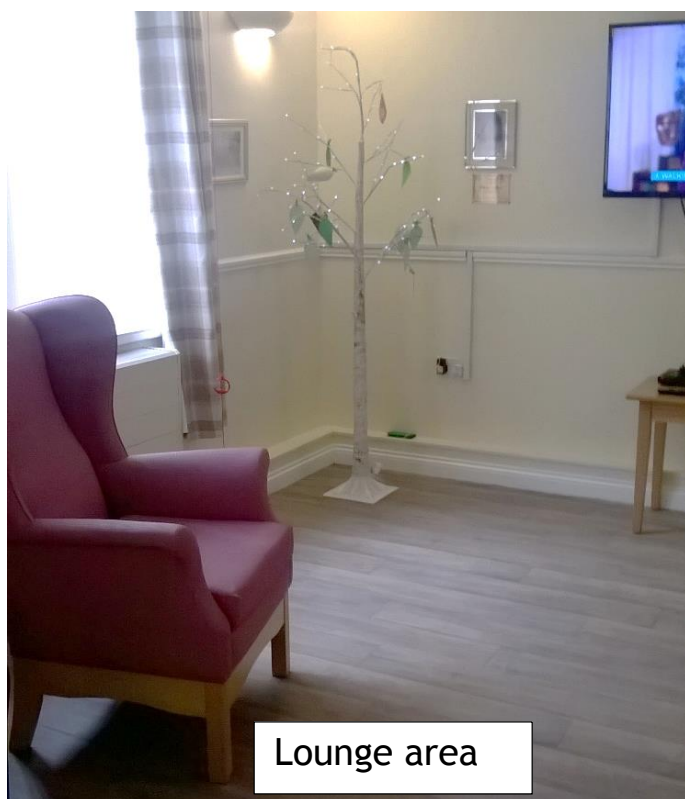
“Alright.”

“All nice.”

When asked if the staff have time to sit and chat with them the majority of residents who completed the Healthwatch survey agreed that they did, one resident did not answer this question. Comments included;

“They do but I am quite independent so I read a lot and perhaps watch a bit of TV. Staff are here if I need them.”

“They do have a bit of a talk but they are very busy.”



“Run off their feet, not much time to sit and chat, but they try to, staff are lovely.”

“They do if I want to know anything, I just have to ask.”

When relatives and a friend 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;

“Yes, when I come to visit, my friend tells me how well she gets looked after and how nice the staff is.”

“Yes, my grandad thinks a lot of the staff, they are all lovely and caring, letting us know about



activities he has taken part in that day or during the week.”

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

“Anything you need they are there.”

“Yes, they are very professional.”

“Yes, they are very professional in what they do, they respect privacy and use equipment correctly.”

All staff members who completed the survey process stated that they do have enough time to care for the residents and gave the following comments.

“Yes, all staff are passionate about their care of residents, we all work as a team to meet the changing needs.”

“Yes I do, residents can be quite demanding at times but are manageable.”

“It’s a busy home but with appropriate team work all residents are given the time they need. Both floors help each other, especially qualified staff and Care Home Assistant Practitioners (CHAPS).”

The Activities Coordinator stated that there is enough time to provide varied activities for residents, she told us; “Yes, as I work with Key Workers and have support from care staff throughout the day.”

All staff indicated high levels of satisfaction when asked if they are encouraged to develop their skills and undertake training. Their comments included;

“All nursing staff have time to do competency for clinical skills for revalidation in order to renew our registration for Royal College of Nursing to be able to practice as a Nurse”

“The home accesses specialist training, especially if a resident needs care that is not routine. Again practice is shared to achieve the best. The Manager is approached regarding training and it is accessed, so is the appropriate equipment.”

“There is always training when we need it, if we need more training we can ask the Manager.”

“Yes, with extra training and working alongside other Activities Coordinators.”

The Healthwatch Team observed nursing staff in the corridor areas, they spoke with residents whilst going about their duties.

All staff gave very positive responses when asked what they enjoy about their jobs at Bryony Lodge. Comments included;



“I have worked in several homes, I find this one works towards a homely atmosphere and listens to all of us to achieve the balance between needs and giving choice.”

“Giving personal centred care for all residents. I like the family atmosphere staff have with residents and families, staff always work as a team.”

“I really enjoy my job! I enjoy taking care of elderly people, it is rewarding in itself, when you provide support to older people you are able to make a tremendous difference to their quality of life.”

When asked how they encourage staff to develop their skills the Management Team told us that staff are encouraged to attend all training, encouraged to work as a team and encouraged to ask for assistance and or advice if they are not sure of anything. The home shares information with staff through supervisions and team meetings.

The Management Team were asked how they ensure the staff have enough time to care for their residents. The Manager told us she ensures that staff have enough time by making sure she has the right skills mix on the floors and making sure the home is fully staffed.

The Deputy Manager said; “All staff work as a team. Staff ensure each resident is given the time and assistance they need. The staff always ask the resident their own preferences and staff explain everything they need to do to assist each resident. Staff also try to encourage the residents to do what they are able to do for themselves as this promotes their independence.”

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.

The majority of 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. One resident did not answer this question. Comments included;

“I get my own clothes out, wash and dress myself. I need help with the shower. I have a shower in my bedroom, and also having a power chair is a bonus.”

“They all know I like a bath and not a shower.”

“Yes, I get on well with them, I pick my own clothes and dress myself.”

When relatives and a friend were asked if the staff at the home know their relative’s life history, personality and health and care needs, all respondents gave positive comments, including;



“They know her very well. The staff talk to her to know what her past was like, what she likes to talk about and what she doesn’t like.”

“Very well, they have taken the time to find out about past life, likes and dislikes they can tell when moods change and inform family if anything seems out of the ordinary.”

All relatives and a friend gave positive responses when asked if the home notices and responds when their relatives’ needs change. Comments included;

“They seem to be very attentive to change.”

“Yes, the home is very good at noticing if she isn’t feeling like herself or very well.”

“Yes, if my grandad does not look or feel well, family are informed and updated throughout the day and they check on him regularly.”

Relatives and a friend went on to tell us of ways in which they are informed of any changes, stating that they are informed whilst visiting the home or by telephone.

Staff 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 completing the ‘This Is Me’ booklet’ by asking the resident, their family, Nurses and Carers. The Activities Coordinator added that this is achieved by working with families and a food handover from Manager after she has carried out the assessment. Comments included;

“We all have electronic devices with care notes at a glance. We have informal handovers and use pre-admission assessment notes. The resident is made welcome and encouraged along with the family to tell us about themselves also initial care planning takes place.”

“Regular care reviews take place, so needs continue to be met and this ensures a person centred care atmosphere for all residents and helps to promote independence.”

“‘This Is Me’ is completed, ask the resident questions and ask Nurse about past medical history if needed.”

When asked how do you ensure that staff get to know a resident’s life history, the Manager and Deputy Manager informed that they get to know a residents life history, personality and health and care needs before they arrive at the home by the Manager carrying out an assessment and giving feedback to the staff before the new resident arrives. They went on to say that each resident has a care plan which is put together with the resident and the family. The staff spend time with the resident and their family and read the care plan which includes all relevant information.

Staff stated that they are kept up to date with any changes to a resident’s likes, dislikes and care needs by using person centred software to report changes, handover to Nurse or Manager when relevant. Comments included;



“The computer is updated and Carers, Nurses and residents discuss changes. The kitchen is informed of diet changes. Reviews are highlighted by the computer and all qualified staff and Care Home Assistant Practitioners (CHAPS) are involved in updates. Residents are asked about their care and updated accordingly.”

“Ongoing reviews so care is as responsive as possible.”

Indicator 4 - A varied programme of activities

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

The Healthwatch team STRONGLY AGREE this was met.

The Healthwatch Team asked about activities available inside of the home, one resident did not answer this question. Other resident responses included;

“No, we are asked, I don’t want to join in, I may have the odd game of dominos with another resident.”

“No, but I am asked, I just watch TV.”

“Don’t join in much but that is my choice.”

“Dancing this afternoon, I join in with most activities.”

“Sing a long, cooking, pom poms.”

The Healthwatch Team asked about activities available outside of the home, one resident did not answer this question, other resident responses included;

“I go out independently, I meet family in town, I get a taxi or use the power assisted chair if the weather is nice.”

“I go to Roker, out for lunch and go out with family.

“No, I don’t want to, there is plenty to do in here and time goes so quickly here.”

“There are group trips to the Hollymere pub for lunch and to Asda etc.”

“My daughter took me to Asda, I haven’t been out in the bus.”

Three resident respondents agreed that it is easy to join in with activities at Bryony Lodge. One resident stated that activities are very good and three residents did not answer this question, this may have due to their own individual health and capacity.



The majority of residents who undertook the survey told the Healthwatch Team that they enjoy using the garden, although one resident stated that they do not use the garden. Comments included;

“I like to go out in the garden if it’s not raining.”

“Yes, but not on my own.”

“Yes, with my family.”

“I smoke and there is a smoking shelter in the garden, so I go along there.”

Whilst visiting the home the Healthwatch Team observed as the Activities Coordinator was holding a sing a long session with a group of residents, they all appeared to be enjoying the experience.

The Healthwatch Team asked residents if they are able to enjoy any hobbies or interests that they undertook before moving into the home, one resident stated that they don’t and one resident did not answer this question, responses included;

“I used to knit but not now, there are other things to do in here, I like to go outside.”

“Yes I have got the choice but don’t want to.”

“I read from my Kindle.”

“I used to like swimming, tennis and bowling but not so much now. I may have a game of pool and I read a lot.”

When asked about the activities provided at the home, relatives and a friend who completed the survey gave the following comments;

“Very good, activities on every day.”



“Activities are on every day during the week which gets them all involved and socialising. Family members can also take part and it’s great when donkeys or singers come in.”

“Never tried yet.”

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

“Talk to her to make her feel comfortable and at ease.”

“They are informed on what activities will be on that day and asked if they would like to come and join in.”

When relatives and a friend were asked if their relative/friend is still able to take part in past hobbies and interests, their comments included;

“Yes, she still has her trips down to the supermarket. They have games of bingo and she is still able to cook.”

“Yes! There is a wide variety of activities every day to suit everyone, my grandad takes part in gardening, planting, watching the singing, making food and cakes and the donkeys come in.”

“Not able to yet.”

The Healthwatch Team observed as residents and family members were playing dominos and Connect 4, they appeared to be enjoying the games.

When asked about activities in the home, the Activities Coordinator, Management Team and Staff stated that activities are wide and varied, they gave the following examples of activities available at Bryony Lodge, including; Arts and crafts, various games, cooking, bingo, dominos, pet therapy, pamper sessions, religious studies, knit and natter, movies, sing a long, sewing, karaoke, quiz, film nights, special suppers for example - curry nights, remembrance and one to one sessions.



Resident's art display



The Management Team, Activities Coordinator and Staff went on to inform on activities available outside of the home, including; outings in the mini bus, gardening, visits to museums, community groups, cinema and theatre, escorts to the bank and assisted living and will provide for any personal activities. The Management Team stated that the home does have a mini bus which it shares with sister homes. Comments included;

“We have extensive gardens used by all residents. There is a knitting circle and residents visit the supermarket for shopping. We have a non denominational religious group who also spend time with individual residents, some go out with family. Some residents have access to outdoor groups such as Scope or Bluebird Care.”

“Some residents go out to the cinema, visits to the beach, the theatre and go out to the pub for dinner.”

The Activities Coordinator gave examples of provision that is made for those residents who cannot or do not wish to undertake group activities aimed at reducing loneliness and isolation, including; one to one time, hand massage, pamper sessions and games in residents room, outings, holidays, doll therapy.

The Activities Coordinator and staff at the home encourage residents to take part in activities by explaining activities on offer, assisting residents to activity room and also assist to any outings. The Activities Coordinator stated that this is accomplished by offering help, reassurance and by explaining what the activity is. Support with person centred care and focus to meet goals. Staff comments included;

“By assessing their needs and working out how.”

“I help the Activities Coordinator to escort residents to activities and help with the activities.”





“A Carer comes from the floor to assist in activities and we ask residents every day to take part.”

The Management Team advised on how residents are encouraged and assisted to take part in activities, having a notice board which displays activities for the week, each resident is shown the board and encouraged to join in with activities, however, some residents do not like to join in and prefer to stay in their room. The Activities Coordinator will spend one to one time with these residents and will read, converse, watch a film or have a pamper session. Staff support residents and engage with family members by inviting a guest to join them and explaining the benefits of movement through exercises, dancing and walking.

When asked how residents are supported to continue to do the things they used to enjoy before moving into the home, the Activities Coordinator said; “By carrying out a life story to learn about their history and interests and by working alongside families. Carrying out short tasks that relate to their hobbies.”

The Management Team stated that this is also accomplished by family support around past hobbies and interests, they also bring family pets in to visit residents and staff will assist residents to continue any pursuits.

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.

When the Healthwatch Team asked residents about the quality and choice of food at Bryony Lodge, residents gave mixed responses stating that the food is OK, good, alright. Other comments included;



“It all depends which Cook is on duty, they do go out of their way to accommodate, but sometimes it’s better than others. I do like to order in a takeaway - it’s my choice.”

“They will change it if I don’t like it.”

When asked if there enough choice of what, when and where they eat, the majority of resident respondents agreed that there is and gave the following comments;

“There is something different every day, meals are really nice here, I like the desserts best, I take my meals in the dining room.”

“There is a choice and I like to eat my meals in the dining room.”

“My meal is kept for me as I like to eat around six o’clock. There is always two choices or they will do their best to offer alternatives. I eat my meals in the dining room or in my own room, it depends on what time of the day I eat.”

When asked, the majority of resident respondents agreed that mealtimes are enjoyable at Bryony Lodge, one resident respondent did not answer this question. Comments included;

“Yes, we sit together and chat, there is nothing I don’t like.”

“Sometimes, I like breakfast.”

“Yes, it’s a sociable time.”

Relatives and a friend gave the following comments when asked about quality and choice of food at the home;

“Very good. She always seems to enjoy the food and there is a choice of what she would like each day.”

“Terrific, said my relative.”

“There is a different range of food daily with multiple options for them to choose



from and it’s nice to see they have a menu board so relatives can see what was served at the mealtimes.”

Relatives and a friend respondent indicated that they are confident that their relatives/friend are supported to eat and drink as much as is needed. Comments included;



“There are jugs of juice/water in the rooms. Tea and coffee is offered throughout the day, food four times a day with multiple options.”

When asked how the home ensures that mealtimes are sociable, relatives and a friend who completed the survey, gave the following comments;

“They have dining areas where residents sit together around the table with staff supporting and talking to residents.”

“All residents eat together in the dining room assisted by carers.”

“Stays in his room at the moment.”

All staff gave positive responses when asked about the quality and choice of food, comments included;

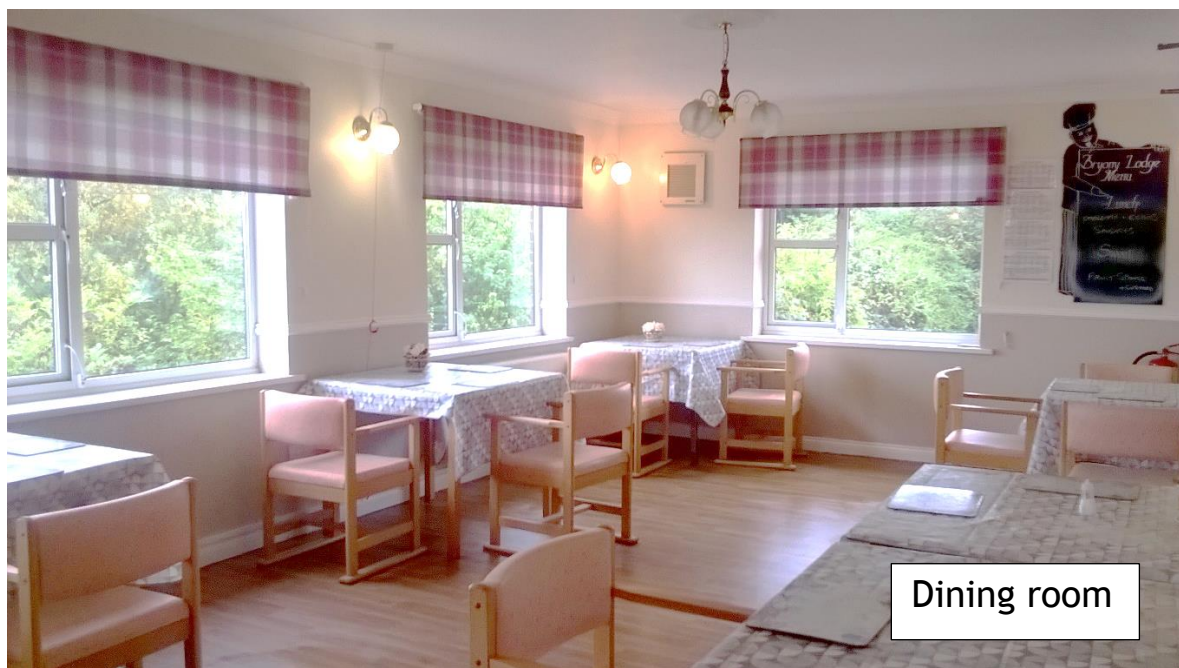
“The quality of food is good and the Chef is very experienced. Menus are planned and residents request food and there are many instances where residents request something different, but staff are happy to help. Residents sometimes buy food themselves too. Relatives often stay for lunch.”

“The quality of food is good and the residents get a good choice of food.”

“There is a wide variety of food for residents to choose from for both snacks and meals alike.”

The Healthwatch Team observed a Carer who was carefully and considerately supporting a resident to eat their meal.

The Management Team stated that there is a daily menu for residents to choose their meal from. If a resident does not like the choices on offer the cook will speak to the resident and will offer alternatives. The kitchen provide meals for all cultures and special dietary requirements including; Diabetic, Coeliac and religious needs.





Management and staff went on to say that they ensure residents are able to eat and drink at mealtimes and outside of these times by offering dignity aprons and specialist cutlery or plate guards, cups etc; staff offer assistance and support and snacks are on offer throughout the day. Each resident's food and fluid intake is monitored, each resident has a care plan which states dietary requirements, any concerns around a resident's swallowing is referred to the Speech and Language Therapy Team (SALT) and a GP is informed. Staff comments included;

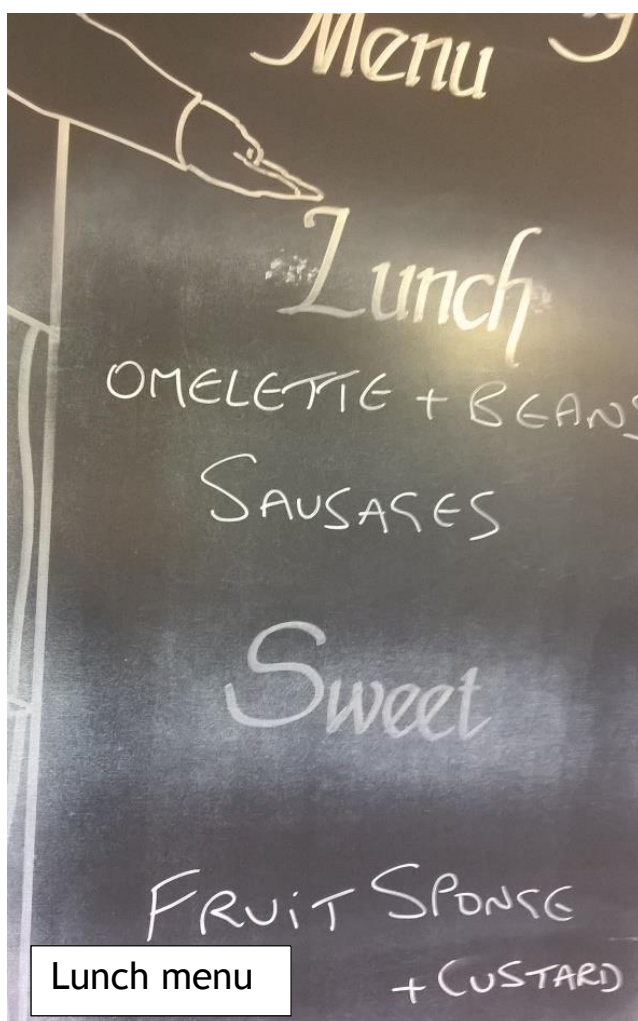
“Some residents require assistance, others are independent. Staff enter into the electronic devices intakes of food and fluid. Residents have cups with lids, straws, specialised cutlery, plate guards and trays for their food. They have access to food overnight too.”

“There is a tea trolley with cakes, biscuits, chocolate and fruit if they so wish.”

Staff went on to say that residents are offered daily menus with several options to choose from. Comments included;

“Residents can have a say in residents meetings or they can speak to the Head Chef.”

“Menu selection occurs daily but other requests are catered for. Religious requirements are catered for as well as food allergies - well documented.”



When asked about residents' choices of where and how they eat and drink, Management and Staff stated that residents do have choice over where they take their meals, they can do so whenever they wish and that the home operates Protected Mealtimes. (A period of time when activity is reduced so staff can be available to help serve and supervise meals and assist residents who need help to eat and drink. This time also includes limiting visitors). Comments included;

“Residents choose where they want to eat, i.e. in their room, dining room or lounge. To ensure a peaceful dining experience protected mealtimes operate in the dining room but relatives can still visit in their rooms.”

“We ask residents where they would like to eat and drink, such as they can come into the dining room or stay in their room if they prefer.”



When asked, the Management Team stated that there are permanent drinks stations in dining rooms and a tea trolley is available between meals, this includes, tea, coffee, juice, milkshakes and snacks. They went on to tell us that they ensure mealtimes are made sociable by carrying out a quality dining experience, by staff interaction with residents to ensure mealtimes are happy and sociable and by staff encouraging residents to socialise together.

Staff went on to tell us how mealtimes are made a sociable experience at Bryony Lodge. Their comments included;

“Mealtimes are an occasion where residents can chat to each other and staff. They are unhurried and residents take their time. Meals are served to them. The dining room is set to a good standard and the aim is to achieve a positive experience.”

“Staff chat to residents while in the dining room and we also play music.”

“Asking where they would like to sit, appropriate music playing, choice from menu, friendly banter and socialisation.”

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.

The majority of 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.

Comments included;

“The Optician comes in to see me and my hearing is fine.”

“Yes, eye test, Chiropodist and hearing aids.”

“My family see to that.”

“Been to the Optician, I am waiting for glasses, one of the carers took me.”

“Dentist comes here to do a check-up, if I need treatment I visit the Dentist, the Optician visits the home every six months.”

When asked what happens if they ever need to see a doctor or have a hospital appointment, comments included;

“I go out to see my own GP and I go to the hospital every six months for a check-up.”

“GP comes in and staff take me to hospital appointments.”

“Family ring my own GP.”



“GP and Nurse come into the home, my family or Carers take me to hospital appointments.”

When asked about their relatives and a friend’s access to a range of healthcare professionals, respondents gave the following comments;

“Doctors are called out if needed, there are Nurses on every shift. Ambulances (transport) come to the home to take residents to appointments. Chiropodists etc. come into the home if needed.”

“I am aware that the Podiatrist comes out every 6-8 weeks. If we felt that she needed to see a GP we would speak to the Nurse and she will make sure she gets the care needed.”

“Has not been needed yet.”

All staff who responded to the survey process stated that a range of medical professionals visit the residents in the home. Comments included;

“Speech and Language, Occupational Health, Physiotherapist, Pharmacists, Social Worker, Psychiatrist, Community Mental Health Team.”

“GP comes in when requested, older peoples Nurse comes, Chiropodist, Dentist, Optician and any other professionals from the GP surgery. I pass this onto the Nurse when required.”

“The Nurse deals with this, assistance from Carers is given when requested.”

“We deal in particular with a link GP Surgery, but residents retain the right to have their own GP. There is a range of professionals from the GP Surgery including an Older Peoples Nurse and many other professionals. Specialist problems such as Chronic Obstructive Pulmonary disease (COPD) have specialist input.”

The Management Team informed that the Chiropodist visits the home every 6 - 8 weeks, the Optician visits every 3 months, any resident needing to visit audiology is referred by their GP. A Nurse Practitioner visits the home at least once a week and the GP visits once a month, GP will be called out for a visit if required. Patient Transport is booked for any resident who requires an ambulance for hospital appointments. All visits from health professionals is documented in care plans.



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 am not particularly religious, the laundry service is fine, my sister does my hair and I shave myself."

"I go to church if I can, I get my hair done here and the laundry service is good."

"Occasionally get other people's clothes back from the laundry, but not often."

"I get my nails done, feet done, my hair is plaited and I get my laundry returned to me in one day. If I wanted the priest to come in they would."

"I believe and used to go to the Good Shepherd Church, I see the Hairdresser here and the laundry service is fine."

When asked how any specific personal, lifestyle or cultural needs are respected and accommodated at the home, the relative respondents stated that their relatives do not have any such needs. Another one said that it is good to see every religious beliefs are supported.

A friend who completed the survey commented; "She liked to go to Church, the bible group comes in on a Wednesday."

The relatives and a friend who completed the survey were aware that a Hairdresser visits the home every week and when asked about the laundry service they gave the following responses;

"Never had any problems or seen anyone else's clothes in his room."

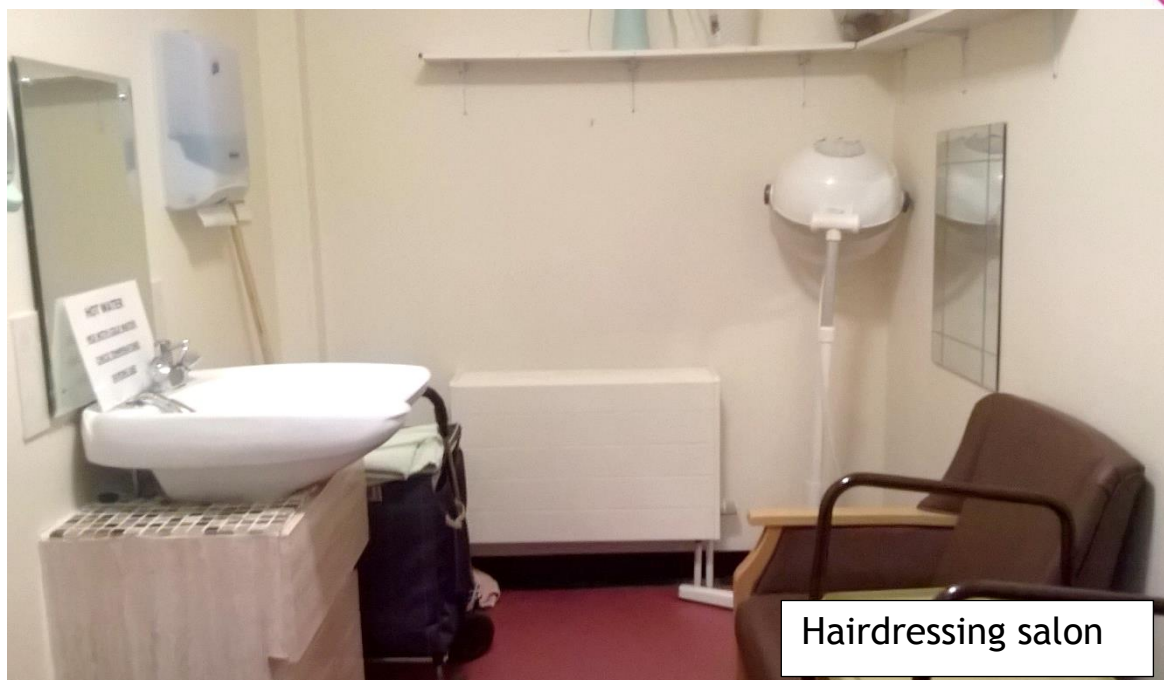
"Really good, we have had no issues."

"Very good."

When asked, all relatives and a friend stated that their relatives are always clean and appropriately dressed.

When asked how the home finds out and caters to residents cultural, religious and lifestyle needs the Management Team stated that this is accomplished within an assessment and by speaking with residents, their family and friends.

They went on to give us an example of how these needs have been accommodated, saying that one resident at the home requires halal meat, and the cook assures that this need is met. A Priest attends the home to give Holy Communion to residents who cannot get out to Church and they stated that the home tries to



accommodate all life styles and cultures. They went on to tell us that a hairdresser visits the home on a weekly basis to cut and style residents hair and they ensure the residents have their clothes returned after laundering by each resident having their own laundry basket and all clothes are labelled with names or room numbers.

All staff gave positive comments including;

“We have a quiet room which can be adapted to need. We have visitors from various denominations and religions including Muslim. Residents display pictures and artefacts accordingly and have access to books such as the Quran and the Bible.”

“Halal meat provided for one resident who is Muslim (at request) and there are Bible studies for other residents.”

“Bryony Lodge caters for all religious, cultures to meet their needs.”

When asked how the home ensures residents are always clean and appropriately dressed, the Management Team said that all residents are asked if they would prefer a bath or a shower. This is documented in their care plan, and residents are encouraged to choose their own clothing which reflects their own choice.

The Activities Coordinator explained how activities are tailored to meet resident’s religious and cultural needs; “Valuing a person’s background and providing cultural need as and when required. Also providing Bible Studies every week for residents to express their needs. Offering tailored support and spreading knowledge to the staff so everyone can take part in supporting resident’s needs.”



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;

“My sister and my daughter ask if I am happy.”

“The owner has a chat with me and does ask.”

“My family ask me.”

“No, but they ask if I am OK.”

“No, but I like it I am happy, I have got friends here.”

When asked if there was anything that needed to be changed at the home and if so who would they tell about this, the majority of residents said there is nothing they would change, one resident stated that they are very content and one resident stated that they would like to go home. Comments included;

“It is fine here, I would complain to the Manager, then if it was not looked into I would speak to the owner.”

“I would complain to one of the Carers”

“I would complain to one of the girls.”

“I would complain to Tracy, the Manager.”

Relatives and a friend who responded to the survey stated that they feel welcome participants in the life of the home. One respondent stated very much so.

Respondents added that they and their relatives/friend can have a say on how the home is run by speaking to the Manager or a member of staff, one respondent stated that they can do this whenever they need to have a say. Respondents went on to say that they would feel confident to make such a complaint and confident that it would be acted upon.

The Management Team informed that residents and family members can have their say on how the home is run by attending the residents and family meeting which take place every 6-8 weeks and by family offering suggestions on what they would like to see. Staff Comments included;

“Residents have regular meetings and the Manager has an open door policy. The aim of the home is to be open, honest and transparent which is achieved through questionnaires, meetings, and audits as well as good communication and access to results.”



Decorated corridors

“Meetings that take place with family, residents and carers about the home.”

“Management and Nursing are always engaging with residents and families to receive any feedback or concerns and to act on any concerns raised.”

The Activities Coordinator added that residents and family can have a say in what activities are provided by attending monthly meetings and that she is available to speak to on a daily basis.

Staff went on to give examples of how a resident or family member has influenced how the home is run;

“A resident suggested a tree for people who have passed away, this is now proudly in place in the downstairs lounge.”

“Residents family have good input when we go out in the mini bus or when we have coffee mornings.”

“A family member can approach the Activities Coordinator which is put in the plan, minutes of meeting and the newsletter which is displayed around the home. Also the pool table was requested, purchased and put into the activities room.”

Staff explained ways that they have a say in how the home is run, saying that this is achieved by attending monthly meetings, the Manager having an open door policy, or by speaking with a Senior Staff Member. A Nurse commented; “I speak to colleagues and the Manager. I share best practice and access updates sent to the home. We are part of a small organisation and all speak to each other. I also update my professional practice.”

The Activities Coordinator explained that activities are evaluated at resident meetings and 1 to 1 support weekly and that residents often approach her to request an activity. She added that she has a say in how the home is run by working as part of the team to express and plans or arrangements for activities and by attending staff meetings.



When asked how they make use of feedback or complaints from residents and relatives, the Management Team said that feedback or complaints are logged in the complaints book and all complaints are investigated and acted upon by the Manager. The Manager stated that the home has never had a complaint from residents or relatives.

The Management Team added examples of how staff can have a say in how the home is run, and this is done by putting their views across in staff meetings which are held every 4 - 6 weeks, in staff supervisions, which take place every 6 weeks and in their annual appraisals. They added that the Managers door is always open.

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

The indicator states that care homes should be suitable for their resident's needs. Be comfortable, homely, well maintained with high standards of hygiene. **The Healthwatch team STRONGLY AGREE this was met.**

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

“It’s nice now that the floors are laminate and we have new furniture.”

“They are cleaning all the time.”

When asked by the Healthwatch Team if the home is always at a suitable temperature, the majority of residents who completed the survey stated that it is. Comments included;

“It is fine for me.”

“It’s cold through the night.”

“The temperature is just nice, or I can open the window.”

“It’s comfortable, never too hot.”

All relatives and a friend who completed the Healthwatch survey reported that the home is always at a comfortable temperature for residents. They also agreed that they feel the home is always hygienically clean and tidy, is well decorated and maintained.

When asked, all relatives and a friend who completed the survey agreed that the home is a dementia friendly environment.

Staff told us that they feel the home is made a dementia friendly environment by utilising contrasting coloured doors, good lighting and bright colours, appropriate flooring throughout the home, murals and uncluttered areas, the use of comfort blankets and people coming in to sing old songs. Staff keep things simple for residents and offer reminders of where things are. Comments included;



“I have seen several dementia friendly changes in the last year. Doors are different colours, murals are available. I have noted a new rummage box and rooms have been decorated in bright tasteful colours. Flooring is bright and there are no heavily patterned carpets. The murals are apparent but the areas are uncluttered preventing confusion from being ‘too busy’ there are no black areas in doorways so no impression of black holes.”

“Flooring is all the same, as residents can be confused with a change in material. Colourful doors on EMI unit to distinguish rooms for each resident. Adapted cutlery required for individual residents.”

“Safety within the home, lighting, flooring and furniture, staff have dementia training, each resident has their own coloured door so they can easily identify signs on doors.”

The Manager and her Deputy stated that they ensure that a comfortable temperature is maintained in resident’s rooms and communal areas through the use of thermostatic radiators and there are thermometers in lounges and dining rooms. There is also a thermometer which is set to the correct temperature for the home. If the weather is very warm cool drinks are offered and lighter clothing is worn.

They ensure the building and its contents are well maintained and decorated throughout by employing a Handyman who makes daily checks and attends to any maintenance issues and also undertakes some decorating. The home has a Decorating Team for larger jobs. Any electrical or plumbing issues are dealt with by outside contractors.

The Manager and Deputy Manager ensure that the home is always hygienic and clean by having two Domestic staff on duty every day. Any spillages or other emergencies are cleaned up immediately.





The Manager conducts a walk around the home twice daily to check that the home is clean and odour free.

They went on to say that the home is made a dementia friendly environment by all doors being painted different colours which residents have chosen. All staff undertake dementia training and all lighting has been improved. There is safe flooring and labels and signs on doors, also the home is kept clutter free.



5. Appendices

Appendix 1 - Questions for residents

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



Appendix 2 - Questions for Managers

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



Appendix 3 - Questions for Care Staff

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



Appendix 4 - Questions for Activities Coordinator

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



Appendix 5 - Questions for Friends and Relatives

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



DISCLAIMER:

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

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