



Care home life, what it's really like!

Grangewood Care Home



Date of Healthwatch Sunderland visit:
11th October 2019



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Acknowledgements

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



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1. Introduction

What is Healthwatch Sunderland?

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

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

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



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

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





2. Background and rationale

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

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

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

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

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

The 9 indicators are:

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



3. Methodology

The ‘Care home life - What it’s really like!’ visit took place on the 11th October 2019 and was carried out by Healthwatch Sunderland staff and volunteers who are trained so that they can effectively capture the resident’s experience.

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

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

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

4. Findings - Summary

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

Here is the key which shows the indicator scores



Strongly disagree



Disagree













Neutral



Agree



Strongly agree

1.	A strong visible management	 Agree
2.	Staff with time and skills to do their jobs	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  Time Neutral </div> <div style="text-align: center;">  Skills Agree </div> </div>
3.	Good knowledge of each resident and their changing needs	 Agree
4.	A varied programme of activities	 Agree
5.	Quality, choice and flexibility around food and mealtimes	 Neutral
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



Findings

Grangewood Care Home is a purpose built home, located at:

Chester Road
Shiney Row
Houghton le Spring
DH4 4RB

Telephone: 0333 434 3033

Provider: Care UK

Provider's Website:

<https://www.careuk.com/care-homes/grangewood-houghton-le-spring>

Provider's Facebook:

<https://www.facebook.com/pages/category/Nursing-Home/Grangewood-Care-Home-102362687788480/>

See the latest CQC inspection report here:

<https://www.cqc.org.uk/location/1-319264531>

Grangewood Care Home has the capacity to support 50 residents aged 55 and over, under the care categories of Enduring Mental Health and Residential Care.

47 of the homes' rooms have en-suite facilities and Grangewood currently does not have any rooms which can accommodate couples sharing.

New residents are able to bring some of their own items into the home to furnish their rooms by arrangement.

Grangewood Care Home has Wifi which can be utilised by the residents, although there is no hearing loop system in place. The home also has an accessible garden and balcony for residents and their visitors to enjoy, as well as two communal lounges, two smaller snug areas, two dining rooms and a large reception area, where residents like to sit to enjoy activities and watch the comings and goings of the homes' staff and visitors.

Residents can bring along their pet to live at the home with them by prior arrangement.

At the time of the Healthwatch visit the home had one full time and one part time Activities Coordinators.

Grangewood Care Home discourages visitors over mealtimes.

At the time of our visit there were 47 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 and one resident to partially



complete the survey. The team received five staff (one Manager, one Senior Care Assistants, two Care Assistants and one Activities Coordinator) and one relative's survey 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.

Two of the residents who the Healthwatch Team supported to complete the survey process were able to name the Manager of the home. The remaining residents could point him out but were unable to name him, this may have been due to their individual health and capacity.

All of the residents were able to tell us a little about the Manager, and all gave positive comments, which included;

“He hasn't been here very long. He's full of fun and that's important. He noticed when the clock in my room wasn't working and fixed it for me.”

“He's nice, lovely, you can talk to him freely.”

“He's a nice man.”

The relative who completed the survey knew the name of the Manager and when asked to tell us a little about him said; “I don't really know a lot about him, as he is new. He is approachable and pleasant and will help you if he can.”

All of the staff who responded to the survey gave positive responses when asked about the support they receive from their Manager. Comments included;

“He is very approachable when I have any concerns. He listens to what I have to say.”

“I have 100% support from my Manager when it's needed.”

When asked about their experience of talking to the Manager when they want to ask a question or raise an issue, all staff respondents gave positive responses, which included;

“Very approachable. I feel very comfortable talking to Andrew if I have any concerns.”

“When I raise concerns with my Manager, he will listen and will try his best to correct any problems you may have.”

The Manager of Grangewood Care Home, who had been in post for two months at the time of our visit, told us what attracted him to the role of Care Home Manager; “Resident care, the support network in the company, the growth and



ongoing growth of the company and career aspects. The resources that are available for us to empower and enable our residents.”

He went on tell us what he enjoys about the role; “Residents care, making a difference and running a good home with happy staff and residents.”



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

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

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

When the residents were asked about the staff at the home, we received a mixed response from those who responded to the question. They gave the following comments;

“I manage myself, but they will give help when I ask for it.”

“Can’t fault them at all.”

“Like everything, there is good and bad here. I’ve never had any problems and I’m well looked after.”



“Some are good and some are poor.”

When we asked the residents if the staff have time to stop and chat to them, we received the following comments;

“Yes, I can talk to them at any time.”

“Yes, I’m friends with all of them.”

“I have my door open and they talk when they are passing. Some are very nice.”

“Some of them do, I have made friends with some of them.”

The relative respondent stated that they feel the staff at the home do have enough time and the relevant skills to care for their relative and added; “Staff are always helpful and pleasant.”

All of the staff who responded to the survey stated that they feel they have enough time to care for the residents when they are fully staffed. One staff member commented; “Yes and no, I feel I care for the residents to the best of my ability. Sometimes, it is hard when you are short staffed. I wish that staff had more time to chat to the residents, but most of the time you feel rushed as there is not enough staff.”

When the Activities Coordinator was asked if they feel they have enough time to provide activities for residents, they said; “Yes and no. I am the only Activities Coordinator. I am extremely busy.”

The majority of staff stated that they are encouraged to develop their skills by being approached to complete a range of training courses and e-learning activities. The remaining staff member said; “No, I’ve never been asked. I am experienced.”

When staff were asked what they like about their jobs, we received the following comments;

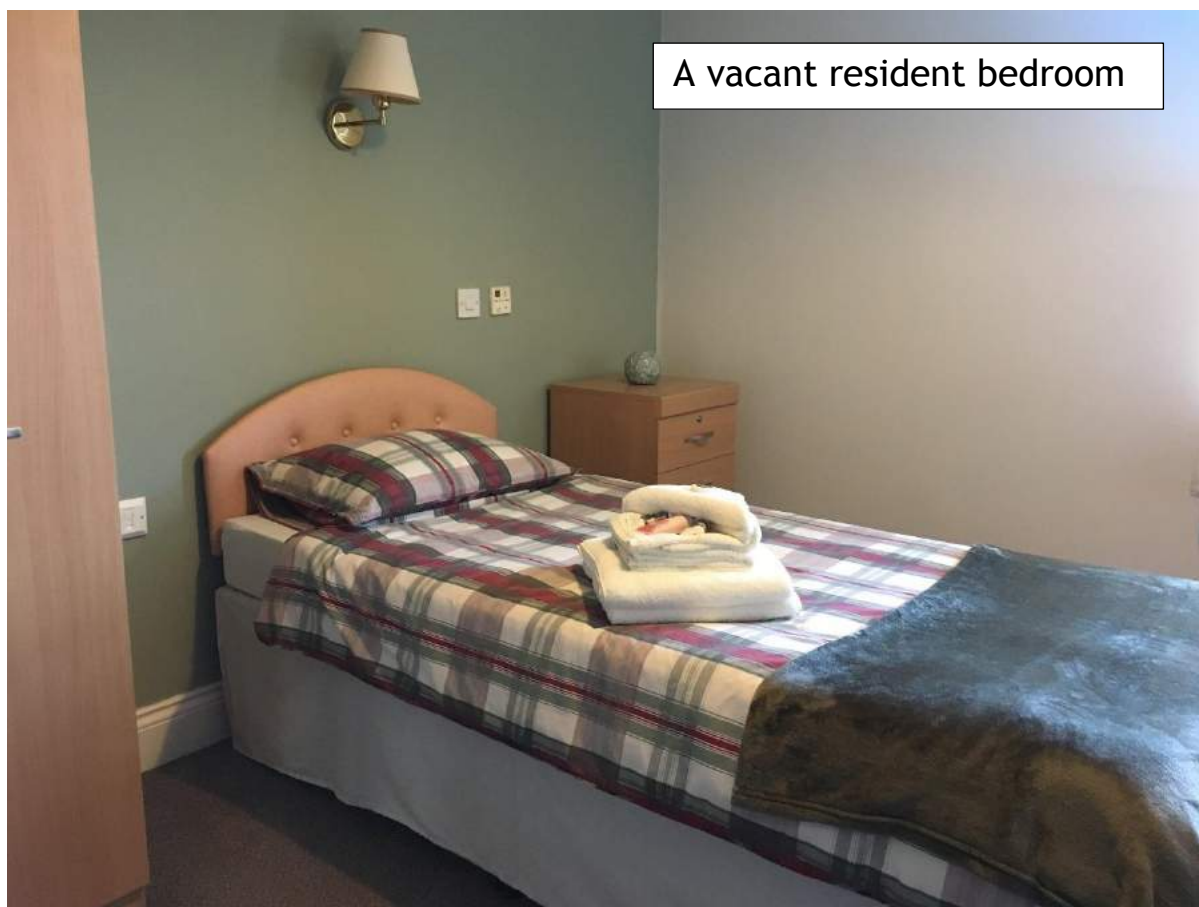
“I enjoy making a difference to a resident’s day. Just by a resident giving me a smile makes a difference to me and by fulfilling their time and lives.”

“Every aspect of my job.”

“The profession is hard at times, but it is a pleasure to work amongst people who struggle with their abilities and to see a happy face.”

“Making the residents happy. I always get them engaged and smiling.”

The Manager stated that he ensures staff have enough time and the relevant skills to care for residents by making sure the homes’ structure works for the home, ensuring good time management and the ability to delegate. He offers praise and encouragement to staff and the relevant support by being there to listen and providing good leadership. He has an open door policy, is available and hosts regular meetings for staff.



Indicator 3 - Good knowledge of each resident and changing needs

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

The Healthwatch team AGREE this was met.

All of the residents who answered the question agreed that the staff know them well, know their personalities and what they like and don't like. Comments included; "Yes, they are involved with us."

The relative who completed the Healthwatch survey informed us that they feel the staff at the home know their relative's life history, personality and health and care needs very well. They added that the home also notices and responds to changes in their relative's needs and informs them of any changes over the telephone or when they visit the home.

Staff stated that they get to know a new resident's life history, personality and health and care needs when they first arrive at the home by speaking to the resident, their families, to senior members of their team and by reading the resident's care plans.



They added that residents are monitored day to day and their information is updated as and when needed into their individual care plan and other documentation. This information is passed on to staff members by senior staff.

The Manager informed us how he ensures that staff get to know a resident's life history, personality and health and care needs when the resident first arrives; "Setting time for staff to have with residents, getting staff involved in residents care, making care plans visible for staff, ensuring staff are trained well and given the support and the tools to enable them to do their job. Staff also liaise with families and key people in the resident's life."

He went on to inform how information about a resident's likes/dislikes and their health and care needs are updated as they change and are passed on to staff; "This is captured daily, weekly and monthly by having staff on the floor to capture vital information and having good and robust assessments. By also working with families to gain information and we also hold daily flash meetings."

Indicator 4 - A varied programme of activities

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

The Healthwatch team AGREE this was met.

The residents who completed the survey process stated that activities do take place in the home and include, bingo, watching TV and visits from external entertainers. Their comments included;

"There is bingo and all kinds of things. Jane is in charge of the activities and she is a nice person. We totally enjoy ourselves."

"I join in if I can. I just like socialising."

"There are singers that come in - I like singing."

"There are activities, but I would rather read and watch telly."



"They are not for me, it's all children's stuff. I'm not interested in the memory group, but singers come in."

During the Healthwatch visit one of the residents pointed out that Jane, the Activities Coordinator had painted her nails and stated that she liked them.



First floor activity room

When the residents were asked about trips and activities outside of the home, only two gave a response;

“Yes, but they don’t make me do anything I don’t want to do.”

“There is a chance to go out.”

All residents agreed that the activities are easy to join in and also agreed that they like to sit in the homes’ garden when the weather is nice.

Some residents gave the following responses when asked if they are still able to enjoy past hobbies and interests;

“I knit occasionally and sew if something needs doing. I like to keep my room clean and tidy and the girls help me.”

“I still knit if I want to.”

“I loved knitting, but my hands do not allow it now. I used to enjoy doing house work, but now I watch others doing it.”

When asked about the activities available to their relative both inside and outside of the home and how their relative is encouraged to take part in them, the relative respondent said; “They do try to include everyone, but not everyone wants to participate. They do ask, but he often refuses.”

When asked if their relative is still able to take part in past hobbies and interests the relative informed that this happens to an extent, and indicated that this is due to their relative’s individual health and capacity.

Staff, the Activities Coordinator and the Manager gave us the following list of activities which are available inside of the home; crafts, reading, baking, indoor and outdoor events, virtual reality, skype, skittles, painting, bingo, quizzes, carpet bowls, talking about old times, board games, karaoke, singing, card games, visits from external entertainers, social gatherings and birthday parties.

When asked about activities outside of the home, they gave the following list; visits to local community events, reminiscence outings, visits to different clubs, the theatre, the park, bingo, museums and outings for fish and chips at the beach.

One staff member added; “The home has a ‘Wishing Tree’ where residents write their wishes and the staff try to grant them.”



Wishing tree

The Manager informed us that although the home doesn't have its own transport to facilitate trips and outings, they use buses, taxis and mini buses for long trips.

The staff, the Activities Coordinator and Manager told us what encouragement and assistance is given to residents so that they can take part in activities. This included, the relevant equipment being available, staff sitting with the residents and joining in the activity, offering the relevant support at all times, giving reassurance and offering guidance and understanding.

When asked how residents are supported to continue to do the things they used to enjoy before coming into the home i.e. hobbies/interests/pets, the Manager and Activities Coordinator said they ensure the

relevant pre-assessments and risk assessments are carried out, by facilitating and encouraging constant communication and having adequate equipment to hand.

As the Healthwatch Team entered the home at the beginning of our visit we met the Activities Coordinator, Jane on her way back to the home with one male resident. She stated that she takes him for a trip to the nearby shop every morning to collect his daily newspaper and to have a cigarette.

Also during our visit we witnessed an activity taking place on the first floor of the home, where a small group of residents were enjoying various games. There was dancing with a feather bower, seated badminton with a super-sized shuttlecock, armchair tennis and throwing the ball onto the net. Residents were all encouraged to take part, were praised and seemed to enjoy the experience. Residents were coming and going as they pleased during the session and visitors were also present for part of the session. As the session ended the group were joined by Rosko, a black Labrador, who was at the home visiting with a relative. Rosko's owner explained that he is a regular visitor to the home and it was obvious that he was having fun and that the residents loved him, they were relaxed around him and were enjoying his company.

A relative who was visiting the home, asked to speak to one of the Healthwatch Team at the time of our visit and stated that they felt the activities to be childish and were not suitable to stimulate the brain of their relative.



Rosko is regular and welcome visitor to the home

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

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

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

Residents gave the following responses when asked about the food at the home;

“It’s not bad, I was a Cook and I enjoy my food. It’s normally cooked properly, it’s very seldom there’s anything wrong.”

“If you don’t like it you can get an alternative.”

“Oh yes, it’s very good. There is everything here for us.”

“Not what I am used to. There isn’t much fresh fruit and veg. If I didn’t like the food, I would be offered something else.”

“It went back a bit, but it is improving again since this chap came. My favourite meal is the pie crust.”



Two of the residents were able to tell the Healthwatch Team that there are choices at mealtimes. With all residents informing that they eat their meals in the communal dining area and these are times which they look forward to. Comments included;

“I look forward to mealtimes, apart from anything, you get to sit with your friends.”

“I always sit beside the same people. I enjoy mealtimes, we have a bit of a laugh.”

The relative respondent was asked about the quality and choice of food at the home, they said; “He says he always has plenty to eat. Recently they changed their main meal from a lunch time to tea time, which has confused him, as on a Friday lunch time he has fish and chips and on has his Sunday lunch at lunch time. Why?”

The relative stated that they are very confident that their relative is supported to eat and drink as much as is needed. They went on to say that the home ensures that mealtimes are made sociable times by all residents, who are able to eat in the dining room.

When staff respondents were asked about the quality and choice of food at the home, we received the following responses;

“Quality and food is really good. Plenty of choice.”

“Fixed menu, very repetitive, lack of home-made foods, frozen foods used a lot.”

“Fixed menu board. Not a good choice.”

The Manager explained how he ensures high standards of quality and choice of food; “Resident surveys are completed and food is sampled. There is resident involvement in the menu and an understanding of the residents likes and dislikes.”



Juice is readily available



Staff stated that they ensure residents are able to eat and drink both at mealtimes and outside of mealtimes by offering encouragement and snacks are available from the 'snack rack' which includes supplies of crisps, chocolate, sweets and biscuits."

When asked what systems are in place to support residents to eat and drink at mealtimes and outside of mealtimes, the Manager said; "Care plans, risk assessments, dining audits, mealtime experiences surveys and all documentation to support each resident."

The staff added that there is food available to residents at all times, there is also a water machine and a juice machine to enable residents to have cold drinks at any time. Those residents who need additional support are prompted to eat and drink throughout the day. The Manager said; "We offer a range of foods that residents can select. Residents are also able to have their favourite meals prepared for them."

When asked what choices residents have about where and how they eat and drink, staff stated that residents can choose to have their meals in the communal dining rooms, their own rooms or in the lounge. The Manager added; "Residents have all their preferences documented on their care plans. Residents have areas where they can dine and choices of foods and drinks personal to them."

Staff and the Manager were then asked what ways they ensure that mealtimes are sociable. The staff said that nice music is played, there is singing, residents are asked how their meals are and if they are enjoying it and staff and residents all engage in conversation. The Manager added; "Ensuring dining experiences are clean and inviting for them and choice is offered to residents."

During our visit we witnessed the 'Tea Trolley' being taken around the home, offering a selection of hot drinks and a choice of biscuits to residents. There was also a selection of biscuits and crisps readily available on the ground floor, in the lounge for those residents who wished to partake and a juice machine in the dining room for residents to help themselves to.

Visitors to the home can also help themselves to a drink and a biscuit from the drinks station which was situated in the main foyer.



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.

Some of the residents who were supported to complete the Healthwatch survey were able to tell us that they have had recent access to healthcare professionals including: a Dentist, Audiologist and Optician. Some also added that if they needed to see a Doctor they would tell the homes' staff and that staff would, and have escorted them to external appointments.

The relative respondent stated that their relative has very good access to all health care professionals.

When staff and the Manager were asked to tell us about visits from all health professionals such as GPs, Nurses, Dentists, Opticians, Audiologists, Chiropodists or other health care support mechanisms, they said;

“All residents are seen by the above, this is documented in pre-admissions and care plans.”

“All available named above, make visits when needed, day or night.”

“All routine or regular appointments are wrote in the diary and documented accordingly.”

“All of these health professionals are made available when a resident is in need of attention.”

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.**

Some of the residents informed the Healthwatch Team that religious visitors, including Vicars, a lady who offers Holy Communion on a Sunday and members of the Salvation Army come to the home to pray and sing hymns with them. One resident said; “If there are prayers, I join in, but I always pray in my room on a night.”

The home has regular visits from a Hairdresser, who cuts/styles their hair in the homes' dedicated hair salon, which is situated on the first floor. Resident comments included; “I use the Hairdresser who comes here. I'm happy with her. I wouldn't pay if I wasn't.”



When asked about the laundry system at the home and if they always get their own clothes back from the laundry, two residents responded and said;

“I get my clothes back and they always smell fresh and are nice and clean.”

“I don’t always get my own clothes back from the laundry, but they always try to find them for you.”

The relative informed us that their relative does not currently have any specific lifestyle or religious needs, they are aware that a Hairdresser visits the home once a week, the laundry staff are pretty good at getting their relative’s own clothing back to them after the laundering process and that their relative is always clean and appropriately dressed.

The Manager was asked how the home finds out about and caters to residents’ cultural, religious and lifestyle needs, he said “Reaching out to the local communities and understanding the resident’s specific needs.”

He, along with staff respondents and the Activities Coordinator gave the following examples of how these have been accommodated at the home; by providing church services and visitors who provide Holy Communion and bible classes to those residents who wish to take part, visits from the Salvation Army and vegan and vegetarian diets are accommodated.

The Manager was asked what provision there is for residents to regularly get their hair cut/styled, he said; “Hairdresser visits the home weekly or residents can have their own visiting Hairdresser.”

He added that he ensures the laundry staff get the residents own clothes back to them by having an inventory of clothing and a fully staffed laundry team.



The home’s dedicated hair salon



He went on to say that he ensures residents are always clean and appropriately dressed by clothing being washed and dried promptly. Residents have a selection of clothes that are comfortable and staff are on hand to assist or supervise if required.

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.

Some of the residents stated that they have been asked if they are happy living in the home and when they were asked if they are happy gave the following responses;

“Why it’s alright. I have friends here.”

“My own home was better, but I needed to come in here.”

“I feel safe here. There’s nothing to be frightened of in here.”

When asked if there was anything they would like to change about the home, although one person stated that they wished they had stayed in their own home, the residents didn’t say there was anything they would like to change.

All of the other residents told us that if they ever needed to make a complaint about any aspect of the home, they would either speak to the Manager or other staff members.





The relative who completed the survey process stated that they always feel a welcome participant in the life of the home and that they and their relative can have a say on how the home is run by attending monthly family/resident's meetings.

If they ever needed to make a complaint about any aspect of the home they said they would firstly speak to the Manager of the home, then speak to their relative's Social Worker and then they would contact the City of Sunderland Council if needed. They added that they would feel confident to make a complaint and also that it would be acted upon appropriately.

The Manager and his staff explained that residents and their family members can have a say in how the home is run, by attending residents and relatives meetings, having

conversations with the Manager, whose door is always open, and by completing surveys. One staff member gave the following example; "Some residents have requested their main meal at lunch time instead of at tea time."

The Activities Coordinator added that residents and their relatives can have their say on which activities are made available by writing in the communication book, by speaking to her and making suggestions during resident and relative meetings. She gave the following example; "I take them out on relatives requests, if need be, for fresh air."

She went on to say that she evaluates activities by asking the residents and watching them. If they are happy and smiling, then it's working.

The Manager explained how he makes use of feedback or complaints from residents and relatives; "This is captured in surveys and this is displayed in reception with feedback and what we do."

Staff stated in what ways they can have a say on how the home is run. They said;

"I can speak to my Manager."

"By attending staff meetings." (Response from two staff members)

"I just do what is asked of me."



The Manager added; by completing staff surveys, during one to ones, supervisions and appraisals.

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 of the residents agreed that the home is always clean and tidy, with some adding that they see 'the girls' cleaning all of the time.

The majority of the residents when asked if the temperature of the home is agreeable to them stated that it is, and that they can open the windows in their rooms if it gets too warm.

The relative told us that the temperature of the home is at a comfortable level for

residents that the home is always hygienically clean and tidy and is well decorated and well maintained. They also agreed that the home is a dementia friendly environment.

The Manager was asked how he ensures that a comfortable temperature is maintained in resident's rooms and all communal areas, he said; "This is maintained by the heating and we look at drafts, windows being open and ensure we know the residents preference."

When asked how he ensures the building and its contents are well maintained and decorated throughout, the Manager explained that this is achieved by completing audits and daily workarounds. The home also has a Maintenance Worker and is currently having communal areas redecorated.

He ensures the home is always hygienic and clean, by ensuring there is a full Housekeeping Team and all staff are trained in ensuring the cleanliness of the home.

The staff and the Manager explained that the home is made a dementia friendly environment by having a Dementia Lead and Dementia Champions staff, providing dementia care and by offering dementia friendly social activities. By also having appropriate equipment, such as; colour coded dinner plates and suitable hand rails and handles. Providing suitable activities such as; twiddle muffs, music, movies,



dancing, reminiscence sessions and by providing a safe environment, which stimulates the residents.

During the Healthwatch Team visit we noted that the home was light, spacious and airy throughout. Although the Manager informed us that some of the communal rooms were about to be decorated, they were still clean and bright. Some of the newly decorated corridors on the first floor had new painted murals added of the coal mines and old Sunderland.

There were no unpleasant odours present in the home during our visit.



Hand painted reminiscence wall art





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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