



Care home life, what it's really like!

Thornbury Care Centre



Date of Healthwatch Sunderland visit:
3rd 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 3rd October 2019 and was carried out by Healthwatch Sunderland staff 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	 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

Thornbury Care Centre is a purpose built home, located at:

58 Thorndale Rd
Thorney Close
Sunderland
SR3 4JG

Telephone: 0191 520 1881
Provider: SLW Ltd

See the latest CQC inspection report here:

<https://www.cqc.org.uk/location/1-3235784154>

The home has the capacity to support 44 residents aged 65 years and over, however individual cases below this age can be considered. Residents are supported under the categories of General Residential, Residential Enduring Mental Ill-Health (EMI), General Nursing, Nursing EMI and Palliative Care.

All bedrooms are en-suite and residents and their families are actively encouraged to personalise rooms as much as possible. Although, at the time of the Healthwatch visit none of the home's rooms accommodated couples, some rooms are large enough to accommodate this.

Residents can bring along their pet to live at Thornbury Care Centre with them and these requests are considered on an individual basis.

Thornbury Care Centre has an accessible garden which is available to residents along with four communal areas for residents to enjoy. Internet access is available to all residents, although a hearing loop system has not been installed at the home.

The home has a full activities programme, including evening entertainment and trips out. Activities are facilitated by the home's Activities Coordinators.

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

At the time of our visit there were 41 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch Team were only able to support three residents to fully complete the survey. The team received eleven staff (one Manager, one Deputy Manager, one Unit Manager, three Senior Care Assistants, three Care Assistants, one Apprentice Carer and one Activities Coordinator) and two friends and relative surveys back.

The results of these surveys are given overleaf:



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.

None of the residents who were supported to complete the survey process knew the Manager of the home by name which may have been due to their individual health and capacity. One of the residents was new to the home and said that she had met the Manager for the first time that morning. All three residents stated that they would know where to find the Manager if they needed to speak to her about anything.

Both of the relative respondents knew the Manager of the home by name, one person told us that they find her to be very helpful.

The second respondent, whose relative is new to the home, stated that they had not yet met the Manager, but also said that the senior staff, including a Unit Manager who they had met, constantly uses good communication, are understanding, effective, efficient, committed, perceptive of their needs as a relative and instilled confidence in their delivery of exceptional care. They had also seen evidence that they work together as a team.

When asked what support staff receive from their Manager, staff all gave positive comments which included;

“My Manager is 100% approachable and tries to find a solution to all problems.”

“Always contactable even if she is not actually at work. Always willing to help if I am unable to deal with issues or want advice.”

“I have received a lot of support from management to progress into my role.”

“The Manager is always very supportive in everything we do, she helps source activity equipment, and chats through new activity ideas we might have and how to implement them, her door is always open.”

Staff then told us about their experience of talking to the Manager when they want to ask a question or raise an issue, again all comments were positive. Comments included;

“Extremely approachable and an extremely good listener/support giver.”

“Very good. They are able to solve/answer questions or will find an answer for me.”

“I feel comfortable raising concerns and confident with the outcomes.”

When the Manager of the home was asked what attracted her to the role of Care Home Manager she said; “I have worked in the care industry for 23 years, and aspired to become the best Manager that I could. I was attracted to Thornbury because it is family run, and the owners have direct experience of care having



been Registered Nurses themselves. I have a strong belief that vulnerable people should be looked after with the highest possible standards from kind, caring, knowledgeable staff in a beautiful, clean environment with the utmost dignity.”

She went on to explain what she enjoys about the role; “I enjoy seeing service users and families enjoying their time together, staff excelling in their careers and having an organised, efficient service. I like introducing positive changes to our service.”

Her Deputy, who had been in post for 19 months, told us what attracted her to the role of Deputy Care Home Manager at Thornbury Care Centre; “I previously worked at Sycamore Care Centre (another home owned by SLW Ltd) as a Unit/Deputy Manager and I enjoyed the role very much.”

She went on to explain what she enjoys about her role; “Being able to make changes and having autonomy supporting staff, developing staff and making a difference.”

During the Healthwatch Team visit, Joanne the Deputy Manager of the home showed us around and introduced us to some of the residents. Residents seemed relaxed in her company.



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

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

The Healthwatch team gave staff time an AGREE rating and staff skills a STRONGLY AGREE rating.

All three of the residents spoke positively to the Healthwatch Team about the staff at Thornbury Care Centre. Here are their comments;

“The staff here are very obliging and get things done. I am well looked after and there is always someone here to see to me.”

“They’re OK, they all know my name.”



“They’re brilliant - great! I am well looked after. I’m here because I had an accident and couldn’t go home from hospital. I have asked them if I can stay here, I like it so much.”

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

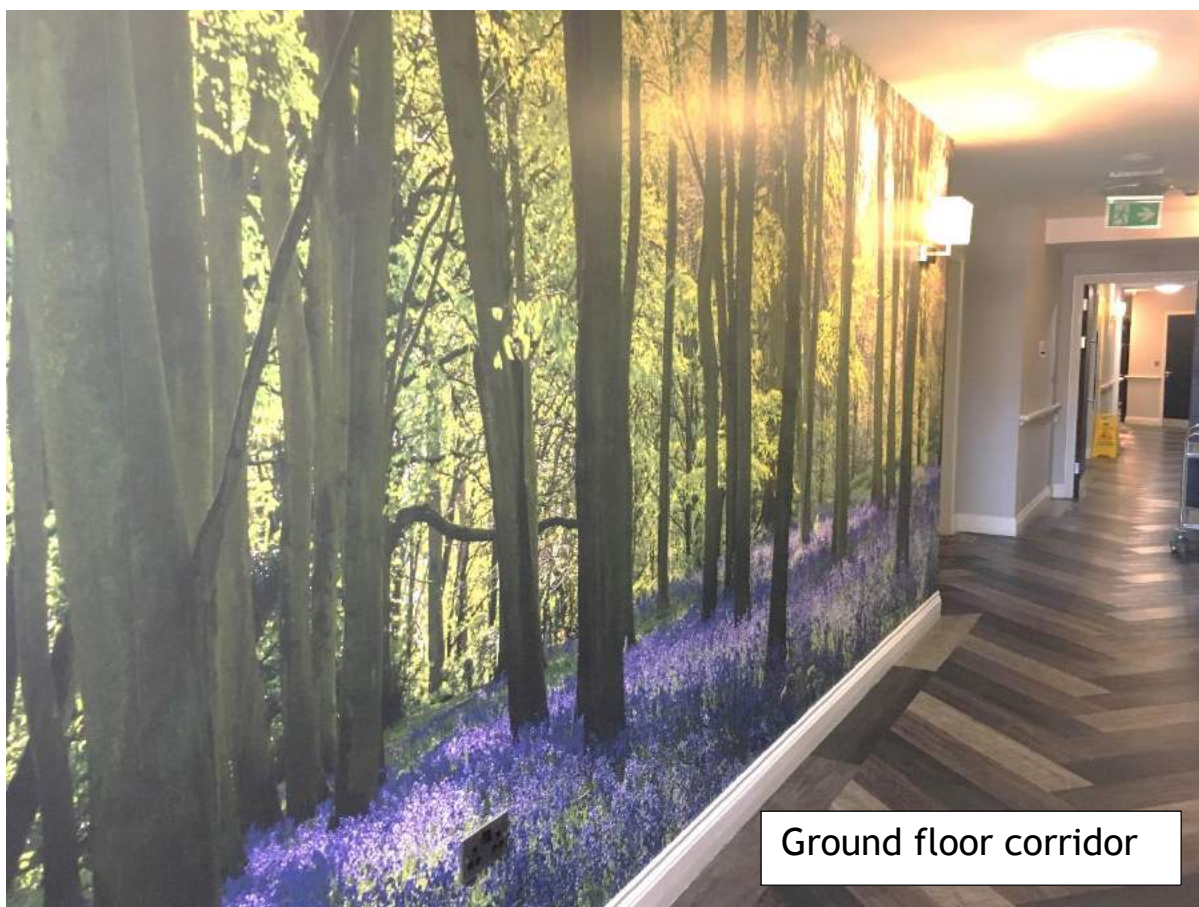
“Sometimes they have a chat with me about my daughter.”

“They can and they do, unless they are very busy. One of them has just been in for a chat. If I need anything, I press my buzzer and a Carer will come.”

“Quite often - they make me plenty cups of tea.”

While the Healthwatch Team were speaking to one resident in her room, several staff members popped their heads in to say hello and ask how she was. The resident stated that this is usual and that the staff were aware that she wasn’t feeling very well. A member a staff later came in to tell the resident about a result of a telephone call to a healthcare professional as the resident had earlier shared some concerns.

Both relatives agreed that the staff at the home have enough time to care for their relatives with one adding that a professional who has visited her relative was impressed by the number of visible staff.





Both relatives also agreed that the staff have the relevant skills to care for their relatives;

“Yes, they are kind and compassionate.”

“Confident and efficient delivery of care. It is evident that information is communicated to all levels of disciplines. There is a definite team approach. They are a happy and motivated team.”

The majority of staff who completed the survey stated that they have enough time to care for the residents at the home, with one saying that this is the case most of the time. Comments included; “Yes, with good routine and structuring.”

All staff respondents then went on to say they feel encouraged and supported to develop their skills. Comments included;

“I develop my skills daily and I have progressed very well.”

“Yes, I am constantly learning about dementia care and continue to learn about all aspects of care.”

“All of the time, reflecting on experience and training to help to develop skills.”

When staff were asked what they enjoy about their jobs at Thornbury Care Centre, all respondents put the residents at the heart of their responses, which included;

“Dealing with residents and family and responding the residents’ needs.”

“I enjoy seeing the service users looked after, clean, healthy and happy.”

“Spending time with residents and colleagues to provide quality care.”

“Everything, it’s just great to work with the service users and hear their stories and life experiences.”

The Manager and her Deputy told the Healthwatch Team how they ensure staff have enough time to care for the residents; “We have a dependency tool that we use which is based on our service users’ needs. This gives us the amount of staff that we require for each unit. In addition to this we have our Nursing and Management Team who are available to assist staff whenever required.”

“By having good routines, reading care plans and knowing the needs of the





residents and by using a dependency tool.”

They went on to inform us in what ways they encourage staff to develop their skills;

“We have a robust training system in place which reflects our service user’s needs. We encourage staff to gain recognised qualifications, and promote advancement within the company.”

“By attending training, by observing and undertaking practical scenarios and empowering staff.”

During the Healthwatch Team visit we witnessed staff escorting a resident into the communal dining area where an activity was taking place. They firstly asked if they would like to join in the activity, which they declined. The resident had had a sleep in and staff asked her what she would like for breakfast. They then made them a cup of tea and something to eat. One staff member sat with the resident and encouraged them to eat and drink. The resident had indicated that they didn’t feel very well that morning and the staff member used physical gestures to find out the resident’s symptoms and to determine if they had any pain.





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.

Resident respondents all agreed that the staff at the home know them, know what they need, what they like and don't like. We received the following comments;

“Yes, we are all very close together and get on well. They recognise if I'm not well or in a mood.”

“They do! I get up at 8am and I press my buzzer and they come to help me. I tell them what I would like to wear.”

“They are getting to know my personality and my ways. They ask how I am. There is a lovely staff member. She came in to see me this morning as she heard I am not very well.”

One relative said that the staff at the home know their relative's life history, personality and health and care needs very well. The second relative respondent stated that although their relative is new to the home, relationships with staff are developing. They added; “Staff have invested a substantial amount of time to develop a meaningful relationship, there is continual communication to identify needs.”

Both relatives agreed that the home both notice and respond to changes in their relatives' needs and that these are communicated to them over the telephone or during their visits to the home.

The staff respondents stated that staff ensure that they and their colleagues get to know a residents life history, personality and health and care needs when they first arrive at the home by undertaking a pre-assessment and by talking to the resident and their family members. Also, by reading social care reports and by asking families to fill out 'My Wishes' and 'Life History' information booklets. Staff also find out information from their colleagues, by liaising with them, attending handover meetings and by reading resident care plans.

They went on to tell us how information about a resident's tastes and their health care needs are updated as these change how staff get to know about these changes; information is received from management and other staff and updated in a resident's file, care plans, risk plans and documented in handover meetings and daily reports and at the changeover of staff. Staff have access to resident's information at any time to allow them to keep updated.

The Manager and her Deputy explained how they ensure that staff get to know a resident's life history, personality and health and care needs when the resident first arrives and how the information about a resident's likes/dislikes and the health and care needs are updated as these change and passed on to staff;



“Prior to admission we carry out a pre-admission assessment which identifies their health and care needs. On admission families or the service users themselves complete booklets about likes, dislikes, cultural, sexual, religious, beliefs and provide staff with a life history document. All these documents are then used by us to write person centred care plans. Staff have full access to relevant information through our mobile computer system. Care plans are updated at a minimum of monthly or on condition change if sooner. This is passed on by formal handovers, walk-arounds, and via the updated online care plans which all care staff have access to.”

“There is a hand-over to all staff at the beginning of the shift. Pre-assessment information is available on Mobizio (a care management mobile app) for all staff to read. A life history document and social worker assessments are also available to read. Information is updated and disseminated through the daily handover and daily reports, by the use of good communication and daily 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 STRONGLY AGREE this was met.

The three residents who were supported to complete the survey process showed high levels of satisfaction when the Healthwatch Team asked them about the activities inside the home. They said;

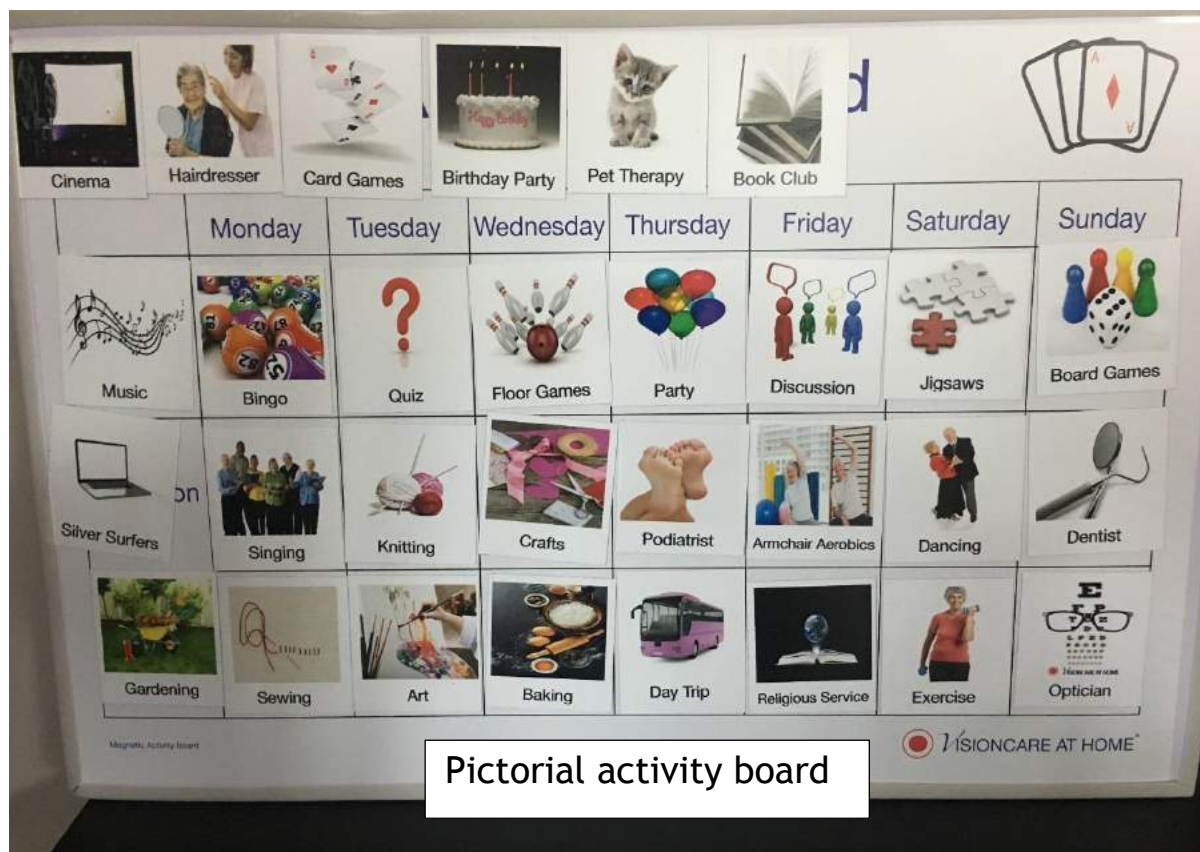
“I take part in certain things as there is a bit of an age gap between me and other residents. I enjoy the quizzes and sport and love it when the entertainers come in.”

“I love the activities and I join in when they are on.”

“They are good. I love the bingo and the dominos which are on about twice a week. Singers come in and they are lovely. The Al Johnson singer is really good.”

When asked about activities outside the home all three residents stated that there are trips available and two residents added that they had really enjoyed a recent outing to the National Glass Centre, where they had watched the glass blowing, which they had really enjoyed. One resident said that they had been to Roker to sit, watch the sea and eat an ice cream and another said that they are often taken out for meals.

All residents went on to say that the activities are easy to join in and that staff remind them when something is about to begin. One resident stated that there is always an Activities Planner available to her in her room. They all stated that they enjoy using the home’s garden in the nicer weather, with one resident telling us that they are able to use the garden to have a cigarette when they want one.



When the residents were asked if they are able to undertake past activities and hobbies they said;

“I read a lot, watch all the soaps on my TV. Coronation Street is my favourite and I like to watch the news.”

“Yes, we play dominos. I used to play darts, but not now, although I would like it if the home had a dart board so I can play when I feel better.”

“You can ask staff and you can do anything you want to do. I have my own TV and music in my room.”

The relatives who responded to the survey process were asked what they think about the activities, both inside and outside the home, they said;

“There are lots of them every day.”

“It is very difficult to satisfy all needs, as each individual is different. The Activities Coordinator is fantastic, committed, enthusiastic and fun.”

Relatives went on to tell us how their relatives are encouraged to take part in activities;

“They ask her every day.”



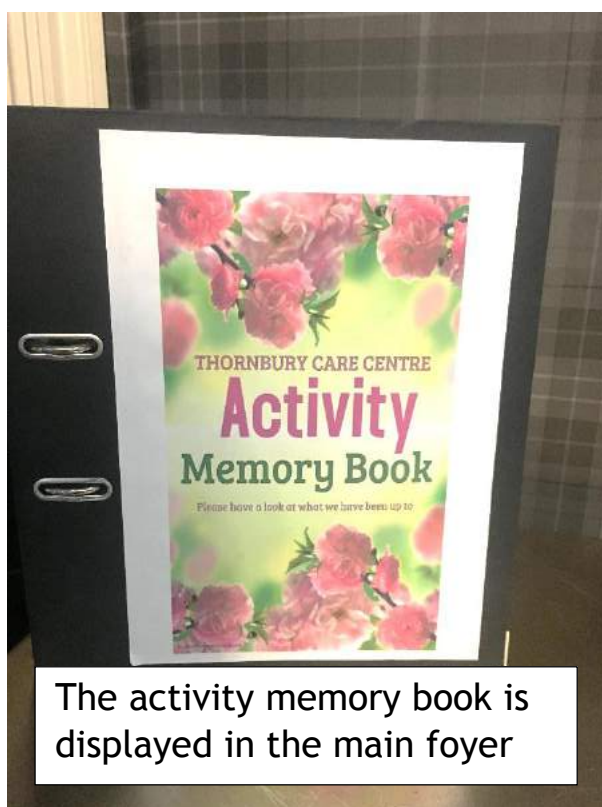
“My relative loves the Activities Coordinator. She is very encouraging, has a sunny disposition and embraces each resident with care. It is evident that she loves her work.”

When asked if their relatives are still able to undertake past hobbies and interests, the relatives said;

“Yes, quite well.”

“This is difficult to answer, as he has different moods. I do take him out, which is sometimes successful. One can try! He loves music and singing, which are part of the activities each day.”

The staff, the Manager and her Deputy told us about the activities which are available to residents inside and outside the home; armchair exercises, move n groove, cheerleading, tap n clap, balloon therapy, arts and crafts, outings, pamper, parachute games, quizzes, film nights, parlour tea and sing along, bingo, skittles, music, cooking, church services, painting, 1-1 time, hand massage, singing and dancing, time in the garden, gardening, summer fetes, Christmas pantomimes, puppet shows, rock and roll nights, cinema nights, trips out in the homes’ mini bus to different places, including the seaside, visits to schools and nurseries, to their sister home to enjoy activities and entertainment and various historical sites. The most recent development in activities is the owners have recently bought a bar in Sunderland and some of our residents who enjoy a couple of sociable drinks go there with a member of staff for lunch.



The activity memory book is displayed in the main foyer



One to one activities



The Activities Coordinator told us what provision there is for those residents who cannot or do not wish to take part in group activities; “We have one to one sessions most days which the service users receiving the one to one lead.”

Staff went on to say that they encourage and assist residents to take part in activities by adjusting the activities to meet the needs of residents, to enable them to participate. Ensure they are dressed and ready in their wheelchairs for trips outside of the home, ensuring they know what activity is on, assisting them to the relevant room and that they have a copy of the Activities Planner handy. Staff comments included;

“We encourage all service users to participate and give full assistance.”

“Explain what they will be doing so they understand properly and by giving a choice of activity.”

“We try to keep everyone involved and excited.”

“We join in the activities, showing residents that it is fun.”

The Activities Coordinator added; “As Activities Coordinators we go round every day and chat to service users and try to encourage them to attend activities, staff also encourage service users to take part.

Service users are given all manner of support to get them to activities and to complete the activity if they wish to do so. Some service users come along to socialise, which they can gladly do, as the activity is not just about doing the task at hand, it’s also about having a change of environment, socialising, filling the service users day in, stopping the boredom and hopefully stopping the service users from becoming isolated.”

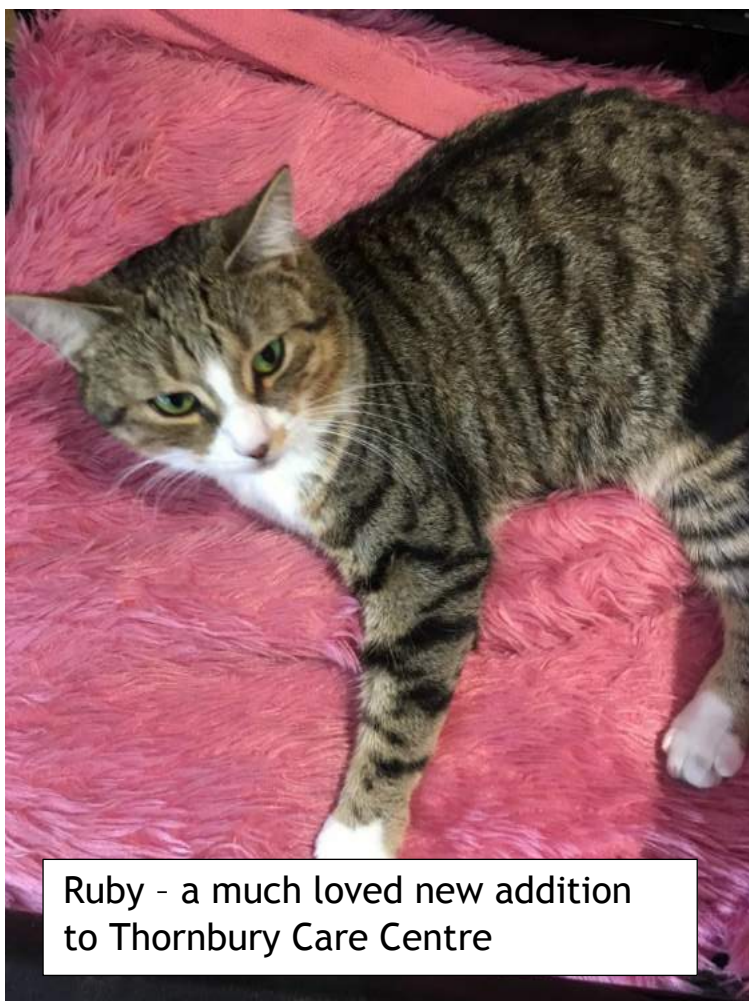
The Manager informed us what encouragement and assistance is given to residents so that they can take part in activities and how residents are supported to continue to do the things they used to enjoy before coming in to the home i.e. hobbies/interests/pets; “At Thornbury we employ three Activities Coordinators, and care staff also assist if service users need additional support. The Activities Coordinators look at people’s life history, and try to arrange activities that are based on peoples’ likes and dislikes. Such as we started a gardening group, and a men only group where they play dominos or watch football etc.”

The Deputy Manager added; “Stimulation is very important, so all service users are encouraged daily. Staff assist service users who may need help with an activity. Pets are welcome, we currently have a cat. We take life history and an activity record from the service users or their families on admission, inform staff, keyworkers and the Activities Coordinator.”

During our visit the team witnessed the Activities Coordinator, who was from the company’s other home, at work. In the ground floor dining area several residents were gathered and enjoying a seated exercise session, which involved some ‘Cheer Leading’. Residents were visibly enjoying the session, smiling and singing along to the music which was being played. The Activities Coordinator was involving all of



the residents present, although some had chosen just to watch, they were obviously enjoying the experience. The Activities Coordinator took time to explain the exercises to all of the residents, who he knew by name. Other residents were also encouraging the attendees to join in the fun.



Ruby - a much loved new addition to Thornbury Care Centre

One resident was also enjoying one to one activity time with his dedicated carer.

Also in the ground floor dining area, the team were introduced to Ruby, who is the home's new pet cat, which they had recently rescued. The majority of the residents which the team spoke to during our visit asked if we had met Ruby. Ruby is obviously well loved and a welcome addition to the home.

One resident told us that Ruby accompanies the Carer who wakes her up on a morning, into their room to say good morning. The resident shared that this is something which gives her great pleasure.

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 residents were asked what they think about the food at the home, we received the following responses;

“Brilliant! I love all my meals. I’m eating a lot.”

“You can choose what you want on your plate, which I like. The soups are nice and they serve you different meats and veg.”



“Not very good. It’s always the same.”

When asked if there is enough choice, the residents said;

“There is plenty of choice. They ask you what you would like from the menu and if you didn’t want any of those things, they would let the kitchen know. I have asked them for a cheese savoury sandwich instead and I got it.”

“You get three choices at mealtimes and sides. They would make alternatives if you needed them.”

“I would like more choice.”

All three of the residents stated that they eat their main meals in the communal dining rooms, with one person saying that they choose to eat their breakfast in their own room and this is accommodated. They also added that if they are unwell and not dressed, they may also choose to eat in their room. During the Healthwatch visit one staff member came into this resident’s room to ask her if she would like support to dress to go to the dining room for lunch. The resident stated that she would like to stay in her room and the staff member indicated that this would be facilitated.

All residents added that mealtimes at the home are a time they look forward to as it is a time when they can chat to other residents.

Both relatives stated that the food at the home is very good. They added;

“They can have anything they want.”



A picture menu is available to assist residents to make their choices



“Home cooked and there’s too much really. Residents can order food, if necessary 24 hours a day, which is excellent if they are hungry at night.”

One relative stated that they are confident that their relative is supported to both eat and drink as much as required. The remaining relative, whose relative is new to the home explained; “In the development stage, staff monitor and record outcomes of food intake and we discuss future plans.”

The relatives went on to say that they think the home ensures mealtimes are sociable by encouraging residents to chat and by using the home’s dining rooms, which enables staff to closely monitor the residents and interact with them.

All of the staff respondents agreed that the food at the home is of good quality and choice is varied. Comments included;

“The food is good and well cooked. Residents are able to have their input into food choices at resident meetings.”

“There is a good variety of food. Recently we introduced pizzas and burgers as the service users requested.”

Staff respondents went on to say that residents are able to eat and drink at mealtimes as well as outside of these times as drinks are available in their rooms, staff ensure that food and drinks are within reach, which are appropriate to residents’ Speech and Language assessment. Snacks are available between meals and staff prompt those residents who require it to partake.

There is also appropriate cutlery and crockery, utensils and cups available to residents. Staff added that residents can eat in their room or the dining room and there are at least two options available to residents at mealtimes but alternatives can be made available if necessary. Mealtimes are made sociable times by





reducing background noise, keeping friendship groups together, staff gently encourage conversation and are always aware of what is happening around them to enable disruptions to be minimised. Comments included; “We try to keep residents interacting, but still ensuring good diet and fluid intake.”

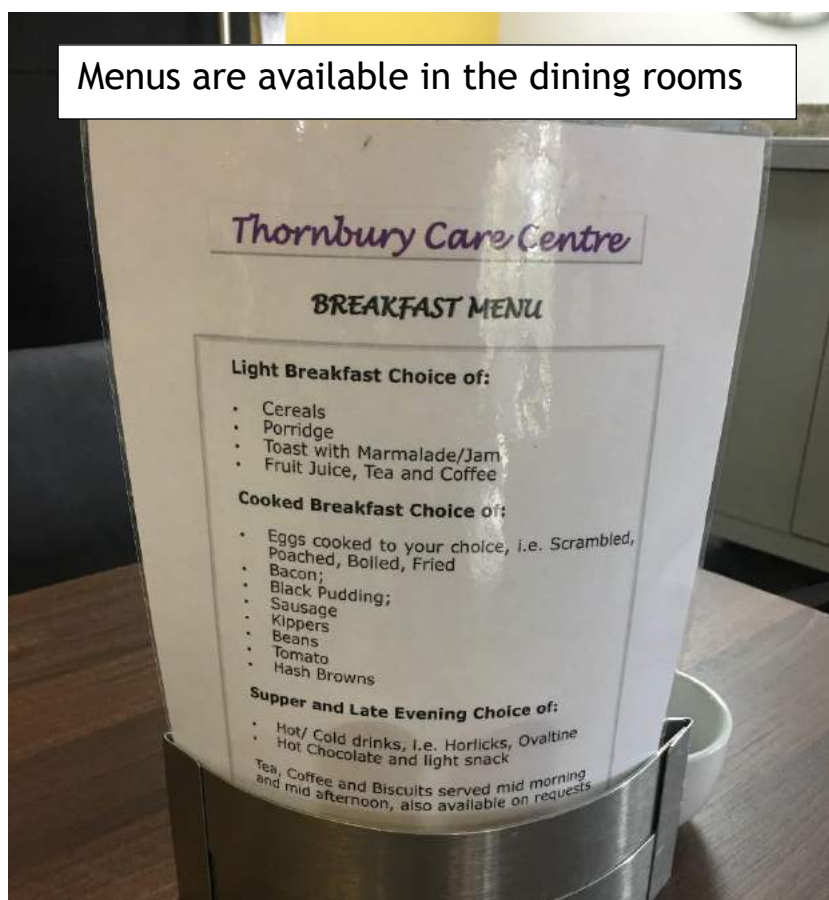
The Manager and her Deputy were asked how they ensure high standards of quality and choice of food, they said;

“We have menus that change every week, but if someone doesn’t like anything on the menu the Head Cook will speak to the resident and arrange food to their taste. If service users want their breakfast in bed they can of course have this, if they wish to have their meals at a different time we would accommodate them wherever possible. All of our food is freshly prepared and cooked on site.

We ensure food is presented well, is of the desired temperature, and is catered around people’s likes.”

“The menu offers choice daily. Service users are asked about their likes and dislikes. Meal Service audits are carried out and we adhere to all food standard policies.”

When asked what systems are in place to support residents to eat and drink at mealtimes and outside of mealtimes the Manager of the Home and her Deputy informed the Healthwatch Team that food is available over the full 24 hour period, if they know someone is not going to be in the home at a mealtime (e.g. out for an



Menus are available in the dining rooms

external appointment) we liaise with the kitchen who make provision for them for their return. Likes, dislikes and specialist diets are documented in resident’s care plans and staff are aware of these. The home also follows a Protected Mealtimes Policy (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).



They went on to say that residents are given choices about what and when they eat and drink by staff asking for their choice from the menus and residents are shown picture menus if required. Staff would also help if they are unable to make a choice based upon their historical likes and dislikes. Mealtimes are flexible and are also staggered.

When asked what choices residents have about where and how they eat and drink the Manager and her Deputy gave the following responses;

“Residents are encouraged to have meals in the communal areas, but if they wish they can eat in their own rooms or the lounges.”

“They are able to eat in the communal dining room or in their own room where family can have a meal with them.”

When asked if the home has permanent drinking stations available to the residents, the Manager said; “Yes we do, however, if any resident is unable to retain information, requires modified fluids, and is fully mobile, it would be dangerous to have fluids available for residents to drink without supervision. On those units we ensure fluids are given at increased frequency to promote hydration.”

The Manager and her Deputy went on to inform us how they ensure that mealtimes are sociable times;

“We ensure residents can sit with who they want, background music is encouraged, and all staff are available at mealtimes to support and ensure it is a well organised, relaxed atmosphere.”

“Staff encourage service users to talk to each other if able. Staff also talk to service users.”

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

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

The Healthwatch team STRONGLY AGREE this was met.

All three resident respondents stated that they had seen a range of healthcare professionals while living at the home. Some professionals had visited them at the home, whilst others had been external appointments which either the staff or their family members had escorted them to. Comments included;

“Any medical things are seen to straight away. The staff went to the hospital with me.”



“The Dentist has been here and I am waiting for my new dentures. My daughter takes me to Optician appointments. The GP comes in here and my daughter would take me to the hospital.”

The relatives gave the following comments when they were asked about their relatives’ access to healthcare professionals;

“All visit the home.”

“Staff and I have identified the need for external services. This has been instantly and effectively executed.” (Relative is new to the home)

The majority of staff stated that the healthcare needs of the residents at the home are dealt with by senior staff and management. Other staff informed us that Community Psychiatric Nurses and GPs visit the home every two weeks for MDT meetings (Multi-Disciplinary Team), the Community Nurses visit weekly and visiting Chiropodist, Dentist and Optician attend regularly. District Nurses also visit when required. Comments included; “We have regular visits from care professionals. I feel we have a good rapport with health professionals.”

The Manager told us about visits from all health professionals; “We are aligned to New Silksworth Medical Practice, although our service users can choose to keep their own GP, the benefits of being aligned are huge. We have Community Nurses who visit twice weekly, should we have any concerns, the GPs (from our aligned practices) visit every week, we have a visiting Dentist and Chiropodist (but





residents can of course choose to make their own arrangements), and we have Visioncare who visit the home to carry out Optician and Audiology Services.”

The Deputy Manager added that all requests to see a GP are documented.

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

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

The resident respondents all stated that they do not currently practice a religion. The ladies stated that they use the homes’ visiting Hairdresser, who visits once a week and that they are very pleased with her service. They added that ‘the girls’ paint their nails for them. A gentleman respondent told us that although he is still able to shave himself, the staff are always around if he needs assistance.

When residents were asked about the laundry system at the home, they explained that the service is mostly good or pretty good at getting their clothing back to them. They went on to say that their laundry is returned to them quickly and is clean and smells fresh. One person explained that a staff member was trying to put someone else’s trousers in her wardrobe but they had both realised the mistake and the trousers were taken straight to their rightful owner.

One of the relatives stated that their relative has no specific lifestyle, religious or cultural needs. The remaining relative whose relative is new to the home said; “My relative is a practicing Roman Catholic. I have not yet addressed this need with the home, as they have had to adapt to a lot of change.”

One relative commented that a hairdresser is available at the home every week, with the remaining relative saying that they take their relative to their regular hairdresser.

The relatives informed us that the laundry service at the home is either very good or excellent.

One relative went on to say that their relative is always clean and appropriately dressed, with the remaining relative commenting that this is a difficult area, as their relative refuses to bathe, but the home are working on this alongside them.

Staff respondents gave examples of how the home caters to resident’s religious and cultural needs; specialised diets due to religious or health reasons are provided, they ensure that suitable food items, which are similar to the foods available to other residents are available at all times. Comments included;

“We have service users who are vegetarian and Jewish, who require a varied diet. The kitchen are aware and cater for this.”



“The home has a weekly visitor who offers Holy Communion.”

The Manager and her Deputy informed how the home find out about and caters to cultural, religious and lifestyle needs, this is carried out by speaking to the resident, their family and Social Workers and gathering information to complete a comprehensive life history, the information from which is added to a resident’s care plan. The Manager gave the following example of how these needs are accommodated;

“We have two residents who are vegetarian, and they are always offered a

vegetarian diet.”

They went on to tell us that the home has a dedicated hair salon and has a hairdresser who visits twice weekly. Hairdressing services can also be carried out in residents own rooms if they prefer.

When asked how they ensure the laundry staff get the residents own clothing back to them the Management Team stated that families are advised that they must label all their families clothing with their names. Clothing is laundered unit by unit to ensure it is returned to the correct area of our home, and laundry bags are colour coded for easy identification purposes.

They added that to ensure residents are always clean and appropriately dressed, all rooms have en suite facilities, with shared large wet rooms, bathrooms, and shower rooms also being available. Residents are encouraged to remain as independent as possible, but if they require assistance staff are on hand. Staff are aware of residents’ needs and what assistance is required in this area and senior staff and the Unit Managers carry out daily checks.



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 get asked if they are happy at the home and if they are indeed happy, we received the following responses;

“Nobody asks, but I am happy. I would tell them if I wasn’t. I can sometimes get a little lonely, but I get out and about.”

“I don’t get asked and I have my ups and downs, but I’m quite happy.”

No, but I am happy here. I rang to see if I could stay here permanently.”

When asked if there was anything they would like to change about the home, one of the residents stated that they didn’t know, the others said;

“No really, it’s super! I’m not hard to please and you can’t fault them here.”

“Everything is laid on here if you want anything.”

If they ever needed to make a complaint about any aspect of the home the residents told us that they would either speak to a family member or directly to the home’s staff.

Both relatives stated that they feel welcome participants of the home. One added that they and their relative can have a say on how the home is run by attending regular meetings. The relative who is new to the home said that have not yet become involved in this area. When they were asked if they were aware how to make a complaint about any aspect of the home, relatives said;

“To the Manager or the owners.”

“Approach the most appropriate person first. The contract gives specific guidance.”

Both felt confident to make a complaint and that it would be acted upon appropriately, with one respondent saying; “Most certainly. I would expect in a very professional way. They are a very approachable team.”

Staff informed that residents and their families can have their say on how the home is run by attending regular family and service user meetings, staff and management can be approached at any time to raise a concern, the home has a suggestion box and concern/complaints forms are readily available. One staff member gave the following example of how resident or family member has influenced how the home is run; “At a meeting, one resident said that they like burgers and lasagne and now they are offered on the menu.”



The staff respondents stated that they can have a say on how the home is run by attending regular meetings with their Managers where they are able to approach them with suggestions and ideas for activities or by attending their supervision sessions. Comments included; “I am able to identify any issues in the running of the unit and can approach my Manager to request permission to change.”

The Management Team explained how residents and their family have a say in how the home is run, this includes them having an open door policy where residents or their families are welcome to discuss any ideas they may have with them. The home has a “You said, we did” section in the resident, advocate and family meetings so that they can

see the suggestions that they have made and what has been done about it. The home hosts a family support group in addition to the service user and family meetings. Families will regularly ask if something is possible, or for something to be changed during these meetings, this is then fed back to the Manager from the Chair of the group. Families and residents are also asked to complete surveys at a minimum of yearly to evaluate the service. There are also monthly Care Reviews and Keyworkers give monthly input.

The Activities Coordinator stated which ways residents and their family/friends have a say in what activities are delivered both inside and outside the home; “We hold a service users activity meeting each month where we also invite families and we often listen to service users comments during activities and we also chat to families when we see them around the care home.”

They went on to give the following examples of this; “One service user asked if they could have a cookery activity on a weekly basis as she loved cooking cakes every week at home for her family, so we attend a cookery class each week.

Another service user asked if it would be possible to get some old photos and discuss them as a group so we started a reminiscence activity.”

The Activities Coordinator went on to tell us how activities are evaluated; “We fill in an evaluation sheet after each activity and we also complete a tracking sheet so we know who attended what and what activities went well by being well attended.”

When asked how they make use of feedback or complaints from residents and relatives, the Manager said; “We view all feedback as good feedback, even if it



was a concern or a complaint. When dealing with complaints we use this to have a lessons learnt reflective session, to implement any changes to our service or to identify any training needs required.”

The Management Team added how staff are able to have a say in how the home is run;

“Staff can approach me at any time with suggestions, or concerns which I am happy to listen to and act upon if required. Staff also have regular supervisions, and are invited to staff meetings. We hold a daily ‘snapshot meeting’ which all staff are invited to, where any immediate issues are dealt with.”

“Through supervisions and staff meetings. Staff opinions are always valued.”

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.

All of the residents which the Healthwatch Team spoke to stated that they feel the home to be always clean and tidy and added that they see ‘the girls’ cleaning every day. One respondent said; “The Cleaner knocks every day, she changes my bed and cleans my bathroom.”



All went on to say that they can regulate the temperature in their own room by opening the window. Two residents said that they have felt a little chilly overnight recently.

Both relatives agreed that the temperature within the home is at an appropriate level, with one person adding that the staff are very aware of changes of temperature and the individual needs of the residents. Both then stated that the home is always hygienically clean and tidy. One person said; “Immaculate! One professional who visited the home with me commented on the warm welcoming, fresh clean environment and stated that this



is the best home he has visited.” Both also agreed that the home is well decorated, well maintained and a dementia friendly environment. Comments included; “All staff interact with the residents. The resident cat is a most welcome sight. There are also accessible gardens for residents.”

The staff respondents stated that the home

is made dementia friendly by having good lighting, the use of bright colours, memory aids, having plenty of activities available and being well maintained. Comments included;

“Where the resident who has dementia is understood and respected.”

“There are regular activities, continuity of staff and sensory areas.”

“There are many items of activity equipment on each unit to help create a creative and stimulating environment.”

The Manager and her Deputy stated that they ensure that a comfortable temperature is maintained in a resident’s room and communal areas with the use of thermostats, the heating is variable in accordance to the seasons.

They ensure the building and its contents are well maintained and decorated throughout by continually being decorated and maintained to a very high level. Any damage to the furnishings of the home are immediately rectified and replaced. The home has a Maintenance Team and a programme for refurbishment.

They ensure the home is always hygienic and clean by following robust infection control procedures, and employ efficient domestic staff who are well trained. There are daily checks carried out, decontaminator audits are completed and there are cleaning schedules in place. The Manager added that the home is always clean and hygienic.

When asked how they make the home a dementia friendly environment, the Management Team gave the following comments;

“We have dementia friendly environments which have orientation clocks, and boards, colourful decor with tactile decorations. Staff are all trained as part of their mandatory induction on dementia, and receive yearly updates. The environment atmosphere is calm and relaxed.”



“We have coloured crockery, offer tactile activities and appropriate signage.”

During our visit to Thornbury Care Centre, the Healthwatch Team noted that the home is beautifully decorated throughout, with a vast range of modern, homely fixtures and fittings. The communal areas were relaxed, welcoming and were where several residents were enjoying their surrounds and were sitting reading. The Deputy Manager showed the team one of the vacant resident bedrooms which was spacious and included a tiled en-suite bathroom.





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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