

# **Sister Winifred Laver Centre**

Enter and View Report  
February 2025

# Contents

Acknowledgements.....	3
Purpose of the Visit.....	4
Planning and Preparation.....	5
Information and Data.....	7
What people told us.....	8
What we observed.....	23
Recommendations.....	27
Service Provider Response.....	31
Appendices.....	32

# Acknowledgements

Healthwatch Gateshead Enter and View team, also referred to as Authorised Representatives, would like to thank the management team, service users, visitors, and staff for their cooperation, and for sharing their views and experiences of the service with us. This report highlights the views and experiences of service users who were staying at the setting at the time that the Enter and View visit took place. Please note that it is not a representative portrayal of the experiences of all service users, staff, and visitors.

Healthwatch have a legal power to visit health and social care services and to see them in action. This power to Enter and View services offers a way for Healthwatch to meet some of our statutory functions and allows us to identify what works well and where things can be improved. Please note that Enter and View is not an inspection.

The legislative framework for Healthwatch is split between what Healthwatch must do (duties) and what they may do (powers). Healthwatch have a power under the Local Government and Public Involvement in Health Act 2007 and Part 4 of the Local Authorities Regulations 2013 to carry out Enter and View visits.

The legislation allows Healthwatch Authorised Representatives to visit publicly funded health and social care settings and speak to the people who are using and working within the service. This direct feedback allows us to identify areas of improvement, recognise good practice, and to champion the voices of the people using health and social care services.

Enter and View visits can be carried out in a range of publicly funded services such as, Doctors surgeries, Hospitals and Clinics, Day centres, Care homes, Dentists, Opticians and Pharmacies. Enter and View visits are not intended to specifically identify safeguarding issues. However, if they arise, they are reported in accordance with Healthwatch safeguarding policies.

## Purpose of the visit

Sister Winifred Laver Centre was selected as a part of the pilot for Enter and View. The centre aims to provide a multidisciplinary assessment and treatment plan to maximise independence, health and wellbeing, as well as providing timely discharge from hospital or preventing unnecessary hospital admissions. The centre offers a step up/ step down care approach meaning the level of support is adjusted based on the persons needs and progress.

Healthwatch Gateshead recognised that the centre was a reasonably new service as it only opened its doors to the public in 2024. Typically, we would have looked at the latest CQC report to inform our Enter and View work but as it was a newly commissioned service we did not do so. At the time of planning our pilot Sister Winifred Laver Centre had not yet undergone any CQC inspection. We believed the timing to be relevant and that it would be satisfactory to undertake a pilot study whilst gaining insight into the service. Additionally, at the time the first Enter and View visit took place Sister Winifred Laver Centre had just received an unannounced inspection from the CQC. During the Enter and View visit, Authorised Representatives focussed on making observations and speaking to service users, visitors, and staff directly regarding their experiences of the service.

## Planning and Preparation

Three Enter and View Authorised Representatives made an announced visit on the morning of Thursday 20th February 2025. Prior to the visit, Healthwatch Gateshead's Enter and View Officer met with Sister Winifred Laver Centre management team to discuss the purpose of an Enter and View visit and explain what a visit entails. It was agreed at the first meeting that Sister Winifred Laver Centre were to take part in the Enter and View pilot. Publicly available information was then used to inform Healthwatch Gateshead on the facilities and services offered. Following this another meeting took place between Healthwatch Gateshead's Enter and View Officer and the management team to discuss provisional dates and to clarify whom would be carrying out the visit, and the plan for the day of the visit. This was followed by a letter announcing the official date for the first enter and view visit (Appendix A).

A survey was put together and circulated to Authorised Representatives (Appendix B) The survey questions were designed to be open and balanced to encourage transparent engagement with service users.

Healthwatch Gateshead recognised that some service users may struggle to engage due to physical and mental health conditions that may impact on their communication. We asked Sister Winifred Laver Centre to identify these service users and to provide us with this information prior to the visit so we could make reasonable adjustments for individuals if required. As Sister Winifred Laver Centre is a short-term intermediate care facility, they were unable to provide a list prior to the visit due to service users fluctuating daily. However, a very detailed list was provided on the day of the Enter and View visit which specified the individual communication needs of each service user, which room they resided in, and the date of admission. This resource was extremely helpful on the day of the visit.

Healthwatch Gateshead identified that staff and visitors who were not present at the time of the Enter and View visit may also want to feedback regarding the service. With that in mind we left additional paper surveys at

reception and arranged to collect them two weeks later. Unfortunately, we received no responses. We realised that as the environment can be very busy it is possible that they could have been missed. Healthwatch Gateshead then arranged a listening session on the afternoon of 21<sup>st</sup> March 2025 for visitors and staff to feedback, allocating separate sessions for each group. We promoted this by displaying posters within the centre prior to the visit. (Appendix C) Two Authorised Representatives conducted a second visit on the afternoon of Friday 21<sup>st</sup> March and collected additional feedback from staff, relatives, and an additional service user.

## Information and data

The Authorised Representatives who had took part in the pilot were, Enter and View Officer, Committee Chair, and Healthwatch Gateshead Lead Officer.

On our first visit Authorised Representatives were collectively given a tour of the facility by the Management team. Healthwatch Gateshead made individual observations of the internal and external environments and staff engagement with service users. Authorised Representatives identified the communal areas that were busier before carrying out data collection. After the tour the Authorised Representatives split off individually and placed themself in different locations throughout the building to speak to service users. Some service users expressed that they preferred to use their own private room to feedback, while others fed back from communal areas. There was plenty of breakout spaces and private rooms available if service users required an additional private space to feedback in confidence.

The Management team confirmed that they had 65 staff members employed on both full and part time contracts. In addition, they also had vacant posts for new staff members advertised.

During the first Enter and View visit there were 35 service users admitted into the centre. On the second visit this figure changed to 29.

Authorised Representatives collected feedback in total from 15 service users, 2 visitors, and 12 staff members.

## What people told us

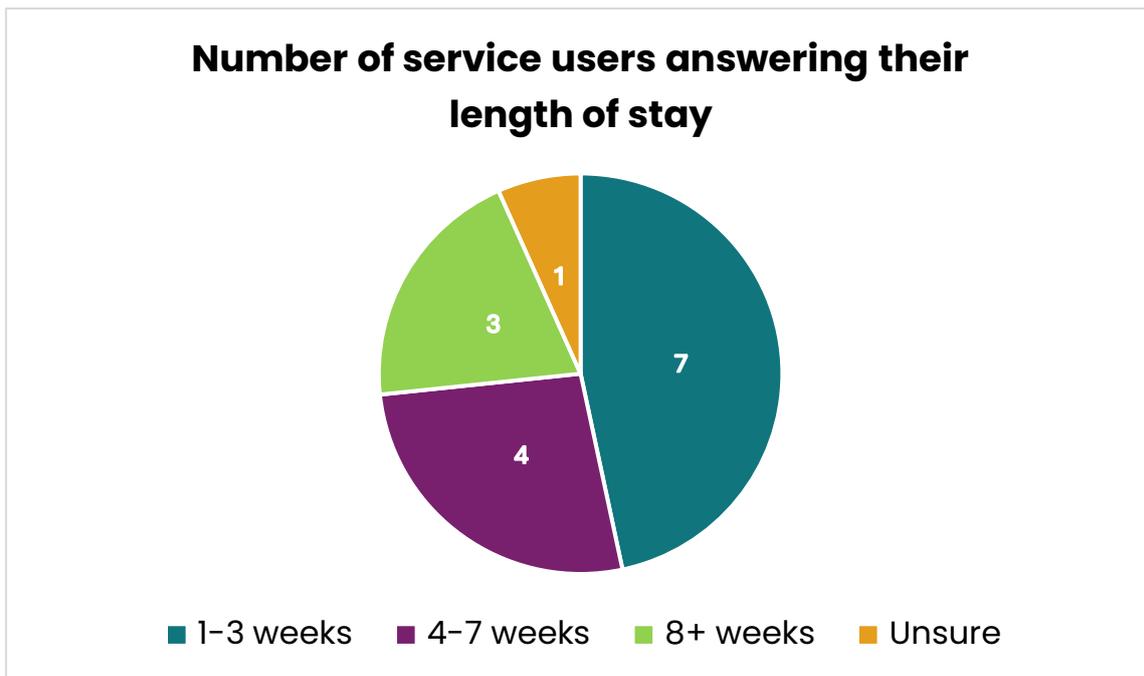
### Service users and visitors:

Feedback was received from fifteen service users residing at Sister Winifred Laver Centre, including one service user who had to leave amidst the informal interview to attend an appointment, so a partial response has been recorded. We also received feedback from two visiting relatives. The following information describes the responses to questions that were answered by the fifteen service users during the visit, and two relatives who contributed to the report.

### Overall Experience:

Most service users moved in quite recently in the centre, where seven service users (47%) lived there between one to three weeks. This has allowed us to understand more recent experiences of service users who have moved into Sister Winifred Laver Centre and has enabled us to learn more about their transition to the centre.

Four service users (26%) have stayed at the centre between four to seven weeks with another three service users who have stayed for eight or more weeks. Having an informal interview with these service users allowed us to hear their experiences in more detail due to them staying in the centre for a longer period. One service user was unsure of how long they had stayed at Sister Winifred Laver Centre.



**Figure 1 – Pie chart showing the number of service users answers to 'How long have you stayed at Sister Winifred Laver Centre?'**

Twelve out of fifteen (80%) positive experiences were shared. Four comments were directed at staff working in the centre as being attentive, having a good attitude and always being around.

Other positive comments included getting to know other service users, good hospitality and having freedom and privacy within the centre.

Two relatives shared positive experiences when visiting the centre including 'staff seem friendly' and described it as a 'nice and comfortable place'.

"Staff are very good, pay attention to requirements, respond quickly, very attentive, put themselves out."

"Staff attitude is very good, looked after well and can have breakfast in room with own bedroom and tv"

"Nice home cooked food, comfy bed, plenty to see outside. Good to meet people, can talk about things without family"

"If I need to go anywhere, i.e. hospital appointment, staff arrange a wheelchair or ambulance"

"It has been a great service. The care is very good. If you ring the bell they come within 20 minutes."

Four out of fifteen (26%) service users shared negative experiences about Sister Winifred Laver Centre yet all their experiences were quite varied as they included unappetising food, feeling vulnerable during staff handover, slow buzzer responses, not much entertainment and feeling enclosed within the centre.

"Can't have a smoke, alarms everywhere"

"This morning a staff member coming off shift was going to leave me half-dressed until the next staff came in. They dressed me in the end but left my Zimmer frame out of reach accidentally" (The service user also shared they had their buzzer attached to their Zimmer frame and they were unable to alert staff).

"Strange experience, not like your own home. Sometimes wish I hadn't come, feel enclosed"

"Not much entertainment to keep you occupied"

## **Change:**

**Disclaimer:** Healthwatch Gateshead asked service users questions relating to change. One informal interview had also come to an end as a service user had to attend an appointment. - Data will now only be presented for fourteen service users.

Seven out of the fourteen service users had stated a change that they would like to be implemented or improved within Sister Winifred Laver Centre with others replying with *"Nothing"*, *"Too soon to say"*, *"I wouldn't change anything"*

Two service users highlighted that they wanted some dedicated time where they could go outside for a walk or do an activity. One service user mentioned that the food needs improvement as it is not cooked thoroughly. There was one service user that mentioned that it is very busy but did not mention any improvement to be made in the busy environment.

**Table 1 - Categorised responses regarding changes to make Sister Winifred Laver Centre to make it better.**

What would you change about Sister Winifred Laver Centre to make it better?	
No mention of changes to be made	8
Dedicated time to go outside	2
Improve quality of food	1
More choice- prefer to have food alone	1
Buzzer system	1

'Improve the buzzer system as they don't always work. More staff as they are always running around'

## Communication:

Most of the service users described having a positive relationship with staff at Sister Winifred Laver Centre. Key words when describing staff were "friendly", "very good", and "helpful". One relative of a service user stated that staff are 'very pleasant and helpful'.

There was one neutral response from a service user describing their relationship with staff as 'okay'.

"All fine, all helpful, all friendly, no restrictions"

"Very good, they talk to me and not at me, take these things into discussion"

*“Staff are very good and helpful, always willing to help if I have a problem. Some are and some aren't, lack of consistency”*

*“Good, they are always chatty talking about family. They talk about themselves and ask me about myself. I have built up a nice relationship with them.”*

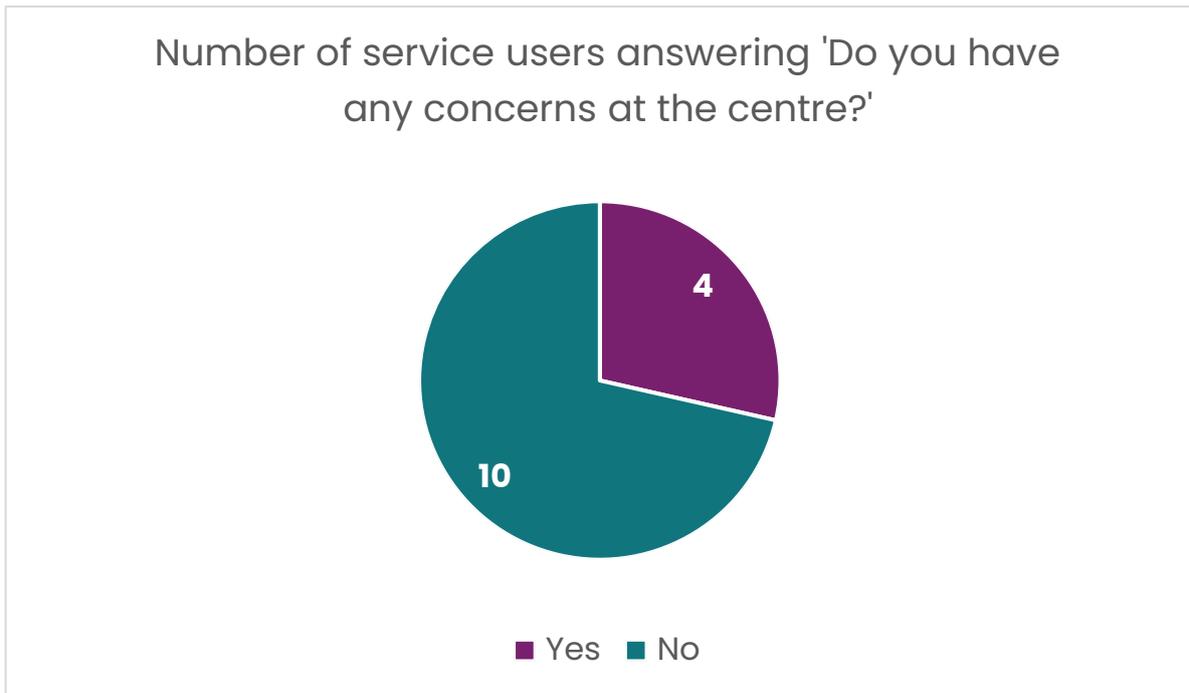
Out of fourteen service users, ten service users said that they had no concerns.

Concerns which four service users did mention were missing personal items, staff shortages, concerns over what is going to happen when they leave the centre to go home as they have had no communication with their social worker, and concern over the security system on arrival at the centre.

Two service users had raised concerns with the centre staff. One service user said that their concern was raised to the management team, and another service user said that when they raised their concern of a missing personal item, staff did not escalate the concern.

Five service users said that they were either not aware how to raise a concern or were not confident to do so. One of the service users also said that it would be dependent on the situation as to who they would raise their concern with.

One relative explained their security concern. They stated that when they called Sister Winifred Laver Centre, there was strict security in place on the phone. However, they felt security was not strict on reception as they were able to just walk in.



**Figure 2 - Pie chart showing the number of service users who stated if they had a concern or not during their stay at Sister Winifred Laver Centre**

"Would know who to go to and confident to raise it"

"I would go to management"

"I am not sure, it depends on what the issue was. I would pull a staff member, and they would tell me who to speak to"

## Choice:

Six service users gave examples of choice that they have in Sister Winifred Laver Centre but did not give a measurement of how much choice they have, for example, 'lots of choice', 'limited choice'. Five mentioned getting 'lots of choice' with a couple who gave examples of their choice listed below.

Examples of choice included:

- Being able to go to bed and get up when they wanted
- Choose when and what they wanted to eat
- Go where they wanted to within the centre
- Talk to who they wanted
- Choice to take part in activities or not

## Food and drink

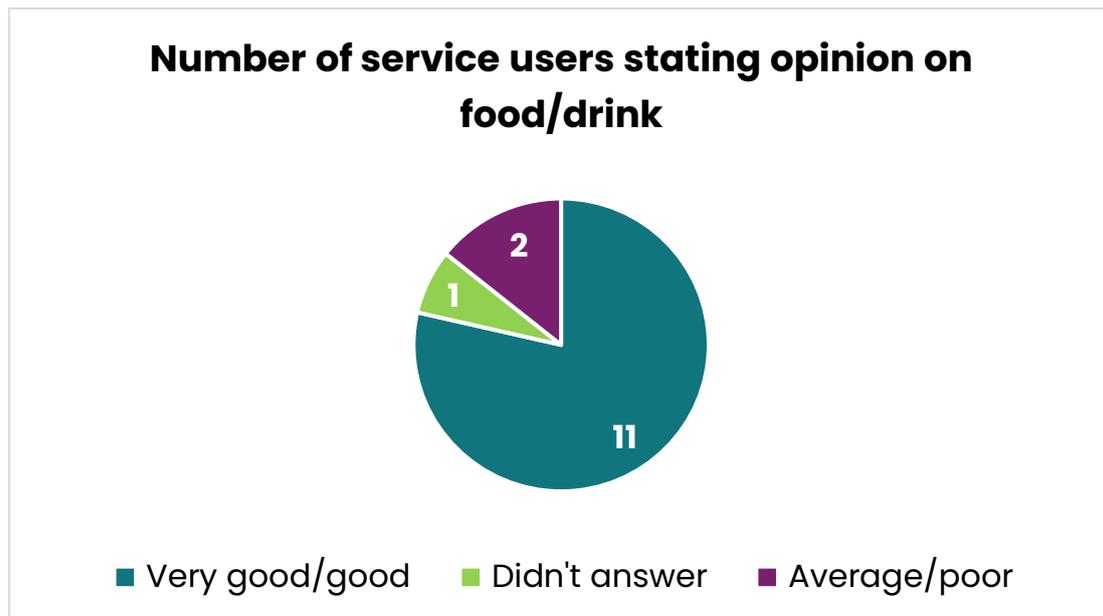
In terms of food and drink, eleven out of the fourteen service users (84.6%) described the food and drink offered at Sister Winifred Laver Centre as 'very good', 'good' or 'fair'.

Two of the fourteen service user said they did not like the food. Reasons that were mentioned was that the food doesn't taste good, and you get too much food on a plate.

Ten mentioned that there was choice to some degree for the food and drink that was offered to them. This was promoted through menus available and staff asking service users what they would like to eat for the next day.

"Food quite good, set menu no choice, very well prepared. Tea is good and served at any time of day"

"I don't like the food. You get too much. It is disgusting."



**Figure 3 – Pie chart showing service user opinions on food/drink.**

“Food is fair/average. I always get a choice of what I want. Food is at set mealtimes. I get a drink whenever I want to.”

Figure 3- Pie chart showing the number of service users stating their opinion on food and drink offered at Sister Winifred Laver Centre.

### Activities

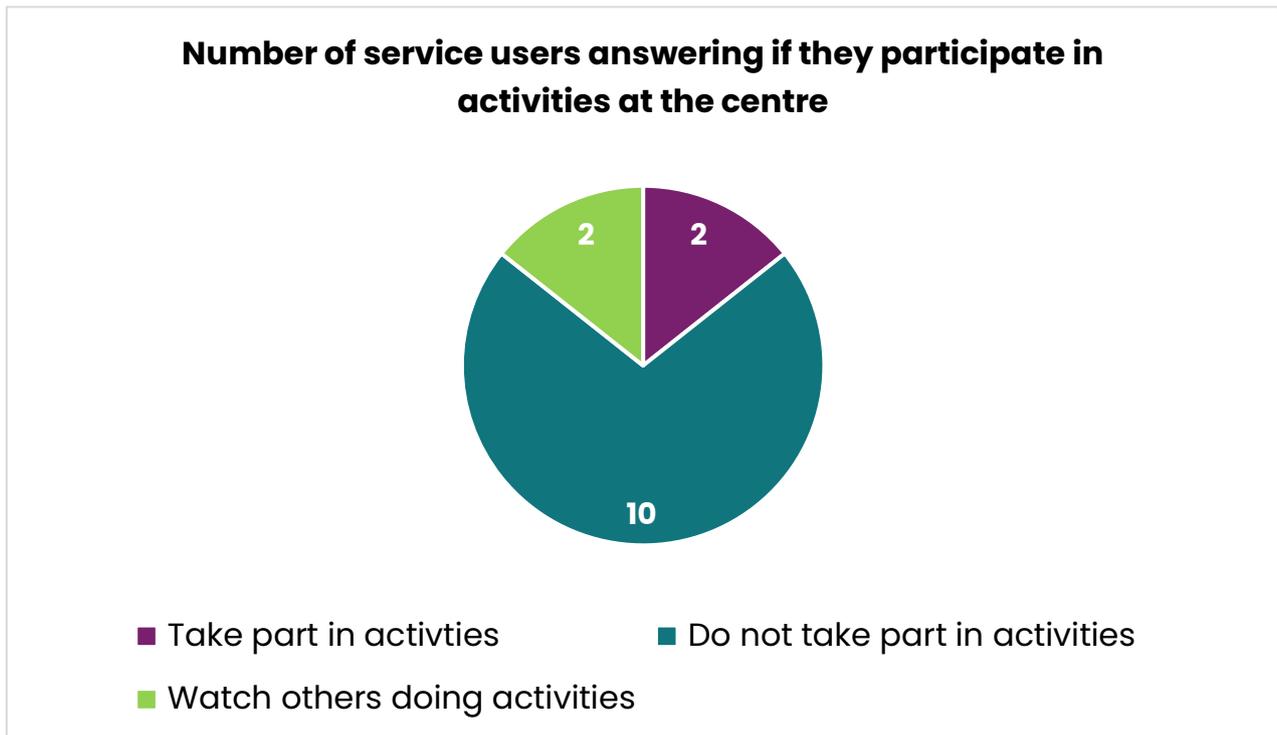
Ten service users said that they do not take part in the activities that take place within the centre.

Two of service users mentioned that although they do not take part, they sometimes like to watch others enjoy doing the activities such as singing.

Two service users mentioned that they have been doing activities within the centre which included playing board games, singing with school children and crafts.

Reasons for not taking part in activities are listed below:

- Prefer to be alone
- Physical health problems e.g. 'mobility problems'
- Have no interest or not being aware of activities
- Still need to explore the activities which are on offer as they settle into the centre



**Figure 4- Pie chart showing number of service users and their level of participation in activities offered at Sister Winifred Laver Centre.**

## Care:

Eleven service users (78.5%) described their care as **'Very good'**, **'good'**, **'satisfied'**, **'very satisfied'** or **'definitely satisfied'**. Two relatives said that they are **'very satisfied'** with the care that their loved one receives.

Reasons for a positive satisfaction level have been listed below:

- Adequate facilities
- Friendly environment
- Service users are given their medication when needed (including at night)
- The staff are very good

The positive comments included:

- They go out of the way (staff) to be helpful. Anything I need is here.
- Nice big rooms, better than residential care

Two service users said that their satisfaction level was **'okay'** or **'fair'**.

Reasons for this negative satisfaction have been identified and include:

- There are things that they like and some aspects of the centre that they dislike.
- There are sometimes good and bad times that they have in the centre.
- There is a lack of consistency with the care that staff provide

The negative comments included:

- They wouldn't want to be here if they had a choice, as they would like to go home (two service users stated this)
- Would like to go outside each day

## **Staff:**

As part of the Enter and View visit, Healthwatch Gateshead spoke to twelve members of staff working at Sister Winifred Laver Centre to understand their views and experiences working in the centre. Six of the staff members were employed by the NHS and the other six staff members were employed by the local authority. Throughout this report staff members share their views and experiences regarding management. As the staff members at Sister Winifred Laver Centre have separate management arrangements for NHS workers, and those employed by the local authority, it was not clarified at the time of our visit who specifically people were referring to when they shared their views and experiences regarding management.

## **Overall experience:**

All twelve staff members who took part, shared positive experiences when working within the centre. Nine staff members (75%) highlighted that staff teams work together very well. Other positive experiences included:

- Supporting service users to become independent
- Working well with resources provided

Seven out of twelve (58%) staff members shared a negative experience at Sister Winifred Laver Centre. These experiences included lack of support and poor attitude by the management team, blame culture within the workplace and not enough training provided.

## **Change:**

Five out of the six NHS staff members had stated a change that they would like to be implemented or improved within Sister Winifred Laver Centre.

These comments included:

- Better leadership with appropriate support
- Protected mealtimes
- Improved induction and staff training

- Efficient referral system

Three out of six local authority staff members stated a change to be implemented within the centre. They include:

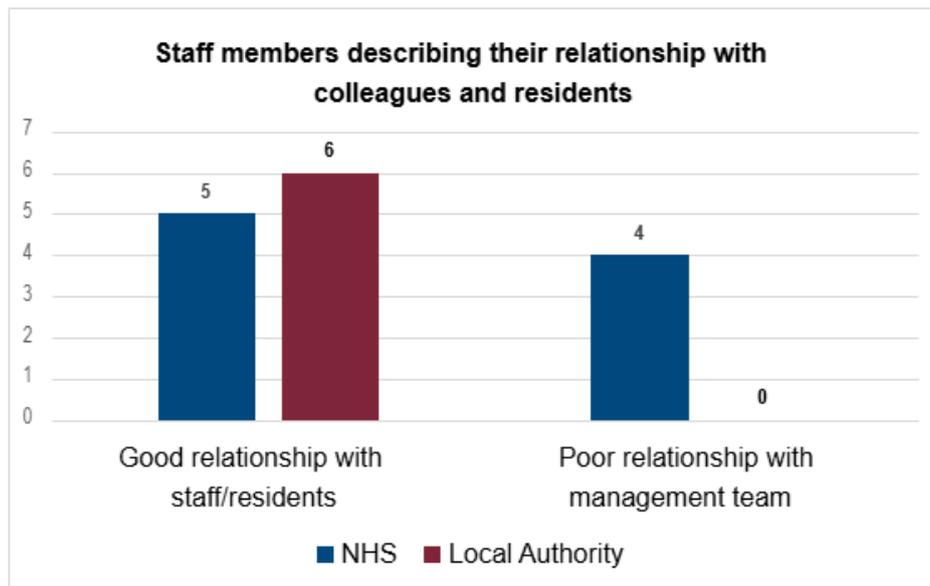
- More domestic staff
- To ensure that all staff are treated as equals in the workplace

### Communication:

Most of the NHS staff members described having a positive relationship with other staff and service users at Sister Winifred Laver Centre. However, a poor relationship was described with the management team by four of the six NHS workers. Key words when describing other staff were “good working relationship”, “great with service users”, and “stressful and toxic with management”.

Five out of six local authority staff members described an overall positive relationship with other staff members and service users. No negative comments were made to describe their relationship with staff or service users. Key words used to describe their relationships were ‘give a good helping hand when a need arises’, ‘good relationship’, ‘good rapport’, ‘good to see results of service users’.

Figure 5 shows the results above into categories of NHS and local authority staff members and depicts the number of each staff member type as having a good relationship with staff/service users or having a poor relationship with management at the centre. Results show that NHS staff have significantly a higher number of negative comments towards the management team at Sister Winifred Laver Centre. This has not been reflected in the feedback from local authority workers.



**Figure 5- A bar chart which shows staff members describing their relationship with colleagues and service users.**

All six NHS staff members said that they have concerns and have raised them. Two out of the six local authority staff had concerns which they raised and four didn't.

General concerns which we heard range from the following:

- Lack of security at reception
- Health and safety concerns
- Unclear accountability
- Discharge arrangements
- Unsafe staffing levels

Eleven out of the twelve staff members (91%) said that they would know how to raise a concern with one staff member who did not answer the question.

## Choice:

Eleven out of the twelve staff members (91%) explained how they promote choice to service users within the centre. Below are some examples of choices they promote:

- Promoting independence
- Daily living e.g. allowing service users to choose their food or clothes
- How they prefer to be addressed
- Inclusion of family if requested

'I include them in all communications, talk to them about all available choices and reason for each. I support and respect their decision and their advocate to ensure they are informed about their choice.'

'I always fully inform patients about outcome of assessments and discuss options, i.e. treatment, referrals, self care. I want them to make a shared decision about their care or involve staff and relatives to support them to make choices'

'Always speak and listen to the patient, and treat the patient with dignity and respect at all times'

There were mixed views by all staff around the food and drink available at Sister Winifred Laver Centre. Five staff members had positive views of the food and drink available with reasons such as food/drink given at the right time, service users are given what they would like, and utmost hygiene is observed.

Three staff members had a negative view about food and drink available at the centre. The reasons for this include lack of choice, views that the evening meal is poor, and that the food on offer needs to be fortified.

Three had mixed views about the food and drink available. Overall, they said that the food was good, but food portions can be quite large, quite

repetitive for special diets and a recommendation for a smaller lunch and a larger substantial dinner.

We asked staff members how activities at Sister Winifred Laver Centre are decided and planned. Two did not know how activities are planned at the centre. Four staff members said that activities are planned and decided each day by who is on duty.

One staff member said that there is poor decision making and planning for activities that take place in the centre due to a lack of support by the management team.

## What we observed

Key areas of observation were:

### Effectiveness of the physical space and layout

The building had a decent sized car park and clear signage to locate the main reception area.

The signing in process was straightforward. Plenty of staff were in the main entrance on arrival, but the front desk was not always staffed.

The reception area was very welcoming and accessible. There was a lift installed to all three floors for access. The space was warm, spacious, and relaxing music was playing in the background on arrival.



**Figure 6 – Sister Winifred Laver Centre Reception**

The waiting area contained a table with three chairs, signposting leaflets of other services displayed on a rack, a thank you book with flowers and cards from service users and family members, along with a large modern games tablet. The games tablet appeared to be a popular feature in the centre used by service users.



**Figure 7 – Reception Games Tablet**

Each floor contained 20 well equipped rooms (including two bariatric rooms designed to accommodate individuals with larger body sizes), a medication room, an accessible kitchen with an adjustable bench on each floor, and a small lounge.

Two bigger lounges were also available for service users to use which contained stuffed animal dolls, used as soothers for service users with dementia, and a selection of books which are rotated from the library service.



**Figure 8 – Lounge Area**

Some corridors were bare and clinical; however they were very spacious, modern, and immaculate.



**Figure 9 - Corridor**

Staff members were welcoming and present on each floor.

Lots of internal breakout spaces were located throughout the building with natural light. In addition, the centre had lots of outside space for service users to use, along with balconies.



**Figure 10 - Breakout Space**

## **Service and Positive social interaction**

Staff were present on each floor and were busy responding to the needs of the service users on both visits.

One service user was sat in one of the lounges alone. A staff member approached them to check if they needed anything and asked if they were feeling ok. They offered them a selection of hot and cold drinks.

A service user in a wheelchair was being pushed by a staff member. We witnessed the staff member asking them questions about their family and complimenting their dress sense.

On our second visit we witnessed service users pressing the buzzer and staff on the floor immediately responding.

Overall we observed really positive social interaction between staff and service users.

## Recommendations

The recommendations listed below are based on our observations carried out over two Enter and View visits, feedback from service users, staff, and service users.

- **More support and reflective supervision for staff from the management team** Both NHS and Local Authority staff fed back that they could do with further support from the management team. Healthwatch Gateshead recognised that the management team were stepping out of role to backfill and often working on the ground to support or cover absent staff members, it is recommended that all staff members are supported practically through robust staff inductions outlining roles and responsibilities. To ensure that staff wellbeing is prioritised it is also recommended that Sister Winifred Laver Centre have a system in place which allows staff some allocated supervision time with management to reflect and address any practical and emotional needs related to the workplace.
- **To have clear communication pathways which reflect policies and procedures for both service users and staff** Both NHS and local authority staff members shared that they raised several health and safety concerns but fed back that no changes or actions were made once concerns were raised with the management team. In addition, there was also some uncertainty from service users when asked if they would know who to contact if they had a concern. One service user mentioned having personal belongings going missing and fed back that they raised their concern to a staff member, but nothing was done. Sister Winifred Laver Centre has existing policies and procedures in place which states that each service user must fill out a form on arrival saying what personal possessions they have, and then they must notify a staff member. It is recommended that relevant policies are delivered efficiently and communicated effectively to all service users and staff. The

management team must ensure that all staff are aware of the communication pathway to follow should they have a direct issue with the management team.

- **The management team to develop an empowering culture that improves the working environment**

Staff feedback regarding the working environment was mixed. Both NHS and local authority staff shared many positive experiences which emphasised that all staff worked well together as a team and with service users. However, the data highlights that many NHS staff who were interviewed shared negative experiences describing the working environment as stressful and toxic. Feedback also highlighted a request for more staff training and clear lines of accountability. It is therefore recommended that the management team promote a more nurturing and empowering working environment by ensuring that all staff members are valued and trained to high standards so they are equipped with the skills that will aid them in their role.

- **Improved security system during sign in at reception**

During our second visit many staff members were around the reception desk, but it was unclear who was responsible for meeting and greeting visitors. Some staff also flagged security on the door to be an issue. This was echoed by a service user and a visitor who shared that on the two occasions they visited the centre, they were able to walk straight in without having to identify themselves. The visitor was particularly concerned as the family member whom they were visiting was vulnerable. They shared that when they had spoken to members of staff on the telephone the security system was a lot stricter. It is therefore recommended that the security system during sign in is to be consistent with telephone system.

- **To provide a structured and advertised activities program**

Service users and staff fed back that activities do run at the centre. However, there was no clear structure or visible activities board up notifying service users what activities are on and when they are on. Service users and staff did report that children from a local school come in every Tuesday to sing for the service users, along with charity Equal Arts who run craft workshops on Wednesdays. In addition, Sister Winifred Laver Centre have started to link in with Age UK Gateshead who do welfare checks, offer practical help, and advice and guidance to service users. While it is recognised that this is good practice to involve partner organisations and the local community, it is recommended that the activities program is to be structured along with a display board and timetable, so service users are aware of the different activities taking place if they wish to participate.

- **Efficient buzzer system**

During both of our visits we observed staff instantly responding to buzzer alerts. However, during data collection both staff and service users fed back that buzzer systems don't always work. It is therefore recommended that buzzers are checked and maintained frequently to check that they are operating effectively and to ensure service users are safeguarded accordingly.

- **Improved internal décor**

On both visits Authorised representatives observed that Sister Winifred Laver Centre was immaculate. The corridors were clean, accessible, wide and spacious. The domestic staff were always present maintaining the upkeep of the centre. However, the centre appeared to be very clinical with bare walls on several corridors and repetitive flooring design. It is therefore recommended that the internal environment is to be adapted slightly to give the centre a more homely feel for service users, rather than a clinical feel.

- **To ensure service users are informed on policies and outdoor space available to them**

One service user was frustrated during our visit because they could not go for a smoke. The smoking policy states that smoking is not permitted on any council premises. However, the service user was unaware of the boundaries and policies surrounding this. Equally another service user fed back that they would like the opportunity to go outside more, even though there was plenty of outside space available for them to do so. It is recommended that on arrival staff communicate the policies and relevant information to service users. This could be communicated verbally or in writing via a welcome pamphlet.

- **Efficient staff handover**

During our visit a service user fed back that they felt “vulnerable”, due to the staff member rushing to get them dressed as their shift had ended. The handover policy states state that management must hold team handover meetings to receive a verbal report from staff at the end of each shift on matters concerning the wellbeing of the service users and the running of the centre. Policy also states that;

### **6.2.1 Handovers must take place in such a way that service users are not left vulnerable.**

On our first visit the service user reported that due to staff handover they were also left without access to their buzzer for over 30 minutes. Overall, they added that they were satisfied with the care they received and reported that this does not happen on a regular basis. However, it is crucial and recommended that policies and procedures are being adhered to ensure service users are being safeguarded from potential risk.

## Service provider response

**The following statement has** been provided by Gateshead Council's Adults and Social Care Services. This is intended to address, acknowledge, and engage with the research findings that have been presented by Healthwatch Gateshead:

We thank Healthwatch for undertaking the Enter and View visit to Sr Winifred Laver. We acknowledge that the visit took place at the same time as the CQC inspection, and that some of the issues identified in the visit, reflect the concerns identified by CQC. It is very heartening to read the positive accounts from people using the service, and in particular their positive comments about the staff team at Sr Winifred Laver, and how well they supported them.

We are happy to confirm that the recommendations tally with our post inspection action plan, but we will be happy to provide specific updates for the purposes of monitoring the impact of the enter and view visit.

# Appendices

## Appendix A – Pilot Letter

## Appendix B – Questions

- B.1. Service User Questions
- B.2. Relative Questions
- B.3. Staff Questions

## Appendix C – Poster

## Appendix A – Pilot Letter

Tell Us North CIC  
Suite E11, Floor E  
Milburn House  
19 Dean Street  
Newcastle upon Tyne  
NE1 1LE

0191 338 5722  
[www.tellusnorth.org.uk](http://www.tellusnorth.org.uk)



To whom it may concern

This letter is to advise that Healthwatch Gateshead will be conducting an Enter and View visit to Sister Winifred Laver Centre, Falla Park, Felling, Gateshead, NE10 9JA.

### **The visit will take place on Thursday 20<sup>th</sup> February 2025 between 09:15- 12:00**

Healthwatch Gateshead is the statutory, independent consumer champion for health and social care. It makes sure the views of patients and service users are heard by those who run, plan and regulate health and social care services. As a part of our work, we carry out Enter and View visits.

Enter and View is not an inspection. The purpose of an Enter and View visit is to understand how health and social care services are provided through finding out people's views, making observations, gathering evidence, reporting findings, and making recommendations.

The visit will be conducted by our Authorised Representatives: Nooshin Shabani (Enter and View Officer), Jack Tinkler (Healthwatch Gateshead Lead Officer), Michael Brown (Healthwatch Gateshead Committee Member), and Shamshad Shah (Healthwatch Gateshead Committee Member). All of our Authorised Representatives carry identification on them at all times throughout a visit and will present this on arrival. They have also gone through robust training and are fully DBS checked. Please note, a follow up visit maybe required may we wish to gather further evidence to support our findings.

Once we have finished gathering all our findings, we will then send you a draft report for your comments within 30 days. The report will then be changed to include your comments and any recommendations that are agreed. The final report will then be shared within 10 working days of receiving your comments and will be published on our website.

Thank you for agreeing to be a part of our Enter and View Pilot.

With kind regards

### **Nooshin Shabani (She/her)**

Enter and View Officer

Direct 0772 7345148

I work P/T over Mon, Wed, Thu, Fri

**Appendix B.1. – Service User Questions**

**Enter and View service user questions- Sister Winifred Laver Centre**

**Overall experience**

We are here today on an Enter and View Visit on behalf of Healthwatch Gateshead. The purpose of an Enter and View visit is to understand how health and social care services are provided through finding out people's views, making observations, gathering evidence, reporting findings, and making recommendations. We aim to put this information into a report which is sent back to the service before being published publicly on our website. We would like to talk to you today to gather your views and experiences of the service. All your feedback will be anonymised.

- 1 Could you tell me about your experiences so far staying at Sister Winifred Laver Centre and how long you have stayed here?

- 2 Are there any positive experiences you would like to share?

- 3 Are there any negative experiences you would like to share?

**Change**

- 4 What would you change about SWLC to make it better?

**Appendix B.1. – Service User Questions**

**Communication**

- 5 How would you describe your relationship with staff members? What makes it good/bad?

- 6 Do you have any concerns? And if you do, have you raised them? And with who? And if you haven't raised them why not?

- 7 If you did have a concern, would you know what to do and who to speak to?

**Choice**

- 8 How much choice do you have in your daily life here?

- 9 What are your views on the food/drink?

- 10 Do you take part in the activities? If yes, what activities do you enjoy? If not, then why?

**Appendix B.1. – Service User Questions**

**Care**

11 How satisfied are you with the care you receive? Could you tell me why?

**Any other comments**

**Appendix B.1. – Service User Questions**

**Observations**

**External environment**

(Prompts-is signage clear?, is it easy to park?, what does the building look like?)

**On arrival** (Prompts- how are you welcomed? how does the place feel? Is it calm or busy? Is signing in straightforward?, what is displayed on the walls? What can you hear around you?)

**Internal environment** (what is the corridor layout like, narrow or wide?, what can you smell? What is displayed on the walls? Are there any other special features? How does it feel? What is in the communal areas?)

**Social interaction** ( how are staff interacting with service users?, what can you hear and see? )

Appendix B.2. – Relative Questions

**Enter and View relative questions- Sister Winifred Laver Centre**

**Deadline-To be returned by Monday 10<sup>th</sup> March 2025**

We are here today on an Enter and View Visit on behalf of Healthwatch Gateshead. The purpose of an Enter and View visit is to understand how health and social care services are provided through finding out people's views, making observations, gathering evidence, reporting findings, and making recommendations. We aim to put this information into a report which is sent back to the service before being published publicly on our website. We would like to talk to you today to gather your views and experiences of the service. All your feedback will be anonymised.

**Overall experience**

1. Could you share your experiences of having a relative stay at Sister Winifred Laver Centre?

2. Are there any positive experiences you would like to share?

Are there any negative experiences you would like to share?

**Change**

3. What would you change about SWLC to make it better?

**Appendix B.2. – Relative Questions**

**Communication**

4. How would you describe your relationship with staff members? What makes it good/bad?

5. Do you have any concerns? And if you do, have you raised them? And with who? And if you haven't raised them why not?

6. If you did have a concern, would you know what to do and who to speak to?

**Choice**

7. Do you have much involvement in helping your relative make choices at Sister Winifred Laver Centre?

8. What are your views on the food/drink?

**Appendix B.2. – Relative Questions**

9. Does your relative take part in the activities? If yes, what activities do they enjoy? If not, then why?

**Care**

10. How satisfied are you with the care your relative receives? Could you tell me why?

**Any other comments**

**Enter and View Staff Questions- Sister Winifred Laver Centre**

We are here today on an Enter and View Visit on behalf of Healthwatch Gateshead. The purpose of an Enter and View visit is to understand how health and social care services are provided through finding out people's views, making observations, gathering evidence, reporting findings, and making recommendations. We aim to put this information into a report which is sent back to the service before being published publicly on our website. We would like to talk to you today to gather your views and experiences of the service. All your feedback will be anonymised.

**Overall experience**

1. Could you tell me your job title and your experiences so far working at Sister Winifred Laver Centre, and how long you have worked here?

2. Are there any positive experiences you would like to share?

3. Are there any negative experiences you would like to share?

**Change**

4. What would you change about SWLC to make it better?

**Appendix B.3. – Staff Questions**

**Communication**

5. How would you describe your relationship with other staff members and residents? What makes it good/bad?

6. Do you have any concerns? And if you do, have you raised them? And with who? And if you haven't raised them why not?

7. If you did have a concern, would you know what to do and who to speak to?

**Choice**

8. Could you tell me in your own words how you promote choice to the residents?

9. What are your views on the food/drink?

**Appendix B.3. – Staff Questions**

10. Could you tell me how the activities are decided and planned?

**Any other comments**

# Are you a resident's family, friend or carer? Or a member of staff?

We want to hear about  
your experiences.



Healthwatch Gateshead are your local health and social care champions. We listen to your experiences, and work with service providers to celebrate what's working, and help make improvements where needed.

## Here's when we'll be here to chat:

**Friday 21st March**, Level 2 Quiet Lounge  
Sister Winifred Laver Centre  
Falla Park Road, Felling, Gateshead NE10 9JA

- Staff drop-in session: **2-3pm**
- Carer/relative drop-in session: **3-4pm**

All feedback will be kept anonymous.

If you can't attend, or want to **contact us** separately, you can contact our Enter & View Officer at [nooshin@tellusnorth.org.uk](mailto:nooshin@tellusnorth.org.uk) or call 08000 385 116.

**Healthwatch Gateshead**  
**c/o Tell Us North CIC**  
**Milburn House, Suite E11 Floor E**  
**19 Dean Street**  
**Newcastle upon Tyne**  
**NE1 1LE**

Website: [www.healthwatchgateshead.co.uk](http://www.healthwatchgateshead.co.uk)

Phone: 08000 385 116

Email: [info@healthwatchgateshead.co.uk](mailto:info@healthwatchgateshead.co.uk)