Care home life, what it’s really like!

The Pavillion

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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.healthwatchsunderland.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 22nd March 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

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

1. A strong visible management

2. Staff with time and skills to do their jobs

3. Good knowledge of each resident and their changing needs

4. A varied programme of activities

5. Quality, choice and flexibility around food and mealtimes

6. Regular access to health professionals

7. Accommodation of resident’s personal, cultural and lifestyle needs

8. An open environment where feedback is actively sought and used

9. Provide a physical environment which is suitable for the needs of the residents
Findings

The Pavilion is a purpose built property located at:
North View Terrace
Colliery Row
Houghton le Spring
DH4 5NW

Telephone: (0191) 3853555

Provider: Sanctuary Care
Provider’s Website: https://www.sanctuary-care.co.uk/care-homes-north/pavillion-residential-nursing-durham
Provider’s Facebook: https://www.facebook.com/SanctuaryCareCareers

See the latest CQC inspection report here: https://www.cqc.org.uk/location/1-3216708905

The Pavilion is a 68 bedded nursing home catering for residents who are aged 50 and over. Care is offered to those who require nursing, residential, Enduring Mental Ill Health residential and nursing.

All bedrooms at the home have en-suites, with 30 of these having wet rooms. All rooms are single occupancy and new residents are encouraged to bring in some of their own items to furnish their bedrooms.

The Pavilion has internet access which residents can utilise and six lounges/communal areas over two floors. At the time of the Healthwatch visit the home didn’t provide a loop system. The home has an accessible garden for residents to use.

The home operates protected mealtimes (a period of time when activity is reduced so staff can be available to help serve and supervise meals and assist residents who need help to eat and drink. This time also includes limiting visitors.)

Activities are provided by a full time Activities Coordinator, who provides a range of activities inside and outside of the home for residents to take part in.

The home doesn’t allow residents to bring pets in to live at the home but families can visit with pets.

At the time of the visit there was 60 residents living in the home. Due to the capacity of the majority of the residents, the Healthwatch team were able to support four residents to fully complete the survey. The team received five staff (one Manager, one Deputy Manager and three Care staff, one of which was partially complete) and three 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 STRONGLY AGREE this was met.

When asked about the Manager of the home three of the four residents the Healthwatch Team spoke to were able to name her. The fourth resident was unable to, but this may be due to their own individual health and capacity. Those residents who could name the Manager went on to tell us what they thought of her;

“I see her on a regular basis and she is very nice.”

“Allison is full of ideas, many of them quite good.”

“Allison has just started here, she is a nice person and always stops to have a word with me.”

Relatives were asked by the Healthwatch Team if they could name the Manager and to say a little bit about her. All were able to correctly name her and gave the following comments;

“She has only been here 3-4 months, comes across as friendly towards me and my wife, who is a resident here.”

“She seems to be a very happy person but firm and strong. She lets you know where you stand.”

“Allison is new in her role and up to now doing well, we are happy with her so far.”

All staff who responded to the survey stated that they feel supported by the Manager of the home. Their comments included;

“I have received a lot of support from the Manager since she came into post in November.”

“I get a lot of support from our Manager.”

“The Manager offers support when needed, is a good communicator and helps with problems.”

Staff also gave positive comments when asked what their experience was of talking to the Manager when they had a question or wished to raise an issue. Comments included;

“I could ask my Manager anything and she would give me advice. She is very approachable when wanting to ask questions.”

“You can walk into the office, as the door is always open and talk to our Manager anytime.”

“Very supportive and always listens and willing to help.”
The Manager and Deputy Manager were asked what attracted them to their roles. The Manager who has been in post for 6 months stated; “Passion for elderly care, vast amount of experience in other fields and wanted a new challenge.”

The Deputy Manager who has been in post for almost 9 years stated; “Being able to make a difference to the day to day running of the home and ensuring high standards of care are maintained.”

They both added what they enjoy about their roles;

“Working closely with the residents. Every day is different.” (Manager)

“Being able to spend quality time with residents, ensuring their wellbeing is maintained.” (Deputy Manager)

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

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

*The Healthwatch team AGREE this was met for staff time and STRONGLY AGREE this was met for staff skills.*

When asked about the staff at the home, the residents who spoke to the Healthwatch Team all gave positive comments. These included;

“They look after me very well.”

“They are all very nice and helpful. I get my medication on time, I have plenty of tea and biscuits and have access to a bleeper if I need them anytime of the day or night.”

“They are all very good.”
“They are all alright.”

All the residents went on to say that the staff have the time to stop and chat with them, comments included;

“Yes they come in and have little conversation with me.”

“Yes they always come in and have a chat.”

Relatives were asked by the Healthwatch Team if they felt that staff had the time to care for their relative. Comments given included;

“Yes they do, they go the extra mile. They sit and talk to residents.”

“At times but sometimes it can be hectic.”

“Most days.”

When asked if they feel staff at the home have the skills to care for their family members, all relatives added that they did and mentioned that staff take part in training courses and have demonstrated that they understand the impact of dementia on the residents, in the care that they give.

When staff were asked if they have enough time to care for residents, one staff didn’t answer the question (they stated that it wasn’t applicable to them), the remaining two stated;
“Yes I have time to communicate with residents, offer personal care and spend quality time.”

“No we haven’t as we don’t have the staff all of the time but we try our best to make time.”

All of the staff respondents went on to say that they are encouraged to develop their skills by carrying out training courses and e-learning which are always available.

The Healthwatch Team asked staff what they enjoy about their job, survey respondents gave the following replies;

“Helping others and making a difference to their day.”

“Taking the residents out on trips, chatting to them and carrying out activities.”

“Helping residents in every way, assisting resident’s families and joining in with activities.”

When the Manager and Deputy Manager were asked how they ensure that staff have enough time to care for the residents they stated;

“Plan duties to ensure appropriate levels of staff with required skills.” (Manager)

“Encourage good time management and prioritise what needs to be done.” (Deputy Manager)

They went on to inform the Healthwatch Team how they encourage staff to develop their skills. They stated to help staff keep their knowledge and skills updated they encourage staff to attend courses and complete e-learning training that is relevant to their role and will also provide transport if required to attend. They also carry out staff supervisions and appraisals.

**Indicator 3 - Good knowledge of each resident and changing needs**

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

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

Residents who spoke to the Healthwatch Team, were asked if staff knew what they needed, what they like and what they dislike. All but one resident agreed that they did. The remaining resident explained that they were unable to answer this question just yet as they had only been in the home approximately a week but was very complimentary about the staff trying to get to know them and have made them feel welcome.

When relatives were asked if the staff know their relatives life history, personality and health and care needs well, comments given included;

“Staff know my mum well, they pick up on her mood changes and behaviours.”
“They know my wife well as she has been a resident for four years now. But if they change staff around it can take a while for staff to get to know individual needs.”

When asked if staff at the home noticed and responded to changes in their relatives needs and if relatives are informed of any changes, two relatives responded to say that yes they did and one replied most of the time. They added that they are informed of these changes either in person or on the telephone.

When staff and management were asked how they ensure that all staff get to know a residents life history, personality and health and care needs when they first arrive at the home, they informed the Healthwatch Team that staff are debriefed on the information found on the resident’s pre-admission assessment. They will also read the residents care plan and have discussions and conversations with professionals, family and friends and spend time with the resident to get to know them.

They went on to inform the Healthwatch Team how they update information on residents tastes, health and care needs, if there has been any changes. They stated that any updates will be documented in the individual care plan and this will be communicated to staff at each shift handover meeting, via the Nurse in charge or the Senior on shift.

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.

When asked about the activities that are available inside of the home, the residents the Healthwatch Team spoke to were able to inform that activities they had taken part in included dominoes, bingo, ten pin bowling, cards, word searches, reading papers and one to ones with staff. One lady also explained that she enjoys knitting most days and is supported to take part in this by staff members, as she has a sight impairment. All residents agreed that it was easy to take part in the
activities and staff either reminded them when they are taking place and if needed would assist them along to the lounges etc.

When asked about the activities provided outside of the home the resident gave the following comments;

“I have been along to the local school and along to the coast, which I really enjoyed.”

“I sometimes go out in the car with my son to Shields, where we get fish and chips and ice cream. I really enjoy this.”

“I’ve been out and about to churches and been along to Seaham to see Tommy.”

The fourth resident was unable to comment as he had just moved into the home.

The residents went on to tell the Healthwatch Team that if they would like to use the garden they are able to. One resident explained when the weather is good she likes to sit in the garden and is out there all day. Another resident explained they like to see the garden from the dining room window and watch the birds, which the home feeds and look after.

During the Healthwatch visit a staff member, who showed the team round the home, introduced them to a resident who was unable to take part in the survey but did agree that they had requested to sit in the garden the day before when the weather had been warmer. She added she had really enjoyed her day.

Some of the residents explained about some of their past hobbies and interests and how they are still given the opportunity to undertake these since coming into the home. This included reading, watching TV and keeping up with the news and knitting. Other residents were unable to answer this question, this may have been due to their own individual health and capacity.

When the Healthwatch Team asked relatives what they think about activities available to residents both inside and outside the home, relatives all replied positively stating there are activities available most days which appear to be very good. One relative commented; “There was a tea dance yesterday and my mam joined in, sang all of the songs and enjoyed herself.”

When asked what encouragement is given to their relative to take part in activities, two relative respondents did not answer the question and the third stated; “Staff give her a ball, give her a pen and put sprinkles in her hand.”
When asked if their family member continues to enjoy any previous pursuits, two relatives indicated that due to their relatives own individual health or capacity they are no longer able to and one stated; “Yes they offer mini bus trips out but she is more comfortable indoors.”

When staff were asked what activities are available to residents inside the home they gave the following examples; bingo, dominoes, pamper sessions, pet therapy, crafts, visiting singers, baking, knit and natter, movie afternoons and tea dances etc.

Staff added that residents can also access activities available outside the home and the home has its own mini bus and driver. Activities mentioned included; coffee mornings at the local chapel, trips to the beach, singing for the brain at a local school and a men’s club at the local pub.

Staff explained how they encourage residents to take part in activities. They stated that support is given on an individual basis, some require support and others are independent. They added that encouragement is always given and staff join in with activities, which residents love.

The Manager stated how the residents are supported to continue to do the things they used to enjoy before coming into the home such as hobbies and interests; “A full profile is taken and residents are encouraged to do what they enjoy. If needed transport and an escort is provided. The Activities Team will try to provide time to engage with hobbies. Pets are welcome to visit at any time.”
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 asked what they think about the food at the home the majority of the residents stated that it is OK or good and one lady said she didn’t think it was as good as it used to be. They all added that there was plenty of choice at mealtimes, they are given three options to choose from and if they don’t like these options an alternative will be made. When asked by the Healthwatch Team where they ate their meals and if they enjoy mealtimes, the majority of residents stated they eat in the dining room which they enjoy as they can chat with others and one resident mentioned they often choose to eat in their bedroom.

All the relatives responded positively when asked about the quality, choice and flexibility around food and mealtimes at the home. They stated that the quality was either good or very good, as was the choice and one relative stated that they would be more than happy to eat it. They all added that they were very confident that their relative was supported to eat and drink as much as they needed and during mealtimes staff sit and chat with residents making it a sociable experience.

When asked about the choice and quality offered to residents in the home, all staff responded positively stating the food was of good quality with large portions and plenty of choice.

The Management Team informed the Healthwatch Team how they ensure the home offers both high standards in both quality and choice of food offered to residents; “Dietary preferences are sought and provided to the kitchen. The menu is set from Head Office and audits of mealtimes and the kitchen are carried out monthly along with tests of food quality.”

The Management Team and staff informed the Healthwatch Team that they ensure residents are able to eat and drink at mealtimes as well as outside mealtimes. They stated that each lounge area has a kitchenette and tea, coffee and milkshakes are always available and resident care plans will state each resident’s requirement for individual dietary and fluid intake. Staff are also available to support those who require assistance and are aware of the support each resident will require. Adapted crockery and cutlery is also available for those who require it.

When the staff and Management Team were asked what choices residents have about what and where they eat and drink, they informed that residents can choose when and where to eat and staff will support with these choices but they are encouraged to join others in the dining areas for a more sociable experience. If a
A resident is asleep at a mealtime there will be a meal available when required. At mealtimes residents are offered at least two choices and special requests are taken for those who don’t like the choices.

To ensure that mealtimes are sociable staff informed the Healthwatch Team that staff will sit with residents or sit them with friends. Conversation is encouraged and staff chat with them about their family and what they like. Residents in the upstairs area of the home also enjoy listening to the radio during mealtimes.

During the Healthwatch visit we saw residents in the upstairs dining area finishing their breakfast and enjoying cups of tea and coffee. There was a relaxed atmosphere with staff chatting with residents and visiting family members.

**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.

When asked about visits from healthcare professionals at home, the residents were able to inform the Healthwatch Team that they had recently seen an Optician and Chiropodist and one resident was new to the home so hadn’t seen anyone as yet.

The majority of the residents went on to tell the Healthwatch Team that if they needed to see a doctor, staff would arrange this and visits are either made for the Doctor to come to the home or if they go to their own GP outside the home staff would accompany them to their appointment, which was also true of any hospital appointments.

All relatives who responded to the survey stated that their family member has access to all the required health care professionals needed including the GP,
Nurses, and Podiatrist etc. One relative added that this was always addressed very promptly.

The Healthwatch Team asked staff and the Management Team about visits from health professionals at the home. They informed that the home is aligned to two GP practices and have ward rounds every two weeks. There is also a weekly podiatry visit and community liaison and care home team meetings, which occur at least once a week, Dentists visit as required, Opticians monthly and if a resident feels unwell the Nurse in charge will make the necessary appointment/visits required.

![The Pavilion's fish tank](image)

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

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

When asked if there is respect for their religion or cultural needs in the home all residents agreed that this is the case.

During the Healthwatch visit the Team witnessed a church service taking place in one of the communal areas of the home, where many of the residents were taking part.

Residents went on to tell the Healthwatch Team that they have access to a hairdresser who visits the home on a weekly basis, with many of them accessing it, the laundry service is fine and no one had any complaints with it.

None of the relative respondents stated that their relatives had any specific lifestyle, religious or cultural needs. Relatives went to inform the Healthwatch Team about the provisions for their family member to have their hair cut and styled. They all mentioned that this was available within the home and that when
needed was utilised by their relative. When asked about the laundry service available at the home and whether their relative got their own clothes back, one relative stated that it was good and they had had no problems, one said it was good most of the time and the third relative stated; “I usually do my wife’s own clothes but on occasions her laundry is done as soon as possible.” All relatives added that their family member is always clean and appropriately dressed.

Staff and the Manager informed the Healthwatch Team about the ways in which the home accommodates residents personal, cultural and lifestyle needs, this includes discussions with family, friends and the resident (and any other relevant individual), there are regular visits from church representatives who offer Holy Communion, they accommodate vegetarians with appropriate menus and the Manager added; “One resident has a DOLS (Deprivation of Liberty Safeguards) in place but goes out every day with her husband as this was her normal routine prior to coming to stay at The Pavillion.”

When asked, the Management Team informed the Healthwatch Team that the home has weekly visits from hairdressers and they have their own salon on site. They ensure that laundry staff get the residents own clothes back to them by encouraging families to put names on clothing and each resident has a box in the laundry room, however they acknowledged this can still be difficult. The home also keeps up to date resident property lists. They added that they ensure that residents are always clean and appropriately dressed by having appropriately trained staff employed, care plans are in place to inform staff of what care each resident requires to maintain personal care and what their personal preferences are and the Manager carries out regular 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 the residents were asked if they ever get asked if they are happy at the home all residents replied that they do get asked and that they are happy. Residents were also asked if there is anything they would like to change in the home, all residents replied that there wasn’t.
When the Healthwatch Team asked the residents what they would do if they ever needed to make a complaint about the home, all mentioned they would speak to the staff. Comments given included;

“There is nothing to complain about but if I did I would just tell the staff. It’s nice that people like you come in and check on me.”

“I’m happy here, touch wood but if I wasn’t I would tell the staff.”

When asked by the Healthwatch Team if they felt welcome at the home all relatives agreed that they did. They added the ways in which they and their relative could have a say in how the home is run, this included attending the resident and relative meetings or speaking with the Manager or Administration Team, whose doors are always open. All stated that should they need to make a complaint about any aspect of the home, management or the staff if they needed to, they would approach and speak with the Manager and they all felt confident that this would be dealt with appropriately.

The Management Team and staff informed of the ways the residents and their family and friends are able to have a say in how the home is run and which activities take place. They confirmed that resident and relative meetings take place monthly, adding that the Manager has an open door policy and talks to residents on a daily basis asking them if they are OK. Staff also encourage residents and visitors to give feedback and questionnaires are issued to people to complete as another way of gathering feedback.

When asked for examples of how a resident or family member has influenced how the home is run, one staff member explained that resident’s family members get involved in the homes activities and are happy to help with the likes of Christmas and Summer Fayres. During the Healthwatch visit the Healthwatch Team spoke to a visiting family member who explained they had volunteered to take part in the production of the Wizard of OZ pantomime which the home was providing.
The Manager added that she makes use of the feedback or complaints received from residents and relatives, by investigating them fully, learning from the experience as a way of improving services and this information is then shared with staff.

When asked by the Healthwatch Team if staff are able to have a say in how the home is run, staff and the Management Team informed that the home holds regular staff meetings where opinions are sought and the Manager has an open door policy.

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

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

When asked if the home is always clean and tidy, all residents stated that it is and added that the temperature of the home is kept at a comfortable temperature, with one resident explaining they can adjust the temperature in their bedroom if needed using the thermostat.

When relatives were asked if the home is kept to a suitable temperature, of those who completed the survey all agreed that it was. All relatives also agreed that the home is well decorated and well maintained, is a dementia friendly environment and is clean and tidy. Although one relative added that it could be smelly on some days.

The Healthwatch Team asked the Management Team how they ensure that a comfortable temperature is maintained in resident’s rooms and communal areas, they informed that this is done by having thermostatic controlled heating and thermometers in rooms. They added that the building and its contents are maintained by carrying out daily walkarounds, employing a full time handy man who carries out regular maintenance, a routine decorating regime and health and safety audits and inspections are in place.

To ensure the home is always hygienic and clean, the Manager added that they employ cleaning staff who follow cleaning schedules and high standards of infection control and she carries out regular inspections and audits.
When asked in what ways do you make the home a dementia friendly environment, the Management Team informed that staff are trained in Dementia Awareness, the company have introduced a catalogue of dementia appropriate furniture and RMNs (Registered Mental Health Nurses), are part of the staff team. Staff members added:

“We have lots of different dementia appropriate activities and items in the home, and different coloured toilet seats. Some of the residents love carrying dolls around with them and we have stuffed animals.”

“There are lots of appropriate activities on the units, including wall that art and reminiscence boxes and books.”
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 you 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 hygenically 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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