

## **Residents' Experiences of Care Homes during the Coronavirus (COVID-19) Pandemic**

Healthwatch Cheshire West and Healthwatch Cheshire East are the independent voice of local people, sharing their views on health and care services across Cheshire.

We have a statutory duty to carry out a programme of Enter and View activity, which gathers information from residents about how it feels to live in your Care Home. It is not possible for us to visit in person at the moment, and so we are asking you where possible to complete this questionnaire, which is being delivered to all Care Homes across Cheshire.

You can fill in the questionnaire in anonymously, and it is also available online:

<https://www.surveymonkey.co.uk/r/7FVDF2M>

We will also be asking your friends and family for their feedback in a separate questionnaire, and are encouraging staff at your Care Home to provide their comments using our online Feedback Centre:

[www.healthwatchcheshireeast.org.uk](http://www.healthwatchcheshireeast.org.uk)  
[www.healthwatchcwac.org.uk](http://www.healthwatchcwac.org.uk)

Responses to all of the questionnaires and information received on our Feedback Centre are an opportunity for us to hear the voice of the local community with the aim of improving services in the future.

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First of all, we would like to ask a few questions about your Care Home.

1) What is the name of your Care Home?

2) Is your Care Home in?

Cheshire East	<input type="checkbox"/>
Cheshire West and Chester	<input type="checkbox"/>
Outside Cheshire (please specify)	<input type="checkbox"/>

3) What is the name of the town or village where your Care Home is?

4) Do you receive nursing care at your Care Home?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

5) Do you receive dementia care at your Care Home?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

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We would like to know about what it is like living in your Care Home.

6) Do you feel safe and secure in your environment?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>

What makes you feel this way?

**7) Are you able to make your room look and feel like your own (e.g. personal items, own items of furniture)?**

Yes	
No	
Somewhat	

**Can you tell us more about this?**

**8) Does your own room feel fresh and clean?**

Yes	
No	
Sometimes	

**If no, why is this?**

**9) Do you like the food and drink that you receive?**

Yes	
No	
Sometimes	

**10) Do you feel there is enough variety?**

Yes	
No	
Sometimes	

**11) If you have any special dietary requirements (e.g. vegetarian), are these supported?**

Yes	
No	
Sometimes	

**12) Since the Coronavirus pandemic began, do you think the food has:**

Got worse	
Stayed the same	
Got better	

**13) Are you able to have extra drinks and snacks when you want them?**

Yes	
No	
Sometimes	

**14) Can you choose to have your meals in any of the following?**

	Yes	No	Sometimes	Don't know
Dining room				
Other communal room				
Own room				

**15) Is there anything else you would like to tell us about the food and drink you have in your Care Home?**

We would really like to understand more about how things have been for you over the last several months. We know that some things may not have been able to happen in the usual way.

**16) Do you feel you have been getting all the information you need about the changes that have or are taking place in your Care Home in the past several months because of the Coronavirus pandemic?**

Yes	
No	
Sometimes	

**If yes, how have you been given this information?**

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**17) Have you been able to spend time with other residents over the past few months in the same way that you used to?**

Yes	
No	
Sometimes	

**How has this been for you?**

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**18) Do you feel there have been enough activities and things for you to do?  
Below are some examples, please tick all that apply.**

	Yes	No	Sometimes
Singalongs			
Board Games			
Arts & Crafts			
Exercise classes			
Hairdressing			
Bingo			
Themed evenings			
Get Togethers with other residents			
Other (please state)			

**19) What have you enjoyed/not enjoyed doing?**

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**20) Have you been able to go outside into any of your Care Home's outdoor spaces over the past few months?**

Yes	
No	
My Care Home doesn't have any outdoor space	

**21) If no, why not?**

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**22) If yes, then have these spaces felt pleasant enough for you to enjoy?  
How have you used them?**

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**23) Over the past few months have your spiritual needs been met within your Care Home? For example, we understand some Care Homes have had visits from a local church.**

Yes	
No	
Sometimes	
Not required	

**Can you tell us more about this?**

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**We know that the pandemic has meant that you are not always able to see as much of friends and family. We would like to understand how this has been for you.**

**24) Before the pandemic, could friends and family easily travel to visit you?**

Yes	
No, it was too far or difficult to get to	
N/A	

**Can you tell us more about this?**

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**25) Over the last several months, have you been able to keep in contact with family members and/or friends?**

Yes	
No	
Sometimes	
N/A	

**If no, why not?**

**26) If yes or sometimes, how have you been keeping in touch? Please tick any that apply to you.**

Phone calls - Using your own phone	
Phone calls - Using the Care Home's phone	
Video calls (such as Facetime or Skype) - Using your own device	
Video calls (such as Facetime or Skype) - Using the Care Home's device	
Email- Using your own device	
Email- Using the Care Home's device	
Post	
Visits	
Other (please specify)	

**27) Overall, how has this been for you? Please circle from 1 to 5, with 1 being Very Poor and 5 being Excellent.**

1                      2                      3                      4                      5



**Can you tell us more about this?**

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**We would like to know about the staff in your Care Home.**

**28) Do you feel like you are being treated with dignity and respect by the staff in your Care Home?**

Yes	
No	
Sometimes	

**What makes you feel this way?**

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**We would also like to understand a bit more about how your health needs have been met during this time.**

**29) Do you know the name of the doctor's surgery that you are registered with?**

Yes	
No	

**If yes, what is the name of your registered doctor's surgery?**

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**30) During the last several months how have you found medical care and support? Please tick all that apply, where 1 is 'Very Poor' and 5 is 'Excellent'. Please choose 'N/A' if you haven't needed medical care or support.**

	1	2	3	4	5	N/A
Face-to-face						
Phone appointments						
Video appointments						

**How did you find this?**

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**31) What about other health and wellbeing services, such as Podiatry or Opticians, have you ever been offered these in your Care Home?**

Yes	
No	
Sometimes	
Not needed	

**32) Are you being offered them currently?**

Yes	
No	
Sometimes	
Not needed	

**If not, can you tell us how you are being helped with this?**

**33) Have you had to have any medical support outside of the Care Home, such as clinic appointments or hospital stays?**

Yes	
No	

**34) Did this result in you having to self-quarantine on return to your Care Home?**

Yes	
No	
Don't know	

**If yes, can you tell us more about your experience of this?**

The next couple of questions are an opportunity for you to tell us about anything else that you can think of about your experiences in your Care Home.

**35) Is there anything you would change about your Care Home?**

**36) Do you have any more comments about living at your Care Home over the past several months?**

**37) Has anyone helped you to complete this survey?**

I have completed it myself	
I was helped by Care Home staff	
I was helped by friends or family	
Other (please specify)	

## About you

Please tell us a bit more about yourself so that we can understand the range of people who are responding to our survey.

What is your age group?

16-17	
18-24	
25-49	
50-64	

65-79	
80+	
Rather not say	

Gender identity - Which of the following options best describes how you think of yourself?

Woman (including trans woman)	
Man (including trans man)	
Non-binary	

In another way	
Rather not say	

Gender identity - Is your gender identity the same as the gender you were given at birth?

Yes	
No	
Rather not say	

Which of the following options best describes how you think of yourself?

Heterosexual or straight	
Gay or Lesbian	
Bisexual	

Other sexual orientation not listed	
Don't know or unsure	
Rather not say	

What is your ethnicity?

Asian Bangladeshi	
Asian Chinese	
Asian Indian	
Asian Pakistani	
Other Asian Background	
White and Asian	
White and Black African	
White and Black Caribbean	

Other Mixed Background	
White British	
Black British	
White Irish	
Gypsy/Traveller	
Other White Background	
Other	
Prefer not to say	

**Do you consider yourself to have any of the following?**

Learning disability or difficulty	
Long-standing illness	
Mental health condition	
Physical disability	

Sensory disability	
None	
Prefer not to say	
Other	

**Many thanks for providing your feedback. We value and appreciate your opinions.**