



# Life in a Solihull Care Home: Residents' Voices and Experiences

June 2025



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## Acknowledgements

Healthwatch Solihull would like to extend our sincere gratitude to all the residents and family members who generously shared their time, experiences, and insights to make this report possible. Your voices are central to understanding what life is truly like in care homes across the borough, and your contributions have been instrumental in shaping this work.

We would also like to thank the care home staff and management teams who welcomed our visits and supported the facilitation of surveys and conversations with residents. Your co-operation enabled us to hear from individuals who may otherwise have been excluded from the process.

Special thanks go to Solihull Metropolitan Borough Council for their collaboration in organising care home visits and for their ongoing commitment to listening to and acting upon the lived experiences of older adults.

We appreciate the efforts of our partners across the voluntary and community sector who helped disseminate the survey and encouraged participation from diverse groups. Your support helped ensure that this project reflected a broad range of perspectives.

## Executive Summary

This report, led by Healthwatch Solihull, investigates the lived experiences of older adults residing in care homes across the Solihull borough. Against a backdrop of increasing demand—projected to grow by 14% over the next decade—this work amplifies the voices of residents aged 65+ and their families to understand what daily life in care homes truly feels like.

Between December 2024 and May 2025, we collected 112 survey responses from residents and family members/friends<sup>1</sup> connected to 17 care homes. We also visited ten homes in partnership with Solihull Metropolitan Borough Council to support in-person participation.

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<sup>1</sup> Family members/friends are referred to as family members throughout this document.

The findings identify clear strengths in care provision, alongside important areas for improvement. Three key themes emerged:

### **1. Kindness vs. Capacity**

Care staff are widely praised for their compassion, attentiveness, and dedication, with 90% of residents and 71% of family members expressing overall satisfaction. However, concerns remain around staffing shortages, high turnover, and reliance on agency staff, leading to inconsistent care and delays in support for basic needs. While most feel safe and well cared for, emotional well-being and continuity of care are often affected.

### **2. Freedom vs. Structure**

Most residents (84%) report enjoying some autonomy over daily routines and generally view activities and meals positively. However, only 39% of family members agree that residents have sufficient choice in daily life. Activities are appreciated but sometimes lack challenge or personalisation, particularly for those without dementia. While meal quality and flexibility are praised, concerns persist around specialist dietary needs and consistency.

### **3. Feedback vs. Follow-through**

Although 80% of residents feel their feedback is acted on, just 49% of family members agree. This discrepancy suggests a need for greater transparency and accountability in how feedback informs improvements. Residents want to feel not only heard but meaningfully involved in shaping their care.

## **Recommendations**

Across Solihull, residents and their families frequently highlight the caring and respectful environments found in many care homes. Staff are consistently commended for their compassion, day-to-day activities are viewed positively, and there is a strong sense that people's voices are heard and valued.

We did hear about the areas for improvement though, and invite Solihull Metropolitan Borough Council to address:

- Capacity challenges impacting quality and continuity of care.
- The need for more personalised routines and stimulating activities.
- Improved systems for collecting, acknowledging, and acting on feedback from residents and families.

## **Conclusion**

The report presents a valuable opportunity to reflect on what works and where targeted improvements can be made. Healthwatch Solihull remains committed to working with the Council and care providers to ensure high-quality, compassionate, and person-centred care for all residents.



# What is it like to live in a care home in Solihull?

## Introduction

Care homes across Solihull are a vital part of the borough's support network for older adults, yet behind each door lies a personal story of adapting, receiving care, and navigating daily life. This report seeks to shine a light on those stories by exploring one central question: *What is it like to live in a care home in Solihull?*

Led by Healthwatch Solihull, this investigation reflects our role as an independent voice for people who use health and social care services. We believe that listening directly to residents and their families is an essential step toward meaningful service improvement. This study captures a wide range of lived experiences, both positive and negative, from residents aged 65 and over, as well as their family members, to understand what day-to-day life in a care home truly feels like. What contributes to well-being? What causes concern? And where do opportunities for change lie?

With the older adult population in Solihull projected to grow by 14% over the next decade, faster than any other age group in the borough (Solihull Metropolitan Borough Council, 2022), the demand for high-quality, person-centred care is increasing. In Solihull, the care landscape is generally positive, with 18 of the 22 homes we received feedback on accounting for two thirds of the homes in Solihull rated as good or outstanding by the Care Quality Commission. National and local evidence points to variability in care quality, staffing pressures, and financial constraints that continue to shape the resident experience. Healthwatch England (2018) found that while some care homes deliver joined-up, person-centred support that empowers residents to live fulfilling lives, others fall short of this standard. Meanwhile, the Care Quality Commission (2023) and Solihull providers have raised concerns around budget constraints, staffing shortages, and the lingering impact of the COVID-19 pandemic (CQC, 2023; Solihull Metropolitan Borough Council, 2022).

These challenges, and the aspirations of those living in care, underscore the importance of hearing directly from those most affected.

Through visits to care homes, conversations with residents and families, and the collection of online survey responses, this project created a platform for these voices to be heard. The insights gathered form the basis of this report, which will be shared with care home providers and Solihull Metropolitan Borough Council's Adult Social Care team. Our goal is to celebrate what is working well, highlight areas for improvement, and support joint efforts to strengthen care home services across the borough.

We are pleased to include the commissioner's formal response to this report, which outlines their reflections and planned actions (see Council Response section below). Healthwatch Solihull is committed to working collaboratively with Solihull Council and local care providers to ensure that the findings are used to drive meaningful change. We will continue to monitor progress and support ongoing efforts to enhance the daily lives of care home residents in line with the borough's ambitions for compassionate, inclusive and high-quality care. To ensure accountability and sustained improvement, we will monitor the implementation of actions and publish a follow-up report in due course.

## Methods

Between December 2024 and May 2025, we gathered feedback about care home services in Solihull through an online questionnaire. This was promoted via social media platforms (Facebook, Nextdoor, Bluesky and Instagram) and distributed through a range of stakeholders, including voluntary and community sector organisations. We also partnered with Solihull Metropolitan Borough Council to visit ten care homes, where we supported residents to complete this survey in person.

This report draws on 112 survey responses, offering insights into the experiences of people connected to 17 care homes across the borough. Of these respondents, 56 (50%) were care home residents aged 65 or over, and 56 (50%) were family members of someone aged 65 or over currently living in a Solihull care home. A breakdown of respondent demographics is included in Appendix A.

The findings from this report have been shared with Solihull Metropolitan Borough Council to support ongoing improvements in care home services.

## Findings

Care homes across Solihull are described by residents and families as places where kindness, respect, and safety are often central to everyday life. Staff are widely praised, activities are generally well received, and most people feel listened to. Feedback, however, was mixed across and within care homes; with some residents offering very positive views and others in the same home expressing concerns. No care home received only negative feedback, suggesting that residents' experiences can vary significantly, perhaps reflecting their differing needs and expectations. There is room for improvement in how care homes manage staff continuity, engage residents with more stimulating activities, and communicate the impact of resident feedback. With stronger follow-through and more consistent personalisation, homes can make daily life even more fulfilling for those who live there.

The sections that follow explore these experiences in more detail, highlighting both the positive feedback and the areas where residents and their families told us change is needed. Their views, supported by survey data and direct quotes, offer a clear picture of daily life in Solihull care homes.



A full breakdown of the quantitative responses for each theme is available in Appendix B, with tables referenced by section.

## 1. Kindness vs. Capacity

This theme explores the balance between the warmth and compassion provided by staff and the constraints caused by staffing shortages, turnover, and resource limitations.

### Overall Satisfaction and Wellbeing

Most residents (N=50, 90%) and a majority of family members (N=40, 71%) reported being happy with the care home overall (see Table B1). Residents often described kind and caring staff, with one saying it was “the people that make it for me — they are so caring I can’t fault them.” Although many family members echoed this positivity, their responses were more mixed, potentially because they were reporting on a wider range of homes or felt freer to share concerns.

Still, several residents mentioned emotional challenges, including a sense of lost independence or limited contact with loved ones. One resident noted, “I like it here, but I’m missing my freedom,” while another shared, “I miss my family and don’t see them as often as I’d like.”

### Staff Kindness and Attentiveness

Feedback about staff was overwhelmingly positive, with descriptors such as ‘kind’, ‘helpful’, and ‘go above and beyond’ appearing frequently. Among residents, 51 (91%) said staff understood their individual care needs, and 38 (69%) family members agreed (see Table B2). One person described how “staff are very in tune with each resident and clearly have built a beautiful relationship... they are like family.”

However, staffing shortages and turnover were commonly mentioned concerns. Two residents described situations where they were left waiting for help — one said they had “waited two hours to go to the bathroom,” while another recalled being “left in the toilet for half an hour.” Concerns also emerged about continuity of care, with family members noting that high turnover and the use of agency staff sometimes made it harder to meet residents’ needs consistently.

***“With longevity, care staff get to know clients, but this takes time and opportunity... some staff change frequently and don’t have the ability to banter with these clients.” - Family member***

### Health Care and Support

Many residents (N=51, 91%) and families (N=42, 76%) were satisfied with how health needs were managed (see Table B3). Residents described staff as responsive and proactive — one family member shared that when their mother fell, “The manager didn’t just take her word for it. It turned out she had broken her hip, and they were amazing.”

Nevertheless, one family described returning from holiday to find their loved one hospitalised with sepsis, saying that “nobody noticed” his deterioration. Others questioned the frequency of nurse check-ins, or the encouragement offered to help residents stay mobile, with one stating, “He’s slowly going downhill because they aren’t keeping him more active.”



## Feeling Safe

A strong majority of residents (N=52, 93%) and families (N=44, 80%) felt that care homes were safe (see Table B4). Residents described their environments as 'safe', 'clean', and 'comfortable'. Communication was also a strength – families felt reassured knowing that they would be contacted immediately if anything changed.

However, 17(30%) family members highlighted slower response times to alarms and a lack of basic care due to staff availability. For example, one said, "Clients call out for help and wait a significant time... My relative is frequently thirsty." Another resident remarked, "The response times to alarms could be improved. I know it's not always an emergency, but I've been in the room and seen them talking in the corridor while an alarm is going off." These comments raise concerns not only about delayed responses, but also about staff attentiveness and prioritisation during routine care.

## 2. Freedom vs. Structure

This section explores how residents experience daily routines, personal autonomy, and meaningful engagement – and how care homes balance structure with individual choice.

### Independence and Engagement

#### Access to Appointments

Most residents (N=44, 79%) felt well supported in accessing medical appointments (see Table B5). Families were slightly less confident, with 37 (67%) reporting positively. Some described staff as proactive and well-organised, with carers arranging appointments and even accompanying residents when needed. "Doctors visit each Wednesday," said one family member, another shared: "Within a couple of weeks of being admitted, tests had been completed."

One family, however, described delays and miscommunication, noting that "depending on who you ask, you get a different answer" they also expressed concerns about procedures not being clearly explained.

#### Daily Routine and Choice

When asked about their ability to choose how to spend their day, 47 (84%) residents said they could decide their routine always or very often (see Table B6). Residents used words like 'encouraging' and 'understanding' to describe staff attitudes, with one saying, "They encourage me to get out and about for walks and things."

However, 5 family members questioned whether staff took enough time to engage residents in decision-making. "He doesn't want to get up, and they don't make him," said one. "But I do wonder if they encourage him to."

### Food and Mealtimes

Most residents (N=50, 89%) and family members (N=49, 89%) were positive about the variety of meal choices available in care homes (see Table B7). Many described meals as flexible and responsive to individual needs. One family member shared, "They provide anything the residents want. If she doesn't want what she's brought, they'll make her something else. They'll even do breakfast at different times." Another told us, "Food is excellent, together with different choices... separate food is always prepared if someone has trouble eating." This level of adaptability appeared to contribute positively to daily life, with one resident simply noting, "There's no problems with the food at all. I always look forward to the meals."





Similarly, the quality of food received a high level of satisfaction, with 50 (89%) residents and 47 (85%) family members giving positive responses (see Table B8). However, a small number of respondents raised concerns — often focused on consistency, specialist dietary needs, or how meals were sourced and delivered. One resident commented that, “I like the food, but it’s gotten worse recently... they don’t talk to the residents, so we can’t communicate things to them.” Another described difficulty in getting alternatives: “I’ve asked for different options because of my dental work, and they haven’t bothered.” One family member highlighted broader concerns with the catering arrangements, saying, “There is a lack of appropriately trained catering staff... poor quality ingredients cannot be transformed into nutritious, appetising meals.”

These mixed experiences suggest that while most residents enjoy their meals and feel well supported around food choices, there remains a need for some homes to improve responsiveness to dietary requirements and ensure greater consistency in food quality and communication.

## **Respecting Identity and Culture**

### **Religious Needs**

Twenty-two (76%) residents who expressed religious needs told us that they were met by the home, either through church visits to the home or opportunities to attend services (see Table B9). “They have a church service in the lounge,” said one resident, “and I enjoy taking part in that.” Twenty-five (45%) residents answered not applicable as they did not have any religious needs that the home should be attempting to meet.

Still, others reported that there was no clear system to support religious practices. One family member explained that they had to ask staff to put on a YouTube church service for their aunt and were unsure if it ever happened.

### **Cultural Identity**

Most residents (N= 35, 63%) and family members (N=32, 58%) felt their cultural backgrounds were respected (see Table B10). Positive examples included staff chatting about shared heritage, accommodating food traditions, and using music to reflect personal history. One resident was pleased that staff talked about life in Ireland and made sure not to serve meat on Fridays unless requested.

Neutral or negative responses were often linked to a lack of engagement, with 3 families feeling that staff did not take the time to understand residents' interests or histories: "I don't feel like they're really enabling him to engage."

## Activities and Stimulation

### Variety and Quality of Activities

Variety of activities was positively rated by most residents (N=47, 84%) and families (N=47, 85%) (see Table B11). Homes offered board games, bingo, painting, karaoke, and outings. One resident said, "There are lots of different things to do every day. I look forward to this when I get up."

However, eight residents found the activities too simplistic. Residents without dementia sometimes felt overlooked, saying the activities were 'not challenging enough' or 'not active enough'. One noted, "They don't really cater to me."

The quality of activities was rated highly by 45 (81%) residents, but feedback highlighted the importance of tailoring activities to residents' abilities and interests (see Table B12). Nine people, including residents and family members said they felt staff lacked time to support them beyond essential care, limiting how much they could participate.

## 3. Feedback vs. Follow-through

This final theme looks at how residents and families experience being listened to – and whether they feel their feedback leads to change.

### Involvement in Care Decisions

Most residents (N=43, 77%) felt involved in decisions about their care (see Table B13). Some appreciated that they could attend meetings and voice their opinions. One explained, "They hold meetings... but I'm content, so I haven't needed to speak up."

However, others expressed doubts about whether feedback was taken seriously, with comments that "nothing seems to be done as a result."

### Acting on Feedback

Forty-five (80%) residents and 27 (49%) families felt feedback was taken on board (see Table B14). Positive examples included residents seeing changes made in response to requests and care being tailored to individual preferences. "They don't hesitate," said one resident. "If I say I want something changed... it gets sorted quickly."

However, one family member noted, "The answers often given were what you wanted to hear but not often acted upon."





## Issues Requiring Council Action

Across Solihull, residents and their families frequently highlight the caring and respectful environments found in many care homes. Staff are consistently commended for their compassion, day-to-day activities are viewed positively, and there is a strong sense that people's voices are heard and valued.

This report highlights several aspects of daily life in Solihull care homes where improvements are needed. Based on the three core themes explored in the findings — Kindness vs. Capacity, Freedom vs. Structure, and Feedback vs. Follow-through — we invite Solihull Metropolitan Borough Council to review the following areas and outline in their response how they intend to act upon them to drive improvement:

### 1. **Ensuring Care is Not Compromised by Capacity Constraints**

While staff are consistently praised for their kindness and attentiveness, significant concerns were raised regarding the impact of staffing shortages, turnover, and the reliance on agency workers. These issues affect residents' ability to receive prompt care and build consistent, trusting relationships with staff. Delays in support — including help with basic needs — and reduced continuity in care delivery were frequently noted.

The council is invited to consider what actions it will take to address the capacity challenges that undermine otherwise compassionate care.

### 2. **Balancing Structure with Personal Freedom and Stimulating Engagement**

Residents generally appreciated having some control over their daily routines and enjoyed the range of activities offered. However, responses from family members suggest this sense of autonomy may not be universal. Family members questioned whether staff had the time or resource to consistently encourage residents' independence or offer truly person-centred activities. Some residents felt that activities lacked challenge or variety, particularly for those without dementia.

The council is asked to reflect on how it will support care homes to strike a better balance between routine and personalised freedom, ensuring every resident can lead a stimulating and self-directed daily life.

### 3. **Improving the Visibility and Impact of Feedback**

Residents and family members shared mixed views about whether their feedback led to meaningful change. While many felt listened to, there was uncertainty about whether their concerns or suggestions resulted in improvements. This gap between being heard and seeing action risks eroding trust and reducing engagement in care decisions.

The council is asked to consider how it will work with care homes to improve transparency and accountability in how feedback is used, ensuring that residents and families feel genuinely empowered and co-producers in shaping their care experience.

## Conclusion

This report has sought to share the voices of care home residents and their families, shedding light on the realities of daily life in Solihull's care homes. While many shared positive experiences of compassionate care, safety, and engagement, the findings also reveal clear areas where improvement is needed to ensure every resident can thrive. Notably, differing views between residents and their families highlight a need for deeper understanding to ensure feedback truly reflects lived experience.

As demand for care continues to grow, it is vital that services evolve in step with the needs and expectations of those who use them. The feedback gathered here provides a valuable foundation for reflection, learning, and action. We welcome the Council's response and encourage all stakeholders to work collaboratively to address the issues raised.

Healthwatch Solihull remains committed to supporting these efforts and will continue to champion the voices of residents and families as we work together to ensure that care homes across the borough offer high-quality, dignified, and person-centred support for all.



## Council response

### Kindness and Capacity

Solihull Council welcomes and values the recognition of the compassion and dedication consistently demonstrated by staff within local care homes. Their kindness plays an essential role in promoting the dignity, wellbeing, and comfort of residents.

We fully acknowledge the ongoing national challenges facing the care sector in relation to workforce capacity, recruitment, and retention. In response, the Council launched the Great Care, Great Careers Workforce Strategy 2022–27, a long-term commitment to building a resilient and supported care workforce. Through this, we have introduced a range of initiatives including collaborative recruitment events with providers, access to staff discounts and wellbeing benefits, an expanded training offer, and the development of student placements for therapists—all designed to enhance the quality of care across the borough.

To ensure safe staffing levels and care continuity, our Adult Social Care Quality Team maintains robust oversight of local providers. This includes regular quality monitoring visits and assessments using providers' Dependency Tools, which determine staffing needs based on residents' individual care profiles. Where concerns arise, and in response to the specific findings highlighted in this report, we are committed to continuing to work closely with providers to co-develop and implement tailored improvement plans and ensure timely follow-up. We will use the insights and learning from this report as part of continuous improvement approach as we work with providers.

We recognise that residents and families may prefer continuity through a designated care worker. While we understand and value this preference, it is not always achievable due to fluctuating care demands and staffing realities. That said, any concerns relating to delayed care are taken seriously and are followed up promptly with providers to ensure timely and appropriate support for residents.

We also monitor workforce stability by reviewing agency usage and staff turnover. Where patterns suggest possible risk to care quality, we engage directly with providers to understand the underlying issues and agree next steps, including any required improvement actions. Following this report, the Council will continue follow up with the specific providers where issues have been identified to develop improvement actions where these are not already in place. Quality and Contractor officers will continue to focus on the quality-of-care delivery in their oversight activities.

### Balancing Freedom and Structure

It is heartening to note that over 80% of residents reported satisfaction with the choices available to them within their care home. While 39% of family members expressed concerns about limited choice, this feedback was distributed across a number of homes—many of which also received positive responses—reflecting the nuanced and highly individual nature of care experiences.

The Council sets clear expectations for all care providers to adopt a person-centred approach to support each resident's individuality, preferences, and wellbeing. This includes offering opportunities that reflect residents' interests while balancing operational feasibility and the evolving needs of each person. While not every activity can be universally accessible, homes are expected to facilitate meaningful engagement that honours residents' choices. Through our market engagement we will work with providers on the outcomes of this report and facilitate a sharing of best practice to seek improvements in choices.

We also ask providers to be mindful of preferences regarding group settings, especially for residents living with dementia. One-to-one alternatives or smaller group formats should be considered as appropriate and necessary.

Mealtimes are central to both physical health and emotional wellbeing. All care homes are expected to provide balanced, nutritious meals that respect dietary requirements and personal preferences.

Where services fall short of these expectations, and where concerns have been echoed in this report, we engage providers directly and agree on clear, monitored actions to improve. Through regular forums and bulletins, our commissioners share learning and best practice to support continuous improvement and the delivery of high-quality, personalised care.

## Listening and Responding

Solihull Council remains committed to supporting care homes to strengthen their engagement with residents and families. The Council's commitment to hearing the voices of people we support and working with them to improve services is set out in our Get Involved approach. Meaningful, two-way communication is key to ensuring services remain responsive, person-centred, and reflective of people's lived experiences.

We will continue to monitor how providers capture and respond to feedback, and we will take forward specific themes from this report to inform improvements in engagement practice across the sector. Where there is insufficient evidence that feedback is being acted upon, we will work with providers to address this and raise standards accordingly.

Many of the issues highlighted in this report had already been identified through our routine engagement with care homes, and actions have been taken to address them. In addition, we will provide feedback to all care homes included in the report and track how they respond to the findings in collaboration with our contract management and quality assurance teams.

## About Us

Healthwatch Solihull is the independent champion for health and social care services. We exist to ensure people are at the heart of care. We provide patients and the public with ways to feedback and have a stronger say about the services they use. We listen to what people like about services, and what could be improved. This could be about general practices, hospitals, dentists, opticians, pharmacists, nursing and residential homes or care you receive in the community. We have the power to ensure that those organisations that design, run or regulate NHS and social care, listen to people's views and act on them. People's experiences prompt and lead our activities and investigations, with our reports focusing on improving services. We also encourage services to involve patients and the public in decisions that affect them. Through our Information and Signposting Line, Healthwatch Solihull also helps people find out the information they need about services in their area. People sharing their experiences can make a big difference. We aim to help make health and care services better for patients, their families, and their community.

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## Appendix A – Respondent demographics

**Table A1. Residents' age**

Answer Choice	Percentage	Total
65 – 69 years	4%	4
70 – 74 years	4%	5
75 – 79 years	14%	16
80 – 84 years	17%	19
85 – 89 years	12%	13
90+ years	41%	46
Prefer not to say	8%	9

**Table A2. Residents' gender**

Answer choice	Percentage	Total
Man	58%	65
Woman	37%	41
Non-binary	1%	1
Prefer not to say	4%	5

**Table A3. Residents' sexual orientation**

Answer Choice	Percentage	Total
Asexual	2%	2
Bisexual	3%	3
Gay man	0%	0
Heterosexual/Straight	79%	88
Lesbian/Gay woman	0%	0
Prefer not to say/Unknown	14%	16
Prefer to self-describe	3%	3



**Table A4. Residents' marital status**

Answer Choice	Percentage	Total
Divorced/dissolved civil partnership	14%	16
In civil partnership	2%	2
Married	13%	15
Separated	3%	3
Single	11%	12
Widowed/surviving partner from civil partnership	46%	51
Other	7%	8
Prefer not to say	4%	5

**Table A5. Residents' religion**

Answer Choice	Percentage	Total
Buddhist	0%	0
Jewish	0%	0
Christian	61%	68
Muslim	0%	0
Hindu	0%	0
Sikh	0%	0
None	30%	34
Prefer not to say	7%	8
Other	2%	2

**Table A6. Residents' ethnicity**

Answer Choice	Percentage	Total
White: British/English/Northern Irish/Scottish/Welsh	89%	100
White: Irish	4%	4
White: Any other White background	1%	1
Black/Black British: Caribbean	1%	1
Arab	0%	0
Asian/Asian British: Bangladeshi	0%	0
Asian/Asian British: Chinese	0%	0
Asian/Asian British: Indian	0%	0
Asian/Asian British: Pakistani	0%	0
Asian/Asian British: Any other Asian/Asian British background	0%	0
Black/Black British: African	0%	0
Black/Black British: Any other Black/Black British background	0%	0
Mixed/multiple ethnic groups: Asian and White	0%	0
Mixed/multiple ethnic groups: Black African and White	0%	0
Mixed/multiple ethnic groups: Black Caribbean and White	0%	0
Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background	0%	0
White: Gypsy, Traveller or Irish Traveller	0%	0
White: Roma	0%	0
Prefer not to say	5%	6

**Table A7. Residents' disabilities**

Answer Choice	Percentage	Total
Learning disability or difficulties	3%	3
Long term condition	27%	30
Mental health condition	29%	32
No	13%	14
Other	8%	9
Physical or mobility impairment	70%	78
Sensory impairment	27%	30
Prefer not to say	1%	1

**Table A8. Residents' long-term conditions**

Answer Choice	Percentage	Total
Asthma, COPD or respiratory condition	29%	32
Blindness or severe visual impairment	12%	13
Cancer	5%	6
Cardiovascular condition (including stroke)	17%	19
Chronic kidney disease	6%	7
Deafness or severe hearing impairment	19%	21
Dementia	41%	46
Diabetes	8%	9
Epilepsy	0%	0
Hypertension	21%	24
Learning disability	0%	0
Mental health condition	9%	10
Musculoskeletal condition	14%	16
No	11%	12
Prefer not to say	1%	1
Other	16%	18

## Appendix B – Survey Response Tables

**Table B1. Overall Satisfaction and Wellbeing**

Respondent type	Positive	Neutral	Negative
Resident [Q3]	50 (90%)	3 (5%)	3 (5%)
Family/Friend [Q23]	40 (71%)	7 (13%)	9 (16%)

**Table B2. Staff Kindness and Attentiveness**

Respondent Type	Positive	Neutral	Negative
Resident [Q5]	51 (91%)	2 (4%)	3 (5%)
Family/Friend [Q25]	38 (69%)	9 (16%)	8 (15%)

**Table B3. Health Care and Support**

Respondent Type	Positive	Neutral	Negative
Resident Q11	51 (91%)	1 (2%)	3 (5%)
Family/Friend Q31	42 (76%)	7 (13%)	6 (11%)

1 resident (2%) answered prefer not to say

**Table B4. Feeling Safe**

Respondent Type	Positive	Neutral	Negative
Resident [Q4]	52 (93%)	3 (5%)	1(2%)
Family/Friend [Q24]	44 (80%)	7 (13%)	4 (7%)

**Table B5. Access to Appointments**

Respondent Type	Positive	Neutral	Negative
Resident [Q12]	44 (79%)	8 (14%)	0 (0%)
Family/Friend [Q32] *	37 (67%)	7 (13%)	9 (16%)

Prefer not to say – Residents (N=4, 7%); Family members/friends (N=2, 4%)

**Table B6. Daily Routine and Choice**

Respondent Type	Always/Very often	Sometimes	Rarely/ Never
Resident [Q6]	47 (84%)	6 (11%)	2 (4%)
Family/Friend [Q26]	22 (39%)	10 (18%)	12 (22%)

Not applicable – Resident (N=1, 1%); Family member (N=11, 21%). Prefer not to say – Resident (N=1, 1%); Family members (N=0, 0%).



**Table B7. Variety of Meal Choices**

Respondent Type	Positive	Negative
Resident [Q13]	50 (89%)	6 (11%)
Family/Friend [Q33] *	49 (89%)	5 (9%)

\*1 family member/friend (2%) answered prefer not to say

**Table B8. Quality of Meal Choices**

Respondent Type	Positive	Negative
Resident [Q14]	50 (89%)	6 (11%)
Family/Friend [Q34] *	47 (85%)	7 (13%)

\*1 family member/friend (2%) answered prefer not to say

**Table B9. Religious Needs**

Respondent Type	Positive	Neutral	Negative
Resident [Q7] *	22 (39%)	3 (5%)	4 (7%)
Family/Friend [Q27] *	20 (36%)	10 (18%)	5 (9%)

\*25 residents (45%) answered not applicable due to not being religious and 2 (4%) selected prefer not to say

\*19 family members (35%) answered not applicable due to their family/friend not being religious and 1 (2%) selected prefer not to say

**Table B10. Cultural Identity**

Respondent Type	Positive	Neutral	Negative
Resident [Q8]	35 (63%)	17 (30%)	4 (7%)
Family/Friend [Q28]	32 (58%)	16 (29%)	7 (13%)

**Table B11. Variety of Activities**

Respondent Type	Positive	Negative
Resident [Q15] *	47 (84%)	4 (7%)
Family/Friend [Q35]	47 (85%)	8 (15%)

5 residents (9%) answered prefer not to say

**Table B12. Quality of Activities**

Respondent Type	Positive	Negative
Resident [Q16] *	45 (81%)	3 (5%)
Family/Friend [Q36] *	42 (76%)	8 (15%)

\*8 residents (14%) answered prefer not to say

\*5 family members (9%) answered prefer not to say

**Table B13. Involvement in Care Decisions**

Respondent Type	Positive	Neutral	Negative
Resident [Q17]	43 (77%)	8 (14%)	4 (7%)
Family/Friend [Q37] *	13 (24%)	8 (15%)	8 (15%)

\*25 family members/friends (45%) answered not applicable due to their loved one not being capable of involvement, 1 (1%) answered prefer not to say

**Table B14. Acting on Feedback**

Respondent Type	Positive	Neutral	Negative
Resident [Q18] *	45 (80%)	6 (11%)	3 (5%)
Family/Friend [Q39] *	27 (49%)	11 (20%)	7 (13%)

\*2 Residents (4%) answered prefer not to say

\*10 family members/friends (18%) answered not applicable



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