

## Healthwatch Kent Report : Care Home Series

### Ashminster, Ashford

May 2018

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Across the country, Independent Age has been working with Healthwatch to explore what people are looking for when choosing a care home.

They have identified 10 key indicators that they feel make a good Care Home. For example, they highlight important areas of dignity and choice such as residents being able to continue their hobbies and have an input into the running of the home.

Many Healthwatches already use the Independent Age indicators when visiting Care Homes and we have decided to adopt this approach here in Kent.

We have visited 24 Care Homes in total in recent months, two per District. It was important to us that we visited a range of homes from every area in Kent. Although we selected them at random we did check with the Care Quality Commission, Kent County Council and the seven Kent Clinical Commissioning Groups to ensure we didn't clash with any visits they already had planned.

This report summarises the findings from our visit. We have of course shared our findings with the Care Home but also the Care Quality Commission, Kent County Council and the Clinical Commissioning Groups as each of them have a role to play in inspecting and commissioning care homes in Kent.

We will be following up with each home to check their progress against our recommendations and will publish an Impact report to highlight their improvements.

If you have an experience of a Care Home in Kent that you wish to share with us (good or bad) do get in touch. Call our freephone Helpline on 0808 801 0102 or complete a feedback form on our website [www.healthwatchkent.co.uk](http://www.healthwatchkent.co.uk)

Steve Inett

Chief Executive, Healthwatch Kent

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## What were we trying to achieve?

Using the 10 key indicators, as set out by Independent Age, we wanted to talk to Care Home residents, families and staff about their experiences of living and working in the home.

## How did we go about it?

We visited Ashminster House, Ashford on 9<sup>th</sup> January 2018. **Our trained authorised visitors were Theresa Oliver and Pat Still.** During our visit we talked to 11 residents, six families, one staff member and the Care Home manager.

A good care home should.....

1. Have a registered manager in post.
  2. Have a stable workforce
  3. Have staff who have the right skills to do their jobs.
  4. Have enough staff on duty during the day and night
  5. Be clear about how they will be able to meet residents' needs both now and, in the future,
  6. Offer meaningful activity and enjoyment to suit all tastes
  7. Enable residents to see a GP or other health professionals like a dentist, optician or chiropodist, whenever they need to
  8. Accommodate your cultural and lifestyle needs
  9. Show that they're always looking to improve
  10. Provide nutritious food, plenty of fluids and a pleasant environment for meals
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## Overview: What did we find?

### The home

- Is positioned just outside of Ashford
- Is a modern, purpose-built facility
- has 56 rooms, 55 with en-suite WC and 2 shared rooms
- has a separate dining room and lounge areas where tea and coffee making facilities are available
- has modern decoration, and is free from clutter
- has local amenities close by with shops and bus services
- is owned by Barchester Care Ltd
- has bedrooms on the ground and first floor, which is serviced by a lift
- accommodates for older people and those with dementia
- has well stocked landscaped gardens to the front and rear, which residents are encouraged to assist in and an enclosed patio area

The home had their last CQC inspection on 9<sup>th</sup> September 2017. The overall rating was 'Requires Improvement' in areas of safety, effective, responsive and being well-led and Good for caring, Please click on the link to access the latest report: [https://www.cqc.org.uk/sites/default/files/new\\_reports/INS2-2473707130.pdf](https://www.cqc.org.uk/sites/default/files/new_reports/INS2-2473707130.pdf)

### A good care home should...

1. **Have a registered manager in post.** The registered manager is the most important staff member in a care home - and the one responsible for ensuring quality standards and residents' needs are met. They should be visible within the care home, provide good leadership to staff, have relevant experience of the health and care system and qualifications to help them do their job.

Four of the five **family** members we heard from, knew the manager who was new and described her as *“friendly and helpful”*. Some had attended her introduction evening.

Of the 11 **residents** we heard from they were either not able to answer or wrongly identified a senior member of staff as the manager, describing them as *“lovely”* and *“very kind”*.

**Staff** felt that the manager was *“easy to talk to”*, had an *“open door policy”* and was *“quick to sort out any problems or issues”*



Based on what we heard, the home meets the indicator with no reservations

2. **Have a stable workforce.** Care homes with knowledgeable, experienced staff who get to know residents can make the difference between an institution and a home. Where turnover of staff is very high, these qualities can be lost. It may also be a sign that staff are not happy working in the home.

Two **family** members expressed concern about staff leaving and not being replaced.



Based on what we heard, the home meets the indicator with some reservations

3. **Have staff who have the right skills to do their jobs.** Well-informed, skilled staff who are valued and developed as employees are vital to a smooth-running care home. All care homes should have a clear, comprehensive training scheme to ensure staff have the knowledge they need.

Three of the **families** thought that the staff have the relevant skills but not enough time, especially when short staffed, to have a chat, although one person said *“the staff in Rose Court are superb. they work hard and show genuine compassion”* and *“they make time to chat about the past and any care needs”*. Two family members thought that staff didn’t know enough about their relatives past, but all thought they understood their relative’s personality. One suggestion was that there could be photos of the person when younger and examples of what they liked doing as a basis for conversation with staff.

Six of the **residents** felt that the staff would have time to chat but *“not long as usually too busy”*, although eight of the residents described the staff as *“very caring”*, *“very pleasant”*, *“lovely”* and *“brilliant”*. One resident in Windmill Lodge, described them as *“a bit rough and rushing about”*.

Two residents felt they were left a long time on their own which was making one of them feel depressed.

**Staff** felt that on the residential unit they had time to chat to residents, but other units were very busy. They were encouraged to develop their skills through training and experience in different departments.

The **manager** informed us that Barchester run a comprehensive training programme. Care plans are updated monthly or as needed and any issues discussed at handover times.



Based on what we heard, the home meets the indicator with some reservations.

- 4. Have enough staff on duty during the day and night.** Many homes have a lower proportion of staff on during the night, but if the ratio falls too low - at any time of day - response times can be too slow.

We were told that they generally don't use agency staff and cover where needed by bringing permanent staff in which has the advantage of continuity and a knowledge about the residents but does put added pressure on the existing staff.

**One resident** said *“staff are very good but don't get time to chat”* another said *“they don't stop for long because they are so busy”*

**One family** thought that staff had left but not been replaced and felt that *“remaining staff are not able to do the extra work”*. Another **family** mentioned that due to long response time to the call bell when short staffed their relative *“was incontinent”*



Based on what we heard, there is not sufficient evidence to judge that the home is meeting the indicator, or the picture is very mixed

5. **Be clear about how they will be able to meet residents' needs both now and in the future.** Many residents will develop more care needs as they get older - particularly if they have a condition like dementia. It is vital that homes can spot changes to their health and respond appropriately - consulting other health professionals where necessary - in order to provide the right level of care and prevent residents from having to move again.

Four **family** members thought that the staff responded to changing needs of their relative, but two of them mentioned staff being busy and not always noticing changes in their relative. One family member said: *"We work as team, sometimes I spot a change, other times staff do"*. One family wanted to be informed when medication or their regime was changed but that was not always the case.

**Staff** said that care plans were regularly updated, and any changing needs identified at handover times.

**Staff and the manager** told us about the Daily Resident Session. This is where one resident each day is looked at in more depth to see if anything needs changing or to be aware of.

One **resident** told us the staff are *"very caring"* and another said *"If you have any worries the staff will help you to talk about it"*



Based on what we heard, the home meets the indicator with some reservations.

6. **Offer meaningful activity and enjoyment to suit all tastes.** Care homes should not be boring places - they should offer an interesting range of activities and entertainment that match the tastes and references of their residents, including individual activities. Homes should take steps to stop residents from becoming isolated or lonely while respecting their privacy and choice.

The **manager** told us that they have a minibus which takes residents out in the summer months. They have been to the garden centre and other local places and use the garden.

The weekly activity list is available in rooms although one **family** did say that it was often out of date. The one we saw was in date. Different activities were provided for different units according to resident's ability and included 1:1 listening to favourite songs on the iPad, music therapy, beauty therapies, coffee mornings, cheese and wine, chess, quizzes and the hairdresser comes in once a week.

**Staff** encourage residents to participate in activities if possible

Three **families** felt that their relative was *"too frail to take part in activities"*

One family thought that there wasn't *"much going on"* for their relative if they were in bed. One family suggested it would be good to know what their relative had done so that they could discuss it with them.

One **resident** said as they don't get out of bed they *"don't have any activities"*

Two **residents** used to be very keen on sport but have mobility issues. They talked about possibility of doing table sports. One resident goes out bowling with staff and another resident said she *"joins in with everything"*. Another resident said: *"They don't force you if you don't want to join in"*. One resident felt that as they had a disability they could not join in with activities



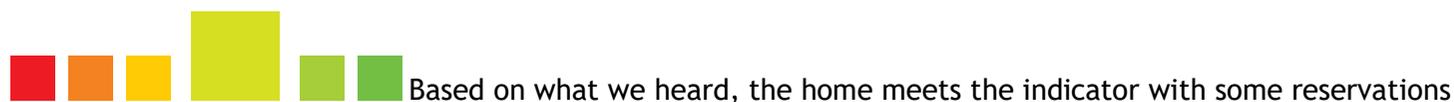
Based on what we heard, the home meets the indicator with some minor reservations

**7. Enable residents to see a GP or other health professionals like a dentist, optician or chiropodist, whenever they need to.**

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. Care homes should be able to explain the relationship they have with their local NHS services - does a GP visit regularly? Can they call a GP out in an emergency? How easy is it for residents to see a dentist, optician, chiropodist or physiotherapist, either for a check-up or in an emergency?

Four **families** were aware of the optician service but that it was as needed, not preventative. Two thought that they would have to arrange dentist and optician themselves. A GP visits regularly and knows residents needs if called out urgently. One family member thought that their relative saw the dentist and optician regularly and said a “*good service provided*” One family member said that their relative hadn’t seen a dentist since they had been there, and still has their own teeth and glasses to read.

Five **residents** didn’t know if they had seen an optician or dentist, but **staff** did inform us that both optician and dentist visited.

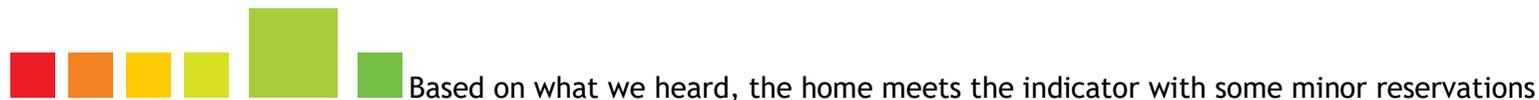


**8. Accommodate your cultural and lifestyle needs.** Care homes should be set up to meet your cultural and lifestyle needs as well as your care needs and shouldn’t make you feel uncomfortable if you do things differently to other residents. They should also be proactive in finding out what your needs are, so that they can accommodate them.

Three **families** said their relative did not have any specific cultural, religious needs. One said they arrange transport for their relative to go to church and another said their relative joined in the monthly service held in the home. One family said that their relative’s cultural, religious needs were met.

One family member was concerned that their relative wasn’t able to join in the activities because of their mobility and sensory needs. This was causing them to become socially isolated within the home. The family found it difficult to arrange transport for the relative to an outside club that they previously attended and they were not able to use Ashminster’s transport.

The **manager** said they find out about any special needs or cultural requirements in the initial pre-assessment and would adapt accordingly. For example, they provided an iPad for an Irish lady who liked to look at the church services from Ireland.



9. Show that they're always looking to improve. You should be able to find out what current residents, their families and friends think about the home. The care home should be happy to help you do this - for example, by putting you in touch with a residents and relatives group or allowing you to speak to residents and visitors in private. They should also have support in place for people who wish to make a complaint any time, and there should be a healthy culture of challenge and feedback between residents, relatives and staff

The **manager** gave out surveys to families and staff before our visit and allowed us to talk to any of the residents.

The manager holds regular family and resident meetings, although two **family** members we spoke to were not aware of the meetings or how to provide feedback.

One **family** told us *"If we ask for anything it is done straight away"* but another felt that on one occasion when they made a request the manager *"made it clear they could not do what we were asking but did not offer any alternative"* It was not clear if this referred to the current manager or previous staff.

**Staff** were aware of the regular family meetings and felt that their views and ideas as well as families, were listened to.

**One family** mentioned a notice in the hall advertising meetings but hasn't been able to go.

Another family said if they made a suggestion or raised a concern *"we feel confident that it would be acted on appropriately"* but two families were not aware of the complaints procedure, but would talk to the manager if they had a concern.

All six **families** felt that they were a welcome participant in the life of the home saying, “*staff know our names*”, “*we can get a cup of tea and biscuits whenever we like*”, “*we can come in any time*”.



Based on what we heard, the home meets the indicator with no reservations

### 10. Provide nutritious food, plenty of fluids and a pleasant environment for meals

Staff said they all eat with the residents which “*encourages them to eat*” and they try to make it sociable by getting “*as many as possible to come to the dining room*”.

Four **families** said they thought the food was good saying “*very happy with the choice and quality*” “*she seems to like it*” and “*suits the different needs*”. However, two others said that their relative didn’t have choice because they needed pureed food or didn’t have much interest in food. one said that their relative had “*difficulty eating food provided because of her dentures*” and they often provided their own food. They felt that Ashminster should be able to accommodate their relative’s dietary needs without having to supply their own.



Based on what we heard, the home meets the indicator with no reservations

### What have we recommended?

- Increase the number of staff to ensure that there is sufficient time to chat to residents and that they can attend to residents needs as they arise. As agency staff are not used there is a lot of pressure on permanent staff to cover. Explore links with the voluntary sector or community groups who may have volunteer befrienders who could help

- Ensure that families are informed of any change in medication and regime and the reason why, possibly in writing or email
- Explore the possibility of regular dental /optometry visits as a preventative measure as poor oral health can lead to a range of other diseases as well as making eating difficult and poor eyesight can be very isolating and prevent people joining in activities.
- To keep a record of activities that residents take part in and make it available to families.
- To make sure that families are aware of the complaints and other procedures.

### **Disclaimer**

Please note this report relates to the findings on the day stated at the beginning of this report. Our report is not a representative portrayal of the experiences of all staff, residents, family and friends, only and account of what was contributed and observed during our visit on that day.

### **Healthwatch Kent**

Healthwatch Kent is the independent voice for local people in Kent.

We gather and represent people's views about any health and social care service in Kent.

Our role is to understand what matters most to people and to use that information to influence providers and commissioners to change the way services are designed and developed.

Our FREE Information and Engagement service can help you navigate Kent's complicated health and social care system to ensure you can find and access the services that are available for you. Call us on 0808 801 0102 or email [info@healthwatchkent.co.uk](mailto:info@healthwatchkent.co.uk)