

Healthwatch Kent Report : Care Home Series

Darenth Grange Care Home, Dartford

May 2018

Foreword

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 to Darenth Grange. 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 in around six months' time.

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

Steve Inett

Chief Executive, Healthwatch Kent

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 and staff about their experiences of living and working in the home.

How did we go about it?

We visited Darenth Grange Residential Care Home on 18th January 2018. **Our authorised visitors were Pat Still and Jill McDougal from Healthwatch Kent.** During our visit talked to: the manager and deputy manager, four residents and two family members. In addition, 10 members of staff and 12 families sent us feedback in the post after our visit. In total we spoke to 30 people.

We were seeking to answer the following indicators.

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**

Overview: What did we find?

The home

- is a large 18th Century Manor House in an elevated position and surrounded by trees, giving it privacy
- has a large entrance hall and main corridor
- the rooms that we visited were clean
- has 25 single rooms, 21 with en-suite and 2 shared rooms for couples
- they have capacity for 29 residents. At the time of our visit, there were 19 residents
- the décor reflects the period of the property, but the whole place had a homely welcoming atmosphere
- has a lounge with 19 chairs and a large TV, overlooking the garden and fields. The chairs were not set out against the walls
- has a dining room which is light and spacious round tables to accommodate up to 4 people
- staff were observed using the kitchen as a 'cut through' which could raise issues about infection control
- had notice boards displaying policies
- has local amenities close by with shops and bus services
- is owned by DFA Care Ltd
- accommodates for people over 65

The home had their last CQC inspection on 26th September 2017. The overall rating was in 'Inadequate' in areas of safety, responsive and being well-led and 'requires improvement' for being effective and caring. At the time of our visit the manager told us that they were waiting for the CQC to visit again to review progress on their action plan. This was due to take place before 20th December 2017, but it was cancelled. The home had voluntarily said that it would not admit any further patients while they await their inspection but because this was taking a long time, the manager told us this was putting a financial strain on the home. Please click the link for the latest report:

<http://www.cqc.org.uk/location/1-111647388>

This is what we found

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.

The **manager** told us that she had been in post for seven weeks and had already begun to initiate changes in line with the CQC action plan. Prior to that she had been in management roles within the care sector for 40 years. This included 12 years as a registered manager in learning disability related fields. She told us she enjoyed the opportunity to make a difference to the life of others and ensuring that the home is providing a good quality service that meets the needs of the residents.

The **staff** that responded to our questionnaire all agreed that the management was approachable and friendly with an open-door policy. Confidentiality and supervisions were mentioned by three of the staff.

All the **family** members we heard back from knew the manager's name and said that she was very friendly and approachable. One family member noted: *"she explains how things are organised, targets and what changes she intends to make"*.

We spoke to four **residents** all of whom knew who the manager was, they told us: *"she seems very nice and friendly and easy to talk to"*. *"She is new but seems to be quite a laugh. I knew the previous manager better because I was a volunteer here before I came to live here. I have had a couple of friends who lived here"*.



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.

The **manager** told us that there was a stable work force, with the longest serving member of staff being here for 32 years.

Deputy Manager/Co-Owner said *“I came to Darenth Grange 20 years ago and have worked here ever since. I like the care side of things and never wanted to be a manager. When the previous owners ran into financial problems I took over the business, but I prefer to work in a support role”*.

The **staff** told us they didn’t always feel that they had enough time to care for residents, it largely depended on the shift and how the team worked. Five returned questionnaires were from staff that were not directly caring for residents. Four **residents** knew all the staff in the home or appeared to know them.



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

The **manager** told us *“We have supervision and observe staff at work. We also negotiate with staff. We subscribe to Guardian Training programmes and trainers come into the Home to run training and update training on things such as Food Hygiene, Lifting and Handling”*.

The **staff** said: They attended training and courses on a regular basis: *“Training is always provided”*. *“I have recently done a course distant learning, I have a lot of certificates from training”*.

Six **family** members told us that the staff had the right skills to care for their relative. Some of the comments from family members were: *“Our relatives needs seem to be well catered for and our observations of staff interactions with the other residents are good”*. *“Time, No, Skills, Yes”*. *“They all seem very well trained”*. *“Very professional, respectful, skilled and warm friendly team”*. *“You cannot fault any of the carers. We feel 100% confident in the care here”*.



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

All the **staff** enjoyed their role with one saying: *“I get pleasure from helping them and the look on their faces when something is good”. “Going out with the residents and making sure they have a great day”. “Spending time with them and talking”. “I like all of my job”. “I enjoy all elements, the home is wonderful, it’s a happy place to work, like a home from home”. “I like the home, staff and residents”. “Talking to residents and helping them were possible”.*

Families told us that *“there are plenty of staff for the number of residents. When my relative is ill they help them eat”. “My relative is very well cared for, well dressed and clean. They cannot shave now, but they are always clean shaven when we visit”.*

Residents told us that they knew the staff: *“they are very kind”, “they are very caring and all nice, I don’t have to make many requests, they just do things for me”. “They have plenty of staff for the number of residents and they do have time to talk to you”.*



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

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.

The **manager** told us *“Prior to admission we talk to the individual and their family. It can take up to 6 weeks to complete the pre-admission assessment. We offer respite where residents can come in for a trial period to see whether they like being here. An action plan is completed for each new resident. There have not been any new residents since the CQC report”.*

“We have a computer system, which ensures that information about our residents is updated. Shift leaders all have ipads to check and update their teams if needed. Resident records are reviewed monthly at staff meetings to ensure that all carers pick up on things that have changed”. We don’t have qualified nursing staff, but we do have dedicated night staff to ensure that all staff are familiar with our residents and continuity of care.”

Staff told us that any changing needs were recorded on the residents’ care plans as the change occurred, this is also communicated at shift change overs, families also notify the staff of any changes. *“We are encouraged to get to know the residents that we work alongside”.*

Families told us that the home responded to their relatives changing needs. *“We visit every week so know that all is ok”. “Yes, they are very aware of changes. In the past they have taken my relative to hospital, but always involve the family in any decisions”. “My relative went into hospital for a hip replacement, when they came out they couldn’t walk at all, and still can’t so they have to be hoisted all the time, what patience they have”.*



Based on what we heard, the home meets the indicator with no 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 preferences 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** said: *“We have resident meetings and ask them what they would like to do. We try to cater for their ideas. There is an Activity Co-ordinator on Mondays and Wednesdays and James, a volunteer, who comes in on Tuesdays and Thursdays. They do Arts and Crafts, Armchair exercises, Hair and Nail care. On the day of our visit, they had had a male duo in to entertain the residents.*

“Activities are designed with the residents’ levels of mobility, interest and comprehension in mind”. They are currently waiting for a new minibus but during the year they take the residents out on theatre trips, to the seaside and to Kingfisher Boats for a trip in the summer. This year they plan to upgrade the garden so that residents can enjoy being outside or even help if they are able.

Staff told us that the activities in the home consisted of: musical health, exercises, bingo, games, singing and dancing, word games, art work and entertainers come in. *“We have an activity co-ordinator who creates events and a volunteer”.* Trips out include going to the garden centre, theatre trips, shopping trips, zoo excursions, coastal trips in the summer. The carers all said that they sat with the residents to assist them joining in with the activities.

When asked about the activities there were for them in the home, **residents** told us: *“There is always something going on”.* *“Not just during the week but at weekends as well, this morning we had exercises and this afternoon we had musical bingo and skittles”.*

We asked the residents if they were able to go on trips outside of the home: *“I have been on some, but it is too cold now”.* *“I cannot walk far”.* *“I have been out on a couple, as I am now in a wheelchair, I get a good seat with an excellent view of the stage”.* *“I go to a day centre twice a week, a minibus picks me up and drops me back for tea, I really enjoy this”.*

What encouragement and assistance do you give to residents so that they can take part in activities?

The **manager** told us: *“We have the Activity Co-ordinator two days a week and James, two days a week. We hold residents’ meetings and encourage them to tell us their ideas”.*

Families told us the activities were *“Good, although personally would like to see more encouragement for up and moving, especially for more mobile residents”.* *“Good and varied: boat and theatre trips, exercises, musing and regular entertainment”.* *“Inside good, outside fair, transport issues”.* *“Need new minibus so limited now”.* *“They try very hard to please, they have many in-house visits and day trips”.* *“Not very good now but hope it will get better with the new manager”.* *“Good, they go to the Orchard theatre in Dartford and on the minibus to the coast. We also recently saw our relative at Bluewater, with staff!”.* *“very, very impressed, I’ve been in when there are games, singsongs, painting and quizzes, my relative always joins in”.* *“Very good as there is something going on most days. Outside activities are currently constrained as they are in the process of obtaining a replacement minibus”.*

Four residents all felt that it was easy to join in the activities if they wished to do so and the staff gave them encouragement to do so.



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

The **manager** told us *“the GP comes in every Friday and at other times if needed. We can take samples for analysis etc. The Opticians come into the Home or we can support residents to go out for an Eye test. Dental care is a problem as we have found it very difficult to get Dentists to come out to the home. It can be a big problem to get residents with dementia to the dentist”*.

The **staff** said that the optician comes in to the home every 6 months and if dental work is needed the home will refer them to a local dentist. *“There is a matrix to recorded when residents have been seen”*.

Families said *“Yes they see a doctor regularly. We took him to hospital for a check-up a month ago and they offered a member of staff to go with him if necessary”*. *“They see a doctor regularly and a chiropodist. Specsavers come in too. They don’t need a Dentist as they have dentures”*. *“I know the optician does come, but not sure about the dentist, they need their teeth checked but I find this hard to put into place”*. The remaining relatives were unsure, although some did know about the optician.

The **residents** we spoke to told us said *“I see a doctor regularly, but make my own arrangements, I have good eyes and teeth”*. *“The doctor comes in once a week. I also see a hairdresser and a chiropodist, I haven’t seen a dentist”*. *“Yes, I have seen a doctor and optician”*. The last resident said that they hadn’t seen any professionals.



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

- 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.

To cater for any cultural, religious or lifestyle needs the **manager** told us that: *"This information is all taken as part of the pre-admission assessment. All is recorded in their individual Care Plans"*.

Families told us *"Yes a Jehovah Witness, and our relative is encouraged, but not interested"*. *"Yes, and their meals are adapted for this"*. *"The lay preacher visits from the church they used to attend"*. The remaining families said that their family member was not religious.

Staff said that there were local priests (a catholic and Church of England) that came into the home and they catered for foods that some people couldn't eat due to religious reasons.

Four **residents** all agreed that their cultural and lifestyle needs were catered for at the home.

Can you give an example? The manager told us: *"We have a married couple, who are Muslim. She is English and sometimes wants to deviate from the strict rules of their Care Plan, if her husband is not around. Staff are aware of this. He is very strict. We also had a resident who was a Jehovah's Witness"*.

In what ways can residents and their family have a say in how the home is run?

The **manager** told us that: *“Family meetings are now being introduced and I plan to hold them on a 3-monthly basis. Newsletters are another new introduction to make sure that families are aware of new initiatives. Residents meetings are held regularly”*.

Residents told us that everything was good at the home and that they wouldn’t want anything changed. *“It is very clean and nicely decorated, I like my room which is on the 1st floor”*.



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

- 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 at any time, and there should be a healthy culture of challenge and feedback between residents, relatives and staff.

The **manager** told us: *“There are regular staff meetings and at the last meeting we introduced the Future Service Plan. Staff were asked to work in groups and share ideas about the plan and how things could change for the better. She got lots of feedback and ideas as a result of this”*.

All the **family** members felt they were welcome at the home. Comments included *“They are always pleased to see us and offer us tea and cakes, sometimes they offer us to have meals with our relative, it feels like a home from home”*. *“We are always made to feel welcome at any time. All the staff know who we have come to visit, and they direct us to where they are”*. *“We did say that we thought it was chilly in our relative’s room and they immediately put a heater in there”*. *“I can have a say in the new relatives’ meetings or in person with the manager”*.

Staff told us about the resident and family meetings during which time they could voice their opinions. Surveys were also carried out and the managers door was always open. The staff all thought that any ideas about the running of the home would be listened to.

None of the **residents** had made a complaint to date, but if they did need to they would either talk to the manager of staff. They had confidence in the complaint being dealt with straight away.

How do you make use of feedback or complaints from residents and relatives?

The **manager** told us *“We do a survey to all relatives which is given out at meetings or posted. We give feedback and aim to deal with issues straight away. We have a Seniors meeting where we talk about the issues raised by relatives and residents. I have an Open Door policy and hope that all residents and relatives feel able to approach me with their concerns or ideas for improvement”*.

All the **families** told us that they felt confident in approaching the manager if they needed to complain, but that hasn't happened yet and they all thought that any complaint would be acted upon. Some comments were *“More so now there is a new manager who would be keen to lay down procedures and ensure that they are carried out”*. *“I would like to add that I was a carer to my parents for a number of years, one parent had to go into a home in the end, but it was nothing like Darenth Grange, it has a very high standard”*.



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

The **manager** told us: *“Residents have support to eat and are encouraged to do so by the staff. They can eat in their rooms if they prefer to do so. Drinks etc. are available on demand”*.

The **staff** supported residents to eat if they were unable to feed themselves and talked to them during meal times.

The **manager** told us: *“There are always two meal choices or an individual choice if needed. We cater for vegetarians, cultural needs and liquid diets if required. All meals here are good”*.

Staff told us that the residents get two main course choices for lunch and tea and there is a good selection for breakfast. Drinks are offered throughout the day.

Residents told us *“The food is very nice here, I usually think it is like school dinners”*. *“The food is very good all homemade”*. *“The food here is pretty good, I can have a curry if I want one”*. *“You don’t get much choice”*.

Families told us *“The food is homemade on site and always looks good. The staff always ask what they would like”* *“Good quality and appropriate”*. *“Excellent quality and choice of 2 mains for lunch and tea”*. *“Less carbohydrates and the residents aren’t very active”*. *“The food is excellent - fresh cooked every day and purified for residents if necessary”*. *“Very good all meals seem to contain fresh vegetables and meat”*. *“Good and homemade, healthy choices, fruit and biscuits, homemade cakes and puddings”*. *“I would like to see less sugar, as this causes so many illnesses”*

The **manager** told us *“We encourage residents to eat in the dining room, but if they want to eat in their room they can do so. Staff are available at meal times to talk to residents and offer support if needed. Music is played during mealtimes”*.

Eight **families** felt mealtimes are sociable. Others said *“residents sit at tables of up to four people and staff are always there to ensure that everyone is ok and talk to them”*. *“the dining room is very light and airy with round tables that encourage people to talk”*. *“Those that require assistance to eat are helped by staff”*.

The **staff** told us that music is played at mealtimes, they sit with each other in the dining room, *“Sometimes at tea they watch a film in the lounge which they enjoy”*. *“We try and place them with other residents who have similar hobbies or previous jobs to encourage them to talk”*. *“Provide a relaxed calm atmosphere”*. *“We sit at the tables with the residents”*.

Residents told us *“I tend to eat in my room”*. *“I enjoy mealtimes and usually have what I fancy”*. *“You get a choice of 2 meals and you can eat in your room if you want to, but I usually sit with 2 other ladies, so it is sociable”*. *“I enjoy mealtimes, but it is difficult for the staff moving me around from here to there”*.



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

What have we recommended?

- Continue to provide a welcoming and caring environment for your residents
- Continue to recruit suitable, efficient and effective staff
- Build on, and maintain, the support of relatives

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 an 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.

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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.

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