



Healthwatch Kent - August 2018
Enter & View report on Care Homes



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 from all our visits. 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, families and staff about their experiences of living, visiting and working in the home.

How did we go about it?

We visited the care homes during January to April 2018.

During our 24 visits we heard from 141 care home residents, 99 families, 83 staff members and 25 managers/owners.

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 activities 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 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.



What were we trying to achieve? Continued

We visited the following Care Homes:

- Cedardale Care Home, Queens Road Maidstone (MGL Healthcare)
- Maidstone Care Centre 259, Boxley Road (Ranc Care Homes Ltd)
- Ashminster House, Clive Dennis Court, Hythe Road, Ashford (Barchester Care Ltd)
- Park View Care Centre, Ashford (Ranc Care Homes Ltd)
- Alexandria's Care Home, 147 Wrotham Lane, Gravesend (Privately owned)
- The Withens Nursing Home, Southfleet, Gravesend (RCH Ltd)
- Bridge Haven Bridge, Canterbury (Avante partnership)
- Montague House Care Home, 10 Brockenhurst Road Ramsgate, Kent (Privately owned)
- Beech Care Home, Darenth (Four Seasons)
- Darenth Grange Residential Home, Darenth Hill, Dartford (DFA care Ltd)
- Birkin Lodge Care Home, Camden Park, Hawkenbury, Tunbridge Wells (Alliance Care)
- Pinehurst Care Home, Pinehurst, Filmer Lane, Sevenoaks (HC-one)
- Creedy House, Nether Avenue, Littlestone on Sea, New Romney (Abode Care Homes)
- The Grange, 22 Cornwallis Avenue, Folkestone (Ashwood Healthcare)
- High Hilden, High Hilden Close, Tonbridge (Charitable Trust)
- Barnes Lodge, Tudley Lane, Stonebridge (Abbeyfield)
- Meadow Dean, 35 Lower Road, River, Dover (Apollo Homes Ltd)
- Port Regis, Port Regis, Convent Road, Broadstairs (Townsend Life Care Ltd)
- St Johns, 1 Gloucester Road, Whitstable, Canterbury (St John's ambulance)
- Little Court, 26 Roopers Speldhurst, Tunbridge Wells (MG Homes)
- Woodstock, 80 Woodstock Road, Sittingbourne (Nelsar homes)
- Abbey Court Nursing Home School Lane, West Kingsdown, Sevenoaks (Privately owned)
- The Island Residential Home, Leysdown Road, Leysdown, Sheppey (Privately owned)
- Brambling Lodge, 48 Eythorne Road, Shepherdswell, Dover (Abode Care Homes)



What did we find?

1. Registered manager in post

10 out of the 24 homes we visited had a new manager in post or the manager was leaving shortly after our visit. In some cases, the new manager had the difficult task of improving an unfavourable CQC rating. In the two homes where managers were not present, or waiting to be appointed, there was some confusion amongst families and residents about who was in control and what was happening. Families told us that they would like to be kept informed about managerial changes.

Stability was helped when the owners or directors had a visible presence in the daily life of the home.

The staff we heard from all felt that they had good support from their management and generally could discuss issues with them at any time.

2. A stable workforce

Staff generally told us they enjoyed their jobs, had a high degree of job satisfaction and most said they were supported by their management. Where there was a higher turnover of staff, this promoted a degree of uncertainty amongst the families and residents. Many of the homes had a core of staff who had been there for some time.



What did we find? Continued

3. Skilled staff

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All the care homes we visited, regardless of size, put a high emphasis on providing both mandatory and developmental training. This helped to promote a sense of achievement, loyalty and enabled staff to feel valued. It would be worth recording staff achievements somewhere visible so that families knew how much training was going on and help them to really appreciate the effort the home and staff were making.

4. Enough staff on both day and night

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In 11 of care homes we visited, there appeared to be sufficient staff to cover care needs as well as have time to address social isolation by stopping to have a chat with residents and families. In one a resident said staff **“make time,”** and **“try to talk to everyone every day.”** However, in eight homes although basic care needs were being met, staff were generally considered by residents and families, to be too busy to socialise. In a couple, staff shortages meant that sometimes a slow response to a resident’s call had resulted in a loss of dignity or someone’s basic care needs not being met. Staff in two homes said they were **“bogged down with paperwork”**.

Management told us that they must decide whether to use unknown agency staff, which is upsetting for the residents or ask staff to cover sickness etc by working longer or extra shifts. Some insist on using only the same agency staff. It was suggested that perhaps the use of groups who have volunteer befrienders might help to ease the workforce situation.



What did we find? Continued

5. Meeting residents present and future needs

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All the care homes we visited had a comprehensive pre-assessment system in place, with the manager visiting the potential resident and their family at their home. As well as finding out about the resident's needs, this gives the manager the opportunity to describe clearly what type of care the home can or can't offer. This is important as it prevents problems arising from unfounded expectations. This also gives staff a vital insight to the resident as a person.

In addition to regularly updated care plans, the daily handover meetings or 'resident of the day' talks, enable staff to respond quickly to any change in the resident's needs. There needs to be a good method of recording this and ensuring that families are aware of any changes.





What did we find? Continued

6. Offer meaningful activity

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All the care homes placed a high priority in providing quality activities for their residents. Most had at least one Activity Organiser and some had a supporting team. In others, the home had part time activity co-ordinator's, and some had external entertainment coming in offering quizzes, arts and crafts and music. The activities were varied and stimulating and generally enjoyed by the residents. Some of the programmes on offer were outstanding. Some homes provided both indoor and outside group activities. In addition, 1:1 activities were organised for those residents who couldn't leave their room or bed. Although staff encouraged residents to take part, if they chose not to, this was respected. Some families told us they were not sure what activities their relative took part in so a good way of recording and passing the information on, is necessary to keep families up to date.

7. Access to health professionals

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Most had a GP who visited the home regularly and with whom they had a good relationship. A couple of homes said that their relationship with their local GP was a 'bit fraught'. Some had dentists who visited regularly, others only when needed and in some, families organised dental visits for their relatives. Regular dental check-ups may reduce the need for emergency call outs, but some care homes told us that a shortage of community dentists meant that it was sometimes difficult to get someone to come to the home. We were told that most had chiropodists and opticians who visited regularly.



What did we find? Continued

8. Accommodate cultural and lifestyle needs

Although for most homes, there were not currently many diverse cultural and lifestyle needs, all homes thought they would be able to accommodate any dietary, religious or cultural needs. These would be identified at the pre-assessment and updated as required.

9. Always Looking to Improve and involve families, residents, staff and local communities

All the care homes had robust procedures for involving residents, staff, and families including regular meetings and open-door policies for input outside of these meetings. Some families were unsure about when the meetings took place or the official way to raise a complaint but said they would contact the manager if they had an issue. In these homes we recommended that the meetings and procedures be made more obvious for families. Families told us that they were warmly welcomed by the staff and felt part of the life of the home. All the homes we visited welcomed us and were keen to hear the views of their residents and families.



What did we find? Continued

10. Food and Mealtimes

Generally, residents and families thought the standard, choice and quantity of food both at mealtimes and in between was good with some saying it was excellent. Most of homes had cooks / chefs and food was prepared on site. In one home where food had previously been brought in, residents commented on the improvement once there was a permanent chef in place.

There were some individual preferences highlighted and in 3 of the homes there was an issue of food being cold when it reached residents, particularly those who had their meals in their rooms. We recommended that in those homes the procedure was reviewed to ensure that all residents had their meals at appropriate temperature. In 2 homes there was a 'no visitors' policy at meal times, we recommended that this was reviewed as the families wanted to join their relatives on occasions.





In Summary

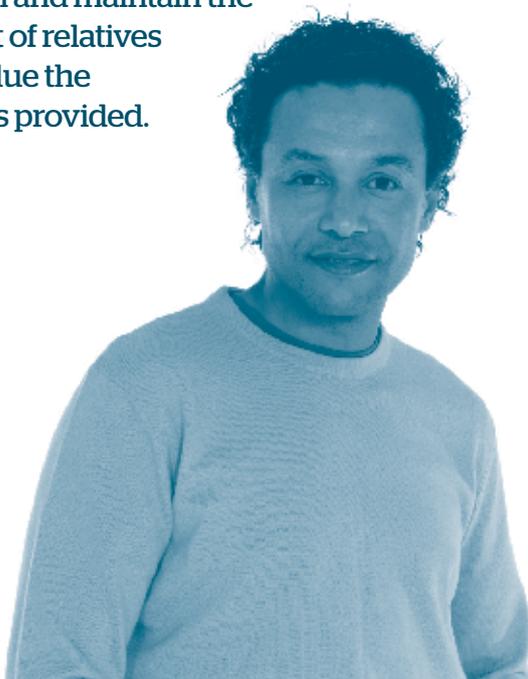
Six Care homes met all the indicators with no reservations

Indicator	Care homes meeting the Indicator	Care Homes meeting Indicator with some reservations
Have a registered manager in post	12	6
Have a stable workforce	8	10
Have staff who have the right skills to do their jobs.	11	8
Have enough staff on duty during the day and night	5	13
Be clear about how they will be able to meet residents' needs both now and, in the future.	11	8
Offer meaningful activity and enjoyment to suit all tastes	12	6
Enable residents to see a GP or other health professionals like a dentist, optician or chiropodist, whenever they need to	10	8
Accommodate cultural and lifestyle needs	14	4
Show that they're always looking to improve	12	6
Provide nutritious food, plenty of fluids and a pleasant environment for meals	13	4



What have we recommended?

- We made recommendations to 18 homes, these were mostly around the staff related indicators and the availability of health professionals to visit the home when required.
- The homes that met the quality indicators fully, were advised to continue to do as you are doing, by providing a welcoming and caring environment for their residents and build on and maintain the support of relatives who value the services provided.



In general, most homes that we visited had a high priority to improving the quality of residents lives and their families rather than just the provision of care. In some homes staffing shortages meant that the staff had less time to socialise with residents than they would have liked. Attention was given to the provision of stimulating activities for different abilities, with all homes employing a dedicated worker to do this. Thorough pre-assessments involving the families ensured that expectations were realistic, with good systems in place to allow for adjustments to changing needs. In some homes better systems could be put in place to notify families about changing care needs and the activities offered within the home.

We would like to thank all the homes that took part in the project for taking the time to talk to us and the invaluable input that residents, families and staff gave us.

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.

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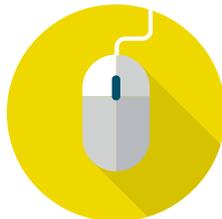
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Face to Face:

Call 0808 801 01 02 to arrange a visit



By Text: Text us on **07525 861 639**.

By texting 'NEED BSL', Healthwatch's British Sign Language interpreter will make contact and arrange a time to meet face to face.