

Healthwatch Kent Report : Care Home Series

High Hilden Care Home, Tonbridge

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 details the findings from High Hilden in Tonbridge. We will also be publishing a report which 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 within 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 High Hilden Care Home on 7th February 2018. **Our trained volunteers were David Morris and Ray Fairburn.** During our visit we spoke to the manager and six residents on the day. We received additional feedback from four members of staff and 10 families in the post after our visit.

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:

The home

- is set in the outskirts of Tonbridge and is a large Edwardian House surrounded by large gardens with seating areas
- has 34 single rooms, with some en-suite, the rest are shared bathrooms
- has a separate dining room and four lounges with views to the garden
- is owned by a charity with a board of Trustees
- has most bedrooms on the first floor which is serviced by a lift
- accommodates people over 65

The home had their last inspection by the Care Quality Commission on 4th October 2017. The overall rating was ‘Good’ for all 5 areas - being well led, responsive, safe, effective and caring. Please click on the link for the latest report <https://www.cqc.org.uk/location/1-144323600>

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 trained originally as a nurse and had been a care home manager since 1998. She enjoyed her role feeling that she was making a difference to peoples’ lives.

Three members of **staff** told us that they received “*good support and empathy*” from the manager and that the manager was “*very supportive of all issues*”. All three said that they found it easy to talk to the manager regardless of the issue.

All **family** members knew the manager by name and said that she was always helpful and friendly.

We spoke to six **residents**. All of them knew the manager by name and found her to be approachable and friendly. She often comes into the lounge to talk to them.



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 the workforce is relatively stable, with little reliance on agency staff.

Two members of **staff** that returned the questionnaire did not care directly for the residents, but one told us that they had ample time to assist residents when required. The other said that they had enough time to care most of the time. The staff also noted that it was a “*small friendly home*” and enjoyed the “*variety of the job, never knowing what to expect when you arrive for work*”.

The **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 that training was key, with 2 sessions held per month for staff. She encourages staff to do distance learning and financial costs for courses can be met by the organisation. Most staff are trained to level 2 or 3 NVQ with one at level 4 and another at level 5 nearing completion soon.

The **staff** that talked to us all agreed that they were encouraged to undertake regular training up to NVQ level

We asked the **residents** about the staff and they told us: *“they don’t always have time to chat with us, they are too busy”*. *“they are reasonably friendly, willing and helpful, “I can’t speak too highly of them”*.

During our visit the tea trolley was on its rounds and the **staff** appeared to know the residents well, offering them what they usually had in terms of a hot or cold drink and snack.

Six **families** agreed that the staff had enough time and the right skills to care for their relative, with three adding: *“they are very caring and kind”*. *“they have good skills I am happy with the care received”*, *“Yes, but it is a busy environment”*.

The **manager** responded to the feedback we had heard by saying *“we provide enhanced residential care and as such several residents are on hourly checks, 2 hourly skin integrity checks and some residents are on end of life care. It is our aim to give residents the choice for High Hilden to be their place of rest and would rather respect that wish than send them to a nursing home at their most fragile and frail but appreciate that that at these times our work load can appear higher at times”*.



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.

The **manager** told that residential homes normally staff at a ratio of one staff member to eight residents and 1 to 4 in a dementia home. At High Hilden there are six carers on the morning shift, plus a Deputy and Manager for support. In the afternoon there are four carers and at night there are staff on waking shift with each shift led by a supervisor or senior leader.

The **residents** told us that on occasions agency staff were used and that staff could be too busy.



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 that any changes to residents' needs is updated on care plans as they change, these are reviewed monthly.

Staff told us that they get to know a resident's history through the care plan and by talking to the resident themselves. The office sends out an admission pack to all prospective relatives, which gives details about their past life. Any changes to a resident's needs are recorded in the care plans.

Six **family** members told us that the staff knew their relative's life history and kept up to date with their health and care needs very well. Other comments included *"they know their personality and needs well"*, *"they have a high regard for even the slightest changes"*, *"the staff keep my relative as independent as possible, they respect their wishes"*.

Residents told us that staff knew their likes and dislikes, with one person noting that *"staff go out of their way to find out what we like and take the trouble to ask"*.



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** showed us a list of the planned activities for the coming months, with visiting groups, shows, outings and a monthly trip out for a pub lunch. She also told us that the activities team organised activities for mornings and afternoons. Staff encourage residents to take part in the activities as well. Not all activities will suit everyone all the time, we are aiming to provide the variety to involve everyone at some stage no matter what their ability and capacity.

Staff told us that there were a lot of activities going on throughout the week such as singing, flowering arranging, craft, library, visiting musicians, schools, pat dogs, trips out to the pub, museums, boat trips, the garden centre and steam train rides. For the less able there were arm chair exercises. Staff told us that they always encourage residents to join in the activities, but it is their choice ultimately.

The **family** members thought that the activities were good, with four commenting: *“they are varied, interesting and enjoyable”*, *“the activities are therapeutic, stimulating and a good range for the mix of residents”*, *“trips out seem to be quite frequent”* and *“there is scope for more activities within the home”*. Families thought that their relatives were encouraged to take part.

Other **residents** told us *“an external man comes in twice a week to do exercise with us”*, *“we do have card sessions and bridge, but neither of us can play, we have conversations rather than playing games”*.



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 that eye care is offered within the home, but dentistry remains difficult, with the majority of families taking residents to an external dentist. The local GP holds a weekly clinic in the home.

The **staff** told us that an optician visits the home, but dentistry is provided outside of the home.

The **family** members all knew that an optician visited the home, but they had to take their relative out for dental appointments.

The **residents** we spoke to told us that their family took them out to the dentist and for optician appointments. They also said that there was a salon on site where they could have their hair or nails done, chiropody was also offered



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** makes an assessment of their needs when a resident arrives at the home.

The **staff** told us that visitors from a local church provide communion and there is a regular Sunday service provided by volunteers from the local Parish church. If residents have religious food requirements it will be listed on the menu and they will be offered different choices.

Some **families** told us that their relative was not religious, but they were aware of the Sunday services. One person noted "*their faith was respected and accommodated for*".

Residents told us that there was a parish church down the road and that they had Sunday services in the home provided by a lay preacher.



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

The **manager** told us she holds regular meetings with residents and invites family members to attend. Staff also have regular meetings where ideas for change can be shared. Any feedback from these meetings, or complaints, are discussed and acted upon.

The complaint procedure was on display at the main hall and comments, complaint and compliment cards are there too. A folder of compliments and thank you notes were on display on the table for everyone to read. The **manager** told us *“I uphold the need for feedback as one’s clear way to develop improvements in response to needs and preferences. My door is always open, and residents often talk with me. I am not an ‘office’ static person and am often on the floor, even assisting to wake and sleep. I sit in on supper at least every other week. I eat the food and chat rotating between tables.”*

The **staff** told us there are regular family and resident meetings and regular questionnaires and a suggestion box. Residents recently gave some feedback about the food which led to an increase in choice. The manager is open to suggestions via regular supervisions and meetings and will act upon any ideas which are feasible.

All **family** members told us that they felt a welcome participant in the life of the home and if asked would give feedback on service provision, face to face with staff or manager or at the family and resident meetings. The families knew how to complain if needs be by speaking to the staff or manager and were confident that it would be acted upon.

We asked the **residents** if they would change anything about the home, all gave positive comments and were happy with no changes.

All the residents we spoke to knew how to complain to the staff or manager and two people had already made a complaint which had been dealt with.



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 that there are staff dedicated to assist residents to eat at mealtimes. The chef regularly talks to residents and acts on the feedback offering a wide choice of food. At mealtimes they try and get residents to sit in different positions, but acknowledged this could be difficult with some of the more dominant residents.

The **staff** told us that there are regular drinks and snacks offered throughout the day from the trolley, which was doing the rounds during our visit. They also said that there were two choices of main course at lunch time and if a resident didn't fancy what was on offer the chef would make an alternative. To try and make mealtimes more sociable the staff encourage residents to sit at the dining room tables to encourage them to talk, visitors are also encouraged to join lunch times when wine is offered to those that would like it.

The **family** members told us that the choice of food was good, made with fresh ingredients, with good home cooking and that they felt their relative was supported to eat by the staff if required. One family member thought that the food choices were good but similar meals appeared too often.

We asked the **residents** about the food provided at the home. They said *"If you don't like something, the chef will do something else for you"*, *"There are 2 hot choices for lunch and a vegetarian option"*, *"the food is good and served well"*.

All the residents said that they enjoyed their mealtimes.



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 support your staff with an approachable attitude and ongoing training
- Build on, and maintain, the support of relatives who value the service that you provide

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.

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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