

Healthwatch Kent Report : Care Home Series

Meadow Dean Care Home, Ripple, Dover

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 Meadow Dean care home. 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 Meadow Dean Care Home on 30th January 2018. During our visit we spoke to the care manager, four residents, two members of staff and two families.

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
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Overview: What did we find?

The home

- is set in the village of River, near Dover and is a large period house in a residential area
- has 22 rooms, 2 with en-suite and 1 shared room
- has a separate dining room, 2 lounges and a conservatory, which was being refurbished at the time so was not in use
- inside appears cluttered and in need of re-decoration throughout
- has local amenities close by with shops and bus services
- is privately owned by Appollo Homes Limited
- has most bedrooms on the first floor which is serviced by a lift
- accommodates for the 65+ age group
- has a small garden at the rear with seating areas and a river at the bottom

The home had their last CQC inspection on 30th October 2017. The overall rating was in 'Requires Improvement' in areas of safety, effective, caring and responsive and 'Inadequate' for being well-led. <http://www.cqc.org.uk/location/1-258650095>

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 person in charge on our visit told us that she had been a **care manager** for some time and enjoyed dealing with clients and ensuring that their care was of good quality.

Two **staff** members found the manager approachable and easy to talk to although not always available on site.

Two **families** both knew who the manager was and said she was helpful.

Two **residents** told us that they did not know the manager, one person said that they varied too much and the other knew the owner.



Based on what we heard, the home meets the indicator with some minor 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 **care manager** told us that there was a low staff turnover, with some being there many years.

The **staff** told us that they enjoyed their jobs, noting that it was “*good fun and not stressful*” and “*it is nice to help the residents*”.

The **families** knew who the staff were, noting that some had been there for some time.

The **residents** knew the staff members.



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 **care manager** told us that all members of staff have a personal development plan and encourages the staff to learn by offering them training. There was a medication training session in progress during our visit which some staff had come in specifically to attend.

The **staff** get to know the history, personality, health and social care needs of the residents by reading the care plan, pre-assessment notes and talking to the residents.

We asked about the **residents** about the staff and they told us that they did a good job and had time to chat with them.

Families both thought that the staff had the time and correct skills to do their job, with one saying “*judging by my relative’s cleanliness and physical condition*”.



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.

Staff agreed that there was enough staff to meet the needs of the residents and that they had enough time to spend with them.

The **families** told us that there appeared to be enough staff during the day.

The **residents** told us that staff had time to talk to them with two noting “*they are nice and friendly*”, “*yes, they are lovely*”.



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 - to provide the right level of care and prevent residents from having to move again.

The **care manager** told us that the residents' care plans were key as they held a lot of information, along with re-assessments and referrals. "The District nurses are very good".

Staff also noted the importance of the care plan for charting changes in residents needs.

Families said that staff were well informed about changes to residents changing needs, one noted: "*my relative has daily medication with ongoing dementia and is doing very well*".

Residents appeared to be happy that staff were meeting their needs.



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 **care manager** told us that staff encourage residents to take part in activities and do one on one activities with residents both mornings and afternoons. There is an Activity Organiser in weekly and, during the summer the residents are taken out to the local park to see the ducks, but this is only a few at the time due to the frailty of some residents. There is also bingo, quizzes, singing, Olympics and jigsaws to name a few.

Staff said that the Activity Organiser came in offering various entertainment that the residents could join in with. They try to encourage residents to take part, but it is their choice at the end of the day.

Both **families** mentioned that there were activities available within the home, with one saying that they were “*unsure of what activities took place*”.

The **residents** told us “*I choose not to join in, but the staff do encourage us to*”, “*we have all sorts, hoopla, entertainment, bingo*”, “*we have a good laugh*”. All those spoken to told us it was easy to join in. Two residents said that they were too frail to go outside, one enjoyed the garden and the other did not respond to this question.



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.

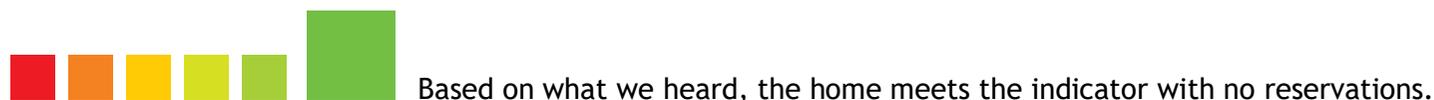
Residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home. Care homes should be able to explain the relationship they have with their local NHS services - does a GP visit regularly? Can they call a GP out in an emergency? How easy is it for residents to see a dentist, optician, chiropodist or physiotherapist, either for a check-up or in an emergency?

The **care manager** told us that residents visited a dentist externally if required and that an optician could come in. Chiropody and hairdressing were also offered. A GP visits regularly.

The **staff** we spoke to said that they were new in post and didn't know the answer.

One **family** member was not sure if there were these facilities offered and the other said that there were regular visits.

One **resident** told us that Specsavers came into offer eye checks, and if they had problems with their teeth that they went to a local dentist.



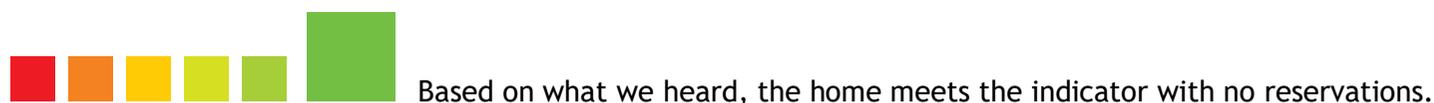
8. **Accommodate your cultural and lifestyle needs.** Care homes should be set up to meet your cultural and lifestyle needs as well as your care needs and shouldn't make you feel uncomfortable if you do things differently to other residents. They should also be proactive in finding out what your needs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

To cater for any cultural, religious or lifestyle needs the **manager** talks to care managers, family and friends to find out what the residents needs are.

The **staff** said that it is in their care plan with one resident regularly attending the local church.

Family told us that their family member did not have any needs of this nature.

Residents told us that there were services available, with a new vicar coming in to do a weekly service.



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 **care manager** said that there was monthly resident and family meetings and that she was open to suggestions from residents or staff. The home operated a listening ethos open to ideas provided they were safe for residents and staff. There is a complaints procedure in place, the manager acts on any complaints by talking to the relatives and residents to find out how to resolve the issue, usually by reaching a compromise.

The **staff** told us that they are encouraged to have a say in how things could be improved.

Both **families** would feel comfortable making a complaint if needed and felt that they had a say in how things were done in the home, one member told us that they regularly attended the relative meetings, but with the other was working and was not able to attend.

We asked the **residents** if they would like any changes to the home, all but one said that they wouldn't like any changes. The remaining resident said that *"they had an idea about the hall"*. When asked what they would do if they wanted to make a complaint one would talk to the manager and the other to a member of staff, the other two did not respond.



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

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

The **care manager** told us that all, but 2 residents went into the dining area for dinner and tea and had a minimum of two choices at each meal time. The two residents not attending meal times were in their rooms as both required oxygen.

The **staff** told us that they went around to all the residents to collect their choices for lunch. There were two hot options for main courses as well as puddings. Snacks of fruit biscuits, cakes and sandwiches were available throughout the day.

The **families** thought that the food was very good, with one saying *“my relative is thriving, to record his nutrition there has been a recent change, which is good”*.

The **residents** we spoke to told us that the food was: *“not too bad, but it could be “a bit up and down”, “yes quite nice, especially now that we have a cook, she is lovely, we used to have ready meals”, “nothing, I don’t like it”, “good they come round and ask what you would like to eat”*.



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

What have we recommended?

- Publicise a weekly timetable of activities to residents and inform family members what activities are planned and when they are and if their relative joined in
- Take time to ask residents what it is that they wish to eat
- Consider holding family meetings at a different time so that people who work could attend.
- Consider having regular dental check-ups for residents to reduce the need for urgent dental care
- Address the clutter within the lounges and other areas of the home
- Embark on a programme of re-decoration throughout the communal areas

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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