

Healthwatch Kent Report : Care Home Series

Montague House Care Home, Ramsgate

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 from Montague House Care Home. 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 and working in the home.

How did we go about it?

We visited Montague House Care Home on 22nd January 2018. We heard from eight people including two residents, two families, three staff and the Manager of the home. Several residents were asleep so we spoke to less people than we would have liked.

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

- has 15 single en-suite rooms, with 2 shared rooms available
- is set at the top of a residential street just off the sea front
- has a separate dining room and lounge
- accommodates for people over 60
- looked clean and tidy and was free from clutter
- had a resident cat which the residents liked
- at the time of our visit there were 15 residents
- had a pleasant aroma
- has a garden at the front and rear of the home which had lots of bird feeders to attract the wildlife. Residents are encouraged to go into the garden during the warmer months, with some planting tomato and bean seeds
- had a family feel to the home which was also noted by the residents

The home had their last CQC inspection in 27th April 2017 and was found to be 'Requiring Improvement' for being: safe, effective, responsive and well led and 'Good' for the caring aspect.

Please click on the link to access the latest report: <http://www.cqc.org.uk/location/1-118399455>

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 started doing work experience in care homes working nights and the owner asked if she would like to do management qualification, which she did and has been a manager for 27 years. She told us she enjoys the family atmosphere and meeting different people.

We spoke to three members of **staff** during our visit and all noted the great support offered by the manager. They all said that the manager was approachable, very easy to talk to and that she was always had time for them.

Both **family** members knew the manager by name and thought that she was *“very approachable, friendly and helpful”* and *“always extremely helpful and supportive”*

We only spoke to two **residents**, both knew the manager. The residents gave praise to the manager, noting that she was approachable, friendly and nice and easy to talk to.



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 most staff have been in post for some time, with some additional member of staff who had come from another home that had just been closed, they were all settling in well and getting to know the residents

The two **residents** that we spoke to know 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** encourages her staff to have regular training, recently dementia and care plan training has been given. She is also keen for staff to progress within the home.

Staff told us that training was readily offered with a recent diabetic training course. All three enjoyed their jobs, with no dislikes. Some comments were: *'It feels like being part of a family'*, *'I enjoy all of my job, especially listening to the residents'*, and *'It is like being with my grandparents and my colleagues are supportive, there is a close family atmosphere here'*.

The **family** members told us that they thought the staff had the right skills for the job, and noted that they all had very caring attitudes towards the residents and knew about their relatives needs.



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 us that they had recently recruited some new staff from a nearby home that had closed.

Staff told us that they felt that they had enough time to care for the residents and enjoyed this aspect of their work.

We asked the **residents** if they knew the staff, and did the staff know what they needed and of their likes and dislikes? One resident told us that they knew all the staff and had no complaints, the other told us that they were helpful and busy, but always had time for a chat.



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 **manager** told us any prospective residents are offered a pre-assessment at home to make an assessment. Care plans are then made together with the client, family and friends. All residents have a care plan where any changes to their health or social care needs are updated accordingly. Each care plan is reviewed monthly, regardless of any changes and the family is also invited to the review.

We asked the **residents** about the staff, they said: *“they are definitely first rate, I could go to any of them and they would help”, “they are helpful and would do anything for you” “very friendly”, “they do their utmost, some work double shifts”, “very good, hard working, dedicated and over worked”.*

The **family** said that staff knew their relative's life history and personality very well also their health and care needs and the other said that they *“definitely”* knew about their relatives needs and they *“always inform me if there is a change”*.

The **staff** encourage independence within the home which was noted by one member of staff as the golden rule of the home. The staff get to know the history, personality and health and social care needs of the residents by the manager, providing a verbal summary at an initial meeting and by reading the care plan as soon as the resident arrives. Any subsequent changes to a resident's needs is recorded in the care plan by the Supervisor and frequent dialogue is ongoing about the changing needs of any resident.



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** told us that there are some activities within the home organised by an activities co-ordinator who is in twice a week. One couple go to a day centre, board games are available, but the residents say that they are not children. Trips out are organised, but many residents are reluctant to go out. They all have televisions in their rooms and some have mobiles and laptops. Staff encourage the residents to join in with the activities and staff are involved around the table with activities.

Staff told us that two residents go out to the day centre when they can. Other activities include: dancing, games, singing, staff painting resident's nails and decoration making at Christmas. Recently new residents have moved in which has given some new life to the home. Staff plan to take residents out in the summer for walks. There are no planned visits outside of the home. Staff do encourage residents to take part in activities, but some just want to sleep. Staff bring them to the dining room table and talk to them and try to get them to join in.

One **family** mentioned that their relative enjoyed having her nails done and enjoyed doing jigsaw puzzles and painting. They noted that their relative was not always easy, but staff seem to manage to get them to take part in activities. The other family member told us that their relative was not interested in taking part but was always encouraged to do so by the staff.

When asked about the activities there were for them in the home, one **resident** told us that there were games, drawing, some singing, jigsaws and colouring and that it was easy to join in with staff encouraging residents. The other told us that she liked to sit in the garden, but this time of year preferred remaining indoors. When we asked about trips outside of the home, one resident said that she was happy within the home environment and the other was hoping for walks to the park as in her previous home.

We asked the residents that we spoke to if they could continue to do the things that they enjoyed before coming into the home? One told us that they would like to knit as in their previous home and that they took part in Holy Communion with another resident on a Sunday. They had lots of visitors in the home and relations as well as friends from other homes.



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 a visiting optician from Spec Savers attends the home regularly checking for diabetes and for dentistry these are organised when needed. Residents stay with their own GP; East Cliff Surgery is good at attending the home.

The **staff** told us that a Spec Savers optician visits the home regularly, organised by the manager and a dentist is called in as and when required.

Both **families** said that there was an optician and dentist available within the home when required.

The **residents** we spoke told us that they were able to see an optician at the home and they knew that they could request the dentist if needed.



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 it has a priest attend for two residents who have Holy Communion each Sunday with other visitors. There are few different religions within the home, but these are catered for.

The **staff** told us that Holy Communion can be offered. If other religions need to be catered for, they would be invited in.

The **family** told us that their relative saw a priest weekly and the others relative was not religious.

One **resident** retained good links with the local church and the other was not religious.



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 that the home learns from feedback and complaints always acting on any information and updates policies accordingly. Recent examples of suggestions have seen different choices of food on the menu and the harvesting of tomatoes and beans are enjoyed with their meals. Residents meetings are held to gain any feedback of the services within the home and families and residents are offered the opportunity to have a say in how the home is run via questionnaires. We were told that people make their views known and that all the views are taken on board.

The **staff** told us that residents and relatives are given the opportunity to suggest any changes to the home via open discussions during resident meetings or during visits by relatives. Two of the staff we spoke to were quite new so couldn't find an example of how resident or relative feedback had brought about change within the home. The staff that we spoke to agreed that they felt they could have a say in how the home is run or to suggest any improvements that would be listened to by the manager.

The **family** said that there is a complaints procedure form in the corridor for all to see, they felt confident that any complaint made would be acted upon

We asked the **residents** if there was anything that they would like to change about the home and if they had told anyone about this? One was quite happy the way things were and the other hoped for trips out to the park as in her previous home, but as they were relatively new they thought it was too early to think of any changes. Both residents felt that they would be able to raise any concerns with the staff or manager, but both were happy as things are.

The **manager** told us that she had regular resident meetings, they also carried out regular surveys to family and friends to gather feedback about the services provided. There was an open-door policy and the manager welcomed comments from residents and family members alike. She was visible in the home and family members were free to call in as and when.

Staff told us that any comments were welcomed by the manager about the services provided within the home and would try to make things work if they were feasible.

Both **family** members said they always felt welcome to participate in the life of the home. They filled out questionnaires and are free to put ideas forward



Based on what you have 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 the residents are encouraged to eat in the dining room around a large table, but some prefer their meals in their rooms. Two other residents prefer to sit with each other at a smaller table in the dining room. Staff sit with residents to monitor and record what they eat and investigate reasons such as medical issues if they are not eating. The cook goes around to residents with a

choice of two main course meals and snacks are available in the evenings, with drinks all the time. There is a roast on Wednesdays and Sundays.

The **staff** told us that they assist residents at meal times by delivering their meals whether in the dining room or on their rooms. They sit with them during meal times and know what each resident likes and dislikes. All the residents can feed themselves. Eating at the large table in the dining room encourages a social atmosphere. There are always choices available for breakfast, dinner and tea with snacks of sandwiches, cakes and biscuits are always available.

One **family** told us that the quality and choice of food was “*very good*”, and they felt confident that their relative was supported with food and drink, noting that their appetite had increased since being in the home, “*eating with others seems to help*”. They thought that mealtimes were a social occasion within the home. The other also agreed saying “*the choice and quality of food is excellent, I enjoyed a meal with my relative there recently*” also noting that their relative had put on some weight since being in the home.

The **residents** we spoke to said that the food was good, with them noting the choice offered to them of two main choices at lunch time and that their food preferences were listened to. They enjoyed the 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.
- 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.

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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