

Healthwatch Kent Report : Care Home Series

Pinehurst Care Home, Sevenoaks

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

How did we go about it?

We visited the home on Friday the 27th April 2018. During our visit we heard from five staff, four families, five residents and the manager.

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:

The home:

- is in a rural setting close to Sevenoaks
- offers care with nursing for up to 30 residents
- was clean light and airy and well decorated inside and out.
- is privately owned by HC-One Oval Limited who have just taken over the home from BUPA
- had one lounge and a separate dining room
- had a well landscaped accessible garden which most rooms look out onto

The home had their last CQC inspection on 24th January 2018 and was rated overall as ‘Good’ for being safe, caring responsive and well led and ‘Requires Improvement’ for being effective. The latest report can be found on the following link <http://www.cqc.org.uk/location/1-3054883637>

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 enjoyed ensuring residents had the best quality of life, supporting the families and developing staff skills. The manager told us that it is a small home and she makes a point of talking to the residents daily, but she said some residents had poor cognitive recall and short-term memory.

Four **staff** members said that they had good support from the manager, easy to talk to and “*door is always open, and suggestions listened to*” but one said they would like more privacy as the office is shared with the Deputy Manager. One staff member thought that they did get support, but it was early days as the manager was still quite new, “*they are there if you need them*”.

One **staff** member didn't feel that they had support from the manager saying *"you can talk to them, but they always have an answer that is beneficial to them, Staff not really listened to"*.

All five **families** knew the manager and thought she was friendly and helpful one said that she was *"excellent"* and had provided useful advice and guidance. *"Always goes the extra mile"* Another said: *"she has remained visible and approachable"* and deals with issues pro-actively as they arise.

Two **residents** knew the manager, one of these thought she was *"very friendly and helpful"*, the other saw her around but didn't have much to do with her. Two others didn't know the manager and one couldn't answer the question.



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.

One **staff** member told us that some of the staff had been at the home for several years.

One **family** said that new or temporary staff do not have *"the same degree of understanding about my relative's needs"* and mentioned *"difficulty in finding and appointing new staff"*. Another **family** said that there seemed to be *"good team work and atmosphere"* amongst the staff.

All five **residents** that we spoke to thought staff were lovely, one said *"very caring and compassionate"*, one resident said *"I get on well with the day staff, but the night staff are a bit abrupt"*.



Based on what we heard, the home meets the indicator with some minor 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 staff were developed through access to training and development, 1:1 sessions, supervisions and appraisals.

Four **staff** members felt that they were encouraged to develop their skills and attend mandatory and developmental training with two saying they were waiting for a new training programme from HC-One but had opportunities for development under BUPA. One **staff** member felt that opportunities for training were limited because of staff resources.

Two **families** said that staff had the skills and time to care for their relative but two others expressed concern that they didn't always have the time. One family said the *"substantive staff are excellent, very caring friendly and able"* but some of the agency night staff are not quite so attentive.



Based on what we heard, the home meets the indicator with some minor 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 five **staff** told us that they would like more time to talk to residents with two saying they were often “*bogged down with paperwork*”. One **staff** member said “*it depends as some residents have complex needs and it takes a lot of time. You give what you can*”

One **family** said “*they do a good job with the staff they have but sometimes more are needed and they need to be paid more*”. Another family said that more staff were needed to provide basic care such as taking residents to the toilet and having time to talk to them. One family said “*the main challenge is when not all the full team are on duty, then there isn’t sufficient time*”. Two families did think staff had sufficient time to care for their relative and that staff knew about their relative’s life history and personality. One family said that the Activity Co-ordinator especially made it a priority to know about the residents’ background and interests.

Three **residents** thought that the staff did have time to chat to them with one saying “*all the time*” However, the two other residents said, “*yes when not busy*” and “*not really*”.



Based on what we heard, the home meets the indicator with some 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 the pre-assessment was very detailed, Care Plans were updated regularly or when needs change and are then audited.

Two **staff** mentioned the pre-assessment which takes place prior to the resident being allocated a place and all mentioned handover and updated care plans. One staff member said about talking to other healthcare professionals such as hospital staff at discharge. Another said that two staff are allocated to a bay of ten residents and they move round daily so that they know all the residents. Four staff said they would talk to the residents and families.

Five **families** thought that the home responded to their relative's needs as they changed, and one felt that they were kept informed about any changes. One family had concerns that the medical side of care was not being addressed but had so far not been able to talk to the GP about this. One **family** thought that staff were not always aware of their relative's hearing disability although aware if their other needs changed.



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 about singers, dancers, animal visits such as ponies, dogs, chick hatching, arts and crafts and outings. She also told us that there is a regular hairdresser and manicurist.

Three **staff** members told us there were a range of activities provided including outings, games, quizzes, crafts etc. as well as visits from outside people, schools, musicians, Tai Chi and speakers. Students from Tonbridge School come every Thursday and do activities. Two **staff** members said that there were not enough activities for residents with not many trips out organised and few 1:1 activities for residents who stayed in their rooms, but thought things were still developing under the new owners. One **staff** member said there were no activities at weekends and one said that there weren't many activities under the previous owner, but things look like they are improving with the new owners.

Four **families** felt the activities were good or excellent with one saying they make a real difference to their relative's enjoyment of life, "*the variety and programme of two activities each weekday is truly special*". All felt that their relative was encouraged to join in, with one saying staff came to remind their relative if they had forgotten what was on.

One **family** said that they are encouraged to join in with visits outside the home as well as a range of events at the home.

One **family** thought their relative didn't have many activities as they stayed in their bed, although the 'pat dog' was enjoyed.

Two **residents** said they liked the activities and had a weekly list. We saw several residents taking part in the weekly scrabble session which they were obviously enjoying. One resident said that she used to have a dog so liked it when the dog came in.



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** said that all residents have their own dentist who either visits in the home or who they see at the surgery. There is a regular GP.

All the **staff** we heard from, said that residents had regular dental and optical services either arranged by the home or by families either at the home or at nearby practices.

Two **families** said they take their relative to dentists and optician outside the home, one family was unsure about provision and two thought there was provision when needed

Three **residents** said that they had not been in the home long enough to know, but the other two had seen an optician.



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.

The **manager** said that at the pre-assessment any specific cultural, dietary or religious needs were noted and discussed with the resident and family. We were told that a resident who could not leave his room asked for a member of a local church to come and talk to him and sing hymns and this was arranged by the home.

Three **staff** told us that there were regular weekly visits from clergy who provide Holy Communion and that any specific needs are identified at the pre-assessment and they would be catered for. Residents can also have their own priest come in.

Four **families** said their relative didn't have any specific religious or cultural needs, but one said that their relative had asked for a same gender nurse for somethings and this had been respected.

One **resident** said that they had communion.



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** said that they use the information from families, residents and staff to reflect and try and improve the running of the home and the care given to residents and families.

The five **staff** told us that there are regular resident and family meetings and surveys and questionnaires are sent out periodically, but the manager was available any time if a resident or family had an issue. One staff member told us that there was a suggestion box and notice board in the entrance. Two **staff** told us that families had suggested that residents who couldn't go out would like a shop to buy things such as toiletries, sweets etc. so one has been set up and is very popular.

Five **families** said they were welcome participants in the life of the home with three saying "very much so". One family said: "all staff, including kitchen and cleaning staff make you feel welcome". They all knew about the family and resident meetings and would talk to senior staff if something required immediate action. They all knew how to make a complaint with one family saying they "felt confident to make a complaint and hopefully it would be acted on promptly".

The home distributed our survey packs that were sent prior to the visit and encouraged families and staff to complete them.



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 the chef made daily visits to the residents and that snacks and drinks were available around the home. Staff encourage residents to eat in the lounge and they have themed days to make mealtimes more interesting.

Staff told us there were 3 meals a day with a light bite menu if people wanted to eat or drink in between.

One **family** thought food was OK sometimes, but one family queried the nutritional value. One family thought the food choice was very good.

The five **residents** that we spoke to said, the food was generally good with one saying it was “*very good*”. All said they had a choice and one said “*they will do other things if you don’t like what’s on-they had an Indian day, but I don’t like Indian food, so they made me something else*”.



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

What have we recommended?

- Explore how to increase the amount of time staff can spend with residents including using befrienders and voluntary groups
- Continue to improve training and development programme and ensure staff are aware of any training opportunities as they arise.
- Extend the activity programme so that there are activities available at weekends and for those residents who do not leave their rooms.

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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