

Healthwatch Kent Report: Care Home Series

The Grange Care Home, Folkestone

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 The Grange Care Home in Folkestone. 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 The Grange Care Home, Folkestone on 25th January 2018. **Our three trained Enter & View authorised visitors were Annie McMillan, Paul Curd and Jo Pannell.** During our visit we talked to four residents, four staff and the Care Home manager. Unfortunately, we did not speak to any family members during our visit and no postal questionnaires were received, making this report a little less balanced 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

- is set in a quiet residential road with well stocked front and rear gardens, with areas for residents to sit at the rear
- is a 2 storey Tudor property
- has local amenities close by
- has a friendly, family feel to the home with lots of staff talking to residents
- has 28 single rooms catering for older people and the home currently had 22 residents. There are 19 staff, with an additional member starting next week and 2 waking night staff.
- Is owned by Ashwood Court Healthcare

The home had their last CQC inspection on 6th March 2018. The overall rating was 'Inadequate' in areas of safety, effective and well-led and 'Requires Improvement' for being caring and responsive. Please click on the link to download this report

<http://www.cqc.org.uk/location/1-113911762?referer=widget3>

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** had recently started in the post which was her first as a Care Home manager. The manager told us she enjoyed being busy with clients and learning new things.

We spoke to four members of **staff** during our visit and all noted the support offered by the manager. They noted that there had not been a permanent manager for some time, so a new manager was encouraging. The manager was easy to talk to and was good at listening to staff.

We spoke to four **residents** during our visit and two said that they knew the manager and that she seemed nice. The other two told us that there had been a period of uncertainty with managers from other homes covering The Grange, so they were unaware of the new manager. One of the residents commented on the managers “*professional approach when dealing with an incident with a resident today*”, and the other said “*that she is lovely she will listen to a problem and sort it out*”.



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 she is on a slight learning curve and that the staff were being supportive to her in her new role. She enjoyed being busy and learning new things, noting “*that the residents were lovely*”.

Three of the **staff** told us that they had enough time to sit and talk to the residents, one disagreed noting “*too much paperwork, residents come first, but staff have to split themselves too much*”.



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 she encourages her staff to have regular training. She has weekly meetings with each staff member where any areas for further training are raised there. She is currently doing a medication audit with staff to explore if things could be done differently.

One member of **staff** told us about training which included blood sugar levels, insulin injections, manual handling (some training in house, other on line). Another told us that they had update training annually, another had been upgraded to level 3 in social care and was also a dementia and dignity champion. All the staff appeared keen to learn new skills as part of their job.



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 they were fully staffed, with some staff there for years and some only a few weeks. The lack of management appeared to have had a detrimental effect on staff morale, hence some people have left recently.

Staff told us what they enjoyed about their job: they told us that the residents were “*looked after nicely, and all their care needs were catered for, rather than them going into hospital*”, another enjoyed meeting the “*needs of the residents and giving them a better quality of life*”. “*we all work with the residents and seeing them smile is rewarding, I sat with a poorly resident this week as they didn’t want to be on their own*”. “*This is the second home that I have worked in and it has a real family feel*”.

One **resident** told us that “*although the staff were busy, they were all very good and would help you*”, another told us “*staff do chat, but they ‘muck in’, and if they are busy they say just a minute and then come back to you*”. another resident said that “*they didn’t used to know all the staff, but they do now*”.



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 that any prospective residents are offered a pre-assessment when their life history, personality, health and social care needs are discussed. Family members are also encouraged to input into these initial meetings. All residents have a Care plan where residents’ needs are logged. She also noted that there was a choice of 2 hot meals and 2 deserts

every day, and a white board in the kitchen showed residents likes and dislikes. During our visit we saw staff updating care plans.

A member of **staff** told us “*that care plans ‘it’s all about me’ are used to record any changes*”. She told us how important it was to talk to the residents and ask them about their lives. Another said by “*talking to them as part of the pre-assessment and the care plan all the residents needs charted*”. The staff all noted the importance of talking to the residents to find out about their past and preferences and stated that the care plan detailed all the needs and changes of the residents.



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

- 6. Actively involve residents, family, friends and the local community in the life of the home.** Homes should have a clear way for residents, relatives and friends to get involved in decision-making in the home, if they choose to, such as a residents and relatives committee. Homes should not have set visiting hours, or any other arrangements that makes them feel more like a hospital than a home. They should have good links with the local community, for example by arranging visits from local schools.

The **manager** told us she has an open-door policy so that staff and residents can speak to her at any time. During our visit many relatives arrived to pick up or drop off residents for external appointments and one lady was going out for the day. Two residents regularly go the to the day centre run by Age Concern. There are resident meetings and an annual questionnaire out to relatives.

Staff told us about the monthly resident meeting, which families can attend and participate, or they can speak to the manager or staff directly at any time. *“Families can request the Wi-Fi code to Skype with residents”*.

The **residents** we spoke told us that there were no visiting times and relatives were free to call in anytime.

The **manager** told us about the annual questionnaires for friends and relatives of the residents. With an open-door policy, family can pop into the office anytime plus there are the resident meetings. The manager takes on board any suggestions made by the staff, she spoke about ‘Pro Risk care consultants’, who were working on an action plan with the home following a poor CQC report, they are currently looking at accident analysis and complaints procedures.

The **staff** told us about resident meetings and family questionnaires. One member of staff noted that a family had suggested using Skype to speak to their relative, which is now available. All the staff felt that they could have an input into how the home is run, especially with the new manager in post. One told us about the odd numbering of the rooms, which made it difficult, this has now been updated and they are in numerical order. Another said that the laundry was being changed to another room, another said that with the new manager there were many changes and that the manager was working with staff to implement change.

We asked the **residents** if there was anything that they would like to change about the home and if so, had they had told anyone about this? All four said that they wouldn’t change anything, one told us that she *“gets up when she likes, and breakfast is in the dining room any time after 7am”*. When we asked the residents if they knew what to do if they wanted to make a complaint, two said they would speak to the manager, one was unsure of what to do and the other would speak to a member of staff



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

- 7. 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 the school choir visited at Easter and Christmas. A volunteer activity co-ordinator is due to start soon. Currently there is bingo and racing provided by a visiting entertainer, singing, board games and hairdressing. There are no trips outside of the home for all residents at once but a carer may take a resident out on their own. The manager told us that they try to make meal times more sociable by having the radio on quietly, there is one large table and five smaller ones in the dining room and staff are encouraged to talk to residents during meal times.

Staff told us the activities which include card games, reading books, reminiscence time, zoo-lap, and that one gentleman went out for walks on his own. All the staff we spoke to encouraged residents to join in with the activities “*by talking to them, but some preferred to stay in their rooms, which is their choice*”. When discussing meal times, we were told “*there is a menu each day with two choices of a main meal plus a vegetarian option, a breakfast and tea time trolley were used at other times*”. Another staff member told us “*there are always 3 juices and water on the table and that there was a good variety of food*”. The staff sat with the residents to encourage them to eat and assisted some who could not feed themselves.

The **residents** told us it was easy to join in the activities should they wish to; one of the four we spoke to was not interested in joining in. The residents enjoyed mealtimes with comments, “*the food is fantastic*”, “*very good, no complaints, we get 3 good meals a day*”, “*the food is alright*” and “*the food is fine, I can eat anything*”. They all enjoyed mealtimes together, one noted that they “*could sit in the dining room or have a tray on their laps if they wanted to*”.



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

- 8. 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 an optician was in last week and either a family member will take residents to their own dentist or the home will call a visiting dentist as needed.

All the **staff** we spoke to said that an optician visits the home regularly and that they were in last week to check residents' eyes. A dentist is called in as and when required, or families take residents to their own dentist independently.

Two **residents** were unsure if they had seen an optician or dentist recently, whilst the other two knew that a dentist and optician did come into the home regularly. One also noted that a chiropodist also attended every six weeks.



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

9. **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 that there was not a call for communion that she was aware of.

Three **staff** told us that a vicar came into the home monthly for Holy communion and one resident mentioned a Jehovah's Witness that attends the home.

One **resident** told us *"no one discusses it, it is just like a normal home"*, the other three residents were unsure of the answer.



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

Everyone was complimentary about the food with the choice of food being mentioned. Drinks and snacks were on offer throughout the day. Residents were encouraged to eat in the dining room, but if they preferred to eat alone or in the lounge this was acceptable.



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 the drive to recruit suitable, efficient and effective staff.

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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