

Healthwatch Kent Report: Care Home Series

Woodstock Residential Care Home, Sittingbourne

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 Woodstock Care Home in Sittingbourne. 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 Woodstock Residential Care Home on 2nd February 2018. **Our Authorised Visitors were Carolyn Lucas and Jo Pannell from Healthwatch Kent.**

We spoke to the manager and deputy, five residents, ten families and eight staff

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 the town of Sittingbourne and is a large detached house in a residential area
- has 46 single rooms, 13 with en-suite and 7 shared rooms
- has a separate dining room, main and smaller lounges, TV room, activities room, quiet upstairs seating area and a conservatory
- exterior of the property is well maintained and welcoming. The interior has an airy feel and is well decorated throughout
- has tables and chairs in the lounges and dining room, all furnishings are modern, with fresh flowers on the dining tables and table cloths
- is close to local amenities close by with shops and bus services
- is owned by Nellsar Care Homes
- welcomes new residents to choose the colour decoration in their room
- has most bedrooms are on the first floor which is serviced by a lift
- accommodates for people over 65 and for those suffering with Dementia
- has a large rear garden with seating areas and a summer house

The home had their last CQC inspection on 19th July 2017. The overall rating was in ‘good in all areas for safety, effective, caring, responsive and for being well-led. Click on the link to see the latest CQC report <http://www.cqc.org.uk/location/1-122186088>

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 she started her career as a carer. She enjoyed caring for the residents, ensuring there was a nice safe environment for them to live.

The **staff** we spoke to noted that the manager was always there to offer support and was easily approachable, whether this be a work-related issue or personal one and has an open-door policy.

All the **families** we spoke to knew the manager by first name and said that she was friendly and approachable.

Five **residents** all knew the manager by her first name. They all offered praise for the good job that she was doing. *“she is very pleasant and approachable”, “she is a lovely lady and I can talk to her about anything”, “she has been into see me this morning for a chat”.*



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 a lot of the staff had been at the home for many years, but there were some newer ones.

Five **staff** members told us that they were short staffed at the time of our visit and felt under pressure. Three felt that they did have enough time to care for the residents.

The **family** members said that some staff had been there for some time.

The **residents** said that they knew all the staff in the home.



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 she encouraged the staff to learn via training, supervision, appraisals, observation and development.

The **family** said that most staff appeared to have the right skills, but some mentioned that although they had the skills they didn't always have the time to stop and chat with residents.

The eight **staff** we heard from all said that they were encouraged to go on training and that is was of good quality. One member said she *“loved to help and make residents feel that they are still independent”*. Another said: *“all staff are encouraged to do NVQ's in health and social care and you can progress to senior positions”*.

We asked the **residents** if the staff had enough time for them. Some of the comments we heard were *“they are excellent, honestly all the staff are so good”*, *“Since my falls a staff member accompanies me from room to room”*. We asked if the staff had time to chat with them and they told us *“oh, they are always talking to me, even the lady that runs the home”*. *‘they have more than a chat at times, they are very busy, I admire them, they do a good job’*, *“yes, if they have time, they are always busy”*.



Based on 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 **manager** told us that there were four waking night staff and eight staff on during the daytime.

Five **staff** members felt that they are currently too pushed for time and are under pressure due to staff shortages. The other three felt that they had sufficient time to do their job.

Family said that staffing appeared to be short on occasions.



Based on we heard, the home meets the indicator with some minor 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 there is an in-depth assessment before a resident arrives. When they join the home, a care plan is drafted with both the resident and family to gain a life history of the resident.

Staff told us that all the information is recorded about changing needs in care plans which are reviewed monthly. They also talk to the families and residents about any changes. Immediate changes are communicated during shift handovers and recorded in the care plan.

Five **family** members said that the home keep them updated with any changes to their relative, with one saying “yes, they are pretty good at this and phone me to let me know if the doctor has been called”.



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 all the activities including ‘resident of the day’ who get to spend an hour with the activity coordinator on a one to one basis. There is an entertainer who comes in, coffee mornings, tombola, BBQ’s in the summer,

board games, painting and physical activities such as chair-based exercise. The home has a mini bus for external trips such as fish and chips and other outings. There is a salon on site with 2 hairdressers attending on a part time basis.

The **staff** members told us that there were singers, painting, music for health, bean bag target, bingo, arts and crafts dominos, hair and nail care, BBQ's in the summer, cake making, trips to the fish and chip shop, coffee mornings, one to one chat and yoga. One staff member stated that there were two activity co-ordinators who organised activities in the mornings and afternoons during the week. Staff encourage residents to join in the activities but if they are struggling with something they will sit and assist them. The activity co-ordinators can also take the activities to residents in their rooms.

Families told us *“I feel they are adequate for their needs”, “They are very good but my relative prefers to read”, “They are varied but do not always happen as advertised”, “Very good, they can join in if they want to”, “Great entertainment, with singing and events like the BBQ”. “Activities could be more incorporated into the everyday life of the home like folding tea towels or sorting socks, there doesn't appear to be much for the men”*. Four family members told us that their relatives were encouraged to join in the activities, but the residents didn't always want to do so and two were unsure if they were encouraged, but believed that to be the case.

When asked about the activities, **residents** told us: *“there are some things I want to do, but not much”. “there are chair activities and dancing, we are always kept busy”. “There is exercise, jigsaws and cards, anything I want really”. “quizzes, singalongs, big balloon activities, it's a laugh”*. Four of the residents also commented on how much they had enjoyed trips in the minibus for fish and chips. They all confirmed that they were encouraged to join in the activities, but not all wanted to.



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 all professionals come in regularly including the optician, chiropodist and hearing professional.

The **staff** told us that an optician visited the home annually and a chiropodist visits regularly. For dentist appointments the relatives take them to an external dentist.

All the **families** told us that there was an optician who attended on a regular basis. As far as dentists were concerned, one said *“there is no community dentist, which seems daft, but it would be good if it could happen”*. And the remaining respondents said that families take them to the dentist. One relative told us about the chiropodist comes to the home regularly.

The **residents** we spoke told us that their family member took them out to the dentist. They also mentioned in house checks such as optician and chiropodist and two ladies had their nails done recently.



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 that a Baptist minister attends the home on a Sunday and sets up for a formal communion, Catholics can also attend the service.

The **staff** told us that the local Baptist church visits the home to perform a service once a month. A religious leader can also come in for seeing individuals to help them practice their faith. They felt confident that they could cater for any other religious needs as required.

Families told us that overall their relative did not have any specific cultural needs, but they knew that there was a service at the home and some relatives attended this.

Residents told us about the Sunday services, which the majority attended, the others were 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 an action plan is set following resident and family meetings. For example at one meeting, a resident requested a mid-week roast, which is now in place. All other suggestions are considered and monitored. The manager told us that resident and family meetings are advertised on the notice board and there is an annual survey for staff, families and professionals.

The **staff** told us about regular resident and family meetings which take place every month and questionnaires sent to families annually to highlight any issues. *"We have monthly staff meetings which the manager and deputy are present at. We can discuss all the running of the home and everyone is free to speak and have their say with any concerns or ideas to improve the home further". "the manager is always open to suggestions, so any staff member can put their point forward. The manager will then see if it is a viable option"*.

All the family members knew about the resident and family monthly meetings and attended, except for one who said that *"the family all worked, so could not attend"*.

One resident said: *"I do feel that more could have been done at the beginning to put me at ease - putting your relative in a home is one of the worst experiences ever"*.

Four **family members** told us that they felt confident in making a complaint, with one noting *"I would feel confident and feel sure it would be acted upon immediately"*. Two others said that they wouldn't want to rock the boat but would complain if needs be. Some family members also told us that the home does not allow for visitors to attend during lunch times. This was an issue for some *"I often wish I could join my relative at lunch, the menu looks good"*.

We asked the **residents** if they would change anything at the home and they told us: *"None whatsoever, and I am being honest". "things in the laundry get put back in different draws which is annoying, and I have had a DVD go missing" "I*

feel like a prisoner". The other two did not want any changes. If any of the residents wanted to make a complaint, they told us they would all go straight to the manager or one of the staff.



Based on 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 **manager** told us that there was a 4-week rolling menu and the chef checks with residents and is flexible in altering the food. Diets are constantly checked and changed. Place settings are on each dining table with the residents' name. There is a snack trolley in the mornings and afternoons offering hot and cold drinks and snacks such as sausage rolls, cakes, fruit and biscuits

The **staff** members told us that they assist with feeding if needed, and that the dining room is nicely laid out with small tables and names plates. There is a menu with a variety of choices to suit all residents, if they fancy something not on the menu they told us they try to meet their requirements.

Families told us that the choice of food seemed very good based on the menu but they were unable to comment on the quality as the home had a no visiting policy at lunchtimes.

The **residents** we spoke to about the food said; *"liver and bacon with vegetables and fruit sponge and custard is good"*. *"the chef is very good, he tries to find things that I like"*. *"Nice food especially rhubarb and custard, it is always lovely"*

with a good choice". *"the vegetarian food is good"*. All the residents we spoke to enjoyed meal times finding them sociable in the dining room which enabled them to interact with others at their table.



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

What have we recommended?

- Explore holding family & resident meetings at different times to enable those that work to attend
- Build relationships with voluntary groups such as befrienders to supply additional support for staff and residents
- Display upcoming activities more prominently so residents and their families can see what is planned
- Work with families who would like to join their relative at lunchtime. This would help to make meal times more sociable and leave staff more time for those who need assistance
- Source a community dentist to visit residents at the home

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.

Our FREE Information and Engagement service can help you navigate Kent's complicated health and social care system to ensure you can find and access the services that are available for you. Call us on 0808 801 0102 or email info@healthwatchkent.co.uk