

## Healthwatch Kent Report : Care Home Series

### Beech Care Home, Darenth

May 2018

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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 For example 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 our visit. 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 highlighting their improvements.

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](http://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 Beech Care Home in Darenth on 25<sup>th</sup> January 2018. Our authorised visitors were **Jill McDougal and Pat Still**. During our visit we talked to five residents, 14 families, one member of staff and the manager

We were seeking to answer the following statements.

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 meal

## Overview: What did we find?

### 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 been at the home since April 2017, prior to this he was the manager of Romford Grange Care Home in Essex. Previously his grandfather had been a resident in the home and he had a neurological nursing background.

One member of **staff** told us that *“the manager is always approachable, if I have an issue to raise, my manager will sort it out”*

One **family** told us that they had chosen the home for their relative because of the links they had made with one of the nurses and that the manager seemed *“capable and friendly”*.

**11 family members** said that they knew the manager and that *“he seemed friendly and helpful.”* Two family members did not know who the manager was, with one noting that they had emailed a couple of times and did not get any response.

We spoke to five **residents** all of who knew the managers name and thought that he was: *“very good”*, *“he has a good manner”* and *“he seems pleasant and involved”*. One **resident** told us that the manager was new but seemed to be good.



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 the workforce was stable with little turnover. Four new members of staff had just completed their moving and handling training. If agency staff are used, the manager tries to ensure they have worked at the home previously.

Two **family** members told us that there are only a few members of staff that have been there for a considerable length of time. Agency staff were of concern to them.



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 they have regular staff supervision and appraisals. Currently being introduced is a new ‘key worker’ regime where staff are encouraged to have different roles and responsibilities, this will help with staff motivation and self-esteem. All staff complete learning modules which are compulsory and must do regular upgrades. The majority of these are online training programmes

One **family** thought that the staff had the time and skills to care for their relative. One **family** said that they thought the staff had the right skills noting: *“my relative doesn’t like anything and is always complaining. The staff are very patient”* 12 **family** members thought that although they may have the relevant skills, they were very busy.

Two **residents** had no problems with the staff and thought they *“were very nice”* with one **resident** saying: *“they talk to me a lot”*. One said: *“day staff are fine, night staff, I don’t like them”*. The other **resident** said: *“The staff are ok, some are friendlier than others” and one had mixed feelings.*



Based on what heard, the home meets the indicator with some 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 do use agency staff but try to ensure that these are regular personnel. He noted that the issue of night staff had been raised at the last resident's meeting. To address this, he had called a meeting to take place later during the evening for all night staff. The manager also did spot inspections during the night. Night staff consist of one nurse and two care assistants on duty.

We asked the **residents** if staff had time to chat with them: two residents said staff were too busy, one said if you called them over they would chat and the remaining two said that staff talked to them a lot

Eight **family** members thought that staff were too busy to chat to their relative and they were often short staffed with one **family** saying they had to remind staff about things like hair washing and nail cutting.

Four **families** thought that staff did have time to talk to their relative with one saying "*they are very good at it*"



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

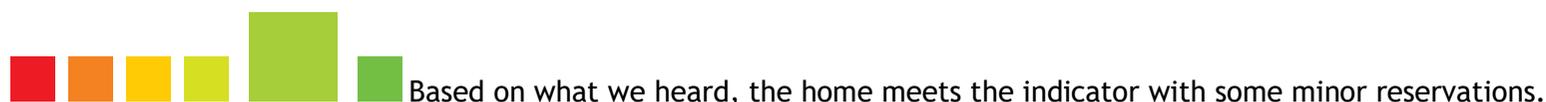
5. **Be clear about how they will be able to meet residents' needs both now and in the future.** Many residents will develop more care needs as they get older - particularly if they have a condition like dementia. It is vital that homes can spot changes to their health and respond appropriately - consulting 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 each prospective resident has a thorough assessment so that they can alert staff to their specific needs. They use 'iPads' which have a resident tracker on them, these are updated and reviewed monthly. The managers also use a version of the Independent Age Quality Indicators to ensure residents needs are met.

The **staff** member told us that they introduce themselves to new residents then gradually, day by day they find out about their life and that by talking to the residents they can pass any issues or change in needs back to the manager.

One **family** told us that the staff had taken time to find out what their relative liked and needed. They continued *"this is the first time we have had to use a home and we are really pleased. The staff are always pleased to help"*. Another **family** member told us that the staff looked after their relative very well: *"particularly safety, they have provided a floating mattress to ensure against bed sores."*

Three **residents** thought that staff knew what they needed and liked. one **resident** thought that the day staff did, but that the the night staff didn't know. One resident didn't think they knew at all.



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 they had three activity organisers who come in on different days of the week. They try to find out what residents would like to do and provide this as far as possible. They also have a minibus and a coach company who have a lift to enable those who are in a wheelchair to participate. Last summer they had a trip to Eastbourne and regularly take residents shopping at Bluewater. The garden is currently being renovated to include raised beds so that residents can get involved to tend the garden should they wish to do so. The garden will also be wheelchair accessible.

One **family** member told us that, *“last week they had a Victorian tea party, which all of the residents were enjoying”* and which families were invited to. One **family** member knew about the activities available but their relative didn’t want to join in.

Eight **family** members thought the activities both inside and outside the home were either *“good”* or *“very good”* and one family said *“They are exceptionally good during weekdays but limited at weekends”*.

When asked about the activities there were for them in the home, two **residents** told us they liked the singing. One **resident** particularly liked bingo, and another resident said: *“there are 3 activity ladies, one day they have a pamper day and I have my nails done”*. One **resident** told us *“they sometimes treat you like children”*.

We asked the **residents** if they had trips outside of the home: one person told us they hadn’t been out due to poor health but hoped to when better. Two residents told us that they had recently been to the garden centre and another said they had been to Bluewater to shop for clothes. One lady said that she hadn’t been out at all.



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 **manager** told us that a GP attends the home weekly or more often if required. Residents could also see a dentist and optician in the home.

One **family** said that the doctor comes in regularly and did “*come in to introduce himself to us.*” One **family** knew that Vision Express had come in to repair broken glasses. All the **family** members except one thought optical and dental care were offered at the home. One **family** arranged for their own dentist to come in.

The **residents** we spoke to all knew about the doctor who visited on a Monday, and that the dentist and optician also came into the home



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 peoples' religious beliefs would be recorded in their individual care plan, which all staff have access to. A vicar attends to administer Holy Communion and on Wednesday's there are hymn's and prayers for residents to join in should they wish so. One example the manager told us of was that of a Muslim lady who had recently moved in, the staff had to carefully monitor her religious rituals, especially on her death. They worked closely with the lady's family to ensure that her cultural and religious needs were observed. They were working with the family of a gentleman to ensure that the care provided met his dietary, cultural and religious needs. We were told the chef will cater for any special dietary needs.

12 **families** told us that their relative did not have any specific religious or cultural needs but two families knew about the weekly services.

One **family** told us their relative regularly attends church and is taken by one of the helpers.

Four of the **residents** told us about the church service on a Wednesday and one resident told us that they didn't have any specific cultural or religious needs.



Based on what 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 they had regular resident and family meetings and take on board their comments and that he has an open-door policy for families and staff.

The **staff** member said that the manager is always ready to listen to ideas or suggestions from staff and families.

All the **families** told us that they felt welcome participants in the life of the home with one saying *"I am always in and out and know all the staff"* Another said, *"we feel at home here, it is excellent, I would like to come here myself"*.

However, **nine families** did not mention the resident and family meetings as a means of inputting into the home. Three **families** mentioned the meetings. but one said they would like them to be more regular.

All but one of the **families** would speak to staff, the manager or head office if they wanted to complain. **One family** would complain via the website if there was no response from the manager, but they were not confident it would be acted on as it had not in the past. One **family** said when they have complained things have been sorted out straight away.

Four **residents** felt they would contact the manager if they had a complaint.

One **resident** would not change anything about the home but one said they would like to change the night staff. Another resident told us she would like to change the décor in the lounge and another resident would like to have their tea in a cup.



Based on what 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 they try to provide food that the residents like as far as possible and that food and fluid intake is monitored.

10 of the **families** thought that the food was good or very good with enough choice and that their relative was encouraged to eat and that mealtimes were sociable. One said, *“it is freshly cooked on site and nicely presented”*.

**One family member** said they *“bring food in as their relative doesn’t like what is provided.”* Another said *“Generally, the food is good, but curry and chilli are not the type of food my relative eats”* and one said *“it doesn’t look very appetising”*.

**One resident** told us that the food was very nice, one resident said it was *‘variable but ok, we do get a choice’*. However, **another resident** thought it was *“rough” “came in boxes and is warmed up”*, but **staff** said it was prepared on site and showed us the menu for the following day which had two main choices and a dessert. **One resident** said, *“I tell the chef what food I want, and he prepares it for me”*. **One resident** who was on a soft diet didn’t think he had a choice.

One resident told us they enjoyed the company and chat at mealtimes.

Residents were encouraged to use the dining room but could have their meals in their own room or in the lounge if they preferred. During our visit a care assistant was going around with a trolley of sweets, toiletries etc. to the resident lounges and to individual rooms. She explained that all residents have money in an account and can purchase small items and charge them to the account to obviate the need for them to have cash.



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

## What have we recommended?

- Review staff attitudes towards some of the residents.
- Ensure there are adequate staff numbers so that they have enough time to stop and chat to residents and are aware of their needs and preferences. This could be helped by liaising with community or voluntary groups who may have a befriending service.
- Ensure that there are activities for residents that stay in their room or bed and that families are aware of these and they are recorded on the iPad system.
- The lounge would benefit from being re-decorated and updated.
- Establish links with local community groups and children
- Ensure that families are aware when there are family meetings and the procedure if they need to make a complaint
- A 'You said we did' chart should be created so that families and residents know what action has been taken as a result of their input.

## 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](mailto:info@healthwatchkent.co.uk)