

Healthwatch Kent Report : Care Home Series

Little Court Care Home, Tunbridge Wells

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 of our visit to Little Court Nursing Home in Tunbridge Wells. 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, family and staff about their experiences of living and working in the home.

How did we go about it?

We visited Little Court Care Home on 12th January 2018. Our authorised visitors were Mike McKenzie, Ray Fairburn and Theresa Oliver. During our visit we spoke to eight residents, four family members and three members of 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 a purpose-built modern building situated in the countryside
- has 33 rooms, 2 of which are shared
- currently has 35 clients
- has large landscaped garden
- was light and airy and well decorated both inside and out
- caters for people who require nursing and specialist care.
- is privately owned by MG homes.

The latest CQC report was on 31st October 2016 and can be found on the following link <http://www.cqc.org.uk/location/1-1375586157>
The overall rating was ‘Good’ for being responsive, caring, well-led, effective and safe.

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.

There wasn’t a **manager** in post at the time of our visit, but interviews were underway. Managerial responsibilities were being temporarily shared between the Head of Care and the Deputy Manager.

The **Senior Care worker** told us that there had been some uncertainty about when, or if, the Manager was leaving which meant that the information given to families and residents was sparse. Some family members also mentioned this uncertainty.

One **family** said the previous manager “*was very good*”. Another family said that they were “*always friendly and helpful*”

One **resident** knew the previous manager who they felt had been “*good*”

A **staff** member said that the current management were “*very approachable and get things done*”

Note: Since our visit, a permanent Manager has been employed



Based on what we heard, the home meets the indicator with some minor 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 **Senior Care staff** told us there are 42 long term staff and 16 new staff members.

One family mentioned that *“two previously good people have just left”*. Another said that the staff are *“absolutely brilliant, they are caring in every way possible”*

Two **residents** told us that they thought that the staff were fine or alright, another said *“very good”*



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.

A member of **staff** told us that training was encouraged and there was a structured annual training plan discussed at appraisals. Another said external training was organised.

The **Activity organiser** had requested to train in reflexology to provide to residents which was underway

Two families thought that staff had the appropriate skills to care for their relative.



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.

We were told that there were 7 staff on duty in the mornings, 5 in the afternoon and 2 overnight. In addition, a nurse was on duty during the day and night.

One **staff** member told us she didn't feel that they had enough time to care for the residents. She told us that they were currently missing two staff members. Although she felt that though they worked well as a responsible team, it was quite pressurised, particularly if there was sickness or unplanned absences.

Another member of **staff** felt that they did have enough time to care for residents and made that a priority. They liked having responsibility and running a team. Another staff member said they had limited time to chat but do when "*the opportunity arises.*"

Five **residents** told us that staff had time to chat with them and one said "*sometimes, but they haven't got a lot of time.*"

One **family** told us that the staff spend time talking with their relative and were "*caring in every way possible.*"



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 - in order to provide the right level of care and prevent residents from having to move again.

Staff explained that prior to a resident arriving at the home, a 'This is me' document is completed. This is done by talking to the resident and their family about their life history, likes, dislikes etc and a care plan is developed from the findings which is then reviewed monthly, or as required, by staff and families.

There is also a 'Resident of the day' session where one resident's care and lifestyle is looked at in more depth.

Three family members all thought that staff noticed when their relative's needs changed with one saying "*this is the most brilliant Care home. We took my relative out of another home as it was so bad, but everyone here has been brilliant*"

One resident told us, "*I haven't got a bad word to say, absolutely brilliant, I don't want for anything*". Three residents told us that the staff knew what their likes and dislikes were.



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.

Staff told us the home has an Activity Co-ordinator. As well as quizzes, games, bingo, flower arranging, they do activities with a local school, have outside entertainers once a month and visits from an animal therapy company. In summer they have events like Tea on the rec and gardening. They try to do one outside activity a month. Staff encourage people to join in if possible.

One family told us about the mini bus which is used for trips such as the garden centre.

Another family said the Activity Co-ordinator is "*really enthusiastic, always smiling*". They commented on her ideas for music, crafts, dance, and is "*really brilliant*".

One family told us "*we did a garden walk yesterday and they have been on a boat trip down the Medway*".

Another family said there were lots of activities, but their relative was not well enough to participate in most of them

One **resident** said that “*staff come and ask me if I want to join in but no pressure if I don’t.*” Another resident said there is a list of activities to choose from. One resident said that they particularly liked the cooking and hearing old poems. When asked if they had trips outside the home, one person told us they had been on a train trip, another said they had been to the pub with another saying they had planted some bulbs in the garden.



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?

Staff told us that Eye Concern visit once annually, or at the request of GP or staff. The Community dentist also comes on request. They have links with a local surgery and GPs knows the residents.

One **resident** told us that they needed to see a dentist as they had tooth ache. Another said that they had seen an optician twice in two years.

Three families said their relative didn’t need optician or dental services but had access to GP. Another family commented that their relative had their teeth cleaned daily.

Some **residents and families** didn’t know whether there were regular dental and optician visits but thought that they came if needed. One resident was waiting for a cataract operation.



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

Staff told us there isn't a regular service but a minister visits periodically or by request.

One resident told us that "*Valerie takes church here.*" Another said they were not a church goer and had not been offered to attend a service "*but sure it's here if I want it*". One resident said she had seen the priest and other residents couldn't answer.

One family said that they thought "*the home would accommodate their relative's religious needs if they asked for something*"



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 at any time, and there should be a healthy culture of challenge and feedback between residents, relatives and staff.

All the families we heard from felt that they were welcome participants in the life of the home. One family said "*very much, all the staff greet us by name and are always friendly*". They told us about the monthly relatives' meetings, but staff are always ready to listen at any time and the office door is always open. There are no restrictions on visiting times

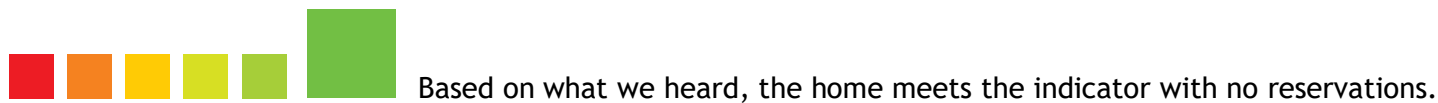
Staff told us that families and residents can make suggestions, and nothing is normally rejected out of hand.

One staff member thought that staff have an input into how the home is run up to a point, especially on practical matters but not on the philosophy of senior management.

Four **residents** said they would not change anything about the home with 1 saying they were *“quite happy as it is”* and one said that he was generally happy but would rather be in his own flat. Another resident said they would go to the manager’s office if they had a complaint, but most did not answer or said they had no complaints.

One **family** said that they knew how to make a complaint and were confident it would be acted upon as had made a complaint once before. Another said they knew how to make a complaint but were unlikely to.

The home was happy for us to talk to staff and residents. However, we did send packs prior to our visit to be given to families but these had not been distributed. Consequently, we had limited responses from families.

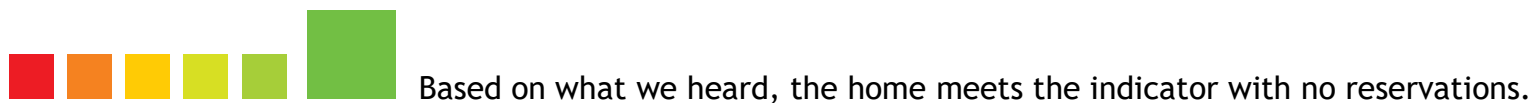


10. Provide nutritious food, plenty of fluids and a pleasant environment for meals

Five **residents** thought the food was good or very good, and one told us it was *“marvelous-never wasted any yet”*. All thought the choice was good but one commented that their choice was limited due to dietary restrictions. Those that were able to go to the dining room enjoyed their meals and the social interaction.

Staff told us they encourage residents to eat in the dining room where possible and they have snacks available between meals if wanted.

One family said that the meals were *“excellent”* and thought they were sociable. Another family told us that the meals were *“very good, they even provide one for me if I want to stay with my relative”*.



What have we recommended?

- To explore the possibility of regular dental /optometry visits as a preventative measure for residents. Poor oral health can lead to a range of other diseases as well as making eating difficult and poor eyesight can be very isolating and prevent people joining in activities.
- To ensure that there are robust procedures in place for listening to the view of families and residents.
- To share with other homes the excellent activity program as an example of best practice.

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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