

Healthwatch Kent Report : Care Home Series

Park View Care Home, Ashford

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 from Park View Care Home. 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 Park View Care Home on 9th January 2018. During our visit we spoke to the manager, nine residents, seven family members and three 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 in South Ashford in a quiet cul-de-sac in a modern purpose- built building.
- has 88 rooms all with en suite facilities, and currently has 60 residents in four Care suites specialising in dementia, nursing and palliative care.
- was clean tidy and well decorated both inside and outside with a light airy feel
- has a Tesco nearby with a nursery and Leisure Centre next door and good public transport links
- is privately owned by Ranc Care
- has a large landscaped garden

The home had their last CQC inspection on 16 November 2017. The overall rating was ‘Requires Improvement’ for being well-led and safe, they were found to be ‘Good’ for caring, effective and responsive. Please click on the link to go the report <http://www.cqc.org.uk/location/1-118135566>

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 has always worked in the care industry and enjoys meeting the residents and supporting the staff.

Staff said, “*support is always there when needed*”, and “*she has an open-door policy*” and “*she lets us know what she expects but listens to our opinions*”.

Six **residents** did not know the manager, but some seemed to recognise her as we were introduced, two said that they did know her and that she was friendly and helpful, one resident was unable to answer.

Six of the **families** knew the manager and had found her helpful.



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.

A **staff** member said that there would be less pressure and more time to talk to the residents if there were more carers, a view reflected by the families we heard from.

One **family** commented that “*there is quite a turnover of staff*” and another said that 1:1 conversations between of staff and residents wasn’t always possible with changing staff.

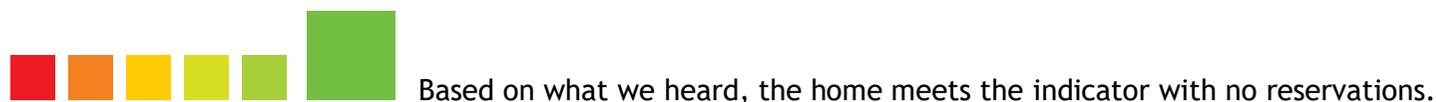


Based on what we heard, the home meets the indicator with some minor reservations.

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 she responds to specific training requests from staff as well as implementing a structured training and development plan. For example, there is a link with a local gym and a member of staff is training to deliver Chair based exercise. A staff member said *“we are always encouraged to develop our skills”*.

Five **families** thought that the staff were well skilled but didn’t have time to learn about the residents likes and dislikes and life history. One family member commented that *“staff who have been here a few years know about the residents”*, one family member thought that the staff knew their relative’s life history and personality *“very well”*.

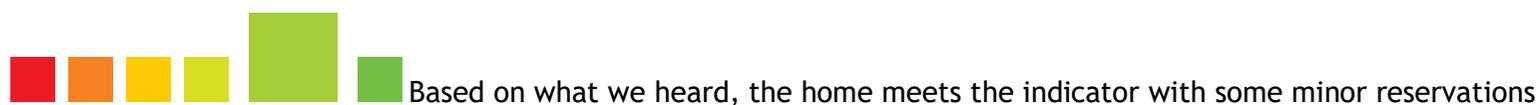


- 4. Have enough staff on duty during the day and night.** Many homes have a lower proportion of staff on during the night, but if the ratio falls too low - at any time of day - response times can be too slow.

One **staff member** thought more carers would help them to spend more time with the residents.

Six **residents** felt that the staff had time to stop and chat to them one said they *“definitely know what I like”* and three said *“they are lovely”* the others felt that staff didn’t have time to stop and talk to them or only sometimes as *“they have a lot to do”*.

One **family** said *“more staff are needed”*.



- 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 there is an extensive pre-assessment involving the families and the resident as well as medical reports leading to a person-centred care plan. This is updated regularly, and all staff are encouraged to read them. They also produce a Life Story summary.

The **staff** we heard from enjoyed learning about the resident's past and loved discussing it with them. Any changing needs or issues were added to the care plan and staff made aware at each handover.

Five **families** thought that staff notice when their relative needs change. However, one said that *“there have been occasions where I have had to bring things to their notice like my relative is in an uncomfortable position.”* Another said *“only a few members of staff take the time”*.



Based on what we heard, the home meets the indicator with some minor 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 they have an Activities team of 3 staff who organise a variety of activities both individual and group, according to the resident's ability. A high priority is put on providing appropriately challenging and varied activities with the team trying out new ideas. They are looking at installing a sensory area.

Some **family** members thought the activities were good but their relative didn't or couldn't really participate. One felt that their relative was rarely included in the activities and another would like to know what activities their relative took part in. One family member said *“the activities team work really hard”*.

The **staff** told us that trips to Costa Coffee and the nearby park and other outings, were organised in summer. As well as the usual range of board games, bingo and quizzes, they have themed days such as a 'Milk Shake' day and around festivals, celebrate birthdays and have an outside entertainer come 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** told us that there are regular visits from an optician, but they were not enough community dentists and there was sometimes difficulty getting an emergency dentist.

Staff thought that there was regular dental and optical care.

Five **family** members thought that optician and dentists were organised as required with two not sure. One thought that optician was organised annually but that the dentists rarely came.



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.

At this time, residents do not have very diverse cultural or religious needs, but the **manager** would determine if there was a need at the pre-assessment.

Seven **residents** said how much they enjoyed going to the monthly church service.

One **family** was concerned that their relative *“had not attended the service in the home, no matter how many times we've asked”* Of the two residents who didn't say they went to the church service one couldn't answer and one didn't go.



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

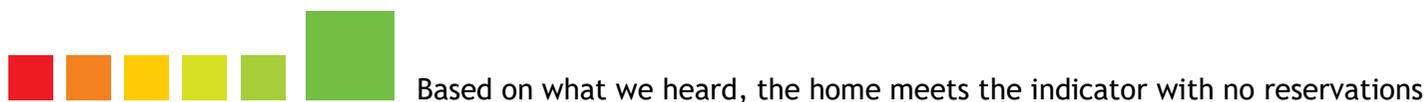
9. **Show that they're always looking to improve.** You should be able to find out what current residents, their families and friends think about the home. The care home should be happy to help you do this - for example, by putting you in touch with a residents and relatives group or allowing you to 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, in addition to regular family and residents' meetings, she has an open-door policy and families, residents and staff are encouraged to bring any issues to her attention as they arise. Families are informed about the meetings. The home has a good relationship with the nursery and recreation centre next door and there are no set visiting hours.

The **staff** said that their *“opinions are taken on board”* and they felt they could discuss issues with the manager. One suggestion about the redesign of the uniform has been implanted with the residents choosing the new colour.

Six **residents** said there was nothing they would like to change with one saying, *“I am quite content”* and another *“I like everything”*. All said they would talk to staff if they had a complaint. Three residents weren’t able to answer these questions.

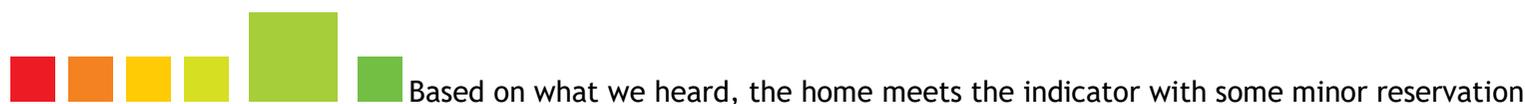
All **family members** we heard from felt that they were welcome participants in the life of the home saying *“the staff are very welcoming”*, *“the staff come and talk to me”* and *“definitely welcomed”*. All knew about the family meetings and most knew about the complaints policy but would speak to the staff or manager if they had a complaint. One said, *“I have spoken to the manager in the past and the concern was dealt with quickly”*. One remarked that there used to be a Relative Comment form in the bedrooms which was quite useful but doesn’t seem to be there now.



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

Staff told us they encourage people to eat in the dining room if they are able and *“if they need help we help them”* *“drinks are offered all the time”*. They get shown the menu and can chose. Alternatives are provided if they don’t like what’s on offer.

All **families** thought the food choices were good, or very good with one saying it was *“outstanding, the food looks and smells nice”* All felt that mealtimes were sociable, one saying *“it looks like a nice social situation”*, but one said that because of the help required staff sometimes forgot about the residents in rooms and when they had their meal it was going cold. One family member choses the food for the resident as their relative forgets what they like. One thought that although the quality was good, the variety was poor, as their relative had special dietary needs although they *“always eat all of the food”*.



What have we recommended?

- Reintroduce the relative comment forms in rooms with a central suggestion box if people want to offer comments anonymously.
- To record when and what activities residents take part in. Consider sending a picture to the relative at the time.
- Ensure that all residents who would like to go to the church service can attend and that the relatives are aware of the opportunity.
- Ensure the food is still hot for the residents who eat in their room.
- Continue to expand the activities provided by the activities team.
- Look at ways of providing regular dental check-up so that there is less need for emergency dental care.

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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