

Healthwatch Kent Report: Care Home Series

St Johns Care Home, Whitstable

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 our visit to St John's in Whitstable. 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 and staff about their experiences of living and working in the home.

How did we go about it?

We visited St Johns Care Home in Whitstable on 9th January 2018. We were greeted by the Registered Manager of the home.

How did we go about it?

Our authorised visitors were Jo Pannell and Helen Stewart from Healthwatch Kent. During our visit we talked to two residents, three staff, the Care Home manager and received two postal questionnaires from families.

We were seeking to answer the following indictors.

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. Actively involve residents, family, friends and the local community in the life of the home
- 7. Offer meaningful activity and enjoyment to suit all tastes
- 8. Enable residents to see a GP or other health professionals like a dentist, optician or chiropodist, whenever they need to
- 9. Accommodate your cultural and lifestyle needs
- 10. Show that they're always looking to improve



Overview: What did we find?

We visited St John's Care Home, Whitstable, on 9th January 2018.

The home

- o is an old style detached house, which makes it limited in terms of what you can do to it
- o is set in a residential street, with local amenities and a bus stop close by
- o is clean both internally and externally with a garden to the front and rear
- o has a family feel to it and the staff were busy with residents offering them drinks and snacks on our arrival
- o has 16 single rooms and 1 shared, bathrooms are shared and there is a stair lift to bedrooms on the first floor
- furnishes residents bedrooms to their taste
- St Johns Care Home is owned by St Johns Ambulance
- o has a small lounge, dining room and kitchen, which are adequate for the number of residents
- o caters for people with old age, physical disability and mental health

The home had their last CQC inspection on 21st September 2017. The overall rating was in 'Requires Improvement' in areas of safety, effective, well-led and responsive and 'Good' for caring. A link to the latest CQC report: http://www.cqc.org.uk/location/1-3602223581

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 had previously worked in a 5-star care home, but she came to St Johns as Deputy Manager initially, working her way up to registered manager during the last year. She told us she felt as though she had 'come home' when arriving at St John's. She noted that she had an 'amazing team' working with her and that she enjoyed making the home cater for each individual people. For example at Christmas, all the residents received a personalised gift.

We spoke to three members of **staff** who told us that the manager was easy to talk to, supportive, always available either face to face or on the phone.

We heard from two **family** members who both knew the managers name and said that she was very 'nice, welcoming, friendly and approachable'.

We spoke to two **residents** who both knew who the manager was, with one commenting about the flowers and welcome card received as they had recently moved in. They noted that the manager was always helpful and approachable.



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

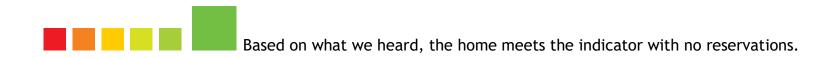
2. Have a stable workforce. Care homes with knowledgeable, experienced staff who get to know residents can make the difference between an institution and a home. Where turnover of staff is very high, these qualities can be lost. It may also be a sign that staff are not happy working in the home.

The manager told us that the residents and staff were her priority. Staff turnover was low, with some being there for many years.



The **staff** told us that they enjoyed their jobs, with no two days the same. One noted "I love my job, giving care and working with an excellent care team, but I feel we need more carers". Another said "looking after the residents, knowing that I have made a difference to make their lives fuller"

Both residents we spoke to knew all the staff in the home or appeared to know them.



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 actively encouraged staff to progress their careers and take up as much training as possible. She recently identified a gap in blood taking, where only the District Nurses or the manager could take blood. Now several staff have been trained therefore negating the need to call on the Nurses. Discussions at break times often discuss training needs so study days and various training programmes are offered.

The **staff** told us that the manager actively encouraged them to undertake further training which is either provided in house or via distant learning.

We asked the **residents** about the staff and they told us: "they are marvellous, I couldn't fault them", "they are lovely and have time to chat with me".

The family said that: "the staff work very hard doing a difficult job" and "my relatives needs are met very well".





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 did not answer this question

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 all prospective residents are offered a pre-assessment - this will identify their likes and dislikes, what they like to eat and drink and so on. They are given a 'this is me...' form for them or their family to complete with their preferences. These are then shared with all staff prior to the resident moving in and the kitchen is notified of any dietary requirements. If resident's needs change these are recorded in the care plan, put on the staff notice board for 2 weeks and written into the communications book.

All the **staff** that we spoke to noted that any changes to residents' needs were recorded in their care plans and passed on at shift handovers and written into the message book.

The **families** we heard from thought that their residents "healthcare needs could not be faulted, they are still learning about my relative's history" and "very well, they know my relative can be very independent and doesn't always ask for help". "They respond to my relatives changing needs well".



Neither resident answered this question.



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 the activity co-ordinator at the home with much of the activity being provided on a one to one basis such as hand massage, letter writing or book reading. In the summer they have access to a minibus which takes them on various excursions such as Tankerton slopes, a blossom run, cream teas and other local trips that the residents would like to go on. The day before our visit, the Friends of St Johns fundraisers held a New York party at the home, which the residents and their families enjoyed.

Staff told us that the activity co-ordinator was currently off sick following an operation. There is also a volunteer that assists with activities in the home and the 'Friends of St Johns' organise parties, singers and outings. One member of staff noted that not many residents joined in the activities in the lounge, but residents were encouraged to do so.

One **family** relative thought that the activities were "excellent" the other said that there were activities during the week and they also try and organise outings. Both families' relatives were involved in the activities.



When asked about the activities there were for them in the home, **residents** told us: "we had a party yesterday and received a meaningful gift, I had chocolates, but they have all gone". The other resident had only been at the home for a short while so could not comment on the activities but was hoping to join in soon.



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 an optician visits the home once a year unless there is an urgent need. The dentist is harder to secure. We were told the home can wait months for an NHS Dentist to come for a call out. However, a private dentist would come out if required.

The **staff** told us that dentist appointments were made as required and that Spec Savers came to the home for optical testing, on a regular basis for some tenants.

The **families** told us that an optician was arranged to visit the home regularly and they took their resident out to the dentist.

One of the **residents** we spoke to told us that they did not need a dentist due to a lack of teeth and the other was seeing the doctor later that week.





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 there is a lay preacher who comes in every other week and will see anyone despite their religion. A Holy Communion service is held by church volunteers weekly in residents' rooms should they wish to take part.

The **staff** said that such issues were discussed as part of the pre-admission process. There are regular visits from the lay preacher and some residents go out to church regularly, church singers also attend the home.

One family told us that a Roman Catholic priest had visited their relative, the other did not have any cultural needs.

One **resident** told us that she goes to mass on a Sunday, her friend picks her up. The other took part in Holy Communion at the home.



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

The manager noted that she acted on any suggestions or complaints from staff and relatives. Some comments had recently been put forward about the door knobs on the cupboards, these have since been changed. She told us that historically there had been no relative meetings, but since being in post these are now held quarterly. At one of these meetings the choice of food was mentioned, so now the cook is trying different meals.

The **staff** told us that the residents and their families are invited to regular meetings at the home. Residents are encouraged to influence how the home is run. One gentleman comes to the family meetings as his relative was previously a resident. More activities that involve younger people have been requested. Staff noted the previous management had very set ideas, however the new manager encourages suggestions to make changes. One such change was to the shift pattern for the staff, this is to be trialled shortly.

One **family** member knew how to make a complaint if they needed to, noting that they thought any complaint would be dealt with professionally and promptly. The other family were unsure, but were confident if they had to make a complaint that it would be acted upon. Both family members felt that they were welcome participants in the life of the home with one noting "we always feel welcome and are invited to join the league of friends as well as themed party afternoons"

One **resident** said they wouldn't change anything about the home, "it is beautiful the way it is run, staff are excellent and would do anything for you". When asked what they would do if they wanted to make a complaint, they said "they wouldn't tell on anyone". The other resident said the everyone was "very friendly and helpful" and had not thought about making a complaint.





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

Breakfast is provided in residents' rooms, but they are all encouraged to come to the communal dining room for lunch, where they have two main course choices and a desert. Supper is provided in easy chairs with a table or in their own rooms. Snacks of food and drinks are always available, and staff assist any residents that require support to eat.

One **family** thought that the choice and quality of food was "excellent" and the other "it is good home cooking with a varied menu". They felt that their relative was supported to eat and drink as much as needed. Both family's relatives enjoyed their meals in the dining room.

The **residents** we spoke to thought that the food was "excellent" with the other commenting "there is lots of choice, and it is good".



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

What have we recommended?

- o Continue to provide a welcoming and caring environment for your residents
- o Build on, and maintain, the support of relatives



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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