

Enter and View Report

Kent Lodge Care Home

1 Pitshanger Lane, Ealing, London, W5 1RH



Healthwatch Ealing

22nd February 2019

Service visited:	Kent Lodge Care Home
Address:	1 Pitshanger Lane, Ealing, London, W5 1RH
Care Home Manager:	Lorraine Allen
Date and time of visit:	Friday 22nd 11pm – 12pm?
Status of visit:	Unannounced
Enter and View Authorised Representatives:	Francis Ogbe and India Hotopf
Lead Authorised Representative:	India Hotopf
Healthwatch Ealing contact details:	Healthwatch Ealing, 45 St Mary's Road, W5 5RG Tel: 020 3886 0830 Email: info@healthwatchealing.org.uk
CQC rating:	Requires improvement
Date of CQC report:	28th November 2018
Date of last Enter & View visit:	13 th November 2018

Healthwatch Ealing has the power to Enter and View services in the borough of Ealing. Enter and View visits are conducted by teams of trained Enter and View Authorised Representatives.

Background to the visit

The Health and Social Care Act allows Healthwatch Ealing (HWE) Enter and View Authorised Representatives to observe service delivery and speak to patients, residents, staff, relatives, friends and carers. The visit can happen if people tell us there are concerns, but equally, the visits can take place when services have a good reputation. We can therefore learn from shared examples of what they are doing well from the perspective of the people who experience the service first hand.

Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with the HWE Safeguarding Policy. If at any time an Authorised Representative observes a potential safeguarding concern, they will inform their lead. The lead Authorised Representative will then end the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) and Ealing Council's Safeguarding Team.

On this occasion, two Enter and View Authorised Representatives attended the visit. The Authorised Representatives spoke to residents and staff. Suggestions have been made on how to improve the service and good practice has been highlighted.

HWE liaises with the CQC, Clinical Commissioning Group (CCG) and the Local Authority (LA) to create an Enter and View Programme, as well as the information that it collects about the experiences of local people. A number of health and social care providers are selected to be visited to provide a sample of different services. Healthwatch Ealing chose to visit this home in order to spot check issues identified in a previous visit.

Acknowledgements

We would like to thank the management, staff and residents at Kent Lodge for making us welcome, facilitating our visit and for taking the time to talk to us on the day. We would also like to thank Healthwatch Ealing Enter and View Authorised Representative Francis Ogbe for his contribution.

Methodology

This was an unannounced Enter and View visit. Healthwatch Ealing did not approach the manager prior to the visit and the home was not aware that Healthwatch Ealing would be conducting a visit that day.

The Enter and View Team used a checklist to collect their observations of the home, which was based on Healthwatch England's eight indicators of a good care home¹;

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each resident and how their needs may be changing
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can see health professionals such as GPs and dentists regularly
7. Accommodate residents' personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

¹ 'What's it like to live in a Care Home' Healthwatch England (2017)

Background

During the last Enter & View visit, Authorised Representatives detected some urine odours in areas of the corridors and in one resident's bedroom. Authorised Representatives also saw that there was a puddle of urine in a bathroom, and that cleaning products had been left out unattended.

The purpose of this unannounced visit was to spot check the above issues, and to conduct interviews with staff and management in order to assess the impact of our previous recommendations and gain an insight into incontinence management and care alarm responses at care homes.

Observations about Kent Lodge Care Home

On the day of this visit, Authorised Representatives found that one of the upstairs corridors did smell of urine. The staff member showing us around stated that the odour was due to the "very old" carpets. Authorised Representatives saw that some areas of carpet had been replaced with laminated floor and the staff member informed us that management is working on getting the rest changed.

We were previously informed that the urine odour in the lift was due to the old carpets and that they are now cleaned twice weekly. Whilst a faint urine odour was detected in the lift, the Authorised Representative who attended the previous visit stated that there was a noticeable improvement in the odour.

Authorised Representatives viewed all bathrooms, which were all clean and well maintained. There was no sign of urine puddles, or unattended cleaning products.

Overall, the home appeared to be clean and well maintained. Authorised Representatives witnessed domestic staff cleaning the home during the visit.

Staff appeared relatively calm and were seen being attentive towards residents.

Additional information and feedback

How is the home addressing Healthwatch Ealing's recommendations from our visit 4 months ago?

1) *Kent Lodge's management to review care needs of residents and ensure appropriate staff ratios to accommodate these needs.*

On the day of the visit, the ratio of carers to residents was 1:7 and 1:6 for the ground floor and first floor, respectively. The manager informed Authorised Representatives that she has "no control" over staffing numbers, as this is decided by her seniors at Shaw Healthcare. She went on to state that she believes Kent Lodge has "the right ratio" of staff. The manager added that there are other staff aside from the carers, such as herself, the team leader, domestic staff and administrative staff, and that these staff members will inform the carers if a resident requires assistance.

One resident informed Authorised Representatives that they believe there are adequate staff working in the home. The other two residents we spoke with said that they feel the home is understaffed.

The member of staff interviewed stated that there are currently adequate staff at the home. She went on to explain that the work was more strenuous a few weeks ago, when there were two carers on each floor and fewer residents in the home. She added that whilst there was a reduction in residents, the volume of work which staff had to do was not substantially different.

2) *Review activity calendar with residents and ensure their suggestions are taken on board in activity planning. Management might also consider recruiting volunteers to assist with activities and engaging with local schools, youth clubs and voluntary groups to provide extra activities.*

The manager stated that there are activities every day, and the challenge of introducing more activities is that 95% of the residents have dementia and a large proportion are frail. She informed Authorised Representatives that whilst our recommendation was discussed in a meeting, it was concluded that introducing additional activities is not feasible. She added that the home is making arrangements for residents to have summer outings.

All residents interviewed during the visit informed us that they are happy with the activities on offer.

3) Review employee wages, and break entitlements and ensure management and services are structured in a way to accommodate these. Improve communication channels between management and staff to avoid confusion.

Regarding employee wages, the manager stated that all staff received a pay rise to £8.43 per hour prior to Healthwatch Ealing's last visit. The manager informed Authorised Representatives that all staff receive a 30 minute break.

The staff member interviewed stated that they receive a 30 minute break. She also informed Authorised Representatives that there is a monthly staff meeting, which took place the day before our visit.

4) Review menus and meal planning, including quality of ingredients, with residents and seek to implement changes accordingly.

The manager informed Authorised Representatives that the home provides "proper quality food", noting that all residents are given a choice of three meals and can also request food from outside the menu.

Residents interviewed stated that they were generally happy with the food. One resident highlighted the choice of meals available and had a plate of snacks with him during the interview.

5) Review cleaning contract, including how 'known' and regular accidents are effectively managed. Ensure adequate and suitable storage is available for all cleaning equipment and chemicals.

The manager stated that the last visit occurred on a "bad day" for the home. She stated that Kent Lodge has recently employed another cleaner in response to our recommendation, and that there are now two cleaners who work 8 or 9 hour shifts, as well as a handyman. See page 7 for further information on incontinence management.

6) Ensure a clear plan with deadline and including ongoing checks and balances is in place to fully address the CQCs medicine management concerns.

In regards to the medication issue, the manager stated that the staff member responsible has been re-trained in medication management is currently shadowing

other staff members. They are also being made to retake their competency test on a monthly basis instead of annually.

The manager informed Authorised Representatives that the home has also introduced extra medication checks, and spot checks in addition to the monthly KPI (Key Performance Indicator) audits.

7) Management to consider the need for personal alarms for some residents which could be worn on their person, ensuring that they can always alert staff when help is required.

The manager stated that whilst this recommendation is being considered, she doubts that the budget will allow for it. She added that she is not convinced that personal pendants would be applicable for many of the home's residents as they have such severe dementia and lack capacity.

Care alarm responses

Authorised Representatives asked management some general questions on the home's care alarm response times and monitoring procedures, as there is a potential link between this and urine odours.

The manager explained that there is a "receipt" produced automatically each time the care alarm is set off, which includes information on the time and place of the incident, as well as the response time. Authorised Representatives were shown this.

She stated that her aim response time is between 1-2 minutes and staff generally meet this. The manager explained that there are times when she might answer the response and attend to the resident, but leave the bell on and time how long it takes for a member of staff to arrive, as a means of spot checking them.

Incontinence management

Authorised Representatives asked management some general questions to gain a deeper understanding of how the care home manages incontinent residents and urine odours.

Authorised Representatives were informed by the manager that incontinence is a "very big issue" at the home. She explained that some of the residents refuse to use incontinence pads and forget to go to the toilet. She highlighted the issue of the upstairs

carpets smelling of urine, noting that they have managed to get the carpet in the front rooms changed to laminated flooring, in part due to Healthwatch Ealing's last Enter & View report. The manager went on to explain that whilst the aim is to replace the old carpets, there is also a concern that introducing laminated flooring all around the home might increase the risk of falls in residents. She stated that this is part of an ongoing discussion within the home.

In terms of managing incontinent residents, the manager explained that most residents use incontinence pads and those who refuse are closely monitored. The manager stated excrement is cleaned up as quickly as possible, by both domestic staff and carers.

The manager stated that each resident has access to a care alarm, and they are closely monitored by support workers to ensure that they receive assistance in a timely manner. She added that non-medical staff will also inform carers if a resident looks like they need assistance.

Conclusion

Overall, our visit to Kent Lodge was a positive one. Authorised Representatives found that the general cleanliness of the home has improved noticeably since our last visit. All bathrooms were well maintained and there were no cleaning products left attended. Whilst there were still faint urine odours in the areas previously reported, measures have been taken to address this, including changing some of the old carpet to laminated floor. Management highlighted how this was done in response to Healthwatch Ealing's previous report. Staff seemed relatively calm and residents appeared happy and well-tended to. Authorised Representatives found that the home has made efforts to address most of our recommendations. The only recommendation from this visit, is to ensure that staff receive the full break time and to include staff in the discussions regarding staffing levels. Please see below for examples of good practice and areas of improvement.

Good practice:

- 1) The home has replaced some of the old carpet with laminated floor in order to address the urine odours detected by Authorised Representatives in our last visit, and management stated that they are in the process of replacing more of the old carpet

- 2) Management was able to give clear examples of how the home is addressing the CQC's medication management concerns
- 3) The home has hired an additional cleaner following our last visit. Consequently, the home was noticeably cleaner and generally appeared to be well maintained
- 4) During the visit, staff were seen treating residents with dignity and respect, and all residents appeared well tended to

Recommendations:

- 1) Whilst staff were generally calmer than before, Authorised Representatives were informed that staff are still receiving 30-minute breaks instead of the full 45 minutes. The member of staff interviewed stated that whilst the home does generally have adequate staff numbers, there was a recent incident where a reduction in residents had led to staffing levels being reduced by 1/3. The staff member disagreed with this decision, as the volume of work was not substantially smaller.

Recommendation:

- 1.1 *Management to ensure that all employees receive the full 45-minute break which they are entitled to.*
- 1.2 *Ensure that staff are included in discussions regarding changes to staffing levels and provide staff with opportunities to regularly feedback on their experiences.*

Formal provider response

Staff are included in decisions regarding recruitment and staffing levels, over the past year that I have been managing the service I have reduced Voids and we have three staff on each floor of the service.

The policy throughout Shaw is half an hour break.