



Care Home Strategy

healthwatch
Ealing

The Overarching Issues Facing Care Homes In Ealing

As a part of Healthwatch Ealing's 2023-24 Enter and View Program, we visited a series of care homes in the borough. We visited 8 in total, 4 that were rated as "Good" by the CQC and 4 that were rated as "Requires Improvement" by the same body.

The following is an examination of the results from these visits, as well as the overarching issues we have seen in the care homes.

What is an Enter and View?

Part of the local Healthwatch programme is to undertake 'Enter & View' (E&V) visits.

Mandated by the Health and Social Care Act 2012, the visits enable trained 'Authorised Representatives' (ARs) to visit health and care services – such as hospitals, care homes, GP practices, dental surgeries, and pharmacies.

E&V visits can happen if people tell us there is a problem with a service but can also be made when services have a good reputation.

During the visits we observe service delivery, and talk with service users, their families, and carers. We also engage with management and staff. The aim is to gain an impartial view of how the service is operated and being experienced.

Following the visits, our official 'Enter & View Report' is shared with the service provider, local commissioners, and regulators. It outlines what has worked well, and makes recommendations on what could work better. All reports are available to view on our website.

Why We Did This

Due to the Covid-19 Pandemic, Care Homes have been in the forefront of the public's mind. They are an oft forgotten about, important piece of our society.

We selected eight care homes randomly, four being rated as **Good** by the CQC and four rated as **Requires Improvement**. This was so that we could capture a representative view of homes in the borough.

Methodology

A team of trained Authorised Representatives would visit these care homes. These visits consisted of an interview with management, a tour of the home, interviews with residents / staff, a period of observation, and a debrief at the end of the visit.

We used surveys that had a mixed qualitative and quantitative approach. We had face to face engagement with residents, staff, and management at these care homes. Most surveys were captured on the day of our visit; some staff surveys were done prior to our visit so that we could focus on talking to residents on the day.

Recommendations

We made a total of 57 recommendations across the 8 Enter and View visits we conducted in 2023-24. 34 recommendations were for homes rated as Good by the CQC, while the remaining 20 were for homes rated as Requires Improvement. The correlation here lies not within the rating a home has, but with the **size of the home**.

Recommendations that we saw from more than one care home include: consistency of **dementia friendly signage**, crooked hangings on walls, **staff pay satisfaction**, **ensuring all staff are trained on safeguarding measures**, and **a greater variety of activities available**.

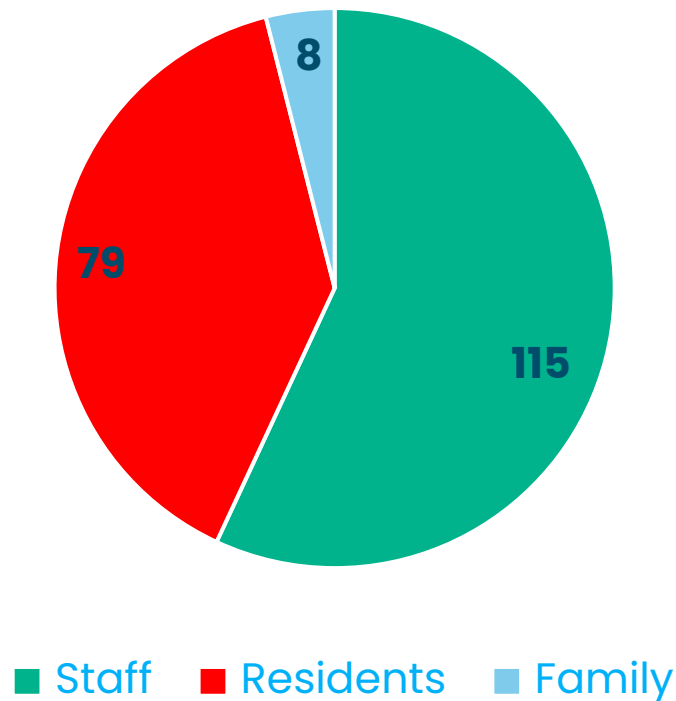
Name of Home	Number of Recommendations
Acton Care Centre	10
Blakesley House	5
Ealing Manor	9
Georgian House	6
Neem Tree	9
St. David's Home	7
The Willows	6
Threen House	5



Our Findings

Those We Surveyed

During our program, we interviewed a total of 202 people – 115 members of staff, 79 residents, and 8 family members.

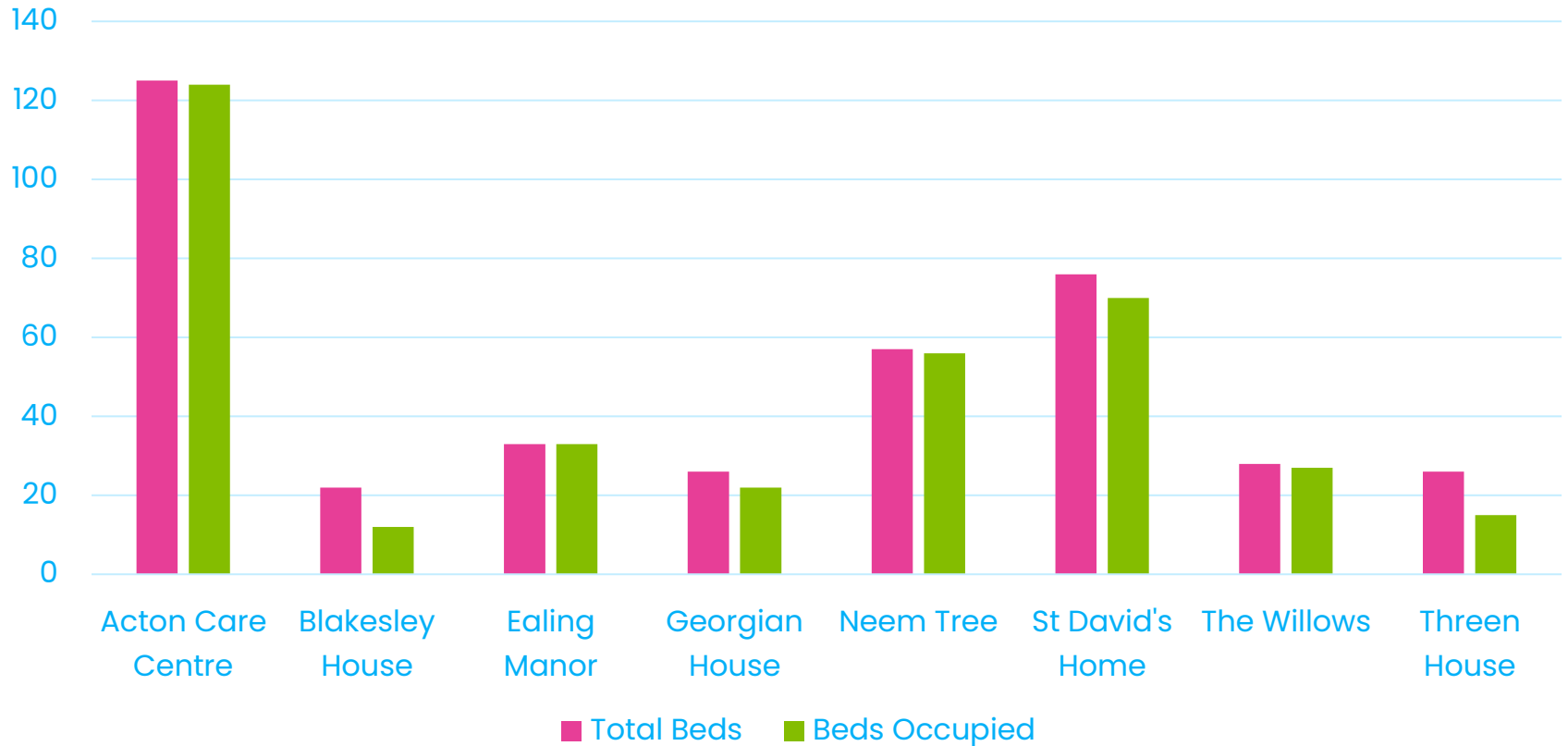


The Capacity Time Bomb

The most concerning issue we saw while we were visiting care homes is their capacity. All of the homes we visited either **were at capacity or had only a few beds open**. A few of the homes had waitlists for potential residents to join the home.

Given the aging population in Ealing, there is going to be **a greater demand for beds than a supply**. Some homes we visited during our program were rated for more beds, but this was in the case of having two residents to one room. Since the Covid-19 Pandemic, homes have not been using this format for their residents and all are single occupancy.

The Capacity Time Bomb



* Georgian House and Threen House are registered for more beds, but do not use them as they have single occupancy ongoing

Recommendation: Capacity

The best way to combat this would be to open more facilities with more beds, but we recognise the logistical and financial limits make this a difficult proposition.

In lieu of this solution, the borough should focus on expanding efforts to **keep people at home healthier for longer and be supported to live at home for as long as possible**. This would help ease the tension of care homes, so waitlists will become shorter and only the most vulnerable people with complex needs will be taken into a care home.

What Residents Liked

Residents overall expressed that they were happy with the staff and management of the care homes we visited. They felt listened to and appreciated.

The food at care homes was a highlight for residents during our visits. Many describing the food as delicious and nutritious.

Each care home allowed residents and their families to **decorate their rooms** prior. This made the care home feel more like their actual home as opposed to a medical facility.

Security

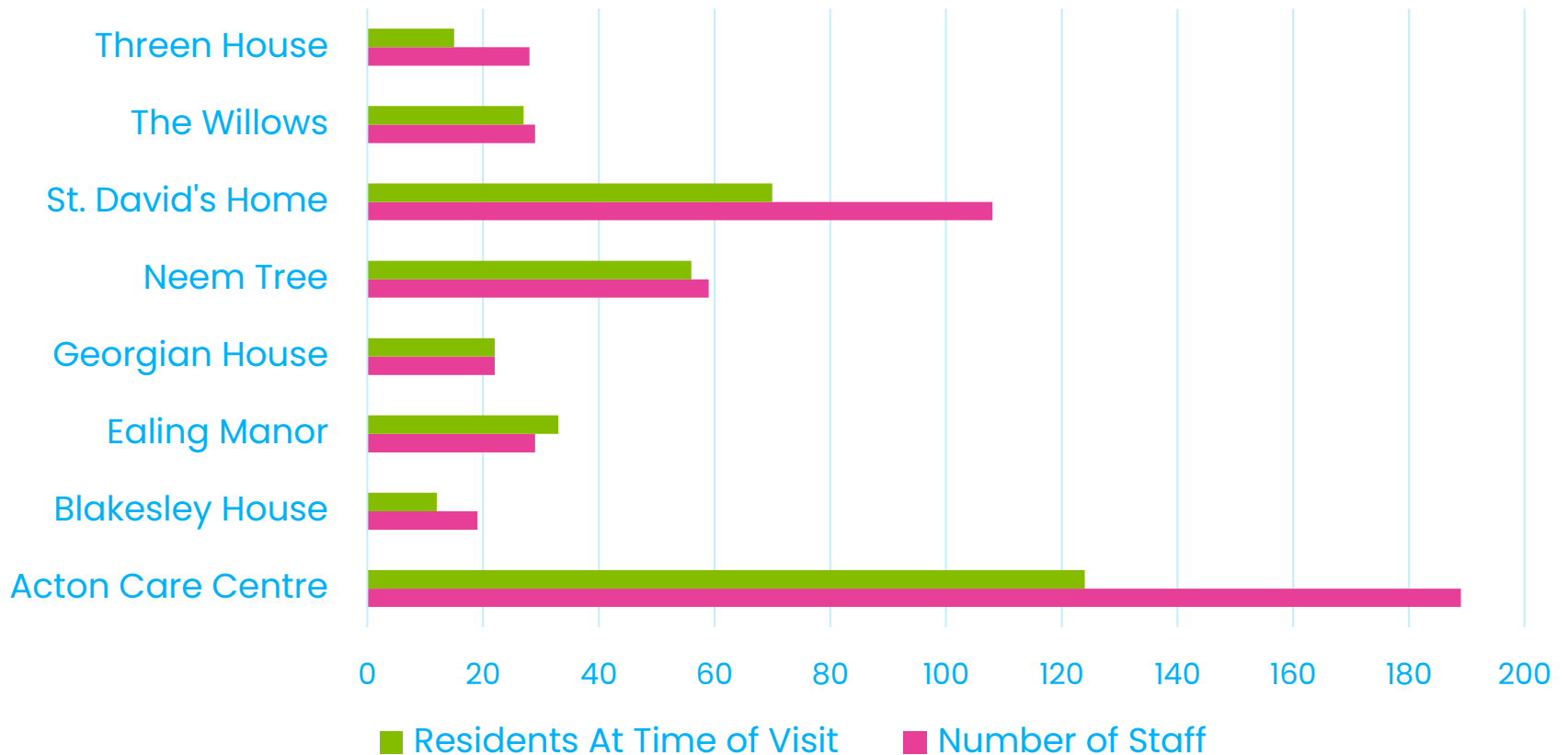
Care homes we visited took security very seriously. Each home required that a visitor be let into the facility by a member of staff, identity verified, and signed in before they were allowed to fully enter the premises.

Homes that allowed their residents to walk by themselves had locks installed in outdoor areas so that guests could not wander off on their own. These examples should be **followed by all care homes in the borough.**

Staffing Levels

One of the challenges that face care homes today is maintaining the level of staff that works for them. The reasons for this are numerous, including but not limited to **immigration challenges post-Brexit, a lack of qualified domestic staff, and the cost-of-living crisis driving up salary demands.**

Staffing Levels



While the number of staff is greater than residents for most homes, not all staff are care staff. Staff can also include management, domestic cleaners, and kitchen staff.

Recommendation: Staffing

The care homes we visited had a variety of ways to combat their staffing levels. These included employee retention programs that include **bonuses, employee of the month/year recognition, and apprenticeships to progress their skills**. Other measures also include **visa sponsorship for qualified workers, wellbeing programs to support staff to look after their own physical and mental health, and bonus structures**.

We recommend that programs like these be implemented in care homes across the borough. In particular, apprenticeships, as those who undertake them tend to stay in their roles longer with the care home than those who do not.

Dementia Friendly Signage

Dementia-friendly signage can help orientate a person living with dementia and allow them to maintain their independence. These signs can consist of text, images, or a combination of both, and any text should ideally contrast with the background to be easy to read. **We believe homes should implement these in as many ways as they can**

Example: A Dementia Friendly Activity Board



Recommendation

All care homes in the borough should include **consistent dementia-friendly signage throughout the homes**. Including but not limited to signs that designate an area (toilets, lounge etc), menus, and activity boards. By using clear and easily understandable signage care homes can improve accessibility for residents and reduce confusion. Consistent use of dementia-friendly signage creates a supportive environment, ensuring that residents feel comfortable and more independent within the care setting.

Access to Dentists

During our program, we asked care homes if they had any issues accessing community health services. One of the services that was brought up the most was **dentistry**. Only one of the homes we worked with mentioned more severe issues with getting appointments, an issue that is prevalent nationally. While some homes have established close relationships with local dentists to address appointment delays, **access to dental care remains an area of focus for improvement.**

Recommendation: Access to Dentists

We acknowledge that difficulty getting dental appointments is not a phenomenon unique to care homes. However, they do have the responsibility of ensuring that the residents under their care are given the appropriate care. **We propose collaborating with NWL ICS colleagues to identify effective solutions. These include but are not limited to frequent oral health checks, sharing best practices, and mandatory staff training to identify oral health issues.** It is crucial to ensure that the oral health responsibilities for care home residents are fully addressed through cooperative effort.

Activities

Activities are important for residents of care homes; they allow for the minds of older residents to stay strong both mentally and physically. It is important that they always have the option to have something to do.

One trend that we observed throughout our visits was a **desire for more outings for residents**. This would help residents feel more like a part of their communities. Some of the care homes we visited had their own transportation, while most must rely on support from the council to take residents to and from the homes.

Homes that must rely on council transportation have reported difficulties with the system. **The logistics of pickup and drop off have been a concern for them, resulting in fewer outings being arranged**. We recommend that the council and care homes collaborate on logistical issues within transport coordination. With improved communication, both parties can resolve any transport issues.

Recommendation: Outings and Activities

Engaging with residents is a very important thing to keep them both physically and mentally fit.

Seasonally (**once every three months**) residents should be surveyed to see what they would like to do in terms of outings and activities.

It is especially important to include **bed bound residents in these surveys, as activities should be tailored to meet every residents' needs** . While they might not be able to partake in everything, it does not mean that they should not have a say in the process.

All homes should have a **dedicated activity coordinator role** for this work to be done effectively and efficiently.

Homes should have a consistent and clear way for **residents to provide feedback/making complaints**.

Engagement: Family Involvement

For Residents who do have family members, having their relatives be involved with their care is important for them. Each home we visited told us that during the intake of a new resident, families do have a say in how their care plan is formed.

Their input is used to discuss activities, diet, and religious preferences. Involving family members in the care planning process for residents is essential for personalised and resident-centered care.

This collaborative approach promotes effective communication and aligns the care plan with the resident's individual needs. Family involvement not only increases satisfaction and peace of mind for families but also contributes to the overall quality of care provided to residents.

Recommendation: Family Involvement

Continued family involvement beyond the initial intake is crucial for the ongoing well-being of residents in care homes. To facilitate this, we recommend implementing regular surveys for family members on a quarterly basis. Additionally, **establishing family participation groups** within care homes, similar to patient participation groups found in GP surgeries, would provide a platform for open communication, feedback, and collaboration between families and care home staff. These groups would serve as informal forums where family members can voice their opinions, concerns, and suggestions, ultimately contributing to the improvement of care services and ensuring that residents receive the highest quality of care possible.

Name Tags

We want to emphasize the **importance of nametags for staff and management**. While all the homes we visited did have name tags, we have heard reports of others in the borough who do not. It is important that residents and families are able to quickly identify a care home worker for several reasons.

- Identification and reassurance: Nametags allow residents and their families to quickly identify care home staff and management, promoting a sense of familiarity and reassurance, particularly for patients with dementia who may struggle with memory recall. This helps to establish trust and comfort within the care home environment.
- Accessibility for communication and feedback: Clear identification of staff members through nametags opens communication between residents, families, and staff. In the event of a complaint or providing feedback, knowing the names of staff members involved is essential for addressing concerns effectively and promoting accountability.
- Safeguarding and accountability: The absence of nametags could lead to difficulties in identifying staff members, potentially compromising resident safety and trust. Nametags play a vital role in safeguarding residents by allowing them to easily identify staff personnel and report any concerns or incidents promptly.
- Establishing a culture of transparency: Implementing nametags for all staff and management creates a culture of transparency and accountability within the care home. It signals a commitment to openness and professionalism and the overall quality of care provided.

Culturally Appropriate Care

We witnessed a good approach to providing **culturally appropriate care** in care homes and believe this should be the standard in providing care. This means that the backgrounds, religions, and creeds of residents are respected when their care plan is considered.

We were also made aware of **Respect for religious practices** Homes ensured arrangements were made with the local religious centre for visits if the resident wants to practice their faith.

Consideration of dietary restrictions were always considered. Different faiths have different requirements, and these should be respected as a right of the resident.

Culturally sensitive personal care is provided when appropriate (for example, provided by person of the same gender, person who speaks the same language etc.) enhancing comfort and communication during care interaction.

Visiting Times

We found that the care homes we went to have an adaptable approach to visiting and do not have strict visiting times. There are guidelines, for instance from 10 am to 6pm, but these are not set in stone.

The care homes we visited had a **flexible** model, where family members are free to come and go as they wish, as long as they inform the home ahead of time. If they come during meal times, **they must assist in feeding the resident.**

Care homes have also allowed for relatives to stay the night when a resident is undergoing **end-of-life care.**

This area of good practice should be implemented across all care homes as this flexibility accommodates the schedules of working family members and fosters a supportive environment for residents. There should be efforts to implement them consistently across all care homes to ensure equitable access to supportive visiting policies for all residents and their families.



CQC Ratings

Good Vs. Requires Improvement

Healthwatch Ealing found no major differences in the quality of care between homes rated as "Good" and those rated as "Requires Improvement" by the CQC. While the ratings may be based on factors not readily apparent to Healthwatch Enter and View Authorised Representatives. All homes visited were committed to providing the best possible care to their residents, with no significant complaints reported by residents regarding staff or management.

The following sections are dedicated to why each Requires Improvement home was given that rating and what we noticed in relation to that.

Why were homes rated as Requires Improvement by the CQC?

Each home that we inspected as Requires Improvement was rated that way for different reason. They are as follows:

St. David's Home – Not well led, concerns over staffing levels, improper medicine management.

Threen House – Inconsistent Infection Control Procedures, poor record management.

Blakesley House – Risks of Avoidable Harm such as falls, record keeping, people in rooms not being supported promptly during meal times.

Georgian House - Meaningful recreational activities for people to help prevent social isolation were limited, care plans not being personalised, effective safeguarding systems.

CQC and Healthwatch Ealing

It's important to recognise the distinction between a CQC inspection and the perspective provided by Healthwatch Enter and View Authorised Representatives. While our primary focus is on capturing the patient experience, we can still identify some observations that align with findings from CQC inspections.

- **St. David's Home** – We also found concerns over the level of staffing, patients we spoke with expressed concern in this area.
- **Georgian House** – We observed the lack of a dedicated activity coordinator during our visit. The responsibilities typically associated with this role are divided among three members of the care team.

Conclusion

We acknowledge the uniqueness of each care home and the challenges associated with implementing changes. However, we believe that by implementing the recommendations outlined in this document, the standard approach to overall quality of care would not differ between the homes in the borough. These recommendations, ranging from family involvement to ensuring consistent dementia-friendly signage and addressing staff wellbeing, are designed to address key areas of improvement identified through our observations and feedback from residents and families. By prioritising resident-centered care, open communication, and continuous feedback from residents and families, we can improve the experiences for residents across the borough's care homes.

For more information

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