healthwatch Kingston upon Thames

Enter & View Report

Langley Court Rest Home

July 2024

Contents

1. Introduction

1.1 Details of visit

Service Provider	Langley Court Rest Home
Service Address	9 Langley Ave, Surbiton, KT6 6QH
Registered Manager	Iqbal Hussain
Date and Time of Enter and View Visit	9th July 11.30am-3.30pm
Status of Enter and View Visit	Announced
HWK Authorised Representatives	Jill Prawer (HWK Staff Team) Liz Meerabeau (HWK Volunteer) Julie Pilot (HWK Volunteer) Kezia Coleman (HWK Staff Team)
HWK Visit Lead	Jill Prawer, Projects Officer, Enter & View
HWK Visit Support Lead	Kezia Coleman (HWK Staff Team)
HWK Contact Details	Address - Suite 3, 2nd Floor, Siddeley House, 50, Canbury Park Road, Kingston upon Thames KT2 6LX Phone - 0203 326 1255 Email – info@healthwatchkingston.org.uk
Service Provider	Langley Court Rest Home Limited.

1.2 Acknowledgements

This visit was undertaken by Authorised Representatives at Healthwatch Kingston. We would like to thank Langley Court Rest Home residents, relatives/friends, and staff members for their contribution toward the Enter and View programme.

1.3 Disclaimer

Please note that this report relates to findings on the specific dates and times set out above. The Enter and View report is not a representative portrayal of the experiences of all service users and staff. It is only an account of what was observed and contributed through interviews during the time of Healthwatch Kingston representatives' visit.

2. Executive Summary

Healthwatch Kingston (HWK) champions better standards of care in socially funded health and social care services. As part of our remit we recruit Authorised Representatives, volunteers from the local community who are trained to undertake Enter & View visits with the aim of identifying good practice and areas that could be improved in socially funded health and social care services.

This report presents the findings of the Authorised Representatives' visit to Langley Court Rest Home (LCRH). LCRH is situated in the Royal Borough of Kingston (RBK) and is run by LCRH Ltd, a provider that was established in 1986 and is a single provider.

LCRH has 26 beds arranged over three floors with one open plan dining and lounge area with a conservatory leading to the garden with both a ramp and steps. All residents who wish to, congregate in the open plan area and meals are provided from the kitchen which leads off the dining area. The service supports older people some with physical care needs, 14 of whom have dementia and physical care needs.

HWK has not previously visited LCRH. The last full Care Quality Commission (CQC) inspection was undertaken in December 2022 which rated the home 'good' in all 5 areas (CQC report).

The Enter and View visit to LCHR was conducted as part of HWK's series of announced Enter and View visits to local care and nursing homes taking place between April 2024 and March 2025.

These visits are focused on three specific areas: living environment; residents' mealtime experiences; and activities provided. More details of which can be found in the appendix 1 (see page 28).

Illustrated, left, entrance to Langley Court and car park.

3. Recommendations

Overall, HWK Authorised Representatives concluded that LCRH was a well-run home with a well-maintained garden. The residents appeared to be looked after well, and staff appeared happy to be working there. The general atmosphere was friendly and welcoming, and we observed residents interacting with each other and with staff throughout our visit. Staff were observed working well together. Among the main things that worked well were:

Living Environment: the open-plan lounge and dining area with attached conservatory space enabled all residents to be part of the general activity of the house which subsequently felt lively and engaged. This area was light and spacious, and we were able to observe residents pursuing different activities throughout our visit. The home had 26 bedrooms over three floors. Five rooms on the top floor (2nd floor), 15 on the middle floor (1st floor) and 6 on the ground floor. As a converted Victorian residential building, the corridors in the living areas were quite narrow, but we were told by the manager that the initial assessment of the resident would include mobility needs and those with higher needs would be allocated one of the six rooms on the ground floor (if available).

At the date of our visit there were four residents on the 2nd floor, two who did not need mobility aids, and two who used a Zimmer frame and required staff support when mobilising. All residents used a Zimmer frame on the 1st floor, and on the ground floor there were two residents who required a hoist if they were having a 'bad' day. Some residents chose to stay in their rooms, and their wish was respected. Residents were able to move around the home as they pleased and were given a code to use the lift independently. Residents with dementia were not given the code as they required a carer to access their rooms. The home had a neutral smell and was clean.






Images showing (from left to right), reception area, the two conservatory spaces from the garden, with stairs and a ramp for access, various views of the garden showing the pond containing fish, areas to sit with shade, and the barbecue area. The last image is of the Sara Stedy which enables residents able to weigh bear to be moved around.

Mealtime Experiences: we observed residents having lunch, which our authorised representatives were also able to sample. The mealtime was calm and unhurried, and residents looked as if they were enjoying the food they were eating. Residents and our authorised representatives said the food was very tasty and the temperature was good. Many comments were made about the care that the chef put into the food they prepared. One relative said, 'it's made with love'. The portions were a good size and the authorised representatives witnessed residents enjoying the food and clearing their plates. Unfortunately, due to the lounge area being occupied by residents, it was difficult to take photos of the area.

Meaningful Activities for Residents: we were told the home had three activities coordinators, who between them covered Monday to Sunday. One worked 28 hours covering 10am-5pm on Tuesday, Wednesday, Thursday and Saturday. One did 15 hours per week, five hours on Monday, Wednesday and Friday, and one worked 10 hours a week, five hours on Sunday and on Monday. We visited the home on a Tuesday and the activities coordinator who usually worked on Tuesdays was on leave, but a permanent member of staff was allocated to take over the role in her absence on a regular basis and we were still able to observe activities happening during that time.

By listening to people and recording their experiences and observations, HWK has formulated some recommendations designed to help the management of Langley Court Rest Home improve residents' experience.

3.1 Living environment recommendations 1-6

HWK living environment recommendations	Langley House Rest Home response
1. Continue 'Fire Exit' signs on all walls of the corridors in the residential areas.	LCRH to purchase additional signage and put up appropriately in communal areas/corridors to facilitate ease of exiting during emergencies.

HWK living environment recommendations	Langley House Rest Home response
2. Replace the shower head and sink stand in the bathroom on the 1st floor.	Shower head refitted 10/07/2024. Replacement of washbasin cabinet in bathroom 12/08/2024
3. Change the toilet seats to a different colour in line with dementia guidelines (See P12 - 6. Using the bathroom)	LCRH to identify coloured seats for different toilet sizes/shapes. Ordering of coloured seats specific to existing toilets. In progress.
4. Audit and replace furniture in corridors that show significant wear and tear.	Furnitures(s) ha(s)ve been replaced and/or discarded accordingly.
5. Add yellow stripe to top and bottom of stairs leading from the 2nd to 1st floor, used by staff and residents.	Hazard tape added to top and bottom of stairs (temporary measure). Tread covers/strips or 'stair nosing' to be purchased and fitted to stairs. Order currently in progress 24/07/2024.
6. Ensure that a member of staff is nominated to answer call bells promptly during the night to help residents who need support to get up quickly.	Nominating and assigning call bells to one waking night (w/n) staff only would not be practical. W/n staff to continue to ensure call bells are responded to as promptly as possible. Waking night tasks are placed on both night staff to ensure duties are met and shared. W/n staff to continue to ensure call bells are responded to as promptly as possible. 26/07/2024.

3.2 Mealtime experiences recommendations 1-4

HWK mealtime experience recommendations	Langley House Rest Home response
1. Photographs of the food on the menu to be made available to residents who would benefit from them (as per the nutrition and hydration policies).	Visual, pictorial based menu to be created and introduced as part of the food menu. Pictures of all meals to be taken (lunch and supper meals). Supper meals – commenced 24/07/2024. (completed). Lunch meal pictures to be completed over the course of x4 weeks. Lunch meals commenced 24/07/2024.
2. Vegetarian options/alternatives to be listed and photographs to be provided.	As above. Pictures of all alternative meal options to be taken. 24/07/2024.
3. The menu appeared carbohydrate heavy. Ensure there is a good mix of the three food groups across the day.	Meal options are chosen based on the wishes and likes of residents through House meetings. LCRH factors and incorporates balance of all food groups. Further review of meal portions specific to food groups. 24/07/2024.
4. Add fresh fruit to the menu to ensure residents understand that fruit is available and is an option.	Additional fresh fruit options to be identified based on residents' likes/wishes and incorporated in weekly shopping. Review of fruit options as part of weekly home shopping. 24/07/2024 onwards.

3.3 Meaningful activities recommendations 1-6

HWK meaningful activities recommendations	Langley House Rest Home response
1. Monitor the use of the projector and consider purchasing one for Langley Court.	Identify potential, cost effective projectors suitable for the home. Ongoing discussions with director re: purchase of projector. Ongoing
2. Create designated times for the piano to be played to the room.	Communal piano is played by one resident only and at times of their choosing/capabilities. This is played to the overall satisfaction of residents. Any resident who does not wish to partake in session to be supported with alternative activities of their choosing.
3. Have headphones available for the electric piano for residents to play through.	Communal piano is played by one particular resident only. They do not wish to play the piano for self-enjoyment but for the enjoyment of other residents. Most of the residents enjoy listening to the piano. Any resident who does not wish to partake in session to be supported with alternative activities of their choosing.
4. Provide more opportunities for residents to go on excursions outside of Langley Court.	Current operating and staffing model of the home limits additional staffing resources to support excursions for residents. Staffing resources and costs reviewed for excursions. Local Authority funding for 2024/25 has been contested – awaiting outcome.
5. Consider the possibilities for sharing a mini-bus with local care-homes.	Current operating and staffing model of the home limits additional staffing resources to support excursions for residents. Staffing resources and costs reviewed for excursions. Local Authority funding for 2024/25 has been contested – awaiting outcome.
6. Use Connected Kingston to Link into bereavement support services for residents mourning their loss of independence.	LCRH to identify suitable community-based support for residents and/or loved ones. To be made accessible for all and shared with residents and loved ones, staff. Ongoing.

4. What is Enter & View?

HWK works to ensure local people's voices count when it comes to shaping and improving local health and social care services across the Royal Borough of Kingston.

The legislative framework for Healthwatch is split between what Healthwatch must do (duties) and what they may do (powers). Healthwatch have a power under the Local Government and Public Involvement in Health Act 2007 and Part 4 of the Local Authorities Regulations 2013 to carry out Enter and View visits.

Healthwatch should consider how Enter and View activity links to the statutory functions in section 225 of Local Government and Public Involvement in Health Act 2007.

The purpose of an Enter and View visit is to collect evidence of what works well and what could be improved to make people's experiences better. Healthwatch can use this evidence to make recommendations and inform changes both for individual services as well as system wide. For more information on Enter and Views please visit the HWK website.

4.1 Purpose of visit

This visit was undertaken as one of 18 visits to be undertaken across 15 care homes in Kingston as agreed with Royal Borough of Kingston upon Thames (RBK) and Kingston Care Governance Board (KCGB).

4.2 Reason for visit

During this pilot Healthwatch Kingston are keen to learn what 'good' looks like and what works well, as well as identifying where improvements might be made. LCRH had a rating of 'Good' at its last full CQC report in 2022 and subsequent

visits did not alter this finding. The most recent CQC highlighted the range of activities available at LCRH, and we were keen to see what 'good' looks like.

4.3 Methodology

The HWK staff team conducted an information review prior to the visit, this included:

- Discussion with the Kingston CGB to identify suitable care settings
- CQC reports and meeting with area managers
- RBK Quality Assurance guidance
- LCRH website page

The research was then presented to the HWK Board to support decision making. Other factors that influenced our decision included size of building, it's location and the number of residents.

For the visit, HWK follow Healthwatch England Enter and View Guidance.

Our Enter and View of LCRH was an announced visit, meaning that the setting was aware that we would be conducting an Enter and View visit. The management team at LCRH welcomed the opportunity to engage with HWK.

The visiting team was issued with an observations and question framework that supported engagement with residents, visitors, and the care workforce.

5. Results of Visit

5.1 Local context

The 2021 Census gives the current population of Kingston at 168,063, with 25,000 people aged over 65 years old. The Kingston Joint Strategic Needs Assessment (JSNA) states:

> 'With 766, Kingston has the second highest number of care home beds per 100,000 population (second to Croydon, which has 779) in London in May 2023. Kingston has 1,286 care home beds across 39 care homes. In May 2023, there were 45 registered domiciliary care providers operating in Kingston providing care in people's homes.'

Dementia and Depression

HWK notes: The 'Kingston Refreshed Heath and Care Plan – 2022-24' estimates that there are 1,700 people in Kingston living with Dementia, of which 61% (1,037) are diagnosed. The plan also informs us of the following:

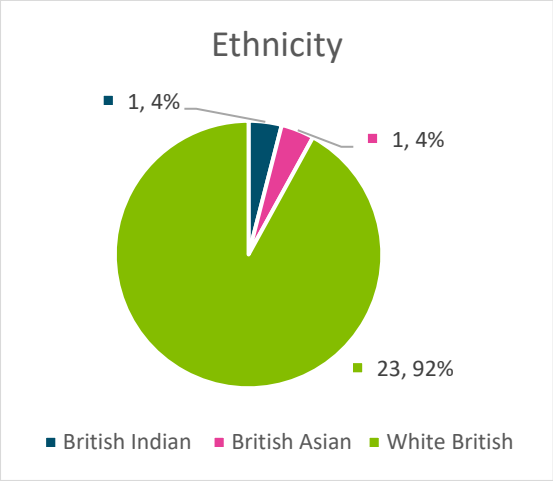
> 'One in five older people, and two in five living in care homes, have depression, although it is not always recognised and treated.'

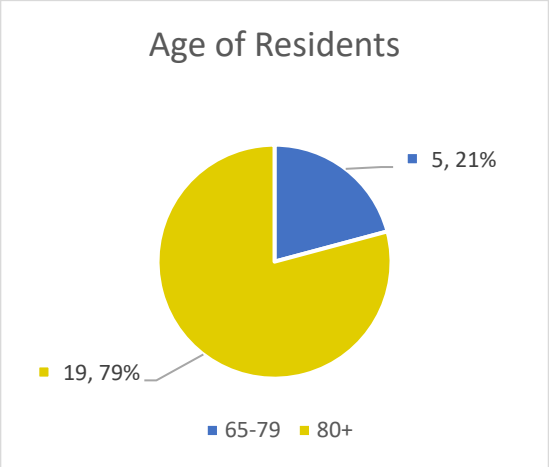
The Kingston JSNA also inform us that Alzheimer's Disease and other dementias were the third highest cause of ill health for people over 70 in the borough. The JSNA also mentions Dementia as being the top five causes of death in Kingston among people aged 70 years and older.

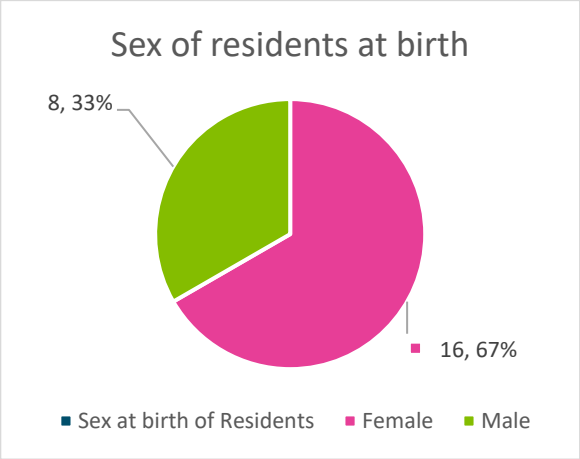
5.2 Langley Court demographic information

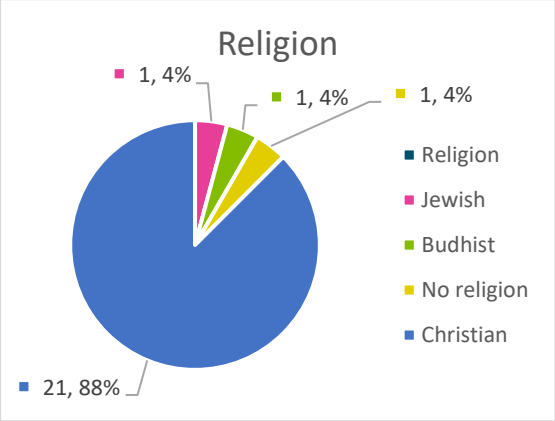
At the time of our visit the home had 24 of 26 residents, 10 (41%) of whom are funded by RBK. There are three RBK block contract beds. (A block contract bed is a bed that is continually funded by RBK and able to be used for short stays e.g. for residents leaving hospital before they go home, or for an assessment of their needs.)

Of the 24 residents, one (4%) was British Indian, one (4%) was British Asian, and 22 (92%) were White British. Five (21%) of the residents were between 65 and 79 years, and 19 (79%) were over 80. There are 16 (67%) women and eight (33%) men currently resident. Christianity was the identified religion of 21 (88%) of the residents, one (4%) identifies Buddhism, one (4%) Jewish and one (4%) identifies with no religion.









Based on information provided to the HWK visiting team, we were made aware that residents had a range of short, intermediate and long-term conditions, such as respiratory conditions, cardiovascular conditions, diabetes and dementia.

English, Tamil and Hindi are languages spoken by the residents, and the staff spoke these and Polish, Bulgarian, Bengali, Gujurati, Marathi, Punjabi, Urdu and Afrikaans. The home has 28 staff members including management, and uses no agency staff, with the staff team covering night and day shifts and staff absences.

5.3 Living environment

The HWK visiting team used an observation and question framework to prompt insights about the care home environment.

LCRH has converted a large Victorian house and appears to have made the best of the difficulties caused by its basic structure. While the reception area is small, it soon opens into a wider area with bedrooms off the hallway, and through to the open-plan dining and lounge area. The reception area gave the home the feeling of walking into a family home.

The lift and chair lift enabled mobile residents to access the rooms upstairs of which there were five on the 2nd floor, 15 on 1st floor and six on the ground floor. All the corridors in the upstairs areas were narrow (as is typical of a Victorian house), which limited their use for people using wheelchairs, and some of the corridors felt labyrinthine. On the 2nd floor there was a good use of dormer windows which brought light to the corridor.

Pictured above the reception area showing the muted decoration, the lift showing capacity, and the stair lift for use of residents.

Illustrated left are the corridors in the residential areas of the homes illustrating their width, their neutral colours, pictures, decorations and the use of dormer windows to create light wells.

The care home had been renovated over the period 2012-2018 and looked clean and well-presented. It was decorated with muted colours and a selection of paintings on the wall. There was a theme of elephants for many of the objects around the house.

There were working sanitary gel units, or sanitary gel dispensers, masks and aprons available throughout the home and the manager told us that covid had not yet disappeared as a risk, so the use of these was precautionary.

There is a daily rota that ensures key areas (light switches, phone, surfaces) are disinfected. We observed the cleaner working as she went from room to room. We were informed that the cleaner had a rota/check list which is kept in the cleaner's cupboard. This divides cleaning tasks into daily, weekly and monthly and covered the different areas of the home. The check list enables a smooth transfer of duties if the cleaner is on leave or on sick leave, when care home staff 'backfill' the role.

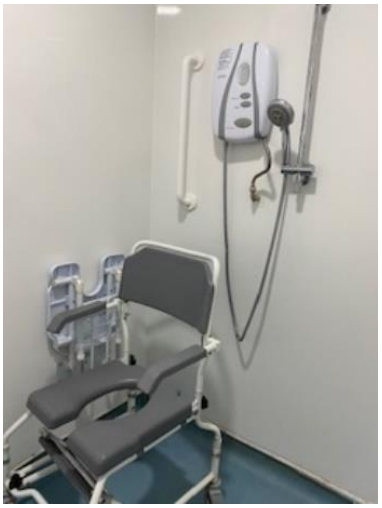
Pictured left to right, one of the many sanitising stations with sanitising gel, masks gloves, aprons and instructions on good hand-cleaning techniques.

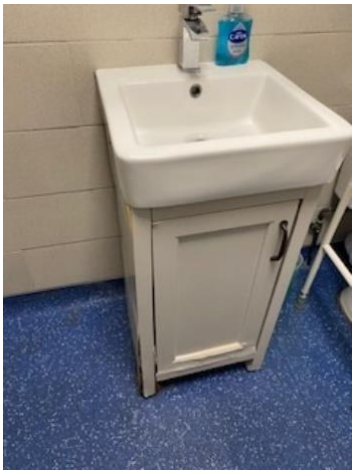
The atmosphere in the home was lively and welcoming. All staff smiled at us, welcomed us verbally and appeared confident in their roles. Visiting time was not restricted so that relatives and friends could visit when was best for them and their loved ones residing in the care home. We observed two different residents being helped to eat by their visitors. Signage in the home was good, with fire evacuation notices visible on each floor, although we felt that the arrows pointing to the fire exits should be on all the corridors from the residential rooms, leading the resident to the exits (see 3.1 recommendation 1).

Illustrated above an example of the signage in the home. Showing the Boiler room, the fire evacuation plan, and the fire exit in one of the corridors. We felt the green fire exit sign (seen above) should be along other walls as well.

Five of the rooms in the home had ensuite facilities, three with ensuite bathrooms Also on the 2nd floor was one bathroom with a hoist and toilet. The 1st floor has one ensuite room, one bathroom with hoist and toilet, two wet rooms with bath/shower facility and one toilet. The ground floor has one ensuite room, one wet room with bath/shower facilities and three toilets. The bathrooms and toilets were of good size and seemed clean and well-equipped. We did notice that some of the fixtures and fittings showed wear and tear, and that one showerhead was missing. We were informed that this had been ordered and was due to be replaced in the next day or two (see 3.1 recommendation 2). We noticed that all the toilet seats were white or a light grey. Good dementia care

suggests that having toilet seats a different colour to the base of the toilet can guide people to use the toilet more easily (see 3.1 recommendation 3). We observed a chest of drawers on the 1st floor corridor that had a missing 'bar' and some wear and tear that needed some attention (see 3.1 recommendation 4).

Illustrated, from left to right, examples of the bathrooms and toilets available to residents. The third and fourth pictures show the shower minus the shower head and the sink cabinet with damp wear and tear (understandable in a wet room, but in need of replacement). The last photograph shows the chest of drawers on 1st floor in need of some attention.

There was a flight of stairs available for use for residents which were steep. We felt they could be made safer with the use of yellow striped markings as on the stairs with the stair lift (see 3.1 recommendation 5). We also observed a corridor with a piece of equipment placed there. We were unsure where this corridor led to, and whether this was blocking anything.

Illustrated, left to right: the stairs that need a yellow striped strip at top and bottom, and the corridor, blocked by a piece of equipment.

The temperature of the home was regulated on each floor with a thermostat, as well as in each individual room. We felt the temperature to be a bit warm but acknowledge that we were moving around a lot.

Staff told us they had a good relationship with each other and that the management were supportive and used mistakes as learning opportunities to raise practice standards. There were many comments about how the home had improved over the last few years we were told by a relative how staff who had come in on probation and had not demonstrated enough care and attention towards the residents had not subsequently been employed. This same relative said that each and every staff member was very good, caring and dedicated. The Manager had been in place for five years and was confident in his role and in what he expected of his staff. He demonstrated a good rapport with both his team and the residents.

One resident told us that because of his medical condition they sometimes needed to use the toilet urgently during the night. On occasions they had rung the bell for assistance but that help had been slow to reach them and there had been an accident. They thought that staff responded well, but that if staff could respond a little more quickly, they (the resident) would be spared the indignity and mess caused by their delay (see 3.1 recommendation 6).

We spoke to three members of staff, three residents and two relatives during our visits. We have captured a flavour of the comments expressed to us below.

"Brilliant (here). Warm and friendly." (Relative)

"Comfortable. Staff are very friendly." (Relative)

"Good. Staffing good. I'm happy here." (Resident)

" Feel fine. Very good. Staff are very kind. Very happy." (Resident)

"Originally came in with a broken hip – prefer to stay here. Very happy..... Get a lot of shouting." (Resident)

"Everyone gets along. We have an amazing cleaner. Don't like using agency staff. Everyone does a bit and enjoys the variety of doing the laundry etc...." (Staff member)

"We work your best with what we have (the environment)." (Staff member)

"The people here are nice and the manager is very nice." (Staff member)

"It's a comfortable enough space (the environment)" (Staff member)

"I enjoy working here. Team always listens and has your back. The management is brilliant." (Staff Member)

We asked if there were any changes that could be made.

"I'm happy." (Relative)

"No." (Relative) and (Resident)

"Can get a lot of shouting/talking too loud. TV too loud and is on all day & evening. Piano player is annoying." (Resident)

"Happy with everything." (Resident)

5.4 Mealtime experiences

The HWK visiting team used an observation and question framework to prompt insights about the residents' mealtimes experiences.

The dining room is part of the open-plan area available to all residents. We were present during the lunchtime and observed residents being helped to the dining tables from the lounge area. Some of the residents preferred to stay where they were to eat, some continuing to watch TV, and some staying in the conservatory areas.

Menu options were visible on the tables but did not have photographs of what was offered to residents (see 3.2 recommendation 1). The vegetarian options were not listed, and we were told and observed that the chef asked residents what they would like in the morning, and this was cooked for them at lunchtime (see 3.2 recommendation 2). If someone changed their mind by the time of the meal, this was not seen as a problem, and something was prepared from the ingredients in the kitchen to the resident's taste.

We were told by both staff and relatives that the food had improved greatly since the current chef took up post, and that some residents had put on healthy weight since that time. We spoke to the chef who told us that they spoke to all the residents daily to develop menus and that they were as accommodating as they were able to be. They said they liked to produce the food to a standard that they would like to eat at home and the feedback from residents, staff and relatives seemed to corroborate this.

The kitchen was directly off the dining room area and allowed for the quick and easy transfer of food, which came promptly once residents were seated at the tables, and those choosing to stay where they were identified and ready to eat.

In the kitchen we observed a chart which showed the dietary needs of each individual resident (e.g. those with diabetes and those needing soft food). We were told that for residents on a diabetic diet, low sugar alternatives of the puddings were provided to ensure that residents with dementia did not see

others eat something different to them and get confused and upset. Staff told us that they followed what the resident's GP told them about dietary needs, and that weight was regularly monitored to ensure that residents were maintaining their weight.

Food was transferred from the kitchen with plastic covers protecting it. We observed staff putting bibs on residents who needed them, explaining that it was lunchtime and giving residents the option to sit where they wanted to.

We were told that five residents needed support with eating. We observed two patients in armchairs being assisted to eat by the staff members. We observed one resident coughing while they were eating and being brought a sick bowl by the staff who were attentive then, and throughout our visit. The mealtime was

Photo showing the menu displayed on a table in the dining area, the dry food section of the kitchen area, and a plate of food served to an Authorised Representative which was also served to residents. Another Authorised Representative had the vegetarian option which was a vegetable fried rice (not pictured).

unhurried and the Interactions and communication from staff during the meal service was good, both friendly and clear. There was a drink station trolley with juices and water available throughout the meal. We observed staff checking with the residents that they had eaten enough before removing their plates.

We were told that hot drinks were served at 10.30am, 2pm and 6pm regularly, and that fruit, such as grapes, bananas and blueberries and biscuits were

offered at this time. These could also be had between times if requested. The chef told us that one resident enjoyed a tray of blueberries to eat during the evenings, and this was provided daily.

We observed the 12pm medicines round and were told that this takes place at 8am, 12pm, 6pm and 8pm every day. Medicines were locked away in the medicine room and kept in a separate and labelled hopper for each resident. We were told that staff ensure residents are hydrated and their fluid intakes are logged.

The Senior Carer donned the appropriate apron and was ensuring residents had their medicine during the 12pm round.

We spoke to three members of staff, three residents and two relatives during our visits. We have captured a flavour of the comments expressed to us below.

"(The food is) very acceptable. On occasion if I want something different, they are always happy to accommodate where possible." (Resident)

"Perhaps larger portions and shorter wait times between servings." (Resident)

"If you don't like the food on the menu, they will make something else. Good range and portion size." (Resident)

"Temperature is good" (two Residents) Pretty good temperature." (Resident)

"They bring me meals to my room." (Resident - During the interview a staff member delivered a cup of tea and biscuits to the room)

"Roast chicken dinner was flavourful, appropriately heated, and well-portioned. Very impressed." (HWK Authorised Representative)

"Food is very good. Always a choice like an omelette." (Resident)

"Lunch is very good. Don't like their soups (tomato) it's like coloured water. Chicken, mashed potato and veg is very nice. Pudding very nice – sponge and ice-cream. Favourite is fruit salad and custard." (Resident)

"Had a good lunch." (Resident)

"I'm not fussy, I'll eat whatever is put in front of me (mostly)." (Resident)

"Mum needs pureed food. It always smells delicious." (Relative)

"Choice is available. It's booked in the morning, but you can ask for a change." (Relative)

"I love it (the food). They have had several chefs; the new one is good." (Staff member)

"There is no limit on the food budget. Manager is very supportive with this." (Staff Member)

"The food is very good (vegan diet)." (Staff Member)

"(Food) has improved a lot with the new chef. If a particular food isn't available a member of staff can go to the shops." (Staff Member)

"I went to bed early, woke up and wanted a cup of tea. I asked and the person disappeared. Staff do the best they can – sometimes it's not enough." (Resident)

5.5 Meaningful activities for residents

We were able to speak to one activity coordinator on our visit who was visiting their parent, a resident at the home, and not working that day. We discovered that LCRH had approached this activity as they had identified their potential during their visits to the home. The manager told us that they had discussions with the relative about the potential conflict of interest, but together they had talked it through. Both seemed very happy with the arrangement. We were impressed by the transparency the home was showing in having a current relative employed as a staff member.

Because of the open-plan layout of the home, the atmosphere felt engaged and lively as there was activity in different areas of the space. We observed care staff interacting with residents throughout our visit. We witnessed carers encouraging residents to sit around a table while a projector projected moving balloons on the table which residents could 'pop' with their hands. Care staff encouraged residents to have a go, which some did, while others observed. This occasioned laughter from residents and observers. We were told that the projector was part of a pilot led by NHS SW London Integrated Care Board (ICB) and was on loan for approximately two months. It had a wide range of activities available on download, including stimulation activities, relaxation activities and sensory activities. It was proving successful with the residents and the care home were monitoring its use (see 3.3 recommendation 1).

There was a piano in the room and a resident played it intermittently. They played tunes that residents seemed to know, and at one point there were staff members and residents dancing in the middle of the room. We wondered if sometimes the piano playing was not appreciated by many of the residents who would not be able to state their preference, and this was corroborated by a resident in the comments captured below (see 3.3 recommendations 2 and 3).

Illustrated, left to right, is the electric piano played by one of the residents, and the projected balloons that could be 'popped' by residents.

After lunch we observed some residents having their nails painted by a healthcare assistant during what had been identified as a pampering session on the activities calendar, available in the reception area. Residents were sitting around the room doing puzzles, watching TV, talking to visitors and to each other, and some were dozing. We were told that activities happen before lunch, that there were board games in the afternoon and after 7pm carers offer board games, colouring/stencils, crosswords, and basic arts and crafts. We were told some residents like to knit. The TV is on or music on Alexa. Residents also go into their rooms to watch TV if they prefer. On a Friday evening a film is shown with the activities' coordinator offering a choice of films and showing the favourite option. On Saturday morning residents are offered a glass of sherry.

We were told that the activities were discussed with residents during a regular monthly meeting in the lounge which had an agenda and notes were taken. Items discussed regularly were: food; introducing any new member of staff; how the support has been; any changes to the environment; activities they might want to be added. We were told that arts and crafts were introduced when new residents arrived and identified this was something they wished to do. Residents not able to join the meeting in the lounge were talked to individually. One staff member told us that most of the residents get stuck in a routine, liking bingo, crosswords and word games. We were told by a staff member that there are friendship groups within the home and that the residents all look out for each other, identifying if someone is not doing well.

The home celebrates residents' birthdays by making a cake and singing Happy Birthday. The home is visited by a therapy dog which the residents enjoy, and we saw a relative bring in their own dog which we were told the residents liked. We were told by a staff member that a barbecue in the garden was planned for when the weather improves. (On the day of our visit it was raining so we were unable to see residents accessing the garden.)

Nobody in the home was bed-bound. There was a hoist that could help residents out of their bed. We were told that it was usually only residents at the end of life who would stay in their room, as by then it was inappropriate to move them.

We were told that those who need more stimulation went to a Day Centre a couple of days a week. We felt that many of the residents would appreciate and enjoy leaving the care home on an excursion but that this didn't happen. We felt that this was a missed opportunity for the care home's activity schedule (see 3.3 recommendations 4 and 5).

One of the residents we spoke to felt the care home did its best but had an underlying sadness about their need to be in a care home (see 3.3 recommendation 6).

We spoke to three members of staff, three residents and two relatives during our visits. We have captured a flavour of the comments expressed to us below.

"I chose not to take part (in activities)." (Resident)

"I occupy myself. I go to my room if the noise is too much." (Resident)

"I enjoy reading Natural History Magazines." (Resident)

"I'm not allowed to go out. I went out once to a family wedding. It was such a performance to get permission from Langly" (Resident)

"I don't go out." (Resident)

"I enjoy flower arranging (with the residents)." (Staff Member)

"I like to relax by myself." (Resident)

We asked what activities residents might want to see at Langley Court

"Making Life Story Books" to be kept in the resident's room (Staff Member)

"To go out independently." (Resident)

6. Next Steps

This report will be shared with Langley Court Rest Home, KBC, CQC, the KCGB and other stakeholders. We will also share this report with Healthwatch England and will publish the report on the HWK website. We will agree with the management of LCRH the next steps to be taken in response to outstanding recommendations, and work with them to ensure any agreed actions are followed through and implemented.

About Healthwatch Kingston

Healthwatch Kingston was set up by the Health and Social Care Act of 2012 to be the independent champion for local NHS and social care.

We seek the views of patients, service users, carers, and the public to help services work better for the people who use them. We play an important role bringing communities and services together. Everything we say and do is informed by what local people tell us.

As well as encouraging those who run local services to act on what matters to people, we also share local views and experiences with Healthwatch England and the Care Quality Commission who make sure that the government put people at the heart of health and care nationally.

Appendix 1

In the autumn of 2023, Healthwatch Kingston (HWK) entered into conversations with the Royal Borough of Kingston upon Thames (RBK) and Kingston Care Governance Board (CGB) to pilot an announced Enter and View at a local care home. The aim was that HWK's independent legal powers to visit NHS health and social care services and see them in action, could support a wider understanding of care provision and the wellbeing of elderly residents in the borough. This work would also support the 'Age Well' focus in the 'Kingston Refreshed Health and Care Plan 2022-2024' and 'Age Friendly' ambitions set out in the 'RBK Director of Public Health's Annual Report 2023: Ageing Well in Kingston' and 'A Decade On: Report on progress since 2013, the previous Kingston DPH Report focussing on older residents living in the borough: 'Older People: Living Well in Later Life'). This Enter and View work will also allow us to support the RBK new vision for Adult Social Care and Health which aims to better understand the needs of residents from all our diverse communities.

The remit of the KCGB is to report on and manage quality and risk across the whole care market in Kingston. This board also helps report on any issues and concerns, manages risks in the marketplace and supports good practice in quality and delivery. KCGB members include RBK Adult Social Care and the Quality Assurance Team, Care Quality Commission (CQC) and HWK.

As there is already oversight of local care provision via members of the KCGB regarding risk management, safeguarding, performance monitoring and quality management, the HWK Board made the decision to focus this Enter and View on three areas (environment, activities, and mealtimes) within the care and nursing home setting. The focus on these three areas, will allow residents to share their lived experience of being in a care home, and for the HWK team to observe mealtimes and the care home activities throughout the day. It will also provide independent insight into local care provision.

It was later agreed that this Enter and View would act as a pre-pilot for a series of announced HWK Enter and View visits to local care and nursing homes between April 2024 and March 2025.

healthwatch
Kingston upon Thames

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