

Enter & View Report

Prince George Duke of Kent Court, 5th December 2024



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Visit Details	
Service Visited	Prince George Duke of Kent Court
Registered Manager	Nina Stephens
Date & Time of Visit	Thursday 5 th December 2024, 11:00 – 15:00
Status of Visit	Announced
Authorised Representatives	Takudzwa Chifamba and Gerda Loosemore-Reppen
Lead Representative	Graham Powell

1. Visit Background

1.1. What is Enter & View?

Part of the local Healthwatch programme is to undertake and report on ‘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 care homes, hospitals, 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’, shared with the service provider, local commissioners and regulators, outlines what is working well, and makes recommendations on what could work better. Service providers are asked to respond to our recommendations and their responses are added to the reports before publication. All reports are available to view on our website.

1.1.2 Safeguarding

E&V visits are not intended to identify specific safeguarding issues. If safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an AR observes anything about which they feel uncomfortable they inform their lead, who will inform the service manager, ending the visit.

If any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

1.2 Disclaimer

Please note that this report relates to findings observed during this specific visit. It is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed on the day.

1.3 Acknowledgements

Healthwatch Bromley would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this E&V visit to take place. We would also like to thank our ARs who assisted us in conducting the visit and putting together this report.

2. Information About the Service

2. Prince George Duke of Kent Court

Located in Chislehurst, Prince George Duke of Kent Court provides residential care, nursing, and residential dementia support. It is owned and run by the Royal Masonic Benevolent Institution Care Company, (part of the Masonic Charitable Foundation).

2.2 Ratings

The CQC is the independent regulator of health and adult social care in England. It aims to ensure that health and social care services provide people with safe, effective, compassionate, high-quality care and encourages services to improve.

At its latest inspection in January 2022, the CQC rated Prince George Duke of Kent Court "Good".

2.3 Residents

The home primarily caters for Freemasons and their dependants aged 60 and over. During our visit, 69 residents were living at the home. Current residents are aged between 71 – 105 years; the majority have a long-term condition (LTC) and 39 have dementia.

Residents are referred into the service by word of mouth, masonic lodges, and local authorities.

2.4 Staff

The home has 113 staff members, 98 are full time, and 15 are on a bank contract*. The home occasionally employs agency staff.

*A bank contract with a care home is a zero-hours contract that allows a healthcare professional to work there when they are available. Bank staff, also known as agency staff, are skilled professionals who provide short-term coverage when needed.

3. Summary of Findings

The E&V visit was carried out on Thursday 5th December 2024; three E&V ARs were present. It was announced and planned in partnership with the home. In preparation, we shared with the manager a poster, announcing the E&V, to display in communal areas, and questionnaires explaining the purpose of the visit in further detail and seeking feedback.

3.1 Entry and General Accessibility

Notes

The home is situated away from the main road, resulting in minimal traffic noise. The outdoor area is well-maintained and includes visitors parking.

The building features a single main entrance equipped with a built-in ramp. The double doors open automatically, providing access to the reception area. A lift is available, designed to accommodate a wheelchair user and one additional person.

What works well?

- Parking space for visitors
- Ramp access into the building

- Visitors sign in and out
- Wheelchair friendly lift available
- Induction loop
- Easy access by public transport
- Clear signage outside the home
- Seating available for visitors by reception

What could be improved?

- No designated ambulance bay.

3.2 General Environment

Notes

The home offers a welcoming environment, with soft lighting that creates a calm atmosphere. The flooring is predominantly a dark wood, with patterned carpets in select areas. During our visit, the lobby was beautifully decorated with a large Christmas tree, adding a festive touch.

Just beyond the main reception, there is a residents' bar offering a range of alcoholic and non-alcoholic beverages at reasonable prices, e.g. a can of Coca-Cola for £1.00.

The home is made up of three distinct units: residential, dementia, and nursing, each featuring its own lounge and dining area. The communal spaces are furnished with comfortable armchairs arranged to encourage conversation. The dining rooms are spacious, with large tables that create a welcoming environment for residents to gather and enjoy their meals.

The corridors are wide and accessible, providing ample space for wheelchair users, with wooden handrails along the walls for added support. The doors, including those for lifts, residents' rooms, and storage areas, are clearly distinguishable from the walls.

The environment in the dementia unit has recently been transformed. The sun lounge underwent a full renovation, featuring new flooring, vibrant murals of images from the natural world that bring the outdoors in, and the addition of a

platform lift, granting non-mobile residents access to a newly created roof garden.

The sensory garden includes a large table, comfortable seating, shaded areas, and dementia-friendly plants that can be touched, tasted, and smelled. Colourful flowers and lights further enhance the space.

Residents have been actively involved in planting and maintaining the garden, from watering plants to keeping the space tidy, which has proved to be engaging and therapeutic. The garden is regularly used for a variety of activities, such as gardening and celebrations, promoting a sense of community among residents.

Due to windy conditions on the day of the visit, plastic chairs were scattered around the garden - management promptly instructed staff to address the issue.

Residents' rooms are located across the ground and first floors and vary in size. Some rooms come with private bathrooms, others are equipped with a wash basin. As part of ongoing refurbishment efforts, new beds have been introduced in the dementia unit, with plans to replace the beds in the nursing and residential units in the next phase - including the addition of electric adjustable beds in the nursing unit.

Residents are encouraged to bring their own furniture, allowing them to personalise their rooms and create a space reflective of their individual tastes.

The home has its own hairdressing facilities, which are well-used and greatly appreciated by all residents.

What works well?

- Bedrooms are clean and fit for purpose
- The lounge is arranged with seating facing each other, creating a welcoming space that encourages social interaction.

What could be improved?

- More dementia friendly clocks and calendars in communal areas
- During our visit, some of the window blinds were broken - we brought **this** to the attention of the management team for attention

- Due to windy conditions, plastic chairs were scattered around the garden; they could be secured better.

3.3 Safety and visiting

Notes

At the time of our visit there were no visiting restrictions. We observed clear fire exit signs throughout the home, an evacuation plan, and a visible fire alarm zone layout in the corridors.

Each bedroom is equipped with an alarm button located by the bed side. There are security cameras inside and outside the premises, and in the garden.

The home is undergoing renovations. Social housing for staff is currently empty and in need of repair. Management informed us that a budget has been allocated to get them up to standard.

What works well?

- Clear fire exit signs
- Fire extinguishers are visible
- Fire emergency procedure displayed
- Hygiene precautions
- Staff wear ID badges.

What could be improved?

- To amend the activity board, a staff member used a table to stand on.

3.4 Activities and Personal Involvement

Notes

During our visit, some residents were gathered in the main lounge socialising or spending time with visitors, while others preferred to stay in their bedrooms. Two "caring dogs" were on site to support art therapy activities, and local school students, who visit every Thursday as part of their social studies, were interacting with residents.

The home has introduced a new tea trolley experience. Staff, dressed in tearoom uniforms, serve afternoon tea alongside residents, using fine china teacups, saucers, and a teapot. The home's PowerPoint presentation, played on our arrival, noted that they previously used an institutional tea trolley with plain white cups and hot water flasks.

Any residents who wish to accompany staff to shops are encouraged to do so. Residents enjoy walks in the park with dogs, visits to the garden centre for afternoon tea, trips to the supermarket, and outings to local weekend markets for clothes shopping. Day trips, such as the Kingfisher Medway boat trip, are also organised. Activities sometimes include new experiences, like visiting a McDonalds drive-through for ice cream. "Walking Wednesdays" encourages residents to explore the local area, including stops at cafes and pubs.

Some Freemasons, who are unable to attend lodge meetings, expressed how much they missed this aspect of their lives. To support them, the home arranges monthly lodge meetings on-site. Despite the challenges of dementia, many residents can still recall and recite their masonic rituals, which they have practised for years. These meetings provide them with a sense of validation and self-worth.

The manager highlighted the team's commitment to providing person-centred activities, noting that the diverse needs of residents mean not all activities will be suitable for everyone.

Activities vary daily and include:

- Yoga
- Boxercise
- Puzzles
- Bingo
- Gardening
- Local walks
- Flower arranging
- Days out

What works well?

- A varied range of activities to engage residents and keep them active
- The weekly activity schedule is clear and understandable and sent to families each week.

What could be improved?

- During our visit, the date and time were left blank on the activity board.

3.5 Diet and Cultural Practices

Notes

The culture of the home is rooted in teamwork, with staff encouraged to interact with residents as they would in a shared living environment. Staff and residents sit and eat together, fostering a homely atmosphere.

Residents are given a meal choice every morning, and the day before, but can change their mind on the day.

The home caters to residents with specific dietary needs, providing a variety of food options tailored to individual preferences and requirements, which are gathered upon admission.

Residents at higher risk of dehydration, whether due to infection or refusal to drink, are monitored using fluid charts on iCare*, which calculate their intake and highlight how much more they need.

What works well?

- Residents can choose what they would like to eat from the menu
- A variety of food is offered (e.g. steak and kidney pie, smoked haddock with mustard sauce, vegetable soup, beef cobbler, chicken breast with bacon, Sunday carvery)
- The home can adapt food choices to a resident's dietary requirements.

What could be improved?

- We found no areas for improvement.

*iCare is a comprehensive residential care planning software to record, evidence and manage care in care homes.

3.6 Feedback and Complaints

Notes

Once a week walk-rounds give opportunity for residents to discuss concerns with the management team. The home receives feedback from friends and family through emails, feedback forms, Dementia Support group meetings, and on www.carehome.co.uk

What works well?

- There is a suggestion/comment box by the main lobby.

What could be improved?

- We found no areas for improvement.

4. Residents' and Families' Feedback

We received feedback from ten residents and five family members. We sought feedback on satisfaction levels, diet, activities, personal development, access to healthcare, socialisation, safety, and communication with the home. Residents and family members expressed high levels of satisfaction with the services provided by Prince George Duke of Kent Court.

Residents expressed feeling supported and empowered to make their own choices about mealtimes and social activities, fostering a sense of independence. Many also highlighted feeling warm, safe, and comfortable in their environment. All residents who completed the questionnaire agreed that they are treated with dignity and respect, and that their concerns and questions are heard and addressed.

Family members expressed satisfaction with the support their relatives or friends receive from local health and care services, including GPs, dentists, and pharmacies. They also voiced confidence in the quality of personal care provided, such as help with washing, hairdressing, and chiropody.

Most family members reported being kept well-informed about concerns regarding their loved ones, such as falls, health issues, and future care plans. When asked about the safety of residents, particularly in relation to visitor ID checks and clear evacuation plans, all relatives answered "yes" on the questionnaire.

Family and Friends' Selected Comments

"Very happy that my wife is being looked after in a caring way."

"Very caring service, really good staff."

"Family is pleased, feel confident and staff are very friendly."

Residents' Selected Comments

"Our staff are lovely, helpful and kind, we are very lucky to be here."

"What I like most here is the exercise and freedom, the fact that I have my independence. I like it when they come around during the night to check on me."

"Staff are lovely, helpful and kind."

"I am happy with the staff, and the home atmosphere."

5. Staff & Management Feedback

We received feedback forms from 13 staff members and one from management. During our observation, we noted that all staff were interacting with the residents in a kind and respectful manner.

5.1 Staffing

Notes

Of the thirteen staff members we spoke to, four have been there for 4+ years, six for 1-3 years, and three for less than 12 months.

Training

The home's training is tailored to each job role, with all staff required to complete mandatory courses in person-centred care, moving and handling, safeguarding,

fire safety, health and safety, infection prevention, General Data Protection Regulation (GDPR), equality and diversity, food hygiene, first aid, and Stepping Inside Dementia - in partnership with Alzheimer's Society.

The home supports apprenticeships and actively encourages staff to pursue these opportunities to enhance their skills. They collaborate closely with a national provider for care qualifications and work with other carefully selected providers for additional areas of the organisation. Some examples of qualifications are Health and Social Care Level 2 & 3, Business Administration Level 3, Care and Leadership Management Level 5, Team Leader and Supervisor Level 3, Finance and Accounting.

All staff who completed the questionnaire were asked about their interest in additional training opportunities. Nine staff members indicated there were no further training programmes they wished to pursue; three expressed an interest in sign language training, facilities management and activities training, and one was unsure about any additional training they might need.

Breaks

Twelve staff members reported receiving sufficient breaks during their shifts, while one reported they do not always receive sufficient breaks. All expressed satisfaction with the management of handovers. They also valued the opportunities provided to support residents.

Management

Staff members have a strong and positive relationship with management, with everyone we spoke to during the visit stating that they feel heard when raising concerns or questions.

What works well?

- Staff and management maintain a positive and collaborative relationship.

What could be improved:

- Three staff members said they would be interested in further training and one was unsure if there is any additional training they would like
- One staff member reported they do not always receive sufficient breaks.

5.2 Selected Comments from Staff

"Good atmosphere."

"Management have an open-door policy."

"Really friendly staff with lots of things to do. Well looked after by management."

"Residents seem to have a lot of fun."

5.3 Management

Notes

The manager is pleased with the quality of service provided to the residents.

Diet

Each resident's needs are assessed on admission and re-assessed as necessary. Management is confident that the home meets residents' dietary requirements, with a food committee consisting of residents, management, and the head chef. Residents have a wide variety of food options available from the menu.

Quality of care

The home maintains a comfortable temperature, with care staff checking on residents at night and providing extra blankets when needed. Laundry services are also managed on-site.

Safety

The manager informed us that staff members do not wear uniform, to foster a home-like environment for the residents. We noted that all staff wear identification (ID) badges.

All staff are familiar with the evacuation plan, including procedures for assisting residents who may need help during an evacuation.

Activities

Residents are actively encouraged to socialise and engage with one another. In addition to a variety of activities within the home, residents also enjoy regular outings.

There are no residents with English as an additional language (EAL). The home supports gender and sexual diversity (GSD) and celebrated Pride Month.

The home also encourages residents to explore cultures and religions with which they may not be familiar.

In the dementia house they have recently been celebrating 'Wedding Thursday's'. This came about when one of the carers was discussing her upcoming wedding with residents and they started reminiscing about their own weddings. The home ran with this idea and found wedding dresses in charity shops that the staff and residents then wore on Thursdays – they also arranged a wedding cake and had an afternoon tea party to celebrate.

From there the home then decided to celebrate weddings from different cultures and have had an African wedding day and an Indian wedding day. These involved traditional dress, music and food.

Community Services

The home has a parent and toddler group for under fours, and a social studies programme with two local schools, which sees secondary age children coming into the home one morning per week. These initiatives have been well received, with some of the secondary school children continuing to visit even when their programme with the school has finished.

Management is satisfied with the level of support residents receive from other local health and care services. The GP comes every Tuesday, and when needed.

Staff

Management stated that they are currently satisfied with the level of staffing in the home.

6. Recommendations

Healthwatch Bromley would like to thank Prince George Duke of Kent Court for their support in arranging our E&V visit. Based on the analysis of feedback obtained, we have made the following recommendations which prioritise safety and wellbeing.

6.1 Entry and general accessibility

6.1.1. No designated ambulance bay.

We recommend designating a specific area for ambulance access to allow for quick and efficient entry and exit for emergency services, improving safety and accessibility in urgent situations.

6.2 General Environment

6.2.1. More dementia friendly clocks and calendars in communal areas.

We recommend installing easy read dementia-friendly clocks and calendars throughout the home to help residents better manage time and daily activities, using large fonts, clear visuals, and contrasting colours to enhance readability.

6.2.2. Broken window blinds (brought to the attention of the management team).

We recommend that the broken window blinds be repaired or replaced promptly to maintain the safety and comfort of the environment. Regular checks should be implemented to ensure that all furnishings are in good condition.

6.3 Safety and visiting

6.3.1. Due to windy conditions, plastic chairs were scattered around the garden.

We recommend that action be taken to secure outdoor furniture, such as using weighted or fixed chairs, to prevent them from being scattered by the wind. Regular checks should be conducted to ensure the safety and stability of outdoor furniture.

6.3.2. To amend the activity board, a staff member used a table to stand on.

We recommend safe access is provided to maintain the activity board, e.g. using a secure step ladder or positioning the board at a more accessible height. Safety precautions should be taken to prevent accidents when performing maintenance tasks.

6.4 Activities and Personal Involvement

6.4.1. The date and time were left blank on the activity board.

It is recommended that staff update the activity board daily to provide clear and accurate information for residents and visitors. Regular checks should be implemented to maintain the board's accuracy.

6.5 Staff

6.5.1. Three staff members said they would be interested in further training, and one was unsure about any additional training they might need.

We recommend offering staff members the opportunity to explore further training options more regularly, to enhance their skills and confidence. A survey could help identify areas of interest for additional training, supporting all staff in their professional development.

6.5.2. One staff member reported they do not always receive sufficient breaks.

We recommend that staff break schedules be reviewed to provide all team members with adequate and regular breaks, promoting their well-being and ability to provide high-quality care.

8. Glossary of Terms

AR	Authorised Representative
CQC	Care Quality Commission
EAL	English as Additional Language
E&V	Enter and View
GDPR	General Data Protection Regulation
GSD	Gender and Sexual Diversity
ID	Identification

Front cover photo by Ivan Samkov

9. Distribution and Comment

This report is available to the public and shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences of health and care services, please contact us.

Healthwatch Bromley, The Albany, Douglas Way, SE8 4AG

Telephone: 020 388 60752

Email: info@healthwatchbromley.co.uk

Website: www.healthwatchbromley.co.uk


healthwatch
Bromley

Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012.

Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions 2013] Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by Local Healthwatch to a service provider.

Report & Recommendation Response Form

Report sent to	
Date sent	06/02/2025
Report title	
Date of response provided	06/02/2025
Please outline your general response to the report including <u>what you are currently doing to address</u> some of the issues identified.	<p>Response (If there is a nil response please provide an explanation for this within the statutory 20 days)</p> <p>We had a lovely day with your team and we would welcome you to come along any time in the future. We have found the report very useful and informative, it is great to receive feedback from external partners and for the residents and relatives to provide their views and any improvements needed raised for the purposes of being open and transparent.</p>
Recommendation 1	<p>Please outline what <u>actions</u> and/or improvements you will undertake <u>as a result of the report's findings and recommendations</u>. If not applicable, please state this and provide a brief explanation of the reasons.</p> <p>The report states that we have no ambulance bay - We have diagonal yellow lines at the front of the building for all emergency service vehicles. These had faded so we have had them re painted.</p>
Recommendation 2	<p>Action identified: More Dementia Friendly clocks and calendars in communal areas and Some of the window blinds were broken</p> <ul style="list-style-type: none"> - We have orientation boards on the Dementia House but our orientation board in reception has broken so we will replace it. - Window blinds have been measured up and ordered, just waiting for instillation in 4 weeks.

Recommendation 3	During the visit the time and date were left blank on one of the orientation boards - This is an activity that the staff and residents do together and had not yet been done.
Recommendation 4	3 staff members said they would like further training, one staff member said they do not always receive sufficient breaks - The training Manager delivers all of the mandatory training subjects in house and any additional developmental training is highlighted in the PDR's and then passed through onto the training and development team for authorisation. All staff are allocated breaks throughout their shift and the Team Leader Leader/Nurse ensure that the breaks are taken.
Add recommendations if there are more than 4.	
Signed	
Name	NINA STEPHENS
Position	HOME MANAGER