

Enter & View Report

KYN Bickley Care Home, 28th August 2024



Contents

	Page
1.Visit Background	3
2.Information About the Service	4
3.Summary of Findings	5
4.Residents' and Families' Feedback	10
5.Staff and Management Feedback	12
6.Recommendations	15
7.Glossary of Terms	17
8.Distribution and Comment	17

Visit Details	
Service Visited	KYN Bickley
Registered Manager	Dr Christine Bunce
Date & Time of Visit	Thursday 28 th August 2024, 11:00 – 15:00
Status of Visit	Announced
Authorised Representatives	Gerda Loosemore-Reppen, Graham Powell, Rhys Brown-Mantle, Mathew Shaw
Lead Representative	Reedinah Johnson

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. 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

2.1 KYN Bickley

KYN Bickley is situated on Bickley Park Road in Bromley. Based in a neo-classical building, the home is run by KYN Limited, providing residential and nursing care, dementia care, palliative care, and respite care.

The home is spread across three floors: Queensmead (for residents living with dementia) is on the ground floor and Sundridge on the lower ground floor. The first floor is planned to accommodate more residents but during our visit was not open.

According to their website, KYN “strive to enhance residents’ quality of life by focusing on the cornerstones of good health: nutrition, physical activity, mental stimulation, and sociability.”

2.2 Ratings

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

At the time of our visit, CQC had not visited KYN Bickley since it opened in 2023, so there were no CQC inspection ratings.

2.3 Residents

During our visit, 60 residents were living at KYN Bickley. All residents are self-funded. The majority have a long-term condition (LTC) and 22 live with dementia.

2.4 Staff

The home has 101 staff members: 80 are permanent and full-time, two are permanent and part-time, and there are 19 bank staff. The management team comprises the Home Manager, Deputy Manager, Customer Engagement Manager, Home Administrator and Dementia Lead.

3. Summary of Findings

The E&V visit was carried out on Wednesday 28th August; five 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 building is positioned away from the main street and traffic noise is minimal. We observed a well-kept outdoor space with parking designated for visitors.

What works well?

- Easily accessible by public transport
- Parking space for visitors
- A concierge to let visitors into the building
- Visitors sign in and out via a tablet

- Hand sanitiser available at the entrance
- Wheelchair friendly and lifts available
- Induction loop
- Security cameras inside and outside the premises
- Board with management photographs and role descriptions
- KYN plaques on main entrance.

What could be improved?

- There is no marked ambulance bay
- The signage for the home is slightly obscured by tree branches.

3.2 General Environment

Notes

The atmosphere within the home is welcoming and warm, with lots of natural light.

The Great Room, a communal room, features a brown wooden floor with patterned rugs. The walls are painted in a neutral colour, complimented by patterned curtains. There is a bar-style area serving hot and soft drinks. Light bites, such as canapes and pastries, are available on a self-served basis.

Throughout the home, there are more communal areas with comfortable armchairs and sofas placed facing each other to encourage social interactions. Every communal area has its own kitchen corner with a sink, cupboards with crockery and a fridge filled with beverages.

In the corridors, handrails and bannisters are painted in a dark mahogany colour that stands out against the light blue walls. Certain doors, such as those for the lift and storage, are easily distinguishable from walls.

The home is surrounded by well cared-for grounds, with a tranquillity garden, a games lawn, and two terraces: Cedar and Pine. The tranquillity garden is home to perennial plants, a greenhouse, comfortable sofas and a parasol.

Residents' rooms are spread across two floors, and there is a separate bungalow with six bedrooms. Varying in size, all bedrooms are equipped with a small wash basin. There are two ensuite bedrooms in the home.

Every bedroom door has a name identifying the occupant as well as a sign, "Please knock before entering". Bedrooms can accommodate residents' own furniture and be personalised to suit individual taste.

In the bathrooms, toilet seats and light switches contrast in colour with the walls.

What works well?

- Easily accessible and suitably adapted toilets are equipped with an emergency pull cord
- Toilet seats, flush handles and rails contrast with the toilet and bathroom walls and floors
- Suggestion box is available near main entrance
- Corridors are wide enough for wheelchair access.

What could be improved?

- The Great Room has a heavily patterned rug, which is not dementia friendly
- There is no signage to show where toilets are
- There are no dementia-friendly clocks
- There is no visible calendar throughout the home.

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 but no visible fire evacuation procedures.

Security measures such as a key card entry system are placed at the entrance of each floor to ensure residents' safety.

Hand sanitisers are available all around the home, inside pump bottles attached to the wall.

There are security cameras inside and outside the home, and in the garden.

What works well?

- Fire alarms tested weekly
- Emergency alarm button reachable from bed
- Communal areas were hazard-free
- Hand sanitiser available throughout the home.

What could be improved?

- Fire emergency procedure should be displayed around the home
- Hand sanitiser should be left in its original packaging (see recommendations below).

3.4 Activities and Personal Involvement

Notes

During our visit, we observed residents taking part in a gardening activity and a singing class.

The activities timetable is displayed in the studio and in up-to-date booklets delivered to each resident's room, which outline the schedule for two weeks.

There are interactive TVs around the communal areas.

The activities coordinator highlighted the team's dedication to offering person-centred activities for residents. They recognise that some activities may not be suitable for everyone, especially given the varying needs of residents with dementia and those with long-term health conditions.

Activities differ daily and include:

- Seated exercises
- Beading
- Singing
- Gardening
- Dance classes
- Reminiscence with staff
- Nail care
- Hairdressing
- Church service (streamed on Sundays at 11:00).

The home owns its own transport, "KYN taxi" which can take residents on personal outings.

What works well?

- A range of activities to engage residents and keep them active
- Internal signage is generally clear throughout the home though toilet signs are lacking
- A flip chart of activity images and descriptions is displayed in the corridor
- A large shelving unit with a variety of available books is situated by the entrance to the Great Room.

What could be improved?

- Activities schedule could be written in a larger font to make it more easily readable by residents.

3.5 Diet and Cultural Practices

Notes

A menu is displayed in the Great Room, where residents' meals are served. The home offers all day dining between 12:00 – 20:00. The menu offers a starter, main course, and dessert. The menu ranges from soup, selection of sandwiches, salad, roast, pies, and vegetarian options

Residents and visitors can get refreshments and light bites in the Great Room such as canapes, mini pastries, salad

The catering team accommodates residents with specific dietary requirements, e.g. gluten-free, diverticulitis, offering a wide range of food options. The chef gave a tour of the kitchen to two ARs and mentioned that they cook mostly fresh ingredients, with occasional frozen food such as chips.

All residents' needs are assessed on admission and changed with their needs and preferences. Residents choose their meals from a menu curated by a nutritionist.

Residents and visitors can get refreshments and light bites in the Great Room.

What works well?

- Residents can choose what they wish to eat

- A variety of food is offered (i.e sausage and mash, chicken tikka masala, classic cottage pie)
- Special dietary requirements and allergens are written in the menu.

What could be improved?

- The menu could be written in bigger font to make it more easily readable.

3.6 Feedback and Complaints

Notes

The home conducts a monthly residents and relatives forum about different topics such as admission to the home, care received, activities, and food choice.

What works well?

- There is a comment box in the foyer for residents and relatives and one for staff in the canteen.

What could be improved?

- We found no areas for improvement.

4. Residents' and Families' Feedback

We received feedback from 22 residents and six family members. We enquired about satisfaction levels, diet, activities and personal development, access to healthcare, socialisation, safety, and communication with the home. Residents and family members expressed satisfaction with the services provided by KYN.

Most residents reported feeling supported and given an active role in making their own decisions about mealtimes and choice of social activities. Assistance is available for residents who require help with eating or drinking. The majority said they feel warm and safe. One resident mentioned that they get very cold in the middle of the night and the radiator is not left on.

All residents who filled the questionnaire agreed that they are treated with dignity and respect and feel listened to if raising any concerns or questions.

Family members expressed satisfaction with the support their relatives receive from local health and care services such as GPs, dentists, and pharmacies. They said their relative receives satisfactory personal care, including washing, hairdressing, and chiropody.

Most family members reported being kept informed about any concerns regarding their relative or friend, such as falls, ill-health, and future care plans. When asked if they felt residents were safe in the home, e.g. if visitors were asked to show ID and if there were clear evacuation plans, all relatives responded "yes" on the questionnaire. During our visit, we did not see clear evacuations plans displayed.

Family and Friends' Selected Comments

"My mind is at ease knowing my mum is well cared for."

"I am glad that staff are attentive."

"My father is very happy here; he has made many friends."

"Management is approachable if we ever have concerns."

Residents' Selected Comments

"People here are very nice."

"People listen to you, and I am overly happy here."

"I feel very comfortable and cared for here"

"I am treated with dignity."

"There are lots of activities available here"

5. Staff & Management Feedback

We received feedback forms from 16 staff members and two 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 16 staff members we spoke to, nine has been with the home for less than 12 months, seven between 1-2 years.

Training

All staff undergo an induction that typically takes six weeks and includes shadowing. It takes place face-to-face and online. Yearly refresher courses such as manual handling and first aid are compulsory. Additional training is considered based on staff requests.

All staff completing the questionnaire were asked about their interest in additional training opportunities - two said they would be interested in further development.

Breaks

All staff members reported that they receive sufficient breaks during their shifts. They expressed satisfaction with the way handovers are managed and with the opportunities provided to support residents.

Management

Staff appear to have a positive relationship with management - everyone that we spoke to during the visit mentioned that they feel listened to if they raise any concerns or questions.

5.2 Selected Comments from Staff

"My manager is great"

"Blown away by care provided here."

"I do feel the residents are being treated with dignity and respect."

"As the home grows, we are getting stronger."

"Manager is very good at listening to concerns and supporting when necessary."

"I always feel listened to and in a respectful manner. If not answered straight away, they always get back to me by the end of the day."

5.3 Management

Notes

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

Diet

The supply of liquids is continuously monitored and reviewed across the home and at an individual level.

Quality of care

The home is kept at a pleasant temperature. Air conditioning is used throughout the home except in the bedrooms. Each room is equipped with an Artificial Intelligence (AI) acoustic monitor above the bed to detect abnormal breathing sounds, which will then trigger an alarm to let the care team know. There is also a light sensor that detects movement when residents get out of bed at night and/or go into the bathroom.

KYN Bickley use a digital care planning and care home software called KareInn. It is used to access care plans, daily notes, and risk assessments.

Laundry services are done within the home. There is one room for dirty laundry, another for clean and folded bedding and clothing.

The home is equipped with its own spa and hair salon, offering therapeutic massage, reflexology, acupuncture and nail care by appointment.

Safety

The manager informed us that all staff wear identification (ID) badges. All staff know the evacuation plans, including those for residents who would require help in an evacuation.

There are three fire wardens within the home. Sprinklers are installed in every room and all over the building. Fire and alarm panels are situated by the main entrance of the building.

During our visit, managers confirmed that residents and visitors have the knowledge and skills necessary to address safeguarding concerns. All are aware of how to raise a complaint, but most prefer to resolve any issues informally.

Activities

Residents are encouraged to mix and socialise. A range of activities is offered throughout the week.

There are no residents with English as an additional language (EAL) and there has not yet been a need to support residents with diverse cultural or sexual identities. The manager assured us that this would be provided if needed. Cultural events are celebrated throughout the year, e.g. Diwali, St Patrick's Day.

There is a screening room that streams films, ballet performances, opera shows, jazz concerts, and classical or contemporary music concerts. The home organises live music concerts across all genres of music, customised to reflect the preferences of the residents.

A church service is streamed on Sundays. The majority of residents do not practice a religion but have the option to contact a faith organisation if they wish.

Community Services

The manager said she is satisfied with the level of support residents receive from local health and care services. A GP comes every week and when needed. A hairdresser comes in once a week.

Staff

All new staff undergo a two-week induction programme, via e-learning and face-to-face, then two weeks of shadowing. There is a three-month probation period.

Dementia training is also available for staff, through the University of Worcestershire.

The manager said she is currently satisfied with the level of staffing and that the home uses agency staff only when needed.

6. Recommendations

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

6.1 Entry and general accessibility

6.1.1. There is no marked ambulance bay.

We recommend allocating a marked ambulance bay at the front of the building to enable quick and easy access for emergency services.

6.1.2 The signage for the home is slightly obscured by trees.

We recommend trimming the foliage to make the sign clearly visible from the road and considering adding additional lighting for better visibility at night.

6.2 General Environment

6.2.1. The Great Room has a heavily patterned rug by the dining table, which is not dementia friendly.

Patterned rugs can create optical illusions or appear as obstacles, increasing the risk of trips and falls. We suggest using plain, solid-coloured carpeting to promote safety, minimise confusion, and create a calm environment for residents with dementia.

6.2.2. There is no toilet signage in the corridors.

We advise installing clear, easily visible toilet signage, using universally recognised symbols and bold, contrasting colours, which can be understood by all residents, including those with cognitive impairments, and visitors.

6.2.3. No dementia-friendly clocks or calendar.

We recommend installing dementia-friendly clocks and calendar throughout the home. Simply designed clocks should have large, clear numerals, display the time and date prominently and differentiate between day and night to assist

residents in maintaining orientation. Calendars should be in large, easily read fonts.

6.3 Safety and visiting

6.3.1. The fire emergency procedure should be displayed.

We recommend that the fire evacuation procedure be clearly displayed throughout the home in easily visible locations, to raise staff and residents' awareness of required emergency actions, enhancing safety.

6.3.2. Hand sanitiser should be left in its original packaging.

We advise keeping hand sanitisers in their original packaging, making usage instructions, expiration dates, and safety information readily available.

6.3.3. One resident mentioned that they get very cold in the middle of the night and the radiator is not left on.

We recommend regular checking that residents' rooms are adequately heated during the night to maintain a comfortable temperature, possibly keeping radiators on a low setting. Residents' views should be gathered and acted on.

6.4 Diet and cultural practice

6.4.1. The menu could be written in bigger font to make it easily readable.

We recommend that the menu is produced in a larger font for ease of reading by residents, enabling clear understanding of meal options and promoting a more inclusive dining experience.

6.5 Activities and Personal involvement

6.5.1. Activities schedule could be written in a larger font to make it easily readable.

We recommend the activities schedule be written in a larger font so that it is easier for all residents to read.

8. Glossary of Terms

AR	Authorised Representative
AI	Artificial Intelligence
CQC	Care Quality Commission
EAL	English as Additional Language
E&V	Enter and View
ID	Identification
LA	Local Authority
LTC	Long-term condition

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 2LB
Telephone: 020 388 60752
Email: info@healthwatchbromley.co.uk
Website: www.healthwatchbromley.co.uk

healthwatch
Bromley