

Care Home review 2016

Summary report

Healthwatch Brighton and Hove conducted Enter and View visits to five care homes in February and March 2016. The programme was organised in response to concerns raised about the quality of primary health care for care home residents in Brighton and Hove. These local issues echo concerns raised by the Care Quality Commission (CQC) about the standard of and access to healthcare for the 375,000 older people in England who live in care homes.¹ Care home residents typically have greater and more complex health needs than their peers who live in the community. The CQC review found that there were significant variations in the specialist services available with many residents not having access to the services they needed or having long waits for services.

In line with these national and local concerns the purpose of the Enter and View programme was to assess the extent to which care home residents had access to primary health care. Five care homes in the city were selected based on user feedback received by Healthwatch and services that had not been subjected to frequent inspection by CQC or recently audited by Brighton and Hove City Council Adult Social Care Services.

Findings

The visits revealed variable quality of primary healthcare across care homes with the following three key issues of concern:

- Poor systems for maintaining basic health needs of residents
- Limited take-up of preventative health checks
- Poor adaptations for visually impaired

Poor systems for maintaining health needs of residents

Staff in all the care homes visited demonstrated an awareness of the health needs of elderly residents and made an effort to provide for these needs. There was inconsistency, however, in the standard of care provided across the care homes. We found the better performing homes had an established process for maintaining the health of their residents. For example, staff in these homes had clear responsibilities for supporting and encouraging dental hygiene, maintaining hearing aids, and helping residents with glasses and mobility aids. In contrast, other homes lacked clear direction

¹ [CQC Review of Healthcare services for care home residents](#), 2012

for who was responsible for these tasks and when they should be done. There were also differences between homes in terms of staff attitude towards encouraging residents themselves to maintain personal health.

Limited take-up of preventative health checks

Varied performance across care homes was also observed in terms of preventative health care. The better performing care homes were proactive about ensuring health checks were conducted at regular intervals, for example, annual GP check-ups, dental check-ups at least every two years and eye tests every six months. Again, we observed a difference in staff culture across care homes, with some teams showing willingness to encourage residents to take up preventative services and others more passive in this respect.

Poor adaptations for visually impaired

Some care homes did not consistently provide key information for residents in large print when they cared for visually impaired residents. It should be standard practice for care homes to provide menus and other key pieces of information in large print.

Individual reports for each of the five care homes visited are available on the Healthwatch Brighton and Hove website: [Care Home Review reports](#)