

Enter and View Report

Park Vista Care Home: providing accommodation, personal and nursing care for up to 56 older people.

20th October 2016

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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Park Vista Care Home, 15 Park Crescent, Peterborough, PE1 4DX
Service Provider	Park Vista Care Homes Limited
Date and Time	20 th Oct, 2016. 11.00 – 1.00 hrs
Authorised Representatives	Heather Lord, Jean Hobbs, Jo Woodhams, Heather Hooper and Jo Smith.
Contact details	(01733) 555110

1.2 Acknowledgements

Healthwatch Peterborough would like to thank the service provider, residents, carers, and staff for their contribution to the Enter and View programme.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

2 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.



3 Purpose of Visit

3.1 Background to Visit

The background to this visit follows a C.Q.C. unannounced inspection on the 14th and 15th June 2016 and the subsequent report dated 26th July 2016.

This visit is part of a series of 'Enter and View' visits to local care homes within the Peterborough area organised by Healthwatch Peterborough.

A copy of the survey has been supplied but to summarise; the questions in the survey consist of initial observations by the authorised representatives on their arrival. A section of questions specifically for residents/carers/family members on their view of the home, its staff, how safe they feel, if they are offered privacy and dignity and spoken to in an appropriate and respectful way. These are supported by observations made by the authorised representatives. This is followed by a set of questions and observations relating to activities within the home and finally a section relating to meal-times, again these are supported by observations. A separate set of questions are included for staff covering their personal views on the home and training provision, again these are supported by observations.

3.2 Methodology

Six weeks before the Enter and View visit a letter was sent to the Care Home Manager explaining Healthwatch Peterborough were undertaking a series of 'Enter and View' visits to local care homes within the Peterborough area. These visits would take place during the September - December 2016 period, to homes that have not already been visited. Park Vista Care Home is one that has not been visited previously.

We also explained that whilst Healthwatch have the statutory rights to carry out these visits 'unannounced', we would prefer to only carry these out as 'announced' visits and agreed this with the manager at this time.

A second letter, sent to the Care Home Manager, four weeks before the Enter and View, provided the date and time of the visit and included posters and leaflets to display as well as a sample survey. This communication was followed-up, two weeks before the visit, by a telephone call to the Care Home Manager to confirm the visit.

The documentation was displayed in the Care home to inform both staff, residents and carers and their families of the forthcoming visit and explain the purpose of Enter and View.

A Healthwatch team visited the Care Home for two hours commencing at 11.00hrs on Thursday 20th October 2016, observed relevant facilities, activities and spoke to residents, carers and staff.

3.3 Objectives

The objectives were to;

- Observe how the Care Home operates and provides its services.
- Collect the views of residents, carers, family members and staff and any visitors to the service.
- Identify 'Best Practice' and any areas of concern.
- Provide a 'layman's view' on the service provided.



4 Observations

4.1 External Approach and Reception

The premises are in a residential area of central Peterborough. Signage to the car park is not obvious; we were carefully looking for it but missed it.

The building has the appearance of a large residential property and has a well-kept exterior.

Access via the locked main front door is controlled electronically with a numerical key pad. During our visit it was observed that a member of staff revealed the code verbally. Reminding staff of the security requirements may be advisable.

The Reception Area was clean, neat and warm. However this area was considered a bit dark but was due to the style of the reception area. There was a definite odour in the area close to a resident's room and the manager's office which spread into the reception area. This issue was communicated to the Deputy Manager at the time of the visit, he agreed there was and acted to remedy this during the course of our visit.

The team was asked to sign in. There was a hand gel dispenser in the reception area. Visitors could be encouraged to use it. During the visit we noticed other hand gel dispensers at the nurses' stations.

The notice board displayed a copy of the latest CQC report and action plan. There were details of several advocacy services and Healthwatch Peterborough visit details as well a set of 'Fire Orders'. There was also a notice board displaying 'Thank You' cards.

Furniture was neat and clean. It was noted that there were chairs with high seats and arms, appropriate for use by elderly or disabled persons.

It was noted that whilst staff wore uniforms, they did not wear name badges to identify themselves as members of Park Vista staff.

4.2 Layout

The building has three floors served by stairs and a lift.

The care home has 56 rooms in total. At the time of our visit 8 rooms were vacant.

The ground floor houses administrative offices, recreational/utility facilities as well as 18 residential rooms. The first floor rooms are split; with 7 residential rooms and 20 nursing rooms. The second floor has 19 residential rooms.

We were informed all rooms have WC facilities, except 2 rooms which do not, both of these rooms are on the 1st floor; one is currently used for nursing care the other one for residential care.

Ground Floor: Consists of the Manager's office, a staff room, 2 communal rooms as well as a conservatory, a dining room, a kitchen, a sluice, a laundry, a shower room, a bathroom and a toilet. It also has 18 residents' rooms.

On the day that we visited one of the common/day rooms on this floor was being used for a craft activity which was supported by three residents and the Activities co-ordinator.

As previously stated, on this floor there was an odour close to a residents' room and the office. This was raised with the Deputy Manager during the visit who acknowledged it. This issue was also raised at the meeting with the Deputy Manager and others, at the end of the visit. We were encouraged to see that the 'odour' was investigated, explained by the Deputy Manager and appropriate action was discussed with staff in order to remedy this issue.

First floor: There are 27 rooms on this floor, which is split into two - 7 residential rooms and 20 nursing rooms. There is also a toilet, a shower and kitchen on this floor.

Second floor: There are 19 residential rooms on this floor, a staff room, and a bathroom.

We were informed that people with Dementia are mixed across each floor in both residential and nursing rooms, dependant on their needs.

4.3 Residents

We spoke to a number of residents all made comments such as 'Makes me feel happy', 'Looked after' and 'Feel safe'. Residents appeared comfortable at the home, which was borne out by their comments.

Whilst a variety of activities are available and residents are encouraged to participate, none felt forced to participate against their will. Trips out to town or to the park seem to be very popular. Residents said that there was nothing that they would change.

Staff were observed to treat residents respectfully and in a friendly and caring manner. Residents commented very favourably on their treatment. Staff were observed to stop and chat with residents.

The number of visitors/carers received by residents obviously varies. The Healthwatch team did not have the opportunity to speak with any visitors/carers as none were seen during the visit. However residents confirmed that visitors were

treated respectfully and that they could have a private conversation without others listening in. All residents who were spoken to were very positive about feeling safe in this care home.

4.4 Meals

There are three chefs and all food is prepared and cooked on the premises.

We were informed designated meal times are as follows; breakfast 8.30am, lunch 12.45pm and tea 4.30pm.

Residents commented that they liked the food and there was no waiting to be served. However it was observed that some residents arrived in the dining areas at 11.55am, staff were seen taking the food to the dining areas for plating-up at 12.40, for service at 1pm. However it must be pointed out that the Healthwatch team met with the management team prior to leaving at 1pm and were therefore unable to comment further on the food/mealtime arrangements, for example there may well have been a separate service that we were unaware of.

Meal choices are shown on a board near the door.

Special dietary requirements are catered for, as are alternative choices for residents. One resident commented there was a diabetic option for dessert.

4.5 Activities

There is an FT Activities Coordinator and plans to recruit a further part time person at the time of our visit.

Coffee afternoon are organised every Thursday.

On the day of the visit three people were involved in a painting activity. Up and coming activities included a musical journey and a Halloween party. Planned Christmas activities would include visits to town to see the Christmas lights, carol singing at local schools and churches as well as other internal activities.

Residents commented how much they enjoyed external trips.

4.6 Staff

There was no Manager in post at the time of our visit. Discussion took place with the Deputy Manager, Andy Joyce who has been at the care home for 15 months and was Senior Care Manager before taking up the post of Deputy Manager, four months ago.

The Deputy Manager has undertaken 'Train the Trainer' training and conducts induction training for new staff. During the discussion he commented that he believes that all care needs identified, need to be re-assessed regularly and to this end, accurate records must be maintained. He pointed out that as staff are now

recruited from different cultures there is a need to ensure that all are culturally sensitive with regard to both their fellow staff and residents.

In addition to the Deputy Manager, the Healthwatch team spoke with four staff members and the Activities co-ordinator. All said they enjoyed working at Park Vista, which is friendly and supportive of residents.

All other staff members observed by the team were friendly, and respectful to residents.

| There are 48 staff members who provide 24 hour coverage.



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5 Recommendations

1. To pursue the recruitment of a full time Manager.
2. To remind staff of the need for discreet entry to and from the building and the importance of security practices in this regard.
3. Introduce clear signage to the Car Park
4. Introduce name badges for staff.
5. Consideration should be given to a sluice on each floor.
6. Consideration of a dedicated nursing floor.
7. Making an area available for those who have a dementia diagnosis to access can be helpful. Many local care and residential homes and hospitals have created areas with an environment that would be comforting to dementia patients. For example, at the Cavell Centre they have created an old fashioned sweet shop, Peterborough City Hospital have used a number of old fashioned items, pictures etc. Some care homes have created an area that has been highlighted as a positive and useful facility by family members. We would suggest support from Alzheimer's society as to what the home may be able to provide in this regard.
8. To produce easy read format of the activities and menu choices.

6 Comments from providers

The following comments have been received from the providers on the recommendations contained within this report.

Recommendation 1: A Manager commenced at Park Vista in February 2017

Recommendation 2: An update will be included in the next staff meeting with regards to staff being more discreet about the access code to the front door.

Recommendation 3: The Home Manager has now moved visitor Parking to the front of the Home and staff parking to the rear. We feel that there is sufficient signage to indicate the Car Park areas

Recommendation 4: Name badges are part of The Homes Uniform Policy and all staff have or are issued with name badges. An update will be included in the next staff meeting with regards to wearing name badges

Recommendation 5 - Whilst a Sluice on each floor would be idea, due to costs/reduction in accommodation as a result, this is may not be feasible.

Recommendation 6: There is a dedicated nursing floor at Park Vista.

Recommendation 7: Studies have shown that integration has positive results on those who are diagnosed with Dementia as they are included as part of the day to day home life. Many visitors to the Home choose Park Vista for their loved ones because they like the idea that their loved one is not branded with the illness and not made to feel that they have to live in a separate part of the Home.

Recommendation 8: Menu choices are now available on the dining tables for residents as well as on a board as residents enter the dining room.

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