healthwatch Cumbria

Parkside Care Home

22nd May 2017



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Introduction

About Healthwatch Cumbria

Healthwatch Cumbria (HWC) is an independent community based organisation for the people of Cumbria. It was set up to champion the views of patients and people who use health and social care services in Cumbria. The goal of HWC is to make services better and improve health and wellbeing. HWC achieves this by talking and listening to people in all parts of Cumbria and telling providers of these services local people's views and challenging organisations that need to do better and highlighting examples of good practice.

HWC is part of Healthwatch England who act as the national consumer champion for all local Healthwatch.

Details of visit

Service Provider	Cumbria County Council
Service Address	Parkside, Netherhall Road, Maryport, CA15 6NT
Date and Time of visit	22/05/17 10am-12pm
Authorised Representatives	Carolyn Carol Geoff Wilkinson Robin Powell
Healthwatch Cumbria contact details	Healthwatch Cumbria, The Best Life Building, 4-8 Oxford Street, Workington, Cumbria, CA14 2AH Tel: 01900 607208

Acknowledgements

HWC would like to thank Linda and Elaine and all the staff for giving us such a warm welcome and for displaying our poster so prominently ensuring that staff and visitors were aware of our visit.

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.

What is Enter and View?

Healthwatch Cumbria has a statutory right (Health and Social Care Act 2012) to carry our Enter & View visits to health and social care services to gather the views and experiences of customers, patients, families and staff for the purpose of service improvement. Service providers have a duty to respond to our reports and recommendations.

Healthwatch Cumbria will share its findings with Healthwatch England, the Care Quality Commission, services and the public.

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. This is so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Purpose of the visit

To engage with residents in care homes in Cumbria to collect and record their experiences of accessing health and social care services, primarily the out of hours GP service Cumbria Health on Call (CHoC).

To identify and champion examples of best practice with regard to resident experience including: surroundings, activities and meals.

Methodology

Parkside was made aware of the Enter and View process through promotion of the visit via a telephone conversation with HWC. An email detailing the purpose of the visit and a poster for the home to display were sent, for all to read and be aware of the visit and how to take part should they wish to. It was also explained that the report following the visit would be provided to the home manager to inform them of the findings prior to publication on the HWC website.

Seven homes were selected for visiting in West Cumbria. The selection was based on the geographical location of the homes and their respective recent participation in the HWC CHoC survey that highlighted issues affecting those in care homes with accessing some services.

HWC representatives were greeted by the home manager who, after discussing the nature of the visit and the Healthwatch guidelines governing it, gave a thorough walking tour of the home and introduced the representatives to staff, residents and visiting family members. The manager then gave HWC permission to look around the home and talk to anyone we wished in the public areas of the home.

The HWC representatives engaged with staff, residents and family members and initiated conversations around the following topics.

- Access to Health Services
- Satisfaction with food and activities on offer
- Comments about life in the home

Elaine provided a walking tour of the home and outdoor areas and introduced us to some residents. Elaine told us that most of the residents came from Maryport and surrounding areas, and advised the team that they were 'proud of their town'.

Findings

Upon arrival at the home, we noted that the conservatory at the front of the building was open to the car park at the front of the property, and the front door of the home. This then led to the reception area, which had unrestricted access to a lounge to the left of the entrance. We raised this issue with the manager who was relaxed about this.

The home was a hive of activity. We arrived in the morning and most residents were in the lounges, either quietly listening to music or watching TV while the carers tidied up after breakfast and the domestic staff were busy with their duties. The residents appeared to be enjoying quiet companionship and all were keen to take part in conversation.

There was a range of pictures on the walls including photos of Maryport which gave a sense of place. There were also some collage photos of residents enjoying activities. We noted that whilst there were calendars in the units it may be beneficial to the residents to have some visual aid to show the day, date and weather for the day to increase the sense of time. There were quiet rooms/small lounge areas, one of which was having new flooring laid at the time of our visit. However, we were advised that the quiet areas were not used very much and most people chose to sit in the larger lounge/dining areas where their meals were also served.

We were advised that the garden/patio area was not used by the majority of residents-the weather had to be very warm to coax people outside. As the warmer weather arrives, this could be an opportunity to ensure that the patio area is free from clutter and that the garden benches are safe and secure for the residents to use. There was a nautical feature in the garden which again gave a sense of place; this may provide an opportunity for an activity for residents to work alongside staff or volunteers to prepare the area for summer. We saw that residents had easy access to the adjoining church grounds and noticed 2 residents walking independently into the grounds. Residents on the upstairs floor did not have a separate outside area but if they wanted to go outside, they were supported to do this if staff were available to stay with them. Residents also had access to a smoking room.

The supervisor has bi-monthly meetings with residents and minutes of the meetings are taken and we saw them placed on the noticeboards in the lounge areas, so residents, staff and family members can read them. There is an annual Family Questionnaire; this was due to be issued soon. The manager produces an Action Plan once the feedback has been reviewed and this is published so people are able to access it.

Access to Health Services

The home is supported by a local GP surgery. A GP visits the home each Monday for a routine surgery and also as and when needed. The staff are also able to ring the surgery for advice. Other healthcare professionals also visit regularly.

Residents, who are able, attend local dental practices but we were told that access for those needing community dental services within the home is more difficult.

Staff arrange patient transport for those attending appointments at hospital or outside of the home. Family members are always notified of such appointments and where able, most accompany their family. Families are also kept informed of the outcomes of GP consultations.

During out of hours, staff make contact with Cumbria Healthy on Call (CHoC) on behalf of their residents and accessing the service is not an issue.

Activities

There was a range of bright, colourful posters advertising up and coming events in the Reception area and also in the different units within the home.

We were told that the aim is to organise a trip once a month and the next trip was an outing to Allonby. A vintage tea dance with a Morris Dance theme was to be held on May Bank Holiday Monday; a musical, "Mother Knows Best" was advertised as well as prize bingo (there was an array of prizes on display in Reception). Music for Health also visits on a monthly basis and a visitor from a local school supports reminiscence sessions with residents on a weekly basis. Activities also take place most afternoons and include Dominoes, Quiz sessions and time for a chat. The home also has some volunteers.

One resident recalled an entertainer visiting the home the previous week and said how much she had enjoyed the event. She had recently moved to the home following a recommendation from a person whose mother was a resident and she was delighted with her choice and the care received.

The manager and supervisor advised us that they aim to support residents to maintain their independence. We heard good examples of a person centred approach to those who live at Parkside. One gentleman enjoyed keeping chickens and the staff had arranged for a chicken run to be set up in the garden and they had ensured that it met health and safety requirements etc. The gentlemen looked after the chickens, collected the eggs each morning and staff then bought the eggs with the monies going to buy feed for the chickens with the remainder going to the residents fund. Another gentleman enjoyed gardening and had been supported to plant seed potatoes; another enjoyed going out on his own, so the staff had risk assessed this and provided him with an identity badge etc, to help him communicate if there was a problem.

Meals

The home has protected meal times, however, they do not keep rigidly to this and adopt a common sense approach, particularly if a resident is not eating very well, as it can help if a family member sits with them and supports them to eat their meal.

The home has a winter and summer menu - they had just changed to the summer menu. Residents have a choice of meal and dessert at lunchtime and also a choice of a lighter

meal at tea time. Three of the residents told us that the food was very good and all homemade.

We were invited to visit the kitchen and spoke with the cook who was preparing the lunchtime meal. The cook confirmed that meals are homemade and she gets good feedback from the residents via the carers. The cook is kept well informed of any dietary needs and we were shown a file with dietary assessments for each resident which outlined any specific dietary requirements; where they liked to eat their meal, who they generally sat with at the dinner table etc. The cook also explained that she would try to accommodate individual preferences, for example, one person enjoyed a salad each day so she would prepare this for them.

Recommendation

HWC would recommend clearing the patio area, this may provide an opportunity for an activity for residents to work alongside staff or volunteers to prepare it for the summer.

Areas of good practice

HWC commends the home on it's communication around the collecting and acting upon feedback, this process appears very open and transparent.

Response from Service Provider

The Home Manager responded saying "I will draw up an action plan for your recommendations on the patio area".