



ENTER AND VIEW

Park Farm Lodge

Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows 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 Staffordshire Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Staffordshire safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

Tel: 0800 051 8371

enquiries@healthwatchstaffordshire.co.uk
www.healthwatchstaffordshire.co.uk

Provider Details

Name: Park Farm Lodge
Address: Park Farm Road, Kettlebrook, Tamworth, B77 1DX
Service Type: Nursing home caring for adults over 65 years; dementia; physical disabilities
Date of Visit: 23 May 2017

Authorised Representatives

Name: William Henwood **Role:** Author and observer
Name: Robin Bentley **Role:** Observer

Purpose of Visit

To observe the physical environment of the home, and the inter-actions of staff and residents, and to capture the experiences and observations of residents, relatives, staff and managers

To follow up

- a. Recent intelligence received by Staffordshire Healthwatch regarding availability of prescribed medication, staffing levels, support with meals and feeding, and the level and types of activities available to residents
- b. The March 2017 CQC Inspection report which a found that the service was not consistently effective and not consistently responsive

In particular, to check on

- Progress towards MCA compliance, including training
- Staffing levels, especially at mealtimes, and responsiveness to alarm calls
- Availability of prescribed medication
- Furnishing and equipment of bedrooms
- Recruitment of a second activities coordinator, and activity programmes and participation in these

Physical Environment

External

Park Farm Lodge is a relatively modern purpose-built two-storey home, built around an enclosed courtyard garden.

Although acquired by Liberty Healthcare Solutions at the beginning of 2017, we noted that external signage still carries the branding of the previous owner.

The exterior of the building appeared to be in good condition, save for some doors and windows in need of repainting.

The grounds around the perimeter of the home are not extensive, but looked unkempt in parts and in need of maintenance. We were informed by the manager the gardens are being worked on, with new planters already in place in the front, although there have been some delays due to inclement weather.

The courtyard garden looked as if had been, and could again be, a considerable asset for residents, being a secure space with a variety of seating, trees and planting. We did not observe the garden being used, but it was explained to us that it is accessible to ground floor residents, and to first floor residents if with staff or family escort. At the time of the visit, however, the garden looked shabby and in urgent need of improvement. The seating appeared safe, if tired, but the lawns and beds were overgrown and the paving was uneven in places. A large tree in one corner was significantly reducing natural light to some ground and first floor rooms. An open wooden store in one corner contained equipment and unlabelled materials within easy reach; the Manager was advised of our concerns about this. The Manager informed us that the open store will be removed as part of the refurbishment and that whilst the work in the gardens is ongoing the residents are accompanied by staff when using the gardens to minimize any risks. The Managing Director of Liberty Healthcare Solutions (“the Owner”) and the Manager explained that refurbishment and provision of a dementia stimulatory garden will be taking place over the next few weeks, involving provision of a pergola, raised beds and boxes, better furniture, and the landscaping and levelling of paved areas. The Owner further told us that her priority has been to concentrate initially on quality of care so that the residents are the main priority, rather than engaging immediately on a huge refurbishment programme, so concentrating initially on the quality of care given within the home rather than the fabric of the home itself. The recently appointed maintenance operative confirmed to us that the garden was one of his early priorities, and he showed us the recently delivered self-assembly pergola that he was about to erect in the garden as the first part of its renovation.

Internal

Access to the home, and to and within the first-floor dementia units, is by keypads.

The interior of the home appeared to be generally in a reasonable condition, with satisfactory floor coverings, lighting and decoration and some new furniture, although some pieces of furniture were quite worn and a few areas looked tired. One of the bathrooms had been out of use since before the transfer to Liberty and awaits refurbishment.

The home's complaints procedure, adult abuse awareness cards, visitor signing-in book and a sanitary gel dispenser were all present in the entrance lobby, and Healthwatch posters were on view on both floors.

In addition to lounges and dining rooms for each of the four units, the home has a 'tearoom', a 'pub' (where a broken glass lampshade with jagged edges was observed above the 'safe darts' board), and a hair salon (which awaits refurbishment as a salon and beauty parlour, and which is currently being used for storage). One of the ground floor lounges has drinks making facilities and microwave for the use of the residents. A third ground floor lounge has a small library and is also used for staff training (it was being so used for care plan training during the visit).

The Owner and Manager told us that they have undertaken an extensive refurbishment of the home and garden as it important to improve the environment for the benefit of residents. The Owner explained that daily maintenance of the building has been ongoing, but was delayed until the appointment of a suitably qualified maintenance employee. Suppliers would be visiting later in the week to provide show rooms and examples of refurbishments for lounge and bedroom areas with a view to refurbishing each bedroom within one week of it becoming vacant, and an interior designer had just been appointed for refurbishment of the reception and family room areas (the latter being created for families so that they can stay over when needed). This designer will also advise on other aspects of internal refurbishment, including differentiation of areas between and within units, signage and numbering.

Resident Numbers

The home is registered for 80 beds: 40 nursing on the ground floor and 40 elderly mentally infirm (EMI) on the first floor. Each floor operates as two units. On the day of the visit there were three vacancies - all EMI beds.

The Manager told us that about 90% of current residents are local authority funded, mostly by Staffordshire County Council, with a few from Birmingham and other councils.

Staff Numbers

The initial 90-day improvement plan for the home, supplied to us by the owner, included sections on staff recruitment, retention and training, and progress charts for each element.

The Owner and Manager informed that us that there has been an ongoing a recruitment drive with the aim of increasing staffing levels and this has resulted in more staff being recruited.

Days are now almost fully staffed. The staffing for nights is improving (and is to be increased to seven, including an Assistant Practitioner). Extra dawn and twilight hours are also being added to ensure good

The Owner told us that staff training matrixes have been updated, and a training DVD library and an on-line training system have been procured. In addition, new staff badges and uniforms have been issued to give a new sense of identity, and these were observed.

Vacancies

The Manager told us that current vacancies are:

49.5 hours Registered Nurse (may use Care Home Assistant Practitioners)

66 hours day care

71.5 hours night care

30 hours Activities Coordinator (1 in post)

30 hours domestic

Turnover

We were told that following the recent recruitment drive, staffing of the core teams is stable, and staff turnover is currently low. The Manager regards terms and conditions at the home to be good by sector standards.

Agency Usage

The Owner told us that when she took over, reliance on agency workers had been excessive, but had now greatly reduced following the recruitment drive. There are now no agency day staff (except for urgent sickness cover), and their use at night has been reduced and will be reduced further.

The Manager confirmed that agency usage had been up to 500 hours per week under the previous owner. Last week it was down to 88 hours.

Resident Experiences and Observations

The initial 90-day improvement plan supplied to us by the Owner includes “Improving the resident experience and the understanding of this”. A spreadsheet itemises achievement of some items and progress on others.

Some residents were in bed during the time of the visit and we were advised that they were monitored on an hourly basis.

During our visit, we were impressed by the positive attitudes of staff towards residents, and in particular that not one member of staff was seen to walk past a resident without engaging in conversation with them, albeit necessarily briefly on occasions.

Six residents in the EMI units were spoken to. One gave positive feedback about their care and the help that was offered on a continuing basis. Another, however, felt that there was not enough to do and was very negative about her time in the care home.

The Manager told us that more and better awareness of, and training on, the Mental Capacity Act continues, and that the home is now registered with Stafford College for NVQs and the Care Certificate.

The Owner explained to us that, after extensive research of options, the PassCare electronic care planning system is being introduced - training of staff was taking place on the day of the visit. This will improve the residents’ experience and will be remotely accessible to relatives.

The Manager told us that, following issues, the home’s pharmacy supplier was changed in April. There have been some teething problems with the new contract, but this is being monitored and a further change will be made if found necessary.

Family and Carer Experiences and Observations

The wife of a nursing care resident was spoken to. She visits every other day and assists her husband with his lunch. She was very happy about his care and the staff at the home: “I know he is safe and well cared for here - much better than the home he was in previously”. She was aware of the home’s complaints procedure.

In the EMI units three family members assisting relatives with feeding were spoken to. All commented positively about the care their partners received. One visits each day between 11.00 am and 4.00 pm and was feeding his wife lunch. He said that this takes at least an hour and he thought the “hard pressed staff would not have time to do it themselves”. He had no complaints about the level of service his wife received and thought she was well cared for under what he described as “difficult circumstances”. He went on to say that he thought the staff offered “endless patience and support to residents” but he thought they were “frequently overworked”.

The Manager advised that a small number of relatives like to assist their wives/husbands with lunch on a regular basis. They are always asked if they would like support and if they were not available, then the carers would assist the residents.

Activities

Only one of two Activities Coordinator posts is currently filled. Activities lists covering each day of the week were observed on both floors, though these carried the old owner’s branding and it was unclear how much of the programme is currently taking place. The visit was in the middle of the day, to observe lunch, so no group activities were taking place, and we did not meet the one current Coordinator

The Manager told us that the home is recruiting a second Activities Coordinator, which will allow programmes to expand and cover seven days per week. In the meantime, there is a programme of activities in operation, with provision both in lounges and in residents’ own rooms where appropriate. A dedicated budget for activities provides for events and visiting artistes. A DVD library of classic and vintage films is being developed and families are involved in the choices of titles, and we were advised that these films were often played in the afternoons. The Manager wishes to bring in more activities and entertainment from outside, with links to local facilities such as day care at a nearby leisure centre. An offer has also been made by Tamworth Library. She also aspires to get a minibus for outings to local shops, pubs, and countryside, and to strengthen links between the home and its local community.

Catering Services

On each floor, a kitchen sits between two spacious dining rooms. The serving and consumption of lunch was observed in both dining rooms on both floors. We noted that a substantial proportion of residents ate in own their rooms or in bed due to illness or infirmity.

It was explained to us that Apetito has recently become the supplier of main meals. Breakfast continues to be prepared in-house and tea/supper is a mix of in-house and Apetito. The Owner told us that the introduction of the Apetito food system has been well received by residents and families alike, with the result that residents with poor appetites or specific dietary requirements/restrictions have shown weight gain over the last few weeks. This positive development was also described to us by care staff, whose comments are noted below.

We saw individual lunchtime meals being called for at the serving hatch, collected and checked before presentation to the resident, thus ensuring the correct diet and that the food is hot and attractive when consumed. The meals we saw, solid, pureed and liquid, looked and smelt attractive and appetising.

In the nursing units, we saw four staff serving and assisting six people in one dining room and three staff for five residents in the other; this ratio appeared appropriate as most residents needed considerable assistance with feeding and drinking. Those residents able to feed themselves were checked on by staff who were efficient and courteous. All appeared to enjoy their meal.

Staff Experiences and Observations

All the staff spoken to expressed confidence in the home's new owner. They told us that her presence at the home for a day each week, her positivity and clarity about what needs doing and how she sees the home improving, inspires confidence in the staff group. Long serving employees contrasted this with their feelings about the previous owner.

Staff described how they now feel appreciated in their work with residents as well as encouraging them to feel part of a team, whereby they support each other. This is helped by a short daily meeting for staff at all levels to brief and be briefed on what's happened, what's new, what's happening, described as very useful communication.

The residential and medical staff spoken to in all units were extremely informative about their routine and work. It was clear to us that all had a clear idea of the person-centred philosophy now in place within the home, and they spoke clearly and knowledgeably about the residents, and demonstrating good relationships with them.

A group of three care staff was asked specifically about the new catering arrangements. All described the change as very positive, and said that the Apetito food is much better. They are seeing empty plates, and residents really enjoying their meals. They particularly mentioned the purees and meals for people with very restricted diets. These look and smell appetising, and people who need to gain weight are now doing so.

Asked about activities for residents, the same group of staff felt that “some people will always want more activities”, but that even when a second Coordinator is in post, the role of care staff in providing meaningful activity to individual residents as part of their everyday work should not be overlooked. One described how she and a resident sing and dance together while personal care is being administered: “This makes it easier for the resident and it is all meaningful activity”.

Another care worker in a nursing unit said that while staffing levels have improved recently, she personally has yet to see the sustained positive impact of the change of ownership - but she is hopeful.

A recently recruited care worker said that she was thoroughly enjoying working at the home and appreciated the support she was given to study for an NVQ, training which she was also greatly enjoying.

The recently recruited maintenance man described his very favourable early impressions of working at the home: a good staff group, and clarity about priorities and what needs doing, both as a team and by him as an individual. He is looking forward to contributing to the refurbishment programme, and has already been at work in vacant rooms.

Summary, Comments and Further Observations

This is clearly a home in transition.

Throughout our visit we saw and heard the positive impact of the recent change of ownership, the clarity of what needs to happen, and the plans to effect this, with logical sequencing and priorities: quality of care first, physical fabric second.

We were also impressed by the quality and commitment of the staff, as individuals and as teams.

The change to catering arrangements for main meals was universally described in very positive terms and we saw evidence to support this view.

The very necessary refurbishment programme was explained to us, as were the steps being taken to get it fully under way. These improvements will take time to come to fruition, but will be to the benefit of all concerned.

We are grateful to the Owner, the Manager, the staff group, residents and relatives for their assistance and their contributions during our visit.

Recommendations and Follow-Up Action

We appreciate that every effort is being made to fill the outstanding staff vacancies and we will follow up with the manager to find out the progress on the ongoing recruitment programme.

We will follow-up the progress on the garden refurbishment.

We will follow up on improvements being made to the activities available, hopefully to include trips out for residents. We appreciate that this may be more achievable when the second Activity Coordinator is recruited.

A further visit in a six months time will show us how far the positive vision of the new owners has been delivered and embedded, and how far the practical steps needed to achieve improvements have been achieved.

Provider Feedback

The Manager has advised us that since the Healthwatch visit the home has taken on 3 staff for nights, and added extra twilight hours and, in addition, have increased morning staff levels.

The Manager have advised us that since the visit of our Authorised representatives, they have now appointed second activities coordinator. The view this appointment as really positive and have already made plans to introduce new activities, eg. Art club, book club, etc.

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.