



## **Enter and View Report:** **Green Park Care Home**

Date of visit: Monday 31<sup>st</sup> July 2017

Report published: 8<sup>th</sup> September 2017

# List of Contents

## Background

- What is Healthwatch Warrington? **Page 3**
- What is Enter and View? **Page 3**
- Disclaimer **Pages 3 - 4**
- Acknowledgements **Page 4**
- Purpose of the visit **Page 4**

## Details of the Visit

- Details of the service **Page 5**
- Location, Date and Time **Page 5**
- Healthwatch Warrington Representatives **Page 5**
- Service Staff **Page 5**
- Spotlight - Special Focus on Activities and Food **Page 6**

## Results of the Visit

- First Impressions, Entrance and Reception Area **Pages 7 - 8**
- Activities and Leisure **Pages 8 - 9**
- Food and Refreshments **Page 10**
- Cleanliness and Infection Control **Pages 10 - 11**
- Administration **Page 11**
- Medicines Management **Pages 11 - 12**
- Admission **Page 12**
- Staffing and Staff Training **Pages 12 - 13**
- Smoking **Page 13**
- Privacy, Dignity and Treating People as Individuals **Pages 14 - 15**
- Safety **Page 16**
- Encouraging Positive and Respectful Attitudes **Page 16**
- Other Comments **Pages 16 - 18**

## Recommendations

- Distribution List **Page 19**
- Appendices **Page 19**

# Background

## What is Healthwatch Warrington?

Healthwatch Warrington helps the residents and communities of Warrington to get the best out of local health and social care services. We gather the views of local people and make sure that they are heard and listened to by the organisations that provide, fund and monitor services. We are a Charitable Incorporated Organisation, with a Registered Charity Number of 1172704.

## What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View (E&V) visits. Local Healthwatch representatives, who are trained volunteers, 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 (2012) allows local Healthwatch representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, opticians and pharmacies. E&V visits can happen if people identify a problem.

Equally, they can occur when services have a good reputation; enabling lessons to be learned and good practice shared. Healthwatch E&V visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit, Healthwatch Warrington safeguarding policies identify the correct procedures to be followed.

## Disclaimer

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

Wherever possible, the report below is in the words of the E&V team members present at the time of the visit. The report has been collated by the Healthwatch Warrington team and some of the text has been formatted to allow for easy reading. The essential facts of the visiting team's reports have not been altered.

## **Acknowledgements**

Healthwatch Warrington would like to thank everyone at Green Park Care Home, and in particular, Bev Oliver (Improvement Manager), Gulzar Nazir (Home Manager) and Dave Williams (Interim Head of Regional Operations), for welcoming our team and taking the time to answer our questions.

## **Purpose of the visit**

Healthwatch Warrington received intelligence from various sources that indicated a number of concerns relating to the quality of care at Green Park Care Home. Furthermore, the home had recently undergone a leadership transition that usually suggests changes would be made at the home that would impact on its culture and care delivery. As such, it was decided that our Enter and View team would visit the home, in order to add to the overall intelligence picture by focusing on values and how the home's environment 'felt' from the perspective of a member of the public.

# Details of the Visit

## Details of the Service

Green Park Care Home has been part of the Orchard Care Homes Group for around 18 months and is situated in the Great Sankey area of Warrington. The home comprises of five purpose built units (Devonshire, Balmoral, Windsor, Kensington and Cavendish). These units are spread over three floors, with both lift and stair access. The home can cater for up to 105 people who require 24 hour care; as it provides residential, respite, nursing and dementia care services. At the time of the visit, the home had 74 residents (with a temporary, voluntary halt on new residents being admitted to allow for improvements to be made at the home).

In May 2017, Care Quality Commission (CQC) conducted an inspection at the home. Due to a number of concerns, such as medicines management and safety issues, the resulting report rated the service as overall 'inadequate'. The full CQC inspection report can be found online: <http://www.cqc.org.uk/location/1-2844757712>

## Location, Date and Time

The visit took place at Green Park Care Home, Southwold Crescent, Great Sankey, Warrington, Cheshire, WA5 3JS, on Monday 31<sup>st</sup> July 2017, from 10:30am - 1:15pm.

## Healthwatch Warrington Representatives

Jim Sinnott - Healthwatch Warrington, Enter and View Authorised Representative

Pat Wall - Healthwatch Warrington, Enter and View Authorised Representative

Vicki Blaylock - Healthwatch Warrington, Director and Enter and View Authorised Representative

## Service Staff

Bev Oliver (Improvement Manager)

Dave Williams (Interim Head of Regional Operations)

Gulzar Nazir (Home Manager)

Michele Kerr (Office Manager)

## Spotlight - Special Focus on Activities and Food

A key aspect of our Enter and View programme is to focus on a care provider's stated values and consider whether these are true in terms of the lived experiences of visitors and relatives. On its website, Orchard Care Homes states that it encourages a communal and informal environment within its homes; with residents spending time together in lounges and dining areas, as well as taking part in activities and events. The aim of this ethos is to ensure that residents can enjoy a fulfilling life.

As such, Orchard Care Home's 'anchors' daily life in its homes around activities and food (in addition to core care work). For example, Orchard Care Homes runs a 'Centre of Activity Excellence' award, which recognises the achievements of individual homes that run effective and engagement activities programmes for their residents. Similarly, Orchard Care Homes also promotes a 'Centres of Culinary Excellence' award for those homes that provide good quality food to residents; with qualified chefs employed within each home.

Orchard Care Homes says that it strives to promote positive health and ensure wellbeing through supporting residents in making as many personalised choices as possible. Therefore, visitors would expect to see the championing of person-centred care at the heart of everything staff do within the home. Orchard Care Homes also states that it regularly opens its doors to the wider community, as it is proud of its work; overall, indicating an open and informal approach to care delivery. Consequently, we would expect to see relatives, carers and other visitors to be involved with the home and encouraged to take part in opportunities to be involved with the lives of residents.

# Results of the Visit

## First Impressions, Entrance and Reception Area

The building itself is a large, brick construction and is situated on a main road in Great Sankey; with access through a housing estate. There were multiple car parking spaces available for visitors and there was a nearby bus stop. The home's external porch had seating in place for resident and visitors to use; alongside a number of baskets containing colourful artificial flowers. The grounds, located at the front of the building, were clean and tidy. There was a fairly large external area at the rear of the home, which is currently not aesthetically pleasing. It was somewhat overgrown, in addition to housing hens and rabbits.

The home's reception area was a little dark and dated, although it did offer comfortable seating and a supply of tea, coffee and chocolate éclairs. Biscuits may have been a better choice here, as eclairs may contain fresh cream (which would need to be refrigerated). Although this area can be used by residents and their visitors, it did not offer any degree of privacy. Improving the lighting in this area could help to lift the mood upon entering the home.

The visiting team received a pleasant welcome from the home's Receptionist, who requested them to sign in. This indicates good security practices being in place. Within the reception area is an administration office. There was a sign in book for Agency staff. However, the team did not see any "Who's Who" Board (regularly updated to let residents and staff know which staff are on duty), or any complaints policy on display. There was a notice board that advertised a planned meeting for Monday 31<sup>st</sup> July, at 7:00pm. Relatives and resident representatives had been invited to attend this meeting and the response rate was positive. The meeting agenda included introducing the Improvements Team, care planning and the home's new Mission, Vision, and Values.

There was also a notice board outlining “key lines of enquiry”; referring to the CQC report and actions to be taken by the home. However, there was limited additional information available for residents and their relatives. There were a number of ornaments and pictures around this area.

The team were met by Gulzar Nazir, the home’s manager. In addition, and as a consequence of the recent CQC report, Orchard Care Homes have commissioned a Consultant, Dave Williams, (Interim Head of Regional Operations) to support Bev Oliver, (Improvement Manager) to address the issues raised in the report.

Both Mr Williams and Ms Oliver joined the visiting team for our discussions, but not on the tour of the home’s facilities, which was undertaken with Gulzar Nazir. In addition, Michele Kerr, Office Manager was helpful and friendly; providing the team with the home’s occupancy figures.

### Activities and Leisure

The home employs a full time Activities Lead, along with 1.5 working time equivalent Activities Co-ordinator. An activities timetable was shown in various points throughout the home. There is a room where the activities staff store various items to support this timetable.

However, the activities on offer seemed to be very limited and focused on basic table games, TV, bingo and reading activities. Furthermore, there was no evidence of any planned physical activities. Periodically, reading and newspaper discussions focusing on current affairs take place. The visiting team felt that the activities on offer could be more creative, with an improved focus and investment on this aspect of the home (as it is a core aspect of the provider’s values base).



The visiting team noted that the home has a rear garden space, with animals on site. However, it was not maintained in pleasing way. If this area was improved, it would allow for gardening activities to take place to engage mobile residents. The visiting team were pleased to see that home has access to a mini bus; which can take two wheelchair users, two mobile residents and two staff members. The vehicle makes visits to a garden centre, the local pub, church and to Latchford Community Centre for silver service meals. Furthermore, there are plans to organise a trip to Blackpool to see the lights, later in the year. The activities staff were fully involved in organising a “fun day”, due to take place in August, to raise funds for additional activities equipment.

In terms of outside organisations visiting the home, the home hosts a hairdressing room and a hairdresser visits every Wednesday (accessible for those residents able to visit this room). However, those residents who are unable to leave their bed currently lack hairdressing provision; although the home is currently hoping to source a provider who will be able to offer this service. Church groups also visit regularly; providing interaction, singing, and some entertainment for residents. The visiting team felt that greater integration with the wider community (for example, involving young people visiting from high schools and colleges), would benefit the home and are already in place at other homes in the area. The residents’ lounge in each unit were fitted with TV’s. However, very few residents were present in the lounges and the majority of those who were, were sleeping. The seating was arranged in a horseshoe shape. There was no evidence of activities going on in these spaces, or any physical or mental stimulation. There were a small amount of books available throughout the home.

Activities staff can access a tablet that they use to talk to the residents about their lives; drawing on old pictures of their homes, location, occupations and schools, etc. The visiting team believe that more use of Information Technology and the internet with residents could be a stimulating activity; perhaps some would like Skype to keep in touch with relations and friends that are unable visit often due to distance.

## Food and Refreshments

Where possible, residents are transferred at meal times to their respective dining rooms; in line with Orchard Care Home's philosophy. Assistance to help residents with eating is provided as necessary. The visiting team found dining rooms to be bright and cheerful. Each table held a menu card for the day, which offered a choice at each meal. Those people unable to visit the dining room were provided with their meal in their own room, and assisted to eat as appropriate. The team did observe a care assistant helping a resident to eat, in a compassionate and gentle manner.

However, it was noted on Balmoral unit that drinks were left for residents who were unable to reach them. The visiting team were also unsure about the provision of drinks on an ad-hoc basis. Furthermore, although the visit took place during lunchtime, it was noted that very few residents seemed to be attending the dining room; with the majority being served in their own room. Following the recent CQC inspection, the home has introduced a centralised body weight monitoring file; the information being transferred in a timely way to residents' care plans. Furthermore, issues regarding referral to Speech and Language Therapy, or dietetics, are now acted upon promptly (although there is currently a 2-3 weeks wait from referral to assessment, management is satisfied that is acceptable).

## Cleanliness and Infection Control

The visiting team noted that well-supplied hand hygiene units were located at the entrance of each unit. The home's laundry facilities were housed in one room, with dirty laundry entering one door and clean laundry exiting via another. A red line had been painted on the floor, which is intended to be a demarcation between the two areas. Although the room itself was clean and tidy, there was an unpleasant odour (particularly in the clean area). The visiting team felt that the room was in need of refurbishing and updating and no member of staff was in attendance.

Furthermore, within the ground and first floor units, there was at times an unpleasant odour. The team also saw two plates of cat food near the entrance of the laundry room. The home's Improvement Team have requested an audit to be conducted by the Infection Control Team (they are unsure if this will be overseen by WBC, or Warrington Hospital) and they will then devise and implement an action plan. The Interim Regional Manager also advised that some of the flooring was due to be replaced with hard flooring in order to allow for easier cleaning. In general, the building was seen to be quite tidy, but in need of some redecoration in certain areas - looking rather tired in parts. Furniture, fixtures and fittings seemed in good state of repair.

### **Administration**

The visiting team discussed a number of issues with the home's management team. For example, as part of the home's action plan devised (agreed with CQC, Warrington Borough Council (WBC) and Orchard Care Home's Internal Monitoring Team, the home implemented a number of actions which have, (according to Orchard Care Home's Quality Management System) moved them from 'inadequate', to 'requiring improvement'. Dave Williams stated that Orchard Care Home's Quality Management System was more stringent than CQC's. Therefore, the home felt quite confident that they were moving in the right direction.

### **Medicines Management**

At the time of the visit, two qualified nursing staff had been suspended in relation to a medication issue picked up via the CQC inspection. NHS Warrington Clinical Commissioning Group (CCG) had visited each week, for the last three weeks, primarily to oversee and monitor progress of the action plan devised with regard to a found breach in medicines management. The visiting team thought that the Local Authority and CCG appear to be helping the home to improve.

It was also discussed that some residents need Speech and Language Therapy

assessments, as well as support for dysphagia and eating disorders; these residents are supported by North West Boroughs Healthcare NHS Foundation Trust (Hollins Park, Community team). In addition, residents have access to their own GP, plus good support from the local GP cluster, as required.

### Admission

Although the Home is currently closed to new residents, management have now devised an appropriate admissions procedure by working closely with local partners (to include care planning, pre-admission assessments and screening to match incoming resident to appropriate unit), which has been cascaded to staff. In recent weeks, there had been a small number of residents who moved out of the home to other establishments.

### Staffing and Staff Training

On the day of the visit, staffing ratios appeared to be adequate, as per the notice boards on each unit. However, there were a number of staff vacancies at the home; a qualified nursing, senior care staff and care staff. There were also two Unit Manager Posts vacant. As the visiting team approached the building, a huge recruitment banner was visible on the railings.

Following the team's conversations with staff, retention was highlighted as a particular problematic issue, mainly relating to salaries and wages; with staff frequently changing jobs when they are offered better incentives and opportunities. As a result, there is a heavy reliance on agency staff, particularly for qualified nurses. For example, the visiting team spoke with a qualified Agency Nurse who had had been regularly deployed to the home since January 2016. To address these issues, there are plans to recruit two Clinical Nurse Leads to support the Manager; however, this was proving difficult due to the intensity of local competition.

In recent months, the Management Team established daily "flash" meetings with all

heads of Departments. This allows exchanges of information to take place, which has the potential to impact on care. It is not a formal handover meeting and attendance is mandatory. The meeting has a standing agenda and is documented. In addition to daily “flash” meetings, there are fortnightly staff meetings for day staff and night staff (along with improved hand over processes). Attendance is mandatory. Management believes that this has improved communication and relationships considerably between day and night staff.

Furthermore, the home has recently introduced a ‘staff member of the month’ initiative; all staff have the opportunity to nominate colleagues, and the nominated person is presented with flowers and a gift voucher. The home has also introduced an improved communication and whistleblowing process; giving staff more confidence to come forward with any complaints.

In terms of training and induction, each new member of staff has an induction programme covering mandatory topics; they then undertake three days of observation (unpaid) and are then allocated a Supervisor. Formal supervision occurs six times per year; staff are expected to participate in an annual appraisal process.

Most training for care staff is either on the job, or via E-learning and formal NVQ qualifications. From the discussions, the visiting team believe that the majority of further training undertaken by care staff is the choice of the staff member, and not necessarily in line with any training strategy. However, the visiting team were informed by management that qualified staff are kept informed of any local training available and supported to attend.

### Smoking

The home has two designated external smoking areas; one for residents and relatives and one for staff members.

### Privacy, Dignity and Treating People as Individuals

The visiting team saw examples of positive and respectful interactions between staff and residents. For instance, there was good use of “first names” by both staff and residents. The Home Manager also seemed to know the name of all staff members.

During the visit, patients who remained in bed appeared to be appropriately clothed and covered. The home does not have a toileting programme. This is because staff feel that this should be an individual activity, and that where necessary, residents are supported to use the toilet and steps are taken to ensure that residents are clean at all times. There are separate male and female toilets on the corridors; those that the team visited were clean and well equipped.

The issue of care plans was raised in the CQC report (as a resident was discovered not to have a care plan) and the care plans of other residents had not been updated. Furthermore, there was no evidence of any resident or relative involvement in care planning. The home is now taking systematic steps to address these issues. All care plans are being reviewed, with resident and relative involvement being sought. Activities and leisure will be incorporated into the care plans. The visiting team also noted that the topic of care plans was included in the agenda for the relatives meeting to be held on the night of the visit.

During the visiting team’s tour, the majority of bedroom doors were left open; often with residents resting in bed or watching their TV. The rooms appeared to be clean, bright, well-furnished and many displayed personal belongings. All rooms are en-suite, although the team did not observe any bathrooms. Residents can also choose to have photographs of themselves displayed on the door of their room. Some of the photographs relate to their lives; such as family members, hobbies and interests. One gentleman preferred not to have a photograph of himself displayed and instead had a picture of his old car.

In terms of dementia awareness, the team observed that within the dementia care

units, there were themed visual displays and sensory items, for example, ‘gardening’ and ‘the beach’.

It was also encouraging to see that there were opportunities for staff, residents and relatives to make suggestions. For example, in the corridors of each unit, there was a suggestion box, along with a “You Said, We Did” board (showing the actions that had been taken, in line with the feedback received). The visiting team would like to see whether these changes were later evaluated, to make sure that these had a positive outcome. The home also carries out monthly “customer satisfaction” audits. Each month, a different aspect of care is highlighted and residents are encouraged to respond (in collaboration with their relatives, or representatives). The visiting team were informed that the last survey produced a 7.5/10 satisfaction rate.

In terms of extra amenities, the visiting team queried the availability of the internet for residents to use. Management stated that all rooms can access Wi-Fi, if necessary. In the laundry room, the visiting team saw that each person’s clothes were laundered and pressed; placed in their own marked container for return to their owner.

In terms of end of life care, the manager told the visiting team that should a resident be in a care bed, then the District Nurse would oversee end of life care. If a resident was in a nursing bed, then the home’s staff would oversee end of life care. In the light of apparent high use of Agency Qualified staff, the team were concerned/uneasy about this arrangement; in terms of quality and following national and local guidelines. Furthermore, the home did not have a designated relative’s room for overnight stays; in the event of a resident approaching end of life. However, the home is usually able to provide a room and meals, as they frequently have empty rooms.

## Safety

In terms of safe access, the home's front entrance, as well as all unit doors, are fitted with coded entry devices. There is a receptionist on duty from Monday - Friday, 9:00am - 5:00pm and visitors are required to sign in and sign out of the premises. There is also a mobile phone cascade system, to ensure that no calls or requests for access are missed during the absence of reception staff.

The visiting team noted that safety evacuation equipment was clearly available on all floors. The visiting team also saw a resident being moved using a hoist, with two staff in attendance. There had recently been two serious incidents, and consequently, the home had been meeting with Warrington Borough Council's Safeguarding Team on a regular basis.

## Encouraging Positive and Respectful Attitudes

The visiting team noted positive and respectful interactions between staff and residents. For example, the Manager always knocked on doors before entering, during the visit - a sign of respect for residents and staff. The Manager also carries out a "Daily walk round" and his observations are documented. Additionally, the Manager also has a meal with residents twice per week - to help build relationships and gain an insight into life at the home from the perspective of a resident.

## Other Comments

As a result of the visit, it was clear that although progress is being made at Green Park Care Home, there is still a significant amount of improvements that need to be made in order to raise the quality of life for residents and achieve Orchard Care Home's stated vision of what life should be like in the home. The visiting team expressed interest in conducting a follow up visit, once sufficient time has passed for these changes to take effect.



The visiting team were impressed that staff were seen to be pleasant and respectful of residents. The team were also greeted politely by everyone that they met during the visit. The home had a calm atmosphere and staff were seen to be cheerful and courteous during the visiting team's walk about.

Although there was some evidence of 'person-centred care' being implemented at the home, the visiting team felt that there was still a lot of progress to be made to achieve Orchard Care Home's ambition of providing person-centred care. For example, it was felt that there is a need to introduce more stimulating physical and mental activities, as well the organisation of more outings for residents. More residents, where possible, should be encouraged to be outside of their rooms (again, in line with Orchard Care Home's vision of life in their homes). With a little further investment, the outside areas at the rear of the building would create significant opportunities for enjoyable resident activities. Furthermore, the use of Information Technology (such as Skype) to connect residents with relatives that may not be able to visit often due to long distances, could be relatively low-cost and beneficial to introduce (the existing tablets may be able to be utilised for this purpose).

There is also a need to build on current engagement activities with the wider community (in line with good practice in other local homes and Orchard Care Home's desire to "be at the heart of the Community"). Perhaps networking with other locally-based activities co-ordinators would provide some new ideas.

The visiting team also spent time speaking with residents and relatives, to hear their views directly. For example, a team member spoke to a lady resident and her daughter in one of the lounge areas. The resident's daughter said; "Mother's been here about two and half years and the carers are good and do their best in a difficult situation". She added; "But the constant changes in management aren't good". The daughter was planning to attend the evening relatives meeting, and along with the visiting team, felt that achieving consistency and the retention of staff was of the upmost importance.

Although the home was observed to be mostly clean and tidy, the home could still benefit from an infection control audit; specifically with regard to a review of current laundry facilities. Furthermore, a “Who’s Who Board”, along with a copy of the complaints policy would be useful in reception (as well as improved lighting in this space).

It is clear that the Improvement Team has expended significant effort in improving systems and processes. However, the visiting team were concerned regarding the continuity of these initiatives, once the Improvement Team moved on to another establishment. Although efforts are being made to recruit to the posts of Clinical Nurse Leads, until those posts are filled, the Manager feels he is unable to “manage everything.” It is clear that staff recruitment and retention is a major issue. Whilst Green Park Care Home appears to be moving in the right direction, further improvements would need to be made before the visiting team would be satisfied with their relatives, or friends, being looked after at the home. The team felt that procedures need to be significantly improved, all round, and help and extra guidance should continue to be provided from the local Authority and CCG (most importantly in terms of medicines management).

Below are a set of recommendations, based on the visiting team’s observations;

## Recommendations

1. **Upgrading Facilities:** Some facilities within the home could benefit from being upgraded. Specifically, the outside area to the rear of the home could be a pleasant space for resident’s to enjoy, but is presently not kept in the best condition. Similarly, the installation of a “Who’s Who” board, a copy of the complaints policy and upgraded lighting in the reception area would represent a cost-effective way to improve the experiences of visitors and residents. Healthwatch Warrington would also be happy to provide literature and posters to display in this area; so residents and visitors will be able to share their feedback with an independent consumer champion.

2. ***Improving Activities:*** There should be a review of the activities and events programme on offer for residents and this programme boosted; with more stimulating and physical exercise activities available and greater links built with the local community (for example, schools and colleges). The use of technology to connect residents with distance relatives and friends would be a good option to consider. Perhaps, good practice examples should be considered from other local providers.
3. ***Infection Control Auditing and Laundry Area:*** The visiting team would recommend that an infection control audit should take place, with a special focus on the laundry area. As the report highlights, the visiting team noticed that some areas had an unpleasant odour, alongside other issues that should be addressed.
4. ***Consistency of Staff and Staff Retention:*** The report shows that this is a key area for improvement at the home; with key posts left vacant and frequent changes in staff impacting negatively on resident's and relative's experiences. Positive steps have already been taken to tackle this issue, but further work could be undertaken to attract and retain staff (such as values-based recruitment and offering incentives for staff).

## Distribution List

This report has been distributed to the following:

- Warrington Borough Council
- NHS Warrington Clinical Commissioning Group (CCG)
- Care Quality Commission (CQC)
- Healthwatch England

## Appendices

### Appendix A

#### Response from provider

Thank you for your draft report and on reflection we feel that on the whole it is a balanced report and would like to thank the team again for their attendance

Kind Regards

Dave Williams

Interim Head of Regional Operations

**healthwatch**  
Warrington

# your voice counts

**We want to hear about the care you received from a local healthcare service.**

Whether you've had a positive experience or there is room for improvement, have your say on the Healthwatch Warrington website today. You can even leave feedback anonymously.

