

# Enter & View

## Report

### Parklands Court Nursing Home

Carried out 21<sup>st</sup> September 2017



**Local voices**  
**improving local**  
**health and social care**



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Part of the Healthwatch Walsall remit is to carry out Enter and View Visits. Healthwatch Walsall 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 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 Walsall 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 Walsall safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.





The management/owners should consider providing a visitor/contractor signing in book which both meets legislative requirements and imparts the relevant health and safety information at the point of signing. This would also include a tear off identification pass facilitating and indicating authorisation to be on site.

It is our understanding that CCTV is not installed.

Off the main reception area are the management and administrative offices  
The main kitchen preparation unit can also be accessed from this area.

The service user facilities comprise 6 satellite individual buildings, providing accommodation for up to 163 single beds. At the time of our visit occupancy was 149 residents.

We visited 2 of these individual units, Harrison and Collins House which are typical of the facilities.

Each of these buildings is accessed by a coded keypad leading into a spacious reception. Bedrooms and a communal lounge / dining area are arranged running off this area. It should be noted that the communal lounge is also for use by visitors.

In addition, there is an office, satellite kitchen, (providing snacks and drinks throughout the day), communal toilets and treatment room where medications are stored for residents in that specific building.

The dining area leads out into a communal garden which provides a stimulatory experience for users supplemented by the contribution of residents to individual planting as evidenced by one of the resident responses. This area was well planted and designed with adequate seating, ornamental objects/designs and bird feeders.

The fixtures and fittings in the internal communal areas were of a high standard and plentiful with sufficient tables and chairs laid out in the dining area.

There were a mix of single comfy chairs and sofas encouraging group interaction  
There was a wall mounted TV and piped background music playing.

Corridors were generally free from clutter and afforded residents scope to move around without the danger of tripping over obstacles. However, one of the individual units visited had recently received a delivery and these boxes were still in the reception area. **Whilst there was still adequate space to move around this temporary situation it could still pose a potential hazard to the movement of residents as the handrail wasn't easily accessible.**

There was a difference between the general activity levels in the communal areas of the buildings visited with one seeming a great deal busier than the other  
However, there was still a mix of residents, visitors and staff in both houses.

The activity board and information point for individual houses was sited in the reception area.

There was a high emphasis on specific activities for each unit planned on a daily basis.

Regrettably, due to the timing of our visit, we were unable to see those planned for that day in action.

## CATERING SERVICES

The food hygiene rating for Parklands Court is 5, very good.

The main kitchen prepares all meals on site.

Breakfast, lunch and supper are provided with each unit kitchen supplementing these arrangements with drinks and snacks.

Daily meals are then taken to each of the individual buildings for service either in the communal dining areas or in residents' rooms.

The kitchen, preparation areas and food storage facilities were very clean and well organized.

The head chef spoken to on the day of the visit had a good knowledge of food safety, nutrition and hydration.

We were told that special dietary needs are catered for and we saw evidence of records detailing individual resident requirements. We were also told that residents are able to specify and receive any of their food choices.

Menus are extensive and changed on a regular basis. Daily/weekly menus are much in evidence in the communal areas.

The lunches being made ready to go out on the day of our visit appeared to be of a high standard and varied, and we saw meals that were already puréed. In addition, the cold plates including fruit platters looked to be appetizing.

Due to the timing of our visit we were unable to observe a meal serving, but we were told that each of the units has a responsibility to ensure that both support is given to residents to eat and drink and also monitor hydration and nutrition intake as part of individual care plans.

There is also an emphasis on providing meals which support specific themed days/weeks and events for the residents.

## **RESIDENT EXPERIENCE**

We were able to talk to two residents who were able to share their experiences.

One resident managed to demonstrate that her own preferences were mostly respected; for example, her eating requirements were observed. She told us that she didn't like breakfast in bed and was helped to sit up and eat in her room.

The flower boxes in the garden and directly out of her door were tended by her and she told us that she was able to decide and contribute to the planting.

However, she also said that she felt staffing levels were not adequate at night which sometimes meant that she did not get into bed at the time she wanted to. She believed the night care was often supported by agency staff and she felt unable to develop the same rapport with them that she has with permanent staff.

She confirmed that she felt safe and understood how to raise concerns directly with a member of staff.

She was also aware of the communal activities available to her, but generally preferred her own company and interests such as reading and crafts.

She appeared to be well looked after, although she had been waiting for a visit from the chiropodist for some time and the evidence appeared to confirm same.

She had very kindly consented to talking to her in her own room; which was also authorised by the staff.

She told us that it was cleaned regularly and she felt comfortable. Some of her personal belongings were on display to help provide sensory stimulation.

If she wanted to visit somewhere outside the home she felt this could be arranged. The call bell was easily accessible and she knew how to use it.

**Overall she spoke positively of her experiences.**

Another resident also confirmed that her personal choices were respected in terms of her dress, food and drink, bedtime and personal care. However, she did state that she sometimes felt that the vegetables served to her were too hard but she hadn't spoken up about this.

She confirmed that the staff were friendly and attentive towards her and she felt that her needs were being met and supported by the care she was receiving. This was evidenced in that her appearance was clean and her hair done neatly.

She told us that she felt safe and not at risk.

She said that her interaction with the staff was good and they spoke to her regularly asking how she was.

She told us she wasn't shouted at.

She felt involved in the activities which she said were good and especially enjoyed singing and films.

She told us that the activities were detailed in the newsletter.

She was aware of external outings; she highlighted that she was able to go to church and the fact that she would be accompanied if she wanted to go out.

When she had to attend hospital a carer went with her. She hadn't been to a GP surgery as the Doctor visited the home.

She said that her daily medicines were given on time but she sometimes had to wait for prescriptions to be filled.

**Overall she spoke positively of her experiences.**

## **FAMILY/CARER EXPERIENCE**

Four family visitors were spoken to on the day of the visit.

One visitor confirmed that they were made to feel welcome in the home and able to visit at any time.

They were kept informed regarding the resident and meetings concerning care took place with staff as required.

The resident they were visiting had received some hospital treatment and the communication throughout this process had been good.

We were told that the carer accompanying the resident stayed overnight at the hospital.

The visitor told us that the resident was encouraged to take part in activities but not pressurized.

**Overall the experience of this visitor was positive.**

Regrettably, the experience of two other family members was not entirely positive.

**They did not feel that their resident's personal needs had been recognised from initial assessment, as they said she had been placed in a palliative care unit**

rather than a unit for respite care, which they didn't feel was conducive to her capacity or wellbeing.

They added that the resident was unsure how to use the call bell. It should be noted however that, call bells were accessible in all areas in the home.

**They also raised a care issue;** when visiting the relative in the morning they found that the bed was wet and hadn't been changed. Raising this concern with the day staff they were told that the night staff had left the resident in this condition.

**There was also a concern regarding medication** as they told us that the resident was still waiting for morning dosage and it was nearing lunchtime.

In addition, **they didn't feel there were enough staff on duty and priority was being given to getting jobs done rather than resident care** as there had been a separate issue regarding incontinence.

However, they confirmed that they felt the facilities of the home were very good and the staff were kind and respectful, although they didn't think they interacted enough with the resident.

The meals provided were good and they felt the resident had sufficient choice.

Another family member whose relation did not have capacity said that **things have improved with the transition of new management.**

She was happy overall with the level of care provided and involved in the process, in part due to the resident's individual care plan.

She felt that his needs were being met, although she highlighted that **fall mats by the bed are not always positioned correctly.**

However, she also said that she believed that the resident was safe and well cared for.

She added that any concerns were always responded to and actions carried out.

Unfortunately, the resident is unable to take part in the activities, so the family member did not comment.

She felt that the puréed food served to the resident could be more discernible in appearance.

**Overall her experience was positive.**

## **STAFF EXPERIENCE**

The home employs circa 210 staff of which there are approximately 75 - 80 on site at any one time.



The chef told us that she felt supported in her role and that the catering team works hard together to achieve best results.

She felt that her training needs and skills updates were fully augmented by the management/owners, mainly through external training.

She also felt that management were accessible in order for her to raise her concerns.

Any staff shortages were managed through agency labour.

In addition to the chef, three other staff shared their experiences.

Management told us there is scope to introduce best practice locally even allowing for group, (BUPA), guidelines and systems.

A good example of this was the Space project being run in Harrison Unit in collaboration with individual support from the NHS.

This project is monitoring harm free days from pressure injury to residents. At the time of our visit this stood at 127 days.

We were told that resident choice is extremely important in developing care plans. For example, there is a high level of service user input at BUPA level into dietary and nutrition policies although obviously we were unable to evidence this at our visit.

Residents are pre assessed to include medical notes before coming into the home; following this an individual care plan is developed.

**Given the concern raised earlier regarding initial assessment, it may be worthwhile management revisiting this process to ensure individual needs are fully met.**

We were informed that safeguarding carries a high priority within the home and told that all concerns raised are recorded and followed through.

New employees go through an induction process and there are extensive training initiatives carried out both in house or by external trainers. Staff are encouraged to acquire new skills and qualifications such as relevant NVQ's.

One staff member told us about her intense level of training including mandatory DoLS, drug competency, dementia and infection control.

There is a training matrix for all employees.

We were also told that systems and initiatives are in place to improve resident experience, such as resident experience surveys, morning and afternoon briefings,

use and discussion of the handover book allied to individual care plans and quarterly staff meetings where an open door policy prevailed.

Medicine distribution is carried out by each individual unit and we were told there is competency training in place to support its control and management.

**However, given the concern raised earlier it may be worth management revisiting systems for effective timely distribution.**

A group, (BUPA), contract is in place with a specified pharmaceutical supplier. Auditing of the quality assurance system is mandatory and a system of peer to peer auditors is utilized.

Harrison unit was typical in terms of staff numbers with 6 carers plus one lead carer on duty in the morning and 5 carers plus one lead in the afternoon. This was supported by one nurse and one manager for the unit.

At night, staff numbers were 2 carers and one nurse. In addition, one night manager covered all 6 units on a four night basis.

In Collins house we were able to observe more staff working together with residents. There appeared to be a good level of interaction between them and numbers seemed adequate for that particular situation.

We saw a lifting harness being used and it was supported by two staff members. The dignity of the resident seemed to be observed at all times in the process.

## **ACTIVITIES**

There is an enormous emphasis placed on activities within the home with dedicated activity coordinators available.

An internal newsletter is produced; for example, providing details of themed weeks, (at the time of our visit it was Greek week), availability of memory cafes, internal entertainment provided such as singers, upcoming external visits and recipes.

In addition, there were many photographs showing residents enjoying similar past activities, especially on group day outings to places such as Lichfield and Chasewater Country Park.

This approach is replicated on the individual house activity boards.

Typical of daily activities were sensory days, pampering, arts and crafts, fun with friends and family, films, music and the memory café. In addition, celebration days such as birthdays are remembered.

We were told by management that more is being done to forge links with the local agencies and volunteer network in order to facilitate leisure opportunities in the community for residents.

## **CONCLUSION**

Throughout our visit we mostly heard positive feedback from both residents and family members.

The infrastructure and facilities were of an extremely high standard and conducive to high standards of care. They were bright, clean and easily accessible for users.

There were however, some concerns regarding staffing levels, particularly at night and as a consequence the potential impact on individual care at the expense of carrying out tasks to be completed.

Given the size and 'satellite' lay out of Parklands, combined with a high number of residents and staff, it is important that management remain aware of individual concerns centred around care.

Obviously, service user needs change constantly and therefore it is the responsibility of management to ensure systems are in place to ensure that effective and timely personalised care is provided at all stages of the process.

Notwithstanding this, it was evident that maintaining dignity and safeguarding residents is a high priority at Parklands Court.

There was a good sense of community and interaction between the staff and residents helped by the activities that the management organized. It is pleasing that local management are placing such a high priority on further developing activities which provide both sensory stimulation and greater choice for service users.

The staff appeared to be motivated and great importance was placed on training and skills development.

It is commendable that local initiatives such as the Space scheme can be implemented leading to successful outcomes and improved levels of care.

We thank the owners, management, staff, residents and relatives for their cooperation and contributions during our visit.

## **PROVIDER FEEDBACK**

Thank you for the attached report. I have discussed with the staff and we have some areas which we can improve on. Thank you for the honest feedback.

**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.*



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