

Details of visit	Park View Residential Care Home
Service Provider:	Sanctuary Care Limited
Service address:	416 Sicey Avenue, Sheffield, South Yorkshire S5 0EN
Date and Time:	Tuesday 27 November, 10am – 12 noon
Authorised Representatives:	Helen Rowe, Les Baker
Contact details:	Healthwatch Sheffield, The Circle, 33 Rockingham Lane, Sheffield, S1 4FW

Acknowledgements

Healthwatch Sheffield would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

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?

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.

Purpose of the visit

The visit is part of a planned series of visits to residential and nursing homes, looking at the quality of care provided. The experiences of care home residents and their relatives and visitors are often seldom heard, and exploring this is one of our 2018-2019 priorities.



As part of our work we would like to find out whether the care provided meets people's needs through observation, and what people and their families and visitors say about the services that are provided. In particular, we aim to find out how the home provides opportunities for people to improve their quality of life and wider well-being.

Strategic drivers

- Part of Healthwatch Sheffield's statutory duties to highlight good practice and encourage those providers requiring improvement to do so.



Methodology

The visit was organised in advance with the Care Home Manager to take place in the morning. A poster was sent to the manager to let residents and their visitors know when Healthwatch volunteers would be at the home making relatives and visitors aware of the visit and providing the opportunity to share their experiences if they chose. We noted copies of the poster were displayed on notice boards in the foyer and reception when we arrived.

We recorded observations and asked questions to the residents, their visitors, staff and management at the home. A flexible set of questions about the quality of care were prepared before the visit.

Park View Care Home has been part of the Sanctuary Care group for the past seven years, having previously been owned by Ideal Carehomes (Number One) Limited.

We were welcomed by the Care Manager, who had an initial talk with us about the home, and then showed us around the home. Following this, we worked separately to cover both floors. We were advised that one resident was too poorly to talk to us, but we were free to talk to all other residents, visitors and staff.

We spoke to:

- Nine residents and two relatives.
- Five members of staff, including the Care Home Manager.

At the end of our visit we discussed our findings with the Care Home Manager.

Summary of findings

- Staff retention was good; staff said they had worked at the home for between two and seven years, allowing residents to get to know them.
- Steps were taken to care for residents as individuals, such the 'resident of the day' initiative.
- The home was generally in good condition; however certain parts of the home needed replacing or updating, such as the carpet and the sensory room.
- Two Activity Coordinators offered a programme of regular activities to residents. These were clearly displayed for residents and visitors to see.

Results of visit

Environment

Park View Residential Care Home is a purpose-built 60-bedded home over two floors. At the time of our visit, there were 58 residents at the home, and all residents had a diagnosis of Dementia.

In their most recent CQC inspection, the care home received a rating of 'Good' as of April 2017, and the report can be accessed [here](#).

The home is spacious and decorated in a modern style. We found the home to be accessible for residents. Both floors were relatively easy to navigate, as the corridors were laid out around a central hall in a circle. This layout, providing a circular walk, means it is less likely that residents will get lost.

The corridors are lined with pictures of scenes of Sheffield and other memorabilia, to provide a homely atmosphere.

The upper floor can be accessed using a set of stairs or a lift. The home offers lots of areas for residents to eat and chat together, including two lounges and two kitchenettes on each floor. There is also a medicine room on the ground floor, where staff can quickly access residents' medication from.

The central hall works as an indoor garden with a tinted glass roof, giving the feeling of being outside, and a member of staff said it is a useful area for group activities. We were told the area would be turned into a market place over Christmas, with stalls for the residents to buy Christmas presents for family and friends.

Although the home is mostly in good condition, the carpeting is quite worn, and the sensory room was relatively bare, with little to engage residents. However, we were informed by the Care Home Manager these were due to be refurbished during 2019, as the home has not been updated in seven years.

Residents

The residents and relatives we spoke to said they were satisfied with the care provided by the home. Most residents made positive comments. One said “there is lots to do here”. When asked how they were, two residents said they felt safe and well looked after. We were told by a relative that they had looked at a number of other homes but Park View Care Home “just felt right”.

We saw residents were given opportunities to receive personal care from staff. A staff member said a hairdresser comes in every Monday and Thursday. Another staff member said each floor has a ‘Resident of the day’ every day, where a resident will receive a private meal, and can bring a friend or a fellow resident with them. They said this takes place on a repeated cycle, so that every resident experiences this. During our visit we saw signs displaying who the resident of the day for each floor was.

Relatives and staff told us ‘residents and visitors’ meetings were held every three months as an opportunity to give feedback, and were positive about this.

Staff and training

A board in the reception clearly displayed pictures, names and roles of all staff members to residents and visitors.

We were told by the Care Home Manager that 24-hour care is provided for residents; there are usually ten care staff members working in the day, and six staff at night.

We observed staff being attentive to residents. For example, we talked to a resident in their room, and a member of staff we hadn’t spoken to yet came in to ask who we were, suggesting they were attentive to the safety of residents.

Staff took their time to talk to residents, but continued to get on with their work, and residents looked relaxed, reflecting this. The staff members we talked to were all positive about working with residents at the home, and were very enthusiastic about their roles. One member of staff said they had decided not to go into a more senior role, and said “It’s being with the residents that I like”.

We saw a resident in one of the kitchenettes sleeping with their head resting on their hands. When we asked a member of staff about this, they said “They’re okay, they do that sometimes”. It wasn’t clear how long the resident had been there, but they were in an uncomfortable position.

We were told by a staff member that some staff training was provided by the Community Nursing team from Sheffield Teaching Hospitals NHS Foundation Trust. Staff members were very enthusiastic about this. A staff member said they received all required care training, although not nursing qualifications. They said they had the option to undertake NVQ at levels three and four, although this is not compulsory, and that refresher training typically takes place every 12 months.

Food

We talked to the head chef about meals in the home. They showed us the menu, saying that residents are offered two options for each meal, but could ask for something different if they wished. Residents said they were pleased with the quality of meals, and one said “the food’s good”.

Staff members said food and drinks are available throughout the day and night from the kitchenettes on each floor. During our visit, we saw that each provided a good stock of snack foods including yoghurts, crisps and fruit, as well as hot and cold drinks, which staff served to the residents. Residents could also choose where to eat and we observed a food trolley being brought to the kitchenettes with meals for residents.

A staff member said that wheelchair users are seated in the dining room on the ground floor at the same time as all other residents, rather than being seated separately.

Activities

Residents had the opportunity to take part in activities regularly. A board in the reception showed the names and pictures of activities, with an activity organised for the morning and afternoon each day of the week, including Saturday and Sunday.

During our visit, we saw residents singing songs and drinking tea and coffee with a volunteer, looking relaxed and happy. In another lounge we observed residents enjoying making Christmas cards with help from two staff members. A staff member said a lounge on the upper floor is used as a cinema at least once a week, showing a range of films for residents to enjoy together.

Staff said they do some activities to enable residents to engage with the local community. They said people from the local area visit the home, including a singer who visits once a month; a choir which comes a few times a year; and children from a local primary school, who visit on special occasions such as the Christmas season and Valentine's Day.

They said there were outings every Friday during the summer, where the residents go to local pubs and shopping trips to Meadowhall. When the weather is worse during winter, they said these outings are replaced by more activities at the home, such as 'chairobics' sessions.

Residents' care needs and personal interests

We heard from relatives and saw how staff worked to help residents' with their care needs. Two relatives said staff had made an effort to support a resident with the move to the care home, by allowing them to bring their pet in to live with them. Although their pet was not able to settle and had since moved out, the relatives were still able to bring it in so the resident was able to take it for a walk. It was clear the resident and other people in the home appreciated this.

We saw a resident being helped to sit up by two staff members. The resident responded warmly to them, and the staff members were attentive and careful.

We saw personalised memory boxes outside all of the residents' rooms, filled with their own objects, along with their name and photos of themselves and those important to them. This made the outside of each room distinct, helping some residents find their rooms more easily.

Residents' access to health professionals

We were told by staff that there were no trained nurses at the home, and so this role is taken on by a Community Nursing Team from Sheffield Teaching Hospitals NHS Foundation Trust. Staff said they visit depending on residents' individual nursing needs.

There is a designated GP who visits once a week, where a list of appointments is compiled for them, and it was their surgery the day we visited. During the visit we spoke with a resident who had a minor health complaint. We mentioned this to a member of staff, who said they had put the resident down for an appointment with the GP.

A staff member said the home has ongoing involvement with other healthcare providers. Opticians and dentists both provide annual reviews for residents, and a chiropodist visits every six-eight weeks. We were told by staff this took place on a regular basis, and that healthcare professionals will be called to the home outside of these times if they are needed.

A staff member said that resident safety was monitored by the use of pressure sensors in each resident's room. These were connected to the monitoring system and alarms, so that if a resident fell out of bed staff would be alerted. We were told medicines are kept in the medicine room.

Recommendations

- Ensure residents and their relatives and visitors are involved in the designing and planning of refurbishments.
- Continue to provide a regular programme of activities.
- Management to demonstrate the difference 'residents and visitors' meetings make, such as by using a 'you said, we did' board.

Service Provider Response

Thank you for your report, here at Park View we value feedback and continually try to improve our service, the Sensory room renovation is now underway, and should be re-opened shortly in the home. The 'you said, we did' board is also planned to be instated and we feel this will be a positive asset to the home.

We will continue to provide a regular programme of activities and residents and families are given opportunities to be involved in the planning of this.

Page 4 states that a resident looked uncomfortable whilst sat in the chair resting her head on her hands. This is the way this resident likes to sit and did this at home prior to residing here at Park View, to this resident this is not an uncomfortable position. We encourage residents to make themselves comfortable as this is their home.

