



Parklands Nursing Home

Review of Residents' Social Wellbeing

February 2019

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1 Introduction

1.1 Details of visit

Details of visit:	
Service Provider	Parklands Nursing Home
Service Provider Address	33 Newport Road, Woolstone, Milton Keynes MK15 0AA
Time and Date	10:30 - 13:30, Friday 21 February 2019
Authorised Representatives	Diane Barnes and Gill Needham

1.2 Acknowledgements

Healthwatch Milton Keynes would like to thank the Parklands Nursing Home service users and staff for their contribution to this Enter and View visit, notably for their helpfulness, hospitality and courtesy.

1.3 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



2 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 View is 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.

2.1 Purpose of Visit

The purpose of this Enter and View programme was to engage with residents, their relatives or carers, to explore their overall experience of living at the Parklands Nursing Home. As well as building a picture of their general experience, we asked about experiences in relation to social isolation and physical activity.



2.2 Strategic drivers

Social isolation or loneliness has been recognised as having an impact on people's physical health and emotional wellbeing. Therefore, Healthwatch Milton Keynes determined this theme as the stated purpose of our planned programme of Enter and View visits, which are taking place at Care Homes across the Borough. Healthwatch Milton Keynes seeks to explore with residents their experiences of social life in such settings.

We know that, just because people are living in homes with other residents, does not mean they are immune to loneliness or social isolation. It is important to understand the distinction between loneliness and isolation. Age UK defines 'isolation' as separation from social or familial contact, community involvement, or access to services, while 'loneliness' can be understood as an individual's personal, subjective sense of lacking these things. It is therefore possible to be isolated without being lonely, and to be lonely without being isolated.¹

There is a link between poor physical health and increased isolation; loss of mobility, hearing or sight can make it more difficult to engage in activities. It is, therefore, important to explore how residents of care homes in Milton Keynes can access physical activity alongside social activity.

Milton Keynes Council provided Healthwatch Milton Keynes with a list of care homes receiving council funding, from which sixteen homes were randomly selected for visits in 2018/19. When all sixteen visits have been completed, Healthwatch Milton Keynes will collate themes of experience that are found to be common across all settings visited and provide a summary of recommendations to all Care Home providers across Milton Keynes.

¹ <https://publichealthmatters.blog.gov.uk/2015/12/08/loneliness-and-isolation-social-relationships-are-key-to-good-health/>

2.3 Methodology

The visit was prearranged in respect of timing and an overview explanation of purpose was also provided. The Home was fully prepared for the visit and explanatory Healthwatch posters were displayed throughout the Care Home, alerting residents and visitors to the upcoming visit.

The two Authorised Representatives (ARs) were at the premises between 10:30 and 13:30.

After an introductory discussion they were then shown around the home by the Manager but were given freedom to move around all the communal areas and into private rooms if given specific consent by residents. It was understood from the outset that in a setting such as this where many residents have impaired cognitive capability, the numbers available for interview could be severely limited. It was agreed that staff would be able to advise which residents were able to give informed consent for interview.

The ARs used a semi-structured conversation approach (see Appendix A) in meeting residents on a one-to-one basis. The checklist of conversation topics was based on the pre-agreed themes for the Care Home visits. Residents and family members were approached by ARs, who introduced themselves and Healthwatch, and asked if they would be willing to discuss their experiences. Additionally, the ARs spent time observing routine activity and the provision of lunch. The ARs recorded the conversations and observations via hand-written notes.

A total of six interviews were carried out; four with residents and two with families. Because of their frailty and hearing loss it was difficult to engage the four residents in extended conversations - they gave brief answers but did not elaborate. Interviews with family members of two residents were more detailed.

At the end of the visit, the Manager was verbally briefed on the overall outcome.



3 Main findings

3.1 Summary

About the establishment

Parklands is a nursing home, primarily caring for people with physical health needs, many with accompanying cognitive impairment. It has 26 beds with 17 occupied on the day of the visit. Parklands has 15 'gateway' beds, financed by the Clinical Commissioning Group. The average stay for these is 42 days, depending on needs. Only 10 of the 17 current residents are 'long stay', mainly privately funded.

Most of the residents are highly dependent and need to be hoisted from bed to chair/wheelchair. Many are either too ill to leave their beds or choose to stay in their rooms. Parklands has adopted a sophisticated care plan management system, using handheld devices to record all transactions. This enables the manager to monitor individual residents' progress closely, including social contact and activities.

During the visit, the following aspects were considered:

- Social engagement and activities
- Staff interaction
- Premises
- Lunch time

Notable positive findings

- The Home is comfortable and well maintained
- Staff and management were observed to provide a high standard of care
- Opportunities for social engagement and activity are provided for residents
- All participants reported being very happy with the care provided by the Home

3.2 Social Engagement and Activities

Notable positive findings

- Impressive individual care and attention
- Residents report feeling looked after
- Good relationships evident with residents' families
- A well-organised programme of activities for residents geared to residents' needs and wishes

The visitors and families of residents were clearly made welcome at the Home; some spend a lot of time there and, when interviewed, were very pleased with the standard of care given:

“It’s so calm and restful - just right for the stage her life is at - calm and peace.”

“The management are on top of everything. I haven’t come across anyone who hasn’t got on with me - they’ve made us feel very comfortable as a family.”

Residents also answered positively to questions about their care:

“We’ve got comfort, people we can be friendly with, the food is good. Everything about it is good.”

The Manager plans and organises an activities programme (see Appendix B), which is regularly rotated. Activities are organised six days a week and Sundays are reserved for families. Some activities are provided by staff, others by visitors such as the ‘Music Man’, and the Home have also begun to experiment with visits from a neighbouring school.

The Home keep an electronic record of residents’ personal interests and preferences, which is used for encouraging involvement and social interaction.

“I sit in [the lounge] and see what’s on.” (Plays bingo and likes the singer who comes in)

“I join in if something is on in [the lounge].”

Because so many residents are confined to their rooms due to physical frailty, some activities are carried out on a one-to-one basis - these include reading aloud and developing family trees. Some residents simply prefer spending time in their own rooms.

“I don’t watch television - I prefer to sleep in [my room].”

“Watching TV. That’s about it really... I don’t like the lounge - I can’t really hear what people say - it’s boring really.”



3.3 Staff Interaction

Notable positive findings

- Friendly and caring interactions between staff and residents
- Staff are unhurried and have plenty of time for residents
- Good relationships with families are fostered

The ARs felt the Manager knew the residents well and demonstrated a hands-on approach. The ARs were told that management policy is focussed on person-centred care and staff are expected to spend time chatting to residents.

Staff go around each morning talking to residents about their menu choices for lunch (the ARs saw this on the day of the visit), which opens opportunity for casual conversation. The ARs saw kitchen staff, carers and nurses all interacting with residents at mealtime. The kitchen staff help serve from the tea trolley, so they get to know the residents.

Carers were observed 'going the extra mile' to address individual needs - they had volunteered to learn the language of a long-term resident who spoke no English. At their request, the family had papered the walls with simple vocabulary.

Residents praised the staff (only one had some reservation):

“Staff are very energetic - if you want anything, they'll do it.”

“They're fine. Wonderful.”

“Just certain ones seem a bit impatient but most of them are very good.”

The feedback from interviews with 2 family members was extremely positive:

“The communication with the staff, we come in each day and they tell us what sort of night she's had, how she's been.”

“The staff have been brilliant - they've made her very settled.”

“Brilliant - that's all I can say. In one word, brilliant. They're very caring, all of them, with a very caring nature.”



3.4 Premises

Notable positive findings

- Premises are well maintained and decorated, with a sense of space
- Supportive and homely atmosphere - quiet and relaxed with an absence of loud voices or room buzzers sounding

The ARs found the premises spotlessly clean and tidy with furniture and flooring in good condition throughout. The space is used effectively, despite the number of wheelchairs, hoists and specialist equipment used.

The décor reflects the age of the home (30 years) but is well-presented and maintained. There is a large open plan lounge and dining room, plus a recently added large conservatory, which is spacious and light, overlooking the gardens and open parkland beyond.

Residents' rooms are large with quality furniture, most with en suite bathroom facilities, and were personalised with photos, pictures and residents' own possessions.

3.5 Lunch Time

Notable positive findings

- Food looked and smelt appetising and portions were generous
- Residents had plenty of attention and help to ensure they could eat their meal
- Residents are given choices in what they eat

The ARs observed a lunch time service in the dining room, where food was served up in generous portions and looked and smelt appetising.

Each mealtime at the Home has two options and alternatives are provided if the main choices are not wanted. Earlier in the morning, each resident is asked what they would like. When asked about food, the residents spoke well of the meals:

“Excellent.”

“Good.”

“I enjoy it.”

Half of all the Home's residents had their meal in their rooms and others had to be hoisted to bring to the dining room. Sixty percent of all residents at the Home required assistance with eating and twenty percent needed encouragement, so lunch service did take a long time as a result.



4 Recommendations

Since no areas for improvement were identified by interviewees and no issues arose from observation, Healthwatch have no recommendations to make and suggest instead that the Home continues to monitor the delivery of care, to ensure every resident continues to be treated with the high levels of sensitivity and respect that they currently enjoy.

On the basis of this visit, Parklands Nursing Home demonstrates examples of good practice in the care of this particular client group.



5 Parklands Response

The provider was given 20 working days in which to respond but, as yet, Healthwatch Milton Keynes have not received a written response to this Enter and View report. We will of course update the published report once a written response is provided.



6 Appendix A

Prompts for interviewing residents (plus family members when present)

Name/ Age

Amount of time resident in this home?

Been in other homes before this one?

What do you enjoy doing with your time? (Explore, eg why, when, how, frequency, who, etc)

Is there anything you'd like to do with your time but can't (What, why can't you, have you asked, what was the reply, etc)

Who do you enjoy spending time with in here? (When, how, where, frequency, Do you like mixing with the other residents? What chances are there to do that? Etc)

What can you do outside of the home? (Where, when, any barriers/problems? Etc)

How do you find the staff generally? Do you feel respected here in general?

Do you feel well looked after? (General feeling of care but also is laundry back correctly, teeth and hair care?)

Do the staff help you do the things you'd like to do (who is helpful, do you feel able to ask, do they ask you? any barriers? Etc)

How do you find out what activities are planned? Do you get a say in what those activities are?

How is the food? Do you enjoy mealtimes?

What is the best thing about this care home?

If there was one thing you could improve about this care home, what would it be?

Prompts for observers

Are the surroundings and furnishings comfortable? Safe? Clean? Sufficiently spacious? Is the décor well-maintained and attractive?

Are the staff attentive and sufficiently in evidence, responsive to requests, respectful, cheerful with residents?

Do the residents appear relaxed, content? Are they able to socialise?

Is the food appetising, nicely served?

Does the home appear well-organised?

Are carpets/ flooring plain and unpatterned?

Are doors (toilets etc) colour coded to aid recognition?



7 Appendix B

Parklands Nursing Home – Activities Calendar

March

2019

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
				1 11am Reminiscence World 1.30 School Visit	2 Concorde 1 st Flight 2pm Arts & Crafts	3 All Day – Family Tree/ Life Story
4 11.30am Fun & Fitness	5 Shrove Tuesday 11am Hand Massage 3pm Pancake Race	6 Ash Wednesday 3.30pm Sing A Long	7 2pm Martin Music Man	8 International Woman Day 11am Reading (themed for the day)	9 2pm Arts & Crafts	10 Family Visits
11 2.30pm Film Activity	12 11am Hand Massage 3.30pm Sing A Long	13 11.30am Fun & Fitness	14 All Day – Family Tree/ Life Story	15 11am Reminiscence World 1.30 School Visit	16 2pm Arts & Crafts	17 St Patricks' Day Family Visits
18 11.30am Fun & Fitness 3.30pm Sing A Long	19 11am Hand Massage	20 Spring Equinox All Day – Family Tree/ Life Story	21 2pm Martin Music Man	22 2.30pm Post Cards	23 2pm Arts & Crafts	24 Family Visits
25 11.30am Fun & Fitness	26 11am Hand Massage 3.30pm Sing A Long	27 Theatre Day 3pm Greatest Showman	28 2.30pm Plant Identification	29 11am Gardening (Plant Seeds)	30 Earth Hour 2pm Arts & Crafts	31 Mothers Day Family Visits

Notes:

- Theatre day – arrange chairs like a cinema – pots of ice cream/ popcorn
- Post Cards – page 37 Taking Part
- Film Activity – page 36 Taking Part
- Plant Identification – page 28 Taking Part

