



# **Enter & View Report**

Name of service: Parkside Care Home

280 Prescot Road

St Helens WA10 3AB

Date & time: 24<sup>th</sup> April 2019

Authorised Representatives: Pam Davies, Rosie Woods

Support team members: Gail Hughes

Contact details: Healthwatch St Helens

### Acknowledgements

Healthwatch St Helens would like to thank the staff and residents at Parkside Care Home for their valuable time and hospitality during this visit.

#### What is Enter & View?

Part of the local Healthwatch duty is to carry out Enter & View visits. Local Healthwatch representatives carry out these visits to health & 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 and dental surgeries. Enter & View can happen if people tell us there is a problem with services or, equally, if services have a good reputation so we can learn about them and share good practice from the perspective of the people who experience the service first hand.

Healthwatch Enter & Views are not intended to specifically identify safeguarding issues; however any safeguarding concerns which arise during a visit will be reported in accordance with Healthwatch safeguarding policies. If, at any time, an authorised representative observes anything that they feel uncomfortable with they should tell 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 Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

#### About the service

A former GP surgery, Parkside Care Home is situated in quiet, well maintained grounds, with ample parking at the front of the building. An extension was built approximately two years ago, expanding the number of bedrooms. The home has twenty six rooms, and currently has one vacancy. There are two floors, and accessibility is good with stairs, a stair lift and a lift.

### Purpose of the visit

- To engage with residents and staff
- To identify good working practices
- To identify areas for improvement

This was an announced visit - arranged with the Manager a week before the visit.

#### Methods used

Observations made by the visiting team might be based on instinct and not on something that is visible or measurable.

## Summary of findings

The home is spacious with clean, uncluttered décor. There is a lot of space for residents who have problems with mobility. There are pictures on the walls and the home has a welcoming feel to it. There are blankets on the window sills, for residents to use should they need them and we felt this was a nice touch.

There is a lovely outdoor area which backs onto a park. Residents spend a lot of time in the garden when the weather is warmer. There is a greenhouse, and benches are dotted around the garden. Residents informed us that 'we always have to wear a hat when we go out in the sun.' A resident informed us 'I feel very safe at Parkside', whilst another told us that 'the best thing about living here is the staff, I wouldn't change a thing.' All residents seemed calm, relaxed and well cared for. There are currently nine residents with dementia living at Parkside.

## Results of visit

## First impression

The door was answered quickly by Emma Langley, the Trainee Manager. Emma was friendly and kindly offered us refreshments. We were asked to sign the visitor's book. The reception was clean, bright and airy, boasting an Easter display that was made by the residents in one of their activity sessions. Emma guided us around the home, answering questions we had and then left us to chat to the residents and have a look around the home at our leisure.

#### Staff

There are currently twenty six staff at the home. District Nurses attend on a daily basis to tend to residents' needs. No incentives are required other than thanks in team meetings. Emma informed us that there is a low turnover of staff at the home, this would indicate good morale and contentment with working conditions. Staff receive a three monthly supervision. Lockers are provided for staff for their personal belongings. One of the Healthwatch representatives spoke to a couple of members of staff who said they were happy working there. One resident commented that, 'the staff always have time to talk to you.'

#### Recreation & leisure

Visiting hours are open, allowing family and friends to visit at any time. A hairdresser attends the home on a weekly basis, and staff are happy to give the residents a manicure. Newspapers and magazines are brought in daily, and some residents have magazine subscriptions delivered. There is an activity rota and residents have the choice if they wish to get involved. Singers and musicians are invited to the home regularly and the residents are encouraged to get involved singing. There was a lovely Easter display in reception that the residents had made.

#### Food & refreshments

The dining room is spacious and clean. The menu is changed by the owner and chef on a monthly basis. There is no menu board up on display, as residents are asked to choose from a choice of two meals every day. All dietary needs are catered for. One resident told us that the food was 'very good.' Residents are allowed to get up whatever time they wish in a morning as Emma reported, 'this is their home.' Breakfast can be taken at the time the resident chooses. Meals are generally served in the dining room, however, residents can eat in the privacy of their own rooms should they wish to. The drinks trolley is taken around three times a day, but drinks can be requested anytime. Fluid and diet charts are held for residents that need monitoring.

## Privacy & dignity

Each resident has a laminated label with their name outside their room. We noticed that there was no memory box outside any door. The toilets had the written word on display to show where they were situated. Dentures are marked for identification purposes, as are hearing aids etc. Residents are left to come and go as they please in their home, but if privacy is requested, the staff do check on the resident at intervals. Residents are encouraged to make their rooms feel 'homey'. Residents can leave the premises with family, or staff. Residents are encouraged to keep their independence. We were told that the resident's spiritual needs are met by visitors from local churches.

## Hygiene & cleanliness

Laundry is done in house, and we were shown the laundry room. The laundry room is busy in the morning but it is organised appropriately. All laundry is labelled.

Podiatry professionals attend the home on a regular basis, this is privately paid for by residents. Bathing is done routinely on a weekly basis, however, residents can bathe as much as they like, at a time they prefer. Toilets were clean and tidy. Each resident has a hoist and sling prescribed to them, and they are kept in the residents' rooms. There is a little 'shop' in the home, where residents can purchase everyday items such as soap, pens, tissues etc. There is a visiting room available for family parties, or celebrations, as well as two spacious lounges, with access to TV and music, CDs, cassettes and vinyl records. The residents' rooms are clean and well-presented and each has a call bell, should the resident require assistance.

### Safety & security

All fire exits are alarmed. The fire alarm is tested every Thursday at 10.30am. Every person that visits the home is asked to sign in and out of the visitors' book.

#### Medical care

The 'red bag scheme' is used at Parkside, but is not particularly successful, as we were told that the bags often come back to the home without any information in them, if indeed, they are returned at all.

Medicines and care plans are locked away.

#### **Additional Comments**

The residents at Parkside seem content and well cared for. We chatted to a number of residents, who were complimentary about the staff, food, and premises.

#### Recommendations

- A photo board in in the reception area with photographs, names and job titles of the staff.
  - The Healthwatch representatives felt that it would be helpful if there was a photo board as it would allow visitors to identify the correct person if they needed to speak to someone.
- Memory boxes outside each resident's room.
   The visiting team felt that memory box outside the residents' rooms may help them to reminisce and make them feel 'more at home'.
- Include an image of a toilet on doors as well as the written word.

  The Healthwatch representatives felt that this would be particularly helpful to residents that have dementia.

### **Response from Provider**

'Memory boxes – we have asked the Service Users if they would like a memory album and those that said yes have had one developed with their personal memories in.'

'Images will be developed for the toilet signs for those that need one in their own room.'

(Healthwatch England guidance states that we can ask providers for their comments within 20 working days of the draft report being sent.)

## HwSH will share Enter and View reports, as appropriate, with:

- The provider
- Healthwatch England
- The Care Quality Commission
- Commissioners
- St Helens Council Quality Monitoring Team
- St Helens Clinical Commissioning Group
- The public
- St Helens Council Safeguarding team

#### Disclaimer

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

It is important to note that Healthwatch St Helens approaches Enter & View from the community prespective and its remit is very different from organisations such as the Care Quality Commission and local authority Quality Monitoring Team.