

Enter and View Visit Final Report

Name of Service Provider: Park View Warwickshire

Premises visited: Priory Road, Warwick CV34 4ND

Date of Visit: Monday 8th April 2019

Time of visit: 9:30am

Registered Manager: Denise Clark

Authorised Representatives: Robyn Dorling, Su Jenkins, Sue Tulip, Alison Wickens, Sue Roodhouse, Jackie Prestwich.

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, their relatives and staff, only an account of what was observed and contributed at the time of our visit.

Summary of findings

- The visit to Park View was in response to a concern received from a member of the public by Healthwatch Warwickshire. The purpose of the visit was to investigate whether there was any evidence to justify the concern. The Visiting Team found no evidence to substantiate this concern.
- Park View is a Residential Care Home in Warwick that provides residential accommodation for a maximum of 64. The home provides care for people aged 65 and over, people with Dementia, those with mobility issues and/or in need of respite care. On the day of our visit 61 residents were living at the home.
- The residents and staff were very positive about the home and the support they received.
- We observed the physical environment of the home, which appeared to be of a high standard. The home is purpose built and was reopened four years ago.

- We observed the interaction between staff, residents and relatives. These interactions were friendly and respectful. Consent was gained from residents when needed. We saw residents being treated with dignity and respect.
- The gardens appeared to be well maintained and residents said they liked the garden and enjoyed the views of the park through the windows in the home
- We observed that the home had a mix of male and female staff.
- The home is well maintained.

Recommendations

- Improve the ventilation in the kitchen (to prevent food smells from permeating to the first floor).
- Provide better access to transport to enable a greater variety of social outings.

Approach Used

Six Authorised Representatives observed the care being given in the communal areas of the home, including the period over lunch. We spoke to The Registered Manager, the Deputy Manager, 16 other members of staff, 15 residents and 2 relatives. 1 resident was interviewed in their own room.

Purpose of Visit

The visit to Park View was in response to a concern received by Healthwatch Warwickshire. The purpose of the visit was to investigate whether there was any evidence to substantiate this.

Report Overview

Park View is a purpose built 64 bedroomed residential care home in a central location in Warwick with shops and restaurants nearby. It is home to a mix of people that include older people, wheelchair users and people with Dementia. Some residents require assistance with mobility and personal care. The home can be used for respite care and assessments, after people are discharged from hospital but before they go home. The home can accommodate couples, although there were no couples living there on the day of our visit.

To carry out this Enter and View visit 6 Authorised Representatives arrived at the home unannounced. On arrival the bell was answered by a member of staff. We were then greeted by the Deputy Manager, Donna Dutton (DM) and the Registered Manager, Denise Clark (RM), (who will be referred to as RM and DM throughout the rest of this report) and welcomed into their office. We then spent an hour interviewing the RM and DM.

After interviewing the RM and DM we were shown around the home and then observed the care being given in the communal areas, including the period over lunch. We spoke to 16 members of staff, 15 residents and 2 relatives. 1 resident was interviewed in their own room. 61 people were resident at Park View on the day of our visit.

1. Interview with the Registered Manager and Deputy Manager

On the day of our visit the RM had been in post for three weeks and the DM had worked at the home for 17 years.

Staffing:

In response to our questions about staffing we were told that staff work across the 3 floors of the home; each floor has a Care Team Manager and 3 Carers who work from 8am to 2pm and then 2pm to 8pm. At night the home has 1 Care Team Manager and 4 Carers; 1 Carer works on each floor and the Care Team Manager and the 4th Carer move between floors. At 7.45am the Care Team Managers have a 15-minute handover meeting.

The home uses some agency staff (about 10% of staff overall). The DM told us they try to use the same people each time.

The DM told us that the home has a 'theme' of the month - which was 'isolation' when we visited, they also have a 'resident of the day' where they check through 'absolutely everything' and carry out a deep clean of the resident's room. Some staff are designated as Champions, focusing on Dementia, End of Life Care and Pressure Sores. A Dementia Dependency Assessment tool is used to measure the needs of the residents with Dementia.

Training:

New staff are required to shadow another member of staff for up to 2 weeks, depending on experience, or until they both feel 'comfortable'. Runwood Homes

have a Training Manager who delivers training in Moving and Handling, First Aid and Fire Safety. Fire Marshall Training is delivered externally. Staff complete Care Certificate's and online e-learning in First Aid, Safeguarding, Deprivation of Liberty Safeguards (DOLS), The Mental Health Act, Food and Nutrition, Pressure Areas, Diabetes, Infection Prevention, Medication, Dementia, Equality and Diversity and Control of Substances Harmful to Health.

Falls:

When a person falls staff carry out a full body check, support them up and carry out observations for the next 24 hours. A Doctor or emergency services are called if necessary. The Managers check that the falls have been recorded in the accident / incident book, that risk assessments and care plans are updated, and that the information is recorded on a fall's tracker, which is analysed at the end of each month.

Residents who are considered to be at risk of falling have pressure mats in their rooms, the RM told us that they are in the process of replacing these with sensor beams that will sound an alarm when they are broken. Sensor beams are designed to reduce the trip hazards of mats and make it more difficult to avoid setting off an alert. Beams should be less confusing for people with Dementia.

Nutrition and Hydration:

Residents with low weight are put on a weight action plan which is shared with Carers and the Kitchen Staff. All residents are weighed monthly but those on the weight action plan are weighed weekly.

Doctors and Advanced Nurse Practitioners:

GP's from Chase Meadow and Priory Medical Centre visit the home twice a week. Local Charities have funded The Oken Project which pays for Advanced Nurse Practitioners (ANP) to assist Doctors to care for people in the community. The ANP's assist the Doctors on their weekly visits as well as going to see residents in the home as and when needed. ANP's take care of the administration of ReSPECT Forms (Recommended Summary Plan for Emergency Treatment and Care). They also deliver training in End of Life Care, Sepsis, Urinary Tract Infections, Catheter Care and Respect Forms, The DM told us that the use of ANP's has reduced callouts to Paramedics and emergency admissions to Accident and Emergency.

Red Bag Scheme:

The home is introducing the (National) Red Bag Scheme for transferring standardised medical information, medication and personal property of individuals when being transferred between the care home to hospital. This initiative is to improve communication between care homes and hospitals at all points of the resident's journey as the Red Bag moves with the resident.

Medication:

The Care Team Managers and trained staff are authorised to administer medication. Medication is collected for residents from local Pharmacies. Residents using the home for respite care can administer their own medication if they are able. All medication is securely stored.

Dentists / Opticians / Podiatrist:

There are regular visits from a dentist and a podiatrist. The optician, who visits, is also able to carry out hearing tests.

Activities:

The home employs a full-time activities planner who organises activities in the home and trips out to local garden centres and the cinema. Carers accompany residents to the local shops, cafés and restaurants. One resident can visit Warwick on their own. The home does not have a minibus for the residents so trips out need to be planned well in advance so a bus can be hired. We felt this may limit the range of activities the home can offer so have recommended that access to transport is improved.

Hairdressing:

There is a designated room for a hairdresser and manicurist, the hairdresser visits twice a week and a manicurist visits the home regularly. Residents can also visit local salons or have a hairdresser of their choosing come to the home.

Spiritual and Cultural needs:

Flash cards had been provided to staff to help them communicate with a resident who spoke no English.

St Nicholas Church holds weekly services in the communal café.

Maintenance:

The home has a full-time maintenance person. Staff write down jobs that need doing in an environmental checklist folder and the maintenance person checks this daily. He also checks for odours; we were told that carpets are replaced if they smell. The RM and DM spoke highly of the way the home is maintained, adding that they knew they would always get help in an emergency. There are no planned refurbishments of the home.

Smoking arrangements

One resident smokes in the garden and a risk assessment has been carried out. Residents do not smoke in their rooms.

Views residents & relatives & complaints:

Residents can feed back their views and complaints through the Residents Group Meetings, Staff and Care Team Manager Meetings or directly to the Care Team Manager, Deputy Manager or Registered Manager. There is also a complaints and suggestions box in the entrance area which anyone can use. The RM and DM told us that they operate an 'open door' policy so residents, relatives and staff can always talk to them about problems they may be experiencing. Monthly meetings are held for relatives. On the day of our visit the home had received one complaint this year, which related to an increase in fees.

Once the RM and DM had answered all our questions, they showed us around the home, introduced us to residents and staff and facilitated the rest of our visit.

3. Observations / Findings

Physical Environment

Outside of the building / signage:

Park View is in a central location in Warwick. The outside of the building is well presented and signposted. There is limited car parking available for staff and visitors.

Entrance / signing in books:

The entrance hall is clean and spacious. Music was playing quietly when we arrived and we saw staff photos, a signing in book, a raffle / fundraiser for activities and a wishing tree with things residents like to do. Hand gel, notices and leaflets were also available.

The building / environment:

The home is purpose built, well laid out and spacious. It is on 3 floors which are all different colours to help residents orientate themselves. All rooms have en-suite bathrooms, beds that can be lowered or raised, and residents can bring their own furniture and beds if they choose. Residents have keys to their rooms and can lock the door from the inside. There are no specialist units.

The ground floor (Avon) has 16 rooms and 1 shared bathroom. The first (Castle) and the second floor (Warwick) have 24 rooms and 2 shared bathrooms. The shared bathrooms have baths and hoists. Each floor has additional toilets, seating areas, a dining room, a communal lounge and a café with a small kitchen area that can be used by residents, relatives and other visitors. One of the café's has a piano and keyboard in it.

Corridors / handrails / flooring / trip hazards / safety of the physical environment:

The entrance hall leads to the café and the resident's rooms on the ground floor. The floors are wooden throughout most of the home (except in some of the resident's rooms, which are carpeted).

The wide communal corridors are well lit with hand rails. There were no obvious trip hazards.

Lifts and doors have key codes and the windows have safety features. Evacuation equipment is at the top of each staircase.

Doors:

The numbered doors have knockers, the resident's full names, preferred names, interests and evacuation assistance conveyed with colour coded stickers in red, amber and green.

How to get help:

The home has a cord / call bell system and staff have a maximum response time of 3 minutes. Pull cords were all in the correct place and accessible.

Lighting / Noise / Temperature / Smells:

Noise levels were low, and the temperature seemed right for resident's needs. The residents appeared happy and comfortable with the lighting and temperature.

There was an odour in one part of a corridor, which when we returned to investigate discovered was coming from the fish cakes cooking in the kitchen. Staff were aware of the smell and explained what it was. Because of this we have recommended that the ventilation in the kitchen is improved.

Gardens:

The gardens are well maintained with good seating areas. There are raised flower beds and the home has a gardening club. Residents and staff talked positively about being in the garden.

The physical environment of the home is good. Our observations supported the RM and DM's view that the home is well maintained. We did not have any concerns about the physical environment of the home.

Staff

We spoke to 16 members of staff about what it was like working at the home. A number of staff said the best thing about working at the home was the residents. We spoke to agency staff who knew resident's names. The home has a core of staff who have worked at the home for at least a year and some staff have worked at the home for much longer.

Presentation / Name badges:

All staff were well presented and wore colour coded uniforms and name badges

Staff / resident interactions:

We saw friendly and respectful interactions between staff and the people who lived there. Staff called residents by their preferred name and, where necessary, crouched down so that they were on the same level as the person they were speaking to. Staff were responsive to resident's needs, friendly and helpful.

Consent

Staff requested consent before carrying out a range of activities.

Quality of care

The quality of care provided by the staff appeared to be of a good standard and did not give any cause for concern.

Service User Experience, Dignity and Respect

Interviews with residents:

We were told by a number of residents that they had made good friends in the home. We observed that staff supported this, for example by keeping residents updated when a resident was in hospital and talking about taking some residents to attend the funeral of a resident who had recently died. At lunchtime residents sat at small tables, in groups of two or three, so were able to chat with each other. Small group outings to local places also supported friendships between people in the home.

Residents said that a good feature of the home was the large windows giving view to the park situated behind.

Clothing and presentation:

Residents looked well cared for, they were clean, well dressed and groomed, and appeared comfortable.

Clothes are washed in the laundry and residents said they got the right clothes back. The home has a labelling machine so that residents and relatives can buy name labels to put into clothes.

Communal Environment:

The Communal Lounge and dining areas were well used on the day of our visit. Staff were open to talking with us and were engaged in talking with residents. Residents were chatty and alert. Noise levels were low, and everybody seemed able to share the room comfortably whilst doing different things.

Activities:

Staff were very positive about going out with residents and talked about the local schools that had recently come in to sing, music sessions, the gardening club and the local Church, St Michael's, holding weekly services at the home. Alongside organising things for the resident to do the Activities Planner also works one to one with residents who like focused attention. Animals can visit the home but do not live on the premises. There were games and books in the lounges.

Food:

Food is cooked in the kitchen and delivered to the dining rooms. The breakfast menu includes cooked food. Lunch is the main meal of the day. A choice of two hot dishes was offered. Afternoon tea and supper are lighter meals such as soup or sandwiches.

During our visit we observed the lunch period on each floor. Interactions between residents and staff were helpful and friendly. The residents were spoken to individually and addressed in their preferred way. Staff assisted in an encouraging and dignified manner. Residents seemed to eat well and enjoy the food.

Residents were shown a small plate of each dish so people could choose what they wanted to eat. The menu also had pictures to help people. Residents were made something, the staff knew they liked, when they didn't eat the cooked meals. Residents were given time to eat and encouraged to do so through seeing other people eat. There were enough staff to help people when they needed it.

Dietary Requirements:

Some residents had special dietary requirements that were catered for, but we did not have the opportunity to observe this.

4. Feedback from Residents/Relatives/Carers/Visiting Professionals

a) Patients/Residents

"I like it here. The food is good, no complaints, I get looked after. I sit in the garden."

"If I don't like the meal staff make me something else."

" I feel safe"

"I had a medical problem and got the prescription the same day, it's a better service than when I was at home."

"The laundry is wonderful, but the labels irritate me."

"I always go to the residents' meetings."

b) Relatives/Carers

We spoke to a relative who had a family member living at the home, they felt the care received was excellent; they would not change anything about the home; were involved in the care plan; had no concerns about the care received; felt able to make a complaint if needed, and would recommend the home to others.

"Mother has been here seven weeks. Very pleased. No complaints. The floors are better for my mum because she is prone to falling. Would not change anything."

"My brother in law has been here for just over a year. All the family are very happy with the care and we visit frequently."

c) Staff

"I have worked here for just on three years; the first months as a carer and then I moved into another role, which I enjoy."

“I have worked here since the home re-opened four years ago. I am a qualified electrician so can sort those problems out. I do a walk around the building every day and make visual checks and look for problems that need fixing. There is a book at reception where staff who spot problems log maintenance requests. I work five days a week and occasionally get called when I am off duty for emergency problems. I like the work as I am left to get on with it.”

“Worked here for three years and am doing my NVQ level 2. I have been offered training to deliver medication but do not feel ready for it. I work shifts. I love it here; I get to know all the residents and their ways. I have a child of school age and can have flexibility in my working hours if I need it.”

“I have worked with Runwood for nine years and moved back after the home had been re-built. I love it here, and the residents; I will always stop and talk to them. I have visited when they have been in hospital. I did work in Accident and Emergency for a while; it’s just not the same; the staff at hospital do not have time to stop and talk to the patients because it is so busy, so I came back to being a Carer. The lady that died has her funeral next week I must check my rota to see if I can attend it.”

“Think the home should have been designed with just one big dining room on each floor not two. They have ended up just using one.”

“I have worked here 9 years, I helped to design the kitchen. I like working here, I enjoy baking the cakes fresh every day. Get on well with my colleagues. We help each other out.”

“I enjoy working here getting lunches and taking them out to the dining rooms. We cover special diets and know about residents with allergies.”

“I like talking to residents and I help with lunch.”

“The best thing about working here is the residents.”

How do we rate our observations?

Green	At least 80% of our observations were positive.
Amber	At least 60% of our observations were positive.
Red	Less than 60% of our observations were positive. This rating is also used if safeguarding issues are identified or hazards which have the likelihood of causing harm.

Area of Observation	Rating (RAG)	
Atmosphere	Green	Light and airy. Low noise levels. Appropriate temperature. Recommendation made to stop odours traveling from the kitchen to one part of a corridor.
Cleanliness	Green	Clean. Well maintained.
Decoration	Green	Good.
Facilities	Green	Easy access to toilets and bathrooms. Small kitchens on each floor with a communal café area that can be used by residents and relatives. En-suites in each room.
Fixtures and Fittings	Green	Well maintained.
Flooring	Green	Wooden laid flooring throughout. Communal eating area, bathrooms and toilets have easy clean flooring. Some rooms have carpet.
Furnishings	Green	Good condition. Comfortable chairs.
Lighting	Green	Well lit but appropriate.
Privacy and Dignity	Green	Residents addressed by name. Staff knock doors before entering residents' rooms. Staff ask before helping. Residents treated with dignity and respect.

Signage	Green	The inside and outside of the building are well signposted.
Storage	Green	No obstructions in corridors. Did not see anything stored inappropriately.
Bathrooms	Green	Resident have their own en-suites but can also use the baths in the shared bathroom if they need to. The bathrooms we observed were clean and tidy.
Garden	Green	Well maintained. Garden Furniture with good seating areas. Secure and safe.
Laundry	Green	Well organised. Efficiently run. Machine to provide labels for clothing.
Kitchen	Green	Clean and organised.