



## Details of visit

<b>Service address:</b>	<b>Park House, Mill Lane, Sandy, SG19 INL</b>
<b>Service Provider:</b>	<b>Park House Care (Sandy) Ltd</b>
<b>Date and Time:</b>	<b>6<sup>th</sup> February 2015 10:00 – 12:00</b>
<b>Authorised Representatives:</b>	<b>Den Fensome, Linda Harrison &amp; Margaret Roberts</b>
<b>Contact details:</b>	<b>Healthwatch Central Bedfordshire Capability House, Wrest Park, Silsoe, Bedfordshire, MK45 4HR Tel: 0300 303 8554</b>

## Acknowledgements

Healthwatch Central Bedfordshire (HWCB) would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

## 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.



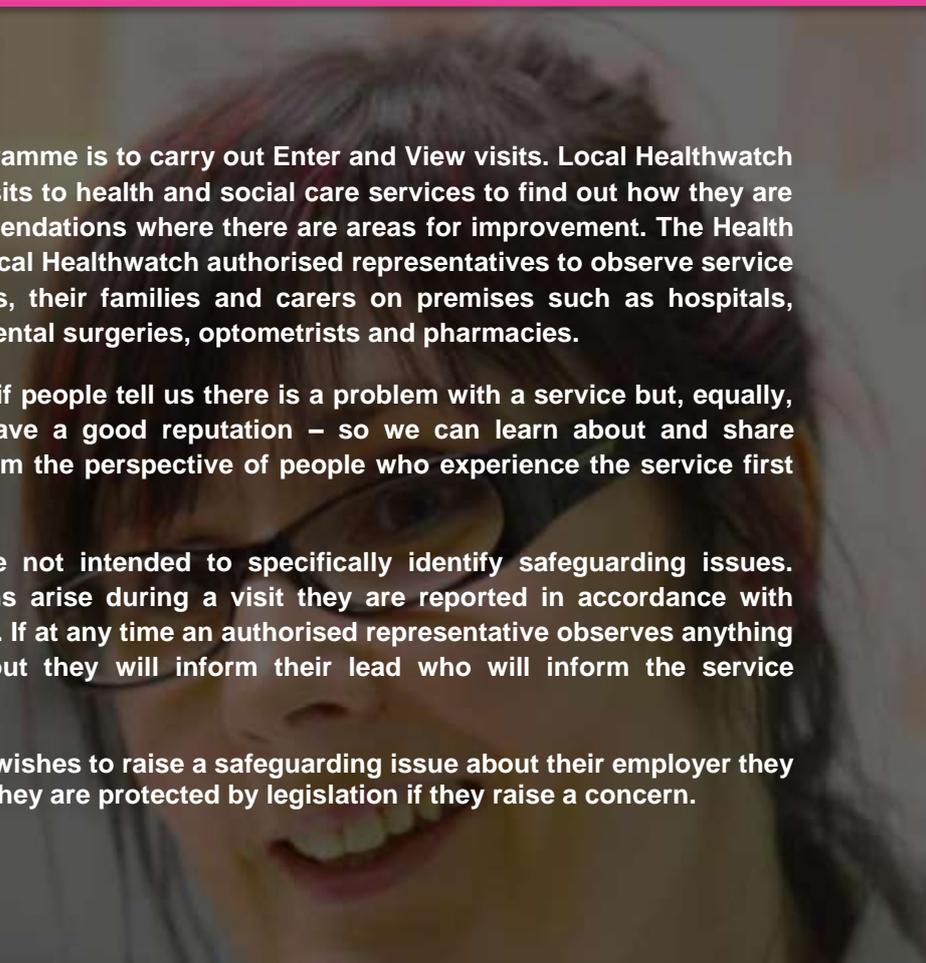
## What is Enter and View?

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 managed and make recommendations where there are areas for improvement. The Health and Social Care Act 2012 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 will 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

- To engage with service users of care homes and understand how dignity is being respected in a care home environment;
- Identify examples of good working practice;
- Observe residents and relatives engaging with the staff and their surroundings;
- Consult with residents, relatives and staff about their experiences of the environment within the home and how care is delivered.



## Strategic drivers

- Care Quality Commission dignity and wellbeing strategy
- Care homes are a Local Healthwatch priority

## Methodology

### **This was an announced Enter and View visit.**

On arrival, representatives were met by the administration assistant who asked representatives to sign in. Introductions were then made with the Manager of the home who gave a verbal introduction regarding the home, its history, the number of beds and residents, staff etc.

Representatives were pleased to see the Healthwatch Central Bedfordshire poster notifying residents and relatives of the visit clearly displayed within the building.

Authorised representatives approached four residents at the care home to informally ask them about their experience of the home. Family members and members of staff were also spoken to.

The authorised representatives explained to everyone spoken to why they were there and took notes.

After speaking with the residents and staff, on leaving, Healthwatch Central Bedfordshire leaflets were given to the Manager for distribution and display in the home.



## Summary of findings

At the time of the visit, the evidence is that the home was operating to a very good standard of care with regard to dignity and respect.

- Residents looked tidy, clean and well cared for, representatives saw no evidence of dignity not being respected.
- Representatives saw evidence of staff interacting with residents positively and regularly.
- Residents spoken to were generally happy with the meals, the menu was balanced and nutritious, and mealtimes were suitable for the residents. Residents could also choose where to take their meals.
- Clear evidence of social activities was observed and the residents spoken to were given the option of taking part in organised activities along with their relatives.

The manager advised representatives that the current capacity of the home is as follows:

- 29 beds, with four currently unoccupied.
- 75% of the beds are privately or NHS funded, and 25% are Local Authority funded.
- There are eight dementia beds integrated with all other beds.
- There are no rehabilitation beds.
- A total of 50 members of staff are employed, including seven nurses, carers, cooks, gardeners, office staff and cleaners.
- A minimum of one nurse is on duty on every shift (the manager is also a qualified nurse), with six carers on duty in the morning, five in the afternoon/evening and two at night. Extra carers will be used at night if there are very poorly residents.
- The types of residents catered for includes dementia, end of life and long term nursing residents.
- Respite beds are available only if there are empty rooms at the time. Similarly, empty rooms can be used for relatives to stay overnight if needed.

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## Results of Visit

### Environment

On entry, representatives found the environment to be clean, warm, light and airy. The atmosphere was 'neutral' in that there were no apparent smells, good or bad.

The original building dates from the nineteenth century; five of the rooms in the main building have en-suite, toilets and wash basins. There are also communal bathroom/shower rooms. A six bed extension was added 18 months ago, with all the rooms en-suite including shower/wet rooms.

The two communal lounge rooms were being well used at the time of the visit, the main lounge has a TV, and there is an adjacent 'quiet' lounge with access to a sunny patio with stepped planters and a patio table and chairs for the warmer weather.

The door to each resident's room is numbered and a few had the occupants' name displayed.



### **Promotion of Privacy, Dignity and Respect**

All the residents seen at the time of the visit appeared to be well dressed and cared for. Representatives were advised that each resident has a 'named nurse' who also works with the family.

There is a laundry situated in the home; each resident has their own laundry box which is changed daily and all their clothes are labelled. Representatives were advised that all bed linen is changed regularly or as necessary.

Each residents care plan is kept available in the nurses' office, for residents and their family to view on request. The majority of care plans have a photograph of the resident. DNRs are kept in a separate folder.

Rehabilitation beds are not available at the home, however an NHS physiotherapist can be accessed when and if necessary. Representatives were advised that the home also provides the following visiting services:

- Hairdresser – once per week on Thursday.
- Chiropodist – six weekly (private); quarterly (NHS).
- Dentist – Sandy Health Centre will visit as required.
- Optician – As required, but would prefer regular visits.

### **Promotion of Independence**

Residents are encouraged to bring their personal possessions; photographs, pictures, ornament and small pieces of furniture to create familiar surroundings. Residents may have a telephone in their room if desired but are responsible for paying their own telephone bills.

All residents are offered the opportunity to be involved in social activities organised at the home, including organised trips out and relatives are also included in the planning.

### **Interaction between Residents and Staff**

HWCB representatives spoke with residents in the communal lounges. The residents spoken to state they are comfortable in the home and quite happy. Residents were impressed with the activities available and the care received.

### **Residents**

The most important aspects of the home, according to some residents, were feeling warm, safe and secure; the friendliness of staff and other residents; the cleanliness of the home and engagement with the staff.

Representatives were advised that residents are registered with the Sandy Health Centre or Kings Road GP Practice, although some may remain registered with their own GP.

### **Food**

The daily menu is being reviewed and changed by the new chef and appears to be comprehensive. Currently 65% of food is fresh and 35% frozen or processed. A cooked breakfast is available for the residents plus a set main meal with alternate choice.

Representatives witnessed residents and relatives being offered refreshments during the visit. The residents appeared content with the care they received at mealtimes and were able to choose where to take their meals; in the lounge dining area or in their rooms. The residents that representatives spoke to all thought the standard and variety of food served was very good.

### **Recreational activities/Social Inclusion/Pastoral needs**

The communal lounges are used for the majority of activities. There was no evidence of residents being forced to take part in activities; it is optional for all residents. Representatives were advised by both staff and residents that activities included trips outside of the home to garden centres, Shuttleworth etc., and various other activities are available to help them interact.

Residents are encouraged to personalize their rooms with pictures, photographs etc., and to help with the cultivation of plants in the boxes on the patio.

### **Involvement in Key Decisions**

Representatives were advised that meetings with residents and their relatives are held every two to three months, alternating between daytime and evenings. Attendance is described as variable. The purpose is to give both residents and their relatives the opportunity to raise any issues and/or concerns.

### **Concerns/Complaints Procedure**

The deputy manager, residents, relatives and members of staff all confirmed there is a complaints procedure, although no resident or relative spoken to mention having used it. Representatives did notice a supply of complaints forms on a table in the hallway.

### **Staff**

All staff seen and spoken to during the visit were friendly and helpful to the representatives and to the residents they were observed interacting with and were wearing name badges. All the staff, observed speaking to residents, clearly knew them well, using their first and/or 'pet' names.

For a large proportion of the staff English is not their first language, however management advised representatives that English lessons are given where necessary.

The staff appeared to be well trained and representatives were confident the residents were well cared for.

Representatives were advised that residents' medication is distributed by a nurse at all times although this was not witnessed.

### **Visitors and Relatives**

Representatives observed family members visiting residents in the home and spoke to several of relatives, all of whom spoke highly of the care afforded to their relatives.

The Healthwatch Central Bedfordshire notice was displayed in the care home advising relatives of the visit, however Healthwatch Central Bedfordshire was not contacted directly by any relative prior to or since the visit to the home.

### **Additional Findings**

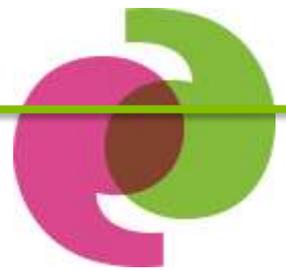
The management of the home is attentive to all suggestions for improvement. There is also Wi-Fi internet access in the home.

## Recommendations

This report highlights the good practice that was observed and reflects the resident's and relative's satisfaction with the care and support provided.

- There is no formal induction pack given to residents/relatives, and HWCB recommends that consideration be given to providing an information pack for the future.
- In recognition of comments made by relatives and some staff members, it is recommended that consideration be made to engaging an assistant Activities Co-ordinator.
- Some of the bedrooms in the original building showed clear signs of 'wear & tear' and HWCB recommends redecoration as soon as possible to maintain a welcoming atmosphere and sustain the wellbeing of residents.
- Healthwatch Central Bedfordshire recommends that this report is shared with the residents and their family members of Park House and to advise that if they should wish to contribute any additional comments about the report, they should contact Healthwatch Central Bedfordshire direct on 0300 303 8554.

## Service Provider response



Thank you for the draft copy from the recent 'Enter and View' to Park House. Both John Tillisch (Proprietor) and I have read through and are very pleased with couple of minor exceptions.

1. Promotion of Privacy, Dignity and Respect – where it is stated that each resident has a key worker; each resident has a 'named' nurse not a key worker. This was probably not made clear by myself when we discussed.

- **Amended in main body of report.**

2. Recommendations - We were already in the process of looking to engage another activities co-ordinator to compliment and increase the activities offered.
3. Recommendations – We feel the comment concerning original building showing signs of 'wear and tear' was not justified without clarification. Since John Tillisch and I have been at Park House we have constantly been renovating, rejuvenating, replacing and updating the environment. Rooms and communal areas are being addressed, opening up the spaces available and freshening the whole home to make it feel bright, light, fresh and welcoming. We fully understand this is an ongoing process and why it was mentioned but we would appreciate it to be noted alongside all the changes and continual changes which are and have been taking place.

Please could you pass on my thanks to Den, Linda and Margaret for their time and report.

Regards

Donna Aldred  
Manager

