

Healthwatch Waltham Forest Enter & View Report

Parkview House

Care Home Series 2014

Tuesday 2nd September 2014

Authors 9/9/2014 Alli Anthony Susan Henry Patricia Braga



Visit details

Service address	Parkview House, 206-212, Chingford Mount Road, London, E4 8JR
Service Provider	
Service description	Accommodation for persons who require nursing or personal care, Dementia, Physical disabilities, Sensory impairments, Caring for adults over 65 yrs
Number of residents	53
Reason for visit	Part of programme. This is one of a series of visits to older people living in care homes in Waltham Forest. This programme is to introduce our Enter & View reps and develop their role. We wanted to talk with older people about their experience of living in care homes. We looked at 4 areas - meals, activities, staff responses and complaints
Status of visit	Announced
Date of visit	Tuesday 2 nd September 2014
Authorised Reps	Alli Anthony, Susan Henry & Patricia Braga
Declarations of interest	None

Acknowledgements

Healthwatch Waltham Forest would like to thank the service provider, service users and staff for their co- operation and hospitality in hosting this visit. We welcome all contributions to this Enter and View programme.

Enter & View

Enter & View is a statutory power conferred upon Healthwatch by the Health and Social Care Act 2012. It gives Authorised Representatives of Healthwatch Waltham Forest the right to enter and observe publically funded health and social care services in the borough. Enter & View visits are visits and not inspections. Enter & View visits are used to get a lay perspective on the service concerned and are an opportunity for service users to talk about their experiences with the service. This takes place in the communal areas of the home, as our visits preclude talking to people on their own in their private rooms. A report of each visit is produced which includes any recommendations for change or improvement arising from the visit. This is shared with the service prior to publication. All Healthwatch Waltham Forest Authorised Representatives undergo training and background checks before joining the Enter & View programme.

Disclaimer: This report relates only to the service viewed on the date of the visit, and is representative of the views of the service users, visitors and staff who contributed to the report on that date.



Summary of the visit

We visited Parkview Care Home, on Tuesday 2nd September, from to 1.00pm to 3pm. This home has 53 older people living there, a significant proportion of whom have varying degrees of dementia (80-85%). We spoke with 16-18 residents and with 8 or 9 members of staff. There were two relatives visiting during our time in the home. We were made to feel very welcome and given free access to the home. We looked at the following 4 areas:

- Catering
- Activities
- Staff responsiveness
- Complaints

Our recommendations are based solely upon what we observed at the care home during our visit.

Description of facility and overview of findings

The front of the purpose built home looked very well maintained and the locked front door was opened by a staff member.

The lobby was a pleasant and welcoming environment, with several chairs and interesting pictures on the wall. There was a visitor's book available and the fire evacuation procedure notices were displayed prominently. There was also a notice advising that the home operates "protected meal times", preferring that visitors do not come to the home during these times. A weekly menu was displayed in the lobby. We were shown into the manager's office who was welcoming, friendly and happy for us to visit and talk to residents. She welcomes feedback on the home as she feels sometimes fresh eyes can see areas for helpful suggestions for improvement.

The home has a good sized, well maintained and enclosed garden with garden furniture and well laid out paths for those who like to walk outside. There are several garden doors which were all open on the day of our visit as it was a hot sunny day. There were several communal tables in the garden. Some of the ground floor rooms had patio doors leading to a tiled area where residents could sit outside their rooms. The décor was pleasant, rooms were airy and light, well maintained and furniture was in good order.

Bedroom doors had pictures and names of residents on and doors were left open routinely.

The home is split into 4 units of varying size. We visited three units in total.



Observations

Catering

The smaller downstairs unit had five residents who were enjoying their lunch when we arrived. Four were eating at a table and the fifth was eating at a tray table in a chair nearby. She appeared frailer than the other residents but was feeding herself, albeit somewhat more slowly than those at the table who were finishing their main course.

The food looked appetising and was varied according to dietary preference. One resident had fish and salad, rather than the meat and two vegetable meal others were having, because, she explained, she does not eat meat and they offer her suitable alternatives. All four at the table said the meals were generally good and they enjoyed them. One particularly liked the puddings. The meals are served by the unit staff, having been delivered from the kitchen across the courtyard. A hot pudding was being distributed as each individual finished their main course so some finished their meal before others. Each resident had a drink of juice with their meal and all were encouraged to drink by staff.

The table by the window allowed the residents to eat in a social group. Music was being piped into the lounge and the resident had a lively discussion about Doris Day which then moved on to Engelbert Humperdinck and then film stars they admired. It was apparent that staff are very familiar with the residents; one has worked at the home for more than 20 years. There was good interaction with staff encouraging all residents to join in the conversation.

Each of the lounges has a small kitchen area, dining table(s) by the window and armchairs around the room. In this unit the TV was not on and was blocked by a vase of flowers. Residents said they sometimes watch TV in the lounge but also in their rooms.

The room was very clean when we arrived and staff cleaned up as they cleared the lunch plates.

One resident spoke about the breakfast and the options available, they appreciated the choice or cereal, toast or a cooked breakfast, which is served from 7am. They said they generally liked the food; it was ordinary but cooked well.

In one corridor there was a small area set out like an old fashioned sweet shop with jars of sweets available for residents to buy.

In the second unit we visited residents had just finished lunch and were mainly seated in the lounge where a radio was playing. We spoke to 10 or so residents in this unit who were all happy to engage in conversation. One resident who has been in the home for 8 months reported she felt that the food had improved recently and that today they had had lovely lamb and that there were always



options available. She believed it was not possible to eat in your own room unless you were ill. Two other residents said the same.

The dining area was at the back of the lounge with small tables; residents could choose where they wanted to sit although the cook reported that people tended to sit in the same places.

We spoke to the cook and a catering assistant who confirmed there were two choices every day, and that snacks were available at most other times. The main meal is a 3 course lunch with a smaller supper (such as egg on toast or sandwiches). In addition to the main kitchen each unit has a kitchenette area where staff make hot drinks and snacks as needed. The cook reported there were 2 vegetarians and other specialist diets could be provided as needed. The cook makes sure that treats such as crisps and biscuits are available as wanted.

Activities

The residents in the smaller lounge were initially unable to say if there were any activities at the home. With gentle prompting from staff they remembered chair exercise activity with a ball - which one said they particularly enjoyed. One had a newspaper delivered daily - arranged by a relative - and another was reading a paper at lunch. Staff in the unit told us about tea dances at the local church, other church functions, bingo and other activities organised by an activities coordinator who has been working at the home for a long time. There is also another coordinator who arranges activity daily in the home Monday to Friday.

Due to the dementia experienced by many residents it was difficult to get a sense of whether they joined in with or enjoyed the activities arranged. Our visit timing meant we observed them finishing lunch and resting after lunch. One resident was knitting and was encouraged by staff to talk about the baby she was knitting the blanket for. Otherwise people were talking or listening to the music while sitting with staff.

The manager reported that the home employs two activity co-ordinators. We spoke to one who undertakes one to one and group activities. During our visit we observed her walking with one resident and later trying to encourage a group to undertake some chair-based exercises. Being just after lunch however residents were disinclined to participate. The coordinator said she organises a weekly programme and visits each of the four units for a full day per week and on the fifth day organised for people across the units who wanted to do something together. Activities include flower arranging, exercise, crafts, painting, and drawing they also have film shows, quizzes and a hair dressing salon which is subsidised for residents. The co-ordinator keeps a record of who has participated in which activities.



We spoke to one lady who was full of praise for the co-ordinator, reporting that she had very much enjoyed an art activity that morning. Her only issue was that the TV was sometimes on too loud in the lounge showing murder mysteries that held no interest for her.(She had chosen to not have a TV in her room preferring radio.) Another resident said she does the chair-based exercises and chats to the other residents who are able. A third lady said she enjoyed painting and getting her nails done, and had just completed a questionnaire concerning favourite activities. She enjoys daily visits from her daughter. One resident reported that books are brought in by library - another mentioned the need for these to be in large print. Residents' craft work was displayed in the home.

Staff responsiveness

All the staff we that we observed appeared to be kind responsive and attentive to the residents various needs. In one unit a staff member gave a resident a can of Guinness explaining that this resident customarily liked to drink one can per day. In one lounge two residents and a visitor reported they found it too hot. A member of staff then opened the door to the garden though was concerned it might prove too cold for some. Due to the levels of dementia in one unit, it was difficult to talk to residents about staff responsiveness, but we observed that staff were attentive and interacted well with the residents. They were all wearing name badges and simple, tidy uniforms. One resident said "They are always there to help me, I think it's marvellous". She also said she has been very comfortable at the home.

All residents looked very clean and smart but were unable to talk about laundry arrangements, beyond one resident who noted "someone deals with the clothes".

In another unit one resident reported that her daughter does all the washing but the home would do it if she asked them. She related that the staff are very helpful and if she ever calls during the night they come very quickly. We spoke to five staff members across these units who had worked for 13, 18 and 20 years. One felt that it was a positive place to work where no one was clock watching, and we observed good quality of rapport between staff and residents. One resident hugged and kissed a staff member as the latter went off duty. Another said: 'all the staff are lovely'. One resident asked what was the best thing about being at Parkview said "people are happy here, it's a nice place".

Overall, the atmosphere during our visit was relaxed but professional. Residents appeared happy and content, those who could were willing to talk to us and spoke positively about the home. Staff were friendly and vigilant.

Complaints

The manager explained that her door is always open. A resident said that if she had any worries at all she would speak to the manager or deputy manager. She felt



that the home was better off without residents' meetings because 'there are only three or four who could converse - mind you all the staff are lovely'.

Another said 'they look after us so well someone comes immediately if we call - I can't think of any improvements, and if I have any concerns I speak to the senior member of staff'.



Conclusion and Recommendations

Overall, we observed staff interacting positively with residents and knew their individual needs. They were friendly, respectful and welcoming. Residents appeared contented and some were engaged in activities during our visit. Our recommendations are:

- Parkview shares its good practices, particularly around staff retention, with other care homes in the borough.
- Continue to enable and encourage those residents who are keen to do so to assist at meal times, setting tables, clearing away or washing up or indeed helping in other domestic activities in the home such as folding laundry.



Service provider response

All members of the Healthwatch team were very professional during their visit.

Their approach with all residents and staff that they spoke to was conducted in a thoughtful and respectful manner.

We were pleased to be able to have this visit, so we could get feedback with fresh eyes.

Your recommendations have been taken on board and we are more than happy to comply.

Yours sincerely,

Ann Rogers

Manager