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Collins Unit
Parklands Court Nursing Home
Carried out 21/1/2020



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health and social care



Provider Details

Name: Collins Unit - Parklands Court Residential and Nursing Care Home

Address: 56 Park Rd, Walsall WS3 3ST

Service Type: Residential Care

Registered Manager: Yvonne Russon

Unit Manager: Leanne Johnson

Home capacity: 30 all single rooms. At the time of our visit there were 27 residents, (one in hospital).

Accommodation for persons who require residential, nursing or personal care. Specialisms dementia and physical disabilities.

Parklands Court Residential and Nursing Care Home is owned by Advinia Health Care.

The Home was inspected by the Care Quality Commission (CQC) 26th March 2019. It was rated as overall "Requires improvement."

Link to report: <https://www.cqc.org.uk/location/1-4413482581?referer=widget3>

Food hygiene rated as 3 out of 5.

Link: <https://ratings.food.gov.uk/enhanced-search/en-GB/%5E/WS3%203ST/Relevance/0/%5E/%5E/0/1/10>

Authorised Representatives

Name: Dianne Beddows, HAB member

Name: Ross Nicklin, HAB member

Purpose of Visit

- To observe the physical environment of the home and the interactions of staff and residents.
- To listen to, observe and capture the experiences of service delivery from the residents and relatives.

The methodology to be used is to:

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided.
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/complaints.
- Speak to staff about training, turnover, support staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

Physical Environment

External

Collins House is well signposted and easily accessible from the main Parklands Court car park. The main entrance to the home is at the front of the building. The exterior is in a reasonable state of repair, albeit showing some signs of wear and tear. The single storey building is accessed via a bell and keypad. We could not see CCTV installed.

There was a signing in book for visitors which appeared full and therefore we had to use the staff book. The home would benefit from using a simple tear off passes visitor/contractor signing in book which meets all health and safety legislative requirements.

Internal

From the reception there is a central passageway which leads directly to the main communal lounge including dining area, manager's office and kitchen. Resident rooms, bathrooms and toilets are also arranged off this central area.

On entry, fire safety precautions were adequate although due to the positioning of the fire extinguishers we could not see the last date of service. All documentation was up to date. Corridors were free from trip hazards, clean and there was not a prevailing negative odour. Soft furnishings appeared to be in good condition. There was a flat screen TV and music station in the communal area. There were 2 separate exits to small gardens, one from the lounge area and one from the dining area.

The communal areas were all good, albeit that some parts could benefit from refresh and the carpet cleaning. There was a staff notice board with photographs, however some of the names were missing.

Some of the paving to the latter was not level and could present a trip hazard. Both of the gardens looked a little tired, but this is in part due to the seasonal time of visit. There were unopened bags of bark and we were told that there were plans to refresh the garden.

Resident Numbers

30 all single rooms. At the time of our visit there were 27 residents, (one in hospital).

Staff Numbers

In addition to the activities co-ordinator we also spoke to the nurse on duty for that day. They confirmed staff numbers are typically as follows: 1 nurse always on duty, 6 carers on mornings and 5 on afternoons/evenings with 2 covering nights, 1 activity coordinator, 1 domestic and it is understood that one maintenance employee covers all of the Parklands facility.

We were told that agency staff are not often used, and staff shortages are covered from within. In the event of external staff being needed, the same agency is used. Feedback suggested that management have a high profile around the home, are known to residents and provide leadership to staff.

Resident Experiences and Observations

Healthwatch visits are linked to the 8 principles of care:

1. Essential services.
2. Access.
3. A safe, dignified quality service.
4. Information and education.
5. Choice.
6. Being listened to.
7. Being involved.
8. A healthy environment.

Due to residents' cognitive capacity we were only able to speak to one resident on the day of our visit. With consent we were able to speak to this individual in their own room. The room was clean and personalised to suit the resident.

They told us they were happy here and much preferred it to their previous care home. They told us that their needs were met by the care they received. They were able to exercise choice, for example in deciding on what they wished to wear and what time they went to sleep at night. This resident was bed bound and therefore had to be helped to move by the use of a hoist. They told us that the hoist facilities could be better. The resident also told us that they were aware of their own care plan and understood that it is tailored to meet her individual needs.

The resident also felt she was treated with respect and the staff were kind, always using her first name and asking her permission before carrying out tasks. They felt they were well known by the staff and their dignity and privacy were respected. Despite being bed bound the resident appeared to be well looked after, for example hair and nails.

We were told that the resident had access to visiting health care professionals such as optician, chiropodist and GP. These were arranged through the home. The call bell was easily reached, and the resident was aware how to activate it. They told us that whilst the food was generally good, it could be hotter.

Drinks were always available. We were told that they could request something different to eat and we saw that they had their own choice of drink available at hand. The resident was aware of the activities, but they were bed bound so had to take advantage of one to one. We saw examples of their craft work. They thought that cultural and religious preferences were observed but this was not applicable to them. Overall the resident felt safe and well cared for.

Family/ Relative and Carer Experiences and Observations

We were able to speak to one relative and two visiting friends on the day of our visit. The relative told us they were always made to feel welcome at the home and able to visit at any time without restriction. They felt they were kept informed regarding their relative, although this was not always the case under previous management.

They were happy with levels of care and pleased with the frequency of visiting professionals. However, they felt the quality of the food could be improved. The relative's resident has recently moved from Clarendon House to Collins which better suits her needs.

The relative also told us that they felt there were enough staff on duty. They also felt that they were able to raise concerns or indeed complaint if necessary. A copy of the complaint's procedure was evident in the Parklands Court main reception.

The relative told us that the activities were good but her relative did not take part in the group activities and was therefore reliant on one to one. The relative was able to have their hair done at the Parklands facility.

Overall, the relative was happy with the standard of care provided. We also spoke briefly to two visiting friends of a resident who had only been in the home for a short while. They told us that so far, they felt their friend was receiving a good standard of care.

Activities

We spoke to the member of staff responsible for co-ordinating activities within Collins House. They were extremely enthusiastic and positive in their approach to organising activities. We also saw the weekly board displayed in the reception area which covered the day of our visit. Daily events for the current week included pampering, karaoke, sing-a-longs and local shopping in Bloxwich. We heard about numerous examples of both group and one to one activities. Examples cited were knitting, Gents club, bingo and outings to garden centres.

In addition, special events were held around Christmas and individual birthdays. We heard about activities being specifically tailored to meet individual resident needs. A really good example of this was of one resident who was recovering from a stroke. He was a football fan and the staff member helped him listen to fans' chants using a tablet device thus facilitating memory stimulation.

Another example was helping residents with specific interests focus on them within relevant newspapers. We also saw a display of photographs of residents' hands with some written text about them. It was entitled 'Helping Hands'.

As part of the Parklands Court facility all the activities co-ordinators work together to discuss residents' needs. Sensory activities are also undertaken and there is a Memory Cafe within the complex. Copies of the January edition of the Parklands Court Newsletter were available in the central reception. Within this we saw photographs of residents taking part in past events.

Catering Services

The home has a food hygiene rating of 3 out of 5.

Link: <https://ratings.food.gov.uk/enhanced-search/en-GB/%5E/WS3%203ST/Relevance/0/%5E/%5E/0/1/10>

All food is originally prepared in the central kitchen which is within the main Parklands building. Meals are then transferred to individual homes where staff serve them from the home kitchen. Food comes across from the main kitchen in heated trolleys.

The food once served looked to be of a good quality and appetising. The problem exists that once in the Collins House kitchen, food has to be served quickly as it there is a potential for food to go cold. As a consequence, all staff seem to get involved in serving and delivering plated meals to individual rooms as only 2 residents were in the common dining area on the day of our visit.

Obviously, residents are left to eat their meals themselves and potentially some need assistance. On the day of our visit we observed one of the residents who was in the common lounge area struggling to eat their meal and due to the pressure of food service it was sometime before they received assistance.

We were told that special dietary and nutritional needs are catered for. Hydration and nutrition are monitored as part of the individual's care plan. In addition, user friendly cutlery is available for those residents as needed. We saw a copy of the weekly menu on display which changes each week. There were 2 options for lunch and choices for both breakfast and tea. Snacks are available between meals.

We entered the kitchen area which appeared to be clean and well organised. Food was kept in a pantry and walk-in fridges. We observed a good amount of fresh vegetables and fresh fruit available plus snacks to be distributed to the units.

We were informed that residents are offered a varied choice of menu. We observed meals being prepared including the piping of pureed food to improve appearance.

The chef confirmed that new menus were being tried along with different levels of seasoning to offset flavour loss as a result of pureed and similar food requirements. Some menu items had not been fully appreciated and were being substituted to ensure that everyone appreciated the varied menu.

Staff Experiences and Observations

We were told care plans are updated as needs change and reviewed monthly to include lifestyle choices and resident of the day scenarios are utilised. A white board is used to provide at a glance information pertinent to each resident across a number of categories.

External mandatory training takes place and staff participate in E learning. We were told a training matrix is in place for staff. Generally, staff feel supported by management and able to acquire new skills accordingly.

Whilst staff feel they have adequate time and resources to carry out their role, one member felt there was not always enough staff. Staff feel motivated and there is a good team morale. On the day of our visit we saw staff interacting and empathising with residents

Summary, Comments and Further Observations

- Overall, we received positive feedback from stakeholders at Collins House.
- Residents seem cared for and safe. Staff and management are endeavouring to provide a good standard of care.
- There is a strong emphasis on activities and individuals are viewed holistically.

Recommendations and Follow Up Actions

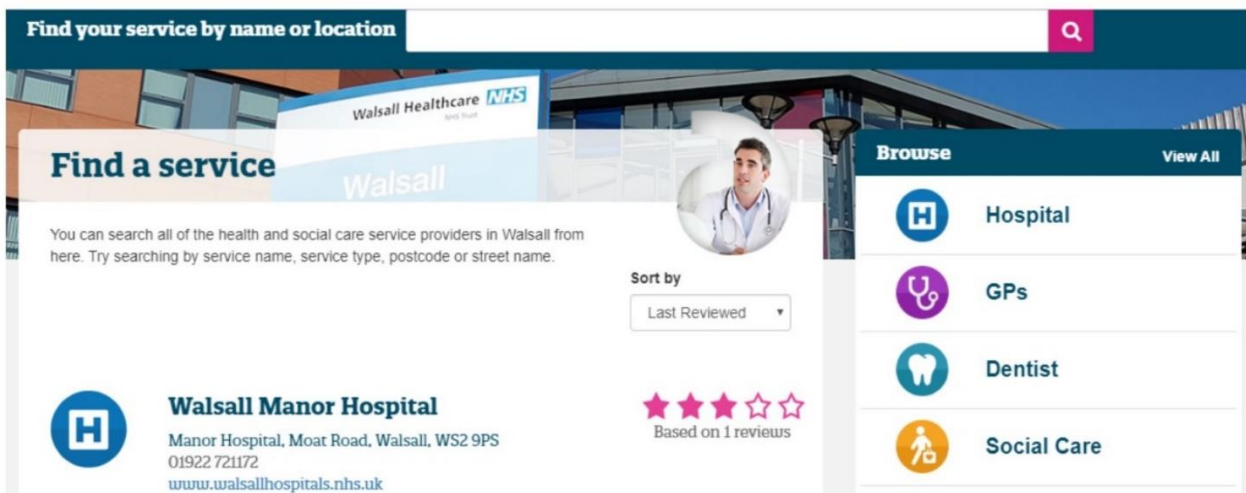
1. Endeavour to achieve 5-star food hygiene rating.
2. Consider phased meal service to allow staff more time to spend assisting individual residents.
3. Review hoisting equipment to ensure all resident needs are met.

4. Consider introduction of tear off visitor signing in which meets health & safety legislation.
5. Ensure no trip hazards exist in garden areas. Address slabbing.

Provider Feedback

Please check the draft report for validity, spelling errors. Also provide any response to the report by Email to be inserted here once received.

If you have any NHS or Social Care service experiences that you wish to share, you can visit our online 24/7 Feedback Centre. Whether it's a compliment, concern or complaint. Link: <https://healthwatchwalsall.co.uk/services/>



DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



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