

# ENTER AND VIEW REPORT



PARKLANDS COURT RESIDENTIAL  
AND NURSING CARE HOME  
MAY AND JUNE 2024

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## About Healthwatch Walsall

Your health and social care champion Healthwatch Walsall is your local health and social care champion. Across all the Borough, we make sure National Health Service (NHS) leaders and other decision makers hear your voice and use your feedback to improve care.

Through our community engagement activities, data intelligence systems, enter and view programme and our Healthwatch Champions, we continually monitor service delivery by way of concerns raised, feedback received, and the Healthwatch Independent Strategic Advisory Board use this intelligence to inform and shape the Healthwatch priorities and activities.

We analyse consumer feedback as well as a broad range of data sources to produce evidence and insight reports and information dashboards which can provide trends, statistical and performance analysis of services for use in monitoring and challenging service commissioning and provision.

# What is Enter and View?

## Enter and View

Part of Healthwatch Walsall remit is to carry out Enter and View visits. Healthwatch Walsall Authorised Representatives carry out these visits to health and social care premises to find out how service users access, use and understand what the overall service user experiences are, highlighting findings and potentially making recommendations that may lead to areas of improvement.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential/nursing 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 that we can learn about and share examples of what they do well from the perspective of people who experience the service first-hand.

Healthwatch Walsall Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Walsall Safeguarding Policy, the service manager will be informed, and the visit will end. The Local Authority Safeguarding Team will also be informed.

## Introductions

### Disclaimer

Please note that this report is related to findings and observations made during our two visits made on the 22 May and 7 June 2024. The report does not claim to represent the views of all service users, only those who contributed during the visit.

### Authorised Representatives

Tom Collins - HwW staff, Authorised Representative

Peter Allen - HwW staff, Authorised Representative

Salma Aftab - HwW volunteer, Authorised Representative (visit 22 May 2024)

Gabriel Obasa - HwW volunteer, Authorised Representative (visit 7 June 2024)

### Who we share the report with?

We share our report with members of the public, the service provider, Black Country Integrated Care Board (Walsall Place), the Care Quality Commission (CQC) and Healthwatch England. The report will also be published on our website and through our social media.

### Provider details

Name of Service: Parklands Court Residential and Nursing Care Home

Service delivered by: Advinia Healthcare

Address: 56 Park Road, Bloxwich, Walsall, WS3 3ST

Telephone: 01922 711844

Website: <https://www.advinia.co.uk/care-homes/parklands-court/>

Service type: Residential and Nursing Care

## Care Quality Commission (CQC) information.

The service was rated 'Requires Improvement' across all 5 categories of the CQC standards.

Parklands Court Residential and Nursing Care Home, Care Quality Commission (CQC) link to report: <https://www.cqc.org.uk/location/1-4413482581>.

- Latest inspection – 05/08/23
- Report published – 10/10/23

## Healthwatch Principles

Healthwatch Walsall's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. A healthy environment: Right to live in an environment that promotes positive health and wellbeing.
2. Essential Services: Right to a set of preventative, treatment and care services provided to a high standard to prevent patients reaching crisis.
3. Access: Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family.
4. Receive safe, dignified and quality services: Right to high quality, safe, confidential services that treat me with dignity, compassion, and respect.
5. Information and education: Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system.
6. Choice: Right to choose from a range of high-quality services, products and providers within health and social care.
7. Being listened to: Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received.
8. Being involved: To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

## Purpose of Visit

This was an announced visit. We confirmed with the Home on the morning of each visit to ensure there were no outbreaks of Covid or other infectious conditions. We sought to gather resident and relative experiences care delivered at the Home.

We visited on two occasions. Our first visit was on 22 May, but we were only able to speak to a few residents. We therefore arranged to visit again on 6 June 2024 when we were able to speak to a number of relatives visiting residents at the Home.

## What we did

We arrived at the building at 9.45am before being introduced to the Clinical Deputy Manager and the Divisional Director (South) who greeted us. We then visited the two units/sites to chat with residents who wished to and could take part in a brief chat about their home and care at Parklands Court.. We also talked any relatives that were visiting and wished to chat with us.

In total we spoke to three residents, six visiting relatives. We later interviewed the Deputy Manager and a staff member.

## Environment

### External

There are five units/sites for residents, but at the time of our visit only two units were open to residents (Collins and Samuel). There is a main building that appears to be more for administration and training and an access point for new visitors and contractors.

There are approximately 25-30 car parking spaces for use by visitors, staff and contractors.

The entrance is well signposted at the main building on the right as you enter the Home.

The outside of the building was well maintained with external lighting/lamps. On the first visit it was clear that the lawns, grounds had been mown and maintained. The entrance to the main building and reception foyer was signposted and not subject to a security keypad. However, the second door was locked.

There were some uneven slabs on the pathway to one of the units we visited but there was a hazard warning cone in place.

### Internal

In the foyer of the initial entrance, there was a visitors sign in book (we were asked to sign in), there was a notice board with the recent CQC rating and other Home related information. There was a hand sanitising unit to use and this was operational.

We noted the following:

- Main reception was clearly signed.
- Access was via a flat pathway to an inner reception area and door which was locked and required a member staff to open.
- There was a visitors' book and we were asked to sign in.
- A working hand sanitising unit was available for use upon entering.
- Seating was available in reception.
- This area appeared to be more for administration, staffing, training and main kitchen and food preparation area.

## Unit 1

Entry was via a keypad.

We entered into a foyer area with seating and a small style café/coffee bar area.

There is a large communal area split up into – one side soft armchair lounge area with a TV and the other side consisted of a dining area and a conservatory style area leading out to a small enclosed garden which was unmown and appeared unkempt.

Décor inside was clean, tidy and there was a large Blackpool cut out that was used for a recent resident activities event. We were told of other activities that took place such as birthday celebrations, nail painting, hairdresser visiting weekly. We did not note an activities board but were made aware of an activities folder in the main building area.

The resident bedrooms are positioned from each side of the communal area and there is a small staff office and kitchen area.

## Unit 2

Entry again was via a keypad.

The layout was the same as site 1.

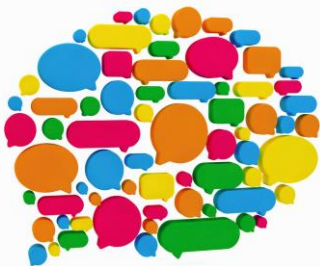
Again, the small enclosed garden was unmown and again appeared unkempt.

We did note a possible trip hazard from some uneven slabs on the pavement from one unit to the other unit. A warning safety cone had been placed on the slabs.

## Resident responses

We spoke to three residents on our first visit. There were approximately seven residents in the communal lounge and dining area. The residents we spoke to had been in the Home from between two weeks to five years.

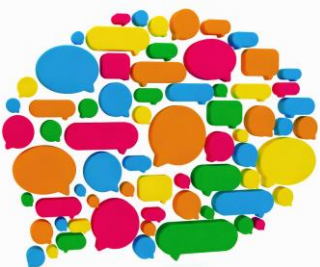
### We asked what is life like for them in their home?



Residents' comments:

'Nice people, lovely'  
'Better than hospital'  
'Love living here. Don't dislike anything'  
'Lovely watching football'

### We asked what choices they had regarding, their clothing, food, bedtime and activities



Residents' comments:

'Plenty of choice, pick own clothes, food and activities'  
'I have choice of when to get up in the morning, food and clothing'  
'It's your choice getting up and what clothes you want to wear. You can choose not to do activities'

We asked how safe they felt within their home?



Residents' comments:

'Feel safe, buzzer'  
'I feel very safe, no complaints'  
'Yes'

One resident mentioned that in the past that another resident was entering their room so they had to press the buzzer to alert staff.

We asked if they felt cared for? (this was around access to GP, Optician, Hairdresser etc)



Residents' comments:

'Yes, have regular GP visit, Optician regular and go out to the barber'  
'Have nails done by Activities Co-Ordinator, hairdresser visits each Wednesday. Can't fault this place'  
'Don't see hairdresser, don't want to'

We asked if they had an issue would they know who to speak to?



Residents' comments:

'Can always speak to staff'  
'Very confident speaking to staff'  
'Yes, had to raise some things with centre manager'

We asked if they felt that they could raise a concern without repercussions?



Residents' comments:

'Yes, no problem. Don't have any issues'  
'Yes'  
'Not really had to'

We asked if they felt that they had a healthy balanced diet with plenty of drinks?



Residents' comments:

'Can ask for drinks. Have choice at mealtimes'  
'I have an allergy. But get plenty of drinks'  
'Given menu each day and able to ask for different things'

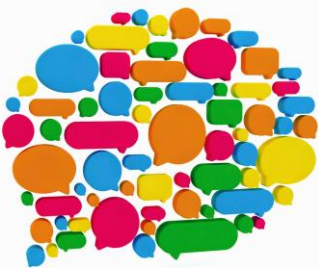
### We asked how involved they were in the Home?



Residents' comments:

'Staff let residents know about any changes'  
'Very. I have an advocate'  
'Not really'

### We asked if they could change one thing, what would it be and why?



Residents' comments:

'Would not change anything'  
'It ain't too bad'  
Nothing really. Nothing nasty here, wouldn't stand for it'  
'Waiting times for toilet'

The resident who mentioned waiting times for toilet, mentioned that it was due to staff looking after others, so it takes time.

Additional comments from the residents we spoke to:

'Nice people'  
'Can use garden when its looked after'  
'Can go shopping in Bloxwich if choose to'

## Relative responses

On our second visit we spoke to six relatives who were visiting their loved ones in the Home. We spoke to them in both units using the same questions that we asked residents.

We identified that residents had been in the Home ranging from a few weeks to several years. So, for some it was very early to make fully informed comments, but they went from initial impressions to experience overtime which included a change of owner

### We asked what is life like for their loved one in the Home?



Relative comments:

'Unhappy but feel more to do with their illness'  
'Care staff nice'  
'Staff marvellous friendly, 100% better than the last place'  
'Can be changeable, most carers nice'  
'Not enough staff, not being changed. Only 3 carers regularly'



We asked what choices there were regarding, clothing, food, bedtime and activities



Relative comments:

- 'Has lots of clothes, but sometimes clothes have gone missing. Have put labels on but come off'
- 'Yes, has choice, times, getting up and going to bed'
- 'Staff ask when they want to go to bed. Resident also on a special diet but eats everything'
- 'No choice of food, not eating'
- 'Nothing to do, no activity'
- 'Waiting for referral to SALT team'

We spoke to one relative who mentioned that there had been issues over a number of years (some of these issues were with the previous owners). Currently they had noted that there was little/no choice of picking clothes, as the resident had been in the same clothes for three days.

The issue of lost clothing was raised by another relative, but this was due to glued name labels come off during the laundry process. This relative intended to mark the residents clothing in another way.

One relative said that their relative was put to bed at 6.30pm which the resident had never done or asked for. Both the relative and their sibling had spoken to management about this, following which it appeared that has not happened again.

We asked if they felt that they knew who to speak to if they had an issue around resident care?



Relative comments:

- 'Yes, very confident. Staff approachable'
- 'Staff excellent, anything worried about can tell staff and nurses'
- 'Yes, Deputy Manager so nice'
- 'Any concern would raise, Home calls if resident has fall'
- 'Yes, can speak and don't hold back'

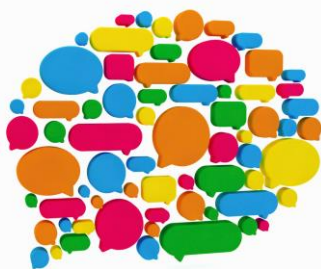
We asked if they felt that they could raise an issue without a repercussions?



Relative comments:

- 'Yes, feel fine'
- Yes, fully confident'
- Yes and no. People do ignore and give dirty looks'
- 'Wouldn't bother me'

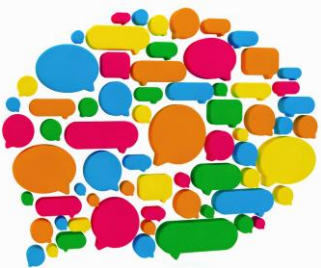
We asked if they if they thought the resident had a balanced and healthy diet?



Relative comments:

- 'Complained about food before'
- 'Not eating at the minute due to illness, but food looks poor'
- 'Staff help feed resident. Always bring drinks'
- 'Offered plenty of drinks'
- 'Dinners too big. Offered drinks regularly and I can make for them'

We asked if they felt the resident was safe?



Relative comments:

- 'Yes. Not seen an alarm buzzer'
- 'Safety is better. Not checked bells'
- 'Resident feels safe. Has alarm mat and emergency button and is quickly attended'
- 'Safe from others'

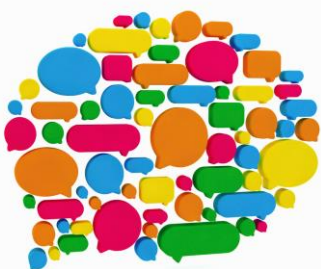
We asked how involved are they with Home? (Meetings, notification of changes etc.)



Relative comments:

- 'Get verbal updates'
- 'Resident meeting once a month. Facebook updated, notice board'
- 'Sometimes told there is a relative meeting'
- 'Only been here three weeks so don't know'
- 'Involved in everything. No meetings, very poor communication'

We asked if they could change one thing what would it be and why?



Relative comments:

- 'Not enough staff. Don't know about night staff'
- 'Take the resident to the toilet more often'
- 'Put hearing aid in resident's ear daily'
- 'More outdoor time for resident'
- 'Barcode on room indicating resident been observed'
- 'More activities for resident'
- 'Access to garden'

We were told that there had been a recent 'Blackpool Tower' day around a Blackpool experience. There is an activity co-ordinator, but we did not observe anyone on the two visits we made.

We spoke to one relative who's relative had been in the Home for a number of years. They had seen a number of changes in management and staff. They shared some concerns around staffing levels.

They mentioned that they had not seen a visiting GP or dentist and that the resident had lost dentures in the past. Issues that another relative had also discussed.

They mentioned that changing, toileting and incontinence pads could take time. Also, that the resident had fallen from their bed, and it took quite a time to get bed rails agreed to be on the resident's bed to reduce falls.

They also felt that there was no to little activities the resident to get involved in.

The theme of lost clothing and the resident wearing other residents clothing was also raised as an issue. As well as missing and lost dentures and hearing aids, which may have come out when resident removed their clothing.

On a positive note, they mentioned that there were some good carers, and cleaning of the unit had improved.

We noted a chair in the lounge diner was faulty, the lower runner on the floor was detached from the leg. It was moved to the side to restrict its use and reported to staff.

## Staff Member interviews

### Deputy Manager Interview

The Deputy Manager (DM) was standing in for the current Manager who was not available due to illness at the time of our visit. The DM had previously been a Nurse for several years prior to this role. Whilst the Manager is not available, they are supported by the Divisional Director (South) who is an employee of Advinia.

We asked if they felt confident in their role?

They answered yes. They appeared to be very confident.

We asked them to describe the care planning and risk assessment process

They told us that they carry out an initial risk assessment, undertake a personal assessment and that this is monitored over a six-week transition period.

They do not take challenging behaviour service users.

We asked how much time are they able to spend with residents? And did they feel that it was adequate?

They felt they had adequate time for togetherness, to chat and that all staff are able to spend a lot of time with residents.

We asked if the training they received supported them to help meet the needs of the residents?

We were told that training is a mix of online and practical. Examples given were food hygiene, manual handling, first aid training etc.

We asked they deal with any concerns from residents?

We were told there is a complaints policy on the website, but if needed they would report to upper management.

There is a relative survey which they encourage relatives to complete. They mentioned that relative meetings are held, but generally contact can be in person when relatives visit.

We asked how they felt about the supervision and support that they received when caring for residents?

They have 2-3 supervisors, they receive regular clinical updates and reports on residents, as well as seeing and speaking to residents.

Staff huddles take place 11.00 am daily except weekends.

We asked if they had any concerns would they feel confident to raise them?

They said they did feel 'very confident' and would escalate to management if needed.

We asked if they change one thing, what would it be and why?

They answered, "My staff are happy, and residents are happy, 'would not change a thing'.

## Staff Member

We asked if they felt confident in their role?

They told us that they felt very confident in their role. They hold NVQ level 3 and looking to undertake a level 5 qualification.

We asked them to describe the care planning and risk assessment process

We were told that there is a referral process followed by a risk assessment following which a care plan is drawn up.

We asked how much time are they able to spend with residents? And did they feel that it was adequate?

They said that they spend a lot of time with residents. There are always members of staff on the floor with residents.

We asked if the training they received supported them to help meet the needs of the residents?

"I would say yes, undertake online and practical training".

We asked they deal with any concerns from residents or relatives?

They said that they would make a record, attempt to resolve the issue or raise with management and discuss at 11.00am meetings.

We asked how they felt about the supervision and support they received when caring for residents?

They told us it was very structured and Seniors complete staff supervisions every three months and the Seniors have supervisions with the Deputy Manager.

We asked if they felt confident raising any concerns

They told us that they would feel confident to approach the Deputy Manager with any concerns.

We asked if they would change one thing what would it be and why?

They answered...."Never get enough time in the day, always something to do".

## Findings

1. Décor appeared to be in good repair.
2. Staff were attentive and caring and asked residents if they required tea, coffee or cold drinks.
3. Residents seemed to be well kept.
4. The garden area that residents could access, from the dining area of each unit, were not maintained and appeared to need some care and attention so that outside space could be utilised and enjoyed.
5. Front lawns to each unit 'had received some attention' and had been mown recently and looked smarter.
6. We noted that some staff were not wearing name badges on our second visit.
7. A relative informed us that the resident was in bed at 6.30pm on occasions. Both they and their sibling had addressed this with the provider and felt the resident would not normally wish to be in bed.
8. We were advised by a few relatives that residents clothing had gone missing in the past and one resident had worn other people's clothing.
9. We were advised by relatives that some residents items such as hearing aids and dentures had gone missing.
10. One relative informed us that the resident was blind but had just been re-issued with glasses from a visiting Optician. (Not Home request)
11. A relative felt that access to the garden area is a key and positive experience for residents.
12. Mainly positive responses but a couple of less positive comments from residents/relatives regarding choices around clothing and food.
13. Residents and relatives questioned if there was enough staff especially at night.
14. We did not observe any activities whilst there, though the staff did engage with residents consistently.
15. The activity co-ordinator was not present during both visits.
16. Some relatives were not aware of any emergency alarms in resident rooms.
17. Whilst some relatives indicated that there were verbal updates it was not clear if there are scheduled relative meetings.
18. One resident said they had to alert staff when another resident entered their room.

## Recommendations

1. Ensure that staff are wearing name badges at all times.
2. Establish that residents have choice of when they go to bed and get up.
3. Try to ensure resident items such as clothing, hearing aids, glasses and dentures are retained by resident.
4. Seek to mow and maintain resident accessible garden areas so that they have access to an outside area to enjoy.
5. Ensure resident/relative meetings take place and consider any minutes to go on resident/relative notice board.
6. Maintain staffing levels to meet resident needs.
7. Celebrate activities and consider use of activities notice board to show and celebrate.
8. Ensure that residents and relatives are aware of the emergency alarm in room.
9. Ensure that residents do not enter other residents' rooms.

## Provider feedback

We gave the provider 10 days to respond to the report. We did not receive any comments, so we moved to publish as is our procedure.

Share your Walsall Health and Social Care services experiences by getting in touch by using our services review platform "Have Your Say" on our website. Link: <https://tinyurl.com/3778j3ps>

Find us and our reports on our Social Media platforms



Facebook: @HealthwatchWSL

X (Twitter): @HWWalsall

Instagram: healthwatchwsl

YouTube: Healthwatch Walsall 2020



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