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Elmore Unit
Parklands Court Residential and
Nursing Care Home
Carried out 21/1/2020

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health and social care



Provider Details

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

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

Service Type/ Expertise: EMI (Elderly Mentally Infirm) Nursing unit for residents whose behaviour is perceived by others to challenge.

Registered Manager: Yvonne Russon

Unit Manager: Carmen Hunter

Home Capacity: Licensed up to 16 residents. 16 single occupancy rooms 5 En-suite.

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: Tom Collins - Role: Engagement and Information Lead

Name: Lynne Fenton - Role: Insight Senior Lead

Name: Karen Kiteley - Role: Community Outreach Lead (training).

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

Access is from the main car park area to the top of the site. Elmore unit is attached to Marlborough unit, which is also one part of the single storey building. The exterior appears to be maintained with access to small areas of garden and seating areas from residents' rooms and access internally. There is no CCTV evident and lighting is evident at upper and lower levels.

The building exterior appeared to be in good repair with no obvious maintenance issues.

Internal

Entering the communal area was by a doorbell which was answered by a staff member. We were asked to sign in the visitors' book. Walking down a corridor to the main lounge and Managers office.

There is a large main lounge area which had a spaces and rooms just off it.

The unit managers office was situated with a view to the lounge where residents and relatives were positioned.

The lounge was spacious and accommodated the specialist chairs and was able to meet residents' needs. There was a large TV which was turned on. Residents were also attended by staff.

We undertook a tour of the unit with the manager visiting vacant toilets and bathrooms. They appeared to be clean and there was no odour apparent. We were able to view vacant bedrooms which were simply laid out but had elements of private items such as photographs which related to the resident. Décor was neutral with no splash of colour.

Fire Extinguishers were maintained on 3/8/19 and evidence of Portable Appliance Testing was dated 2/4/19. Fire exits were clearly marked with no impediment to exit safely.

Resident Numbers

At the time of our visit there were 16 residents.

Staff Numbers

- Unit Manager x1
- Mornings - 1 Nurse and 4 carers
- Afternoons - 1 Nurse and 4 carers
- Nights - 1 Nurse and 2 Carers
- 2 cleaners (rota).

Totalling 6 nurses, 10 carers, 1 activity co-ordinator, 2 maintenance staff, 1 chef and 6 kitchen assistants (rota).

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.

We observed that residents appeared well presented, dressed and their hair and general presentation was clean and well kept.

We tried to engage with residents to gain their views around their care and facilities. However, due to associated medical conditions/cognitive impairments, only two residents were able to share these at this time.

We asked them if they had choices around care and personal wishes. They expressed that they did have a choice around care, but they had no choice about what they wished to wear. One resident said that they were given food that they do not like but staff will change it if they wish.

One resident said they are sometimes told when to go to bed. Also, that when they call staff at night it sometimes takes a while for a response. However, they felt that staff meet their care needs and offer support when needed.

They said they understood that staff are busy.

One resident has not seen a Dentist, Optician or a Chiropractor recently although they had seen a GP.

Residents comments

“Food is good”

“Staff are lovely to me”

“I’d rather be at home, but I am treated very well here”.

“I don’t want to add anything other than the place doesn’t fill me with delight”. But they did not know where they would like to live.

Family/ Relative and Carer Experiences and Observations

We spoke to one relative who was visiting, and they were very happy with the care their relative had received and the communication and updates about their care. They felt that the staff were understanding and caring particularly around their relative’s needs.

Activities

We spoke to the Site Activity Co-Ordinator and we were told by relatives that they are very active and energetic and offer a wide range of activities for residents. They did not know how the Site Activity Co-Ordinator could maintain their energy and work pace level.

We observed interaction by carers and were shown the specialist memory room, which was also a room for visiting relatives to eat or drink if they wished.

Activities have included sensory activities, light ball exercises, watching films, using textured items to stimulate feel and response, arts and crafts, football, boxing and new activities are explored whenever possible.

We were informed that relatives are invited to take part when they wished.

We were advised that a piece of sensory equipment was being evaluated to benefit residents especially those with dementia or those with limited response capacity. This would be financed from monies raised by the activities team and other staff, not a direct purchase by the provider.

After a conversation with the Manager it was indicated that such equipment, whilst fantastic and will really help residents, there are other pieces of equipment which is essential that the provider does purchase.

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>

We had just missed food service in this unit, but we are aware that food is cooked at the main kitchen on site and transported to a satellite kitchen.

We asked about how food allergies and food styles were recorded and communicated, and we were advised that this information is held on individual care plans and the kitchen is informed of any changes.

We were advised that a new Chef had been recruited and the site Manager was overseeing the quality and servings of food now being delivered.

A Healthwatch Walsall colleague's visit and comments to the main kitchen area where food is prepared, cooked and dispatched to the satellite units below:

“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 observed between 4 and 5 care staff plus the unit manager.

We interviewed the unit manager who was observed at various times interacting with residents and relatives in a friendly manner. They had worked at the home a number of years, seeing a change in ownership, staff and work methods. They felt there had been a positive change in these areas. Some positive changes to working practices had been made easier due the introduction of more electronic records.

They are working towards a level 5 NVQ. They felt supported by management and felt that they had a good team with a good team morale.

Staff have a training matrix and training is a mix of E-learning (Your Hippo) and external organisation delivery which included safeguarding, medication administration etc.

We interviewed a staff member who was relatively new. They did not have an NVQ but welcomed the opportunity to achieve this. Training is E learning and delivered by staff from Advinia. They felt that they had good support from management and staff, and that they had adequate time and resources to carry out their caring role.

Residents needs are communicated via handovers and senior's communication. They felt that there was adequate staff cover to meet the needs of the residents.

Summary, Comments and Further Observations

- There is a lack of visiting dentist.
- Food hygiene currently at 3 out of 5.
- Residents and relatives feel cared for and welcomed.
- Residents and relatives are not aware of formal resident/relative meetings.

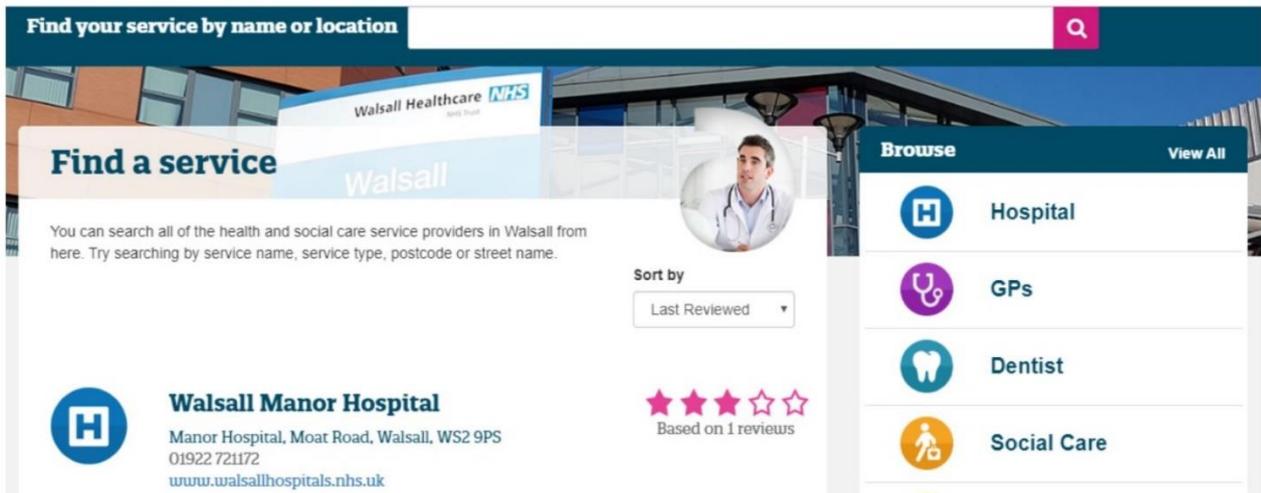
Recommendations and Follow Up Action

- Seek a local dentist(s) to maintain resident visits/checks.
- Formally announce/record resident and relatives' meetings so that parties remember.
- Achieve food standard rating of 5 out of 5.
- Consider if the Site Activity Co-Ordinator needs further support, resource or equipment to carry out activities.

Provider Feedback

The provider advised the following about the type of service/ unit: EMI (Elderly Mentally Infirm) Nursing unit for residents whose behaviour is perceived by others to challenge.

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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