

Enter and View

Parkside Nursing Home

Forest Town, Mansfield

June 2017

Contents

1. Findings snapshot	3
2. Introduction.....	4
3. Findings in detail.....	4
3.1 Staff	4
3.2 Activities.....	7
3.3 Facilities and surroundings	7
3.4 Safety	7
3.5 Administration and Management	7
3.6 Overall experience	9
4. Conclusions and recommendations	9
5. Response from care home	11
Appendix 1	
What is Enter and View?	12
Our approach.....	12
The project team	12
Who are Healthwatch Nottinghamshire?	13
Why is it important?	13
How do I get involved?	13

1. Findings snapshot

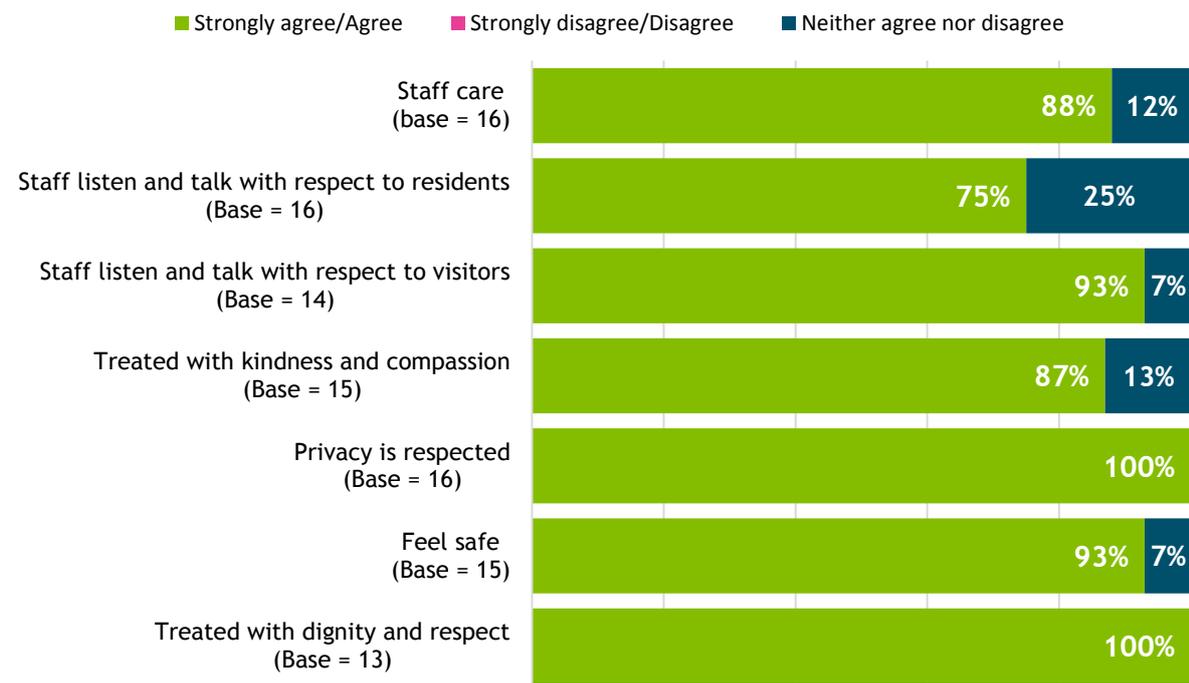
We spoke to 16 visitors and one resident who had mental capacity to be involved about the care provided by Parkside Nursing Home in Mansfield.

This is a snapshot of what they told us:

Overall experience:  Base: 15 people

Caring nature of staff:  Base: 16 people

Figure 1 Findings from rated questions



Note: Where base is less than 17 no response was provided

Sometimes they've not got time to give them. Sometimes they choose not to have the time, but sometimes they are really busy...there is not enough staff here to do it all.

Experience of a visitor

They are just very gentle and lovely with him [person visited]

Experience of a visitor

Staff are very good at covering residents up if they show their underwear - will get a blanket/pull over their clothing.

Experience of a visitor

Tonight was the first time I met had chance to meet the new manager. I didn't know officially there was a new manager. Significant new changes should be communicated to relatives. They should make relatives aware as they would be interested to know.

Experience of a visitor

2. Introduction

Home visited:

Parkside Nursing Home
Olive Grove
Forest Town
Mansfield
NG19 0AR

Home details:

- 39 residents; 37 diagnosed with dementia
- CQC rating: Requires improvement (July 2016)

Date of our visit: February 2017

Visit details:

- Enter and View Authorised Representatives were onsite at the home on various days during a one week period.
- Representatives spoke to 16 visitors during the week, we are confident that this represents the majority of visitors attending the home during the week.
- We were mindful of issues with consent and capacity when speaking with residents with dementia, only one resident had capacity to be involved directly.
- 13 observations were made of staff interacting with residents.
- We chose to visit Parkside Nursing home by following our usual processes, details of which can be found in the appendix
- The home was notified of our intention to visit four weeks before the visit week. The Enter and View leads met with the care home manager to discuss the Enter and View process, to answer any questions and agree how to make the best use of the visits.
- The manager and staff were really co-operative and helpful both before and during our visit. They contacted relatives and visitors, encouraging them to speak with us and we had complete access to everything we needed in the home. They were very keen to get honest feedback in order to further their ongoing work towards improving the experience of their residents.

3. Findings in detail

3.1 Staff

We asked people to rate how caring they felt that the staff were, where 1 is poor and 5 is excellent. The average rating from the 16 respondents providing a response was 3.63.

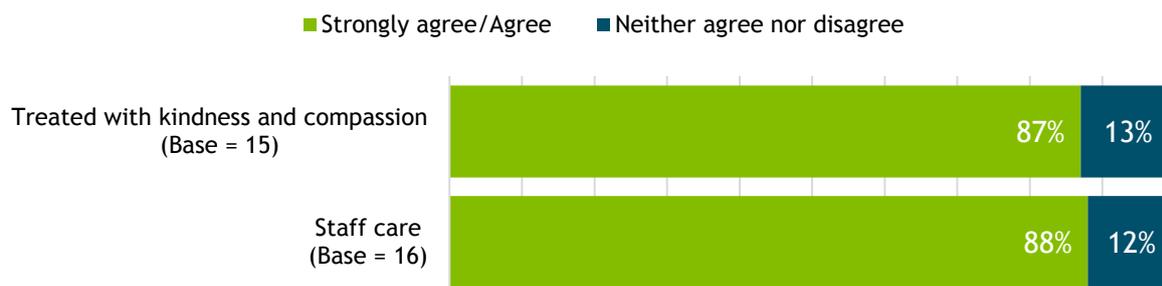


Source: Responses from 16 people

The most frequently given score was 4 out of five, with 12 respondents (75%; 12 visitors) reporting that the staff were very good in terms of how caring they are.

This finding was reinforced further by data presented in figure 2 which shows that the vast majority of visitors involved agreed that the staff care for the person they visit and treat them with kindness and compassion.

Figure 2 Staff care and compassion measures



Note: Where base is less than 17 respondent(s) provided no response

The comments on the standard of care were overwhelmingly positive, identifying that the staff were compassionate, for example:

Appropriately affectionate put arms around them will give them a kiss - do treat them like family.

They are just very gentle and lovely with him [person visited].

Experiences of visitors

However, there was some evidence to indicate that there is a lack of consistency in care amongst the staff, and that some were better than others. Over half (53%; nine visitors) of the people we spoke to commented on this, with three people specifically referencing poorer standards of care from agency staff. For example:

Generally just very caring and patient - permanent staff carers, not so much with agency staff.

The standard of care depends what and who staff members are on duty.

Experiences of visitors

Six people spoke specifically about the capacity of staff, of which five (83%) felt that there were not enough staff to meet the demands of the residents. This was identifying as impacting on the quality of care and the level of communication with residents and visitors:

Sometimes they've not got time to give them. Sometimes they choose not to have the time, but sometimes they are really busy...there is not enough staff here to do it all.

Carers could have more time to find out more about the residents.

Experiences of visitors

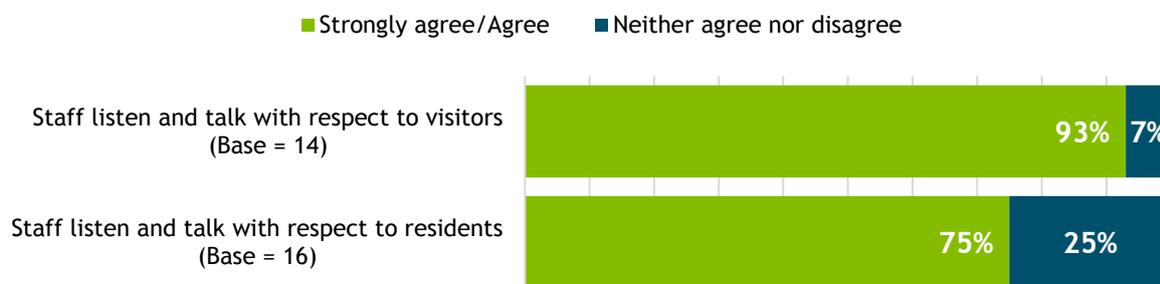
An observation made by our project team involved one resident calling for help. Staff frequently attended to them. Another observation involved a resident having a fall in their room, which was responded to quickly by the manager, deputy manager and a number of staff.

Four visitors we spoke to (25%) made reference to seeing residents having to wait to be taken to the toilet. Two visitors specifically related this back to staff capacity.

When asked what improvements could be made, eight people (53%) made reference to increasing the number of staff, with a number making reference to wanting their relative or person they were visiting to have more one to one personal time with carers.

Figure 3 shows that the majority of people we spoke to were likely to agree or strongly agree that staff listen and talk with respect to both residents and visitors.

Figure 3 Communication of staff ratings



Note: Where base is less than 17 respondent(s) provided no response

Two visitors we spoke to specifically highlighted that some of the residents were challenging, but that from their observations this did not result in a lack of care from staff:

The resident cannot talk or easily communicate to the staff however most staff still make the effort to talk with her and treat her with respect.

I think they do listen there are some very difficult and repetitive residents but they deal with them well.

Experiences of visitors

Four visitors made reference to how communication skills of staff were inconsistent when talking to both visitors and residents, particularly those who indicated a neither agree nor disagree response for the question relating to residents, for example:

Some are very patient, but sometimes they don't give him time to communicate.

I'm on the fence about this, because it is dependent on which member of staff you see. There is a particular one who doesn't listen and has an "unfortunate manner".

Experiences of visitors

We asked visitors whether they felt the person they visited was treated with dignity and respect, and whether their privacy was respected. Everyone who provided a response to these questions (13 and 16 visitors respectively) either agreed or strongly agreed that they were. The one resident involved did not provide a response to this question. There was a consensus amongst the comments provided that the single rooms provided privacy and that when residents were in communal areas steps were taken by staff to ensure residents' modesty. For example:

Some of the ladies don't sit in the most modest position and staff come round to deal with that. Maybe cover them with a blanket or something.

Staff very good at covering residents up if they show their underwear - will get a blanket/pull over their clothing etc.

Experiences of visitors

3.2 Activities

Three people (18%) told us that they felt there were not enough activities for residents, of which one person told us that they perceived a lack of activities on the weekend compared to weekdays. A lack of stimulation was identified as something two people acknowledged as the thing they liked least about the home.

Our project team observed an activity when visiting the home. The observed that the activity coordinator was friendly, constantly talking, telling stories and laughing with everyone. She made an effort to ensure that all of the residents could join in. It was noted that the tasks and activities were well judged for 'ability' of residents and they were encouraged to do gentle physical exercise (sitting).

3.3 Facilities and surroundings

Thirteen people talked to us about the facilities and surroundings of Parkside Nursing Home, of which nine comments (69%) were positive and four comments (31%) were negative. People made reference to “a warm and friendly atmosphere”, which was also the most talked about aspect of the home when we asked what they liked the most about the home (7 people; 41%). People also commented on the large room sizes, cleanliness and that the home was conveniently located. In contrast, the negative comments made reference to the home being “gloomy”, “not as posh as others [care homes]” and that the home was too large.

3.4 Safety

We asked the resident who we interviewed the extent to which they felt safe in the home, and although they were unable to provide a quantitative response they indicated verbally that they did feel safe in the home.

We asked visitors the extent to which they felt the person they visited was safe, 15 visitors provided a response of which over half (8 people; 53%) agreed, six people (40%) strongly agreed. One person (7%) neither agreed nor disagreed but did not provide any explanation regarding their rating.

Despite these ratings there were still three visitors who made references to examples when residents had managed to exit the building (comments have not been provided to preserve anonymity). Two people also made reference to how they felt the number of staff could potentially compromise safety.

3.5 Administration and Management

Four visitors (25%) talked about the recent changes to the management team and how this had created a level of inconsistency in care practices at the home, and uncertainty for them as visitors/relatives. The lack of continuity in management of the home was the most talked

about issue when asked what visitors liked least about the home (19%; 3 visitors). There were three people who specifically commented on how they were unaware of the management changes when they happened and that this should have been communicated to them, for example:

The only thing is the ongoing uncertainty in changing managers and qualified staff at the home. All the changes make you feel like there is something going on I don't know about. Changes in management styles and processes can make things uncertain. You get to know a manager and it changes again.

Tonight was the first time I had chance to meet the new manager. I didn't know officially there was a new manager. Significant new changes should be communicated to relatives. They should make relatives aware as they would be interested to know.

Experiences of visitors

Despite this uncertainty, five visitors (31%) commented on how they had seen improvements recently, either generally or in certain practices such as record keeping and communication. Our project team were aware that the home had moved to using an electronic system to log events with residents during the day. Our team observed that some carers seemed to be able to use the laptops and maintain their focus on the residents that they were monitoring. However other carers were not recording activities as they worked, for example it was observed that a number of drinks were given to residents that appeared to be unrecorded. It was also observed that there appeared to be a lot of time when residents were left sitting without stimulation whilst staff recorded information on tablets. Some members of staff also reflected to our project team that they felt that the new electronic system meant that they were unable to spend as much time with residents. Two visitors (12%) also raised this concern, commenting on the time that caring staff spent on tablet computers and laptops, rather than spending time with residents.

Two people (12%; 2 visitors) told us that they felt that care plans had inaccurate information recorded about residents, and that they did not have access to these care plans as they are all held on an electronic system.

We also asked visitors if they felt involved in how the person they visit is cared for (insofar as is appropriate for their relationship). Twelve visitors provided a response and the majority (58%; 7 visitors) spoke positively about this and gave examples about this, for example:

They do tell me if anything is going to happen or someone is coming in e.g. physiotherapist.

If there are any problems, any issues or anything they let us know. We were involved in the care plan when she got here.

Experiences of visitors

Three of the other five visitors indicated that there were other people who visited residents who were more informed or this wasn't applicable to them, whilst two people indicated that they were not proactively involved but provided examples of poor communication from the home.

Making a complaint

We asked people what they would do if they were unhappy about any aspect of care provided by the home, and over half (54%; 7 people) of those who provided a response (13 people) indicated that they would approach the manager directly one further person indicated they would speak to a member of nursing staff. Three people indicated that they had already had cause to raise a complaint or speak to a member of staff about the quality of care, two of these three identified that their issue had been resolved to their satisfaction. There were three people who specifically identified that they were unsure as to the process for making a complaint or were unaware of the homes policy.

3.6 Overall experience

We asked people to rate their overall experience of the home, where one is poor and five is excellent. Two people (one resident and one visitor) did not give a rating. The average rating from 15 respondents (15 visitors) was 3.7.



Source: Responses from 15 people

The most frequently give score was four, with seven respondents (47%) reporting their overall experience of the home as very good.

4. Conclusions and recommendations

Our evidence suggests that the experience of Parkside Nursing Home is overall a positive one for residents and visitors, and it was encouraging to hear reports of recent improvements. The majority of staff were perceived to be doing their best and providing compassionate care, with their respect for the dignity and privacy of the residents being a particular strength. Although there was some concern amongst visitors that the capacity of staff was at times limiting the standard of care provided.

The recent changes in staff has caused some concern amongst the visitors we spoke to and our evidence provides several examples of poor communication with visitors/relatives from management through to caring staff. This was something which contributed to feelings of inconsistency in the quality of care from some staff, particularly agency workers. From the feedback we gathered we make the following recommendations:

Recommendation 1: Generate new ongoing communication channels to address the need to keep relatives/visitors regularly informed of changes or improvements being undertaken by the home. This would help to resolve the uncertainty we encountered about management changes and new processes being adopted that visitors may be noticing. The home would also benefit from encouraging feedback from visitors through these channels, which the manager can then use to continually inform their ongoing improvements. This communication would also provide an ideal opportunity to reiterate the complaints processes so that all are aware of how to make their concerns known, and benefit from having these addressed in the satisfactory way some visitors reported to us. Creating a prominent noticeboard display with this information close to the entrance to the home would ensure that visitors not listed as key contacts also received this information.

Recommendation 2: Put in place actions to address the perceived inconsistency in the standard of care provided. Inconsistency in communication and general care provision were a concern and so standardising practices and investing in additional training to ensure all staff are aware of and are delivering these practices consistently could help ensure everyone gets high quality care regardless of which member of staff they are engaged with. This may not be practicable for agency staff, but training could be extended to include these staff where there is capacity to do so. While we recognise that relatives will always want a better level of care for their family member, reassuring visitors that this is being undertaken may alleviate their concerns around perceived lack of capacity and how this might impact on the quality of the care being provided.

Recommendation 3: Audit staff competencies on using the electronic recording system and target training accordingly, with a focus on appropriate usage. Staff use of the tablets for the electronic recording system caused concern that more time was being spent using these tablets, rather than caring for the residents. We know that the home had made efforts to train their staff but some still seem to be struggling with the new system. Regular auditing and training would ensure that staff become more familiar with the system and so become quicker at the necessary recording, freeing up time to spend with residents. Staff should also ensure that visitors have easy access to their relatives care plans now they are in electronic form and that this should be regularly and clearly communicated to them. This would address concerns from relatives that they don't really see the care plans now they are not in paper format.

Recommendation 4: Expand the activities programme. There was a perception by visitors that more activities took place during the week than at the weekends. The activities that our team observed during the week showed that there was good interaction between the activity co-ordinators and the residents, and the activities were well judged for resident's abilities. The good practice we observed during the week should be expanded to provide an activities programme for the weekend and more resources should be found to increase the range and type of activities across the whole week.

5. Response from care home

I am happy with this report - it was a fair assessment.

I am pleased to report that the CQC has now rated Parkside as Good on all levels following years of Requiring Improvement

However, we still plan to strive for further improvement & will take on the report recommendations.

Debbie Metcalfe
Care Home Manger

Appendix 1

What is Enter and View?

Enter and View is a power given to local Healthwatch through the Health and Social Care Act 2012. It enables Authorised Representatives of local Healthwatch to go into health and social care premises to see and hear for themselves how services are provided and to collect the views of service users at the point of service delivery. Service providers must allow our authorised representatives entry so long as it doesn't affect their provision of care or the privacy and dignity of people using their service.

Healthwatch Nottinghamshire has this power across the whole remit of health and social care services (with the exception of social care services for children under 18) within the city. As residential care facilities are not open to the public, they may not be open to scrutiny as readily as other health and social care services. Using our Enter and View power within residential care facilities could potentially identify services in need of support to improve resident and visitor experience, and therefore provide us with the opportunity to influence quality for people who are likely to be vulnerable and seldom-heard when it comes to expressing their experiences and views of health and social care services.

Our approach

Nottinghamshire has over 300 residential care facilities. To identify a suitable residential care facility to undertake an Enter and View exercise, the following steps were taken:

- All residential care facilities with an overall CQC rating of “Requires Improvement” were shortlisted. Any residential care facilities with an overall rating of “Good” or “Outstanding” were excluded because we felt that we were unlikely to identify any problems relating to service user experience. We also excluded any services with an overall rating of “Inadequate” as we felt that these services would already be subject to ongoing scrutiny from the CQC and local authority.
- We searched our database of service experiences for anything shared regarding care homes that may inform our decision. Experiences held on our database were collected through four main channels:
 - Direct methods including Healthwatch engagement activities, our website, telephone and email.
 - Through our online monitoring system which collects evidence from Twitter, blogs and news sites.
 - Patient Opinion, although this data has only been collected since May 2015.
 - Information sharing
- We liaised with CQC care home inspectors who shared intelligence with us about the three shortlisted homes and based on this, decided to focus on Parkside Nursing Home.

Parkside Nursing Home was notified of our intention to visit four weeks before the visit. The Enter and View leads met with the care home manager to discuss the Enter and View process, to answer any questions and agree how to make the best use of the visits.

The project team

Our team of volunteer Enter and View Authorised Representatives was a key part in collecting experiences of residents and visitors. These individuals went through a formal selection process, including the taking up of references, a Disclosure and Barring Service (DBS) check and an interview with a panel of Healthwatch staff. All received training over

two days, which covered the role of an Enter and View Authorised Representative and how that would fit in with our rolling programme of visits into care home, confidentiality, safeguarding, equality and diversity and Dementia Friends awareness.

In addition to the Enter and View Authorised Representative training, all staff and volunteers in the Enter and View project team attended a training session regarding this visit specifically. The session covered the aims and objectives of the visit, contextual information about Parkside Nursing Home and review of the data collection tools and how to use them. We wanted to prepare our volunteers as much as possible when they attended Parkside Nursing Home. Our project team was made up of one member of staff from Healthwatch Nottinghamshire and three volunteers.

Who are Healthwatch Nottinghamshire?

Healthwatch Nottinghamshire is an independent organisation that helps people get the best from local health and social care services. We want to hear about your experiences, whether they are good or bad.

We use this information to bring about changes in how services are designed and delivered, to make them better for everyone.

Why is it important?

You are the expert on the services you use, so you know what is done well and what could be improved.

Your comments allow us to create an overall picture of the quality of local services. We then work with the people who design and deliver health and social care services to help improve them.

How do I get involved?

We want to hear your comments about services such as GPs, home care, hospitals, children and young people's services, pharmacies and care homes.

You can have your say by:

 0115 963 5179

 www.healthwatchnottinghamshire.co.uk

 @HWNotts

 [Facebook.com/HWNNottinghamshire](https://www.facebook.com/HWNNottinghamshire)

 Healthwatch Nottinghamshire
Unit 2 Byron Business Centre
Duke Street
Hucknall
NG15 7HP

1. Join our mailing list

We produce regular newsletters that feature important national health and social care news, as well as updates on local services, consultations and events.

You can sign up to our mailing list by contacting the office by phone, email or by

Visiting our website.

2. Become a Healthwatch volunteer

We need enthusiastic volunteers from around the County to promote the Healthwatch message, to feed information to and from groups, and help us collect people's experiences. We also need specialist volunteers to help us to assess services through Enter and View and other projects.

Interested? Get in touch and we'll let you know what roles are currently available and what to do next.

Acknowledgements

We would like to thank all of the residents and visitors who spent time talking to our project team. We would also like to thank the volunteers who supported this visit:

Ann Giles

Fiona Pearson

Phil Thomas



Healthwatch Nottinghamshire
Unit 2 Byron Business Centre
Duke Street
Hucknall
NG15 7HP

Phone: 0115 963 5179

Web: www.healthwatchnottinghamshire.co.uk

Twitter: @HWNotts

Healthwatch Nottinghamshire is a company registered in England and Wales.

Company Registration Number: 8407721

Charity Number: 1159968