



Enter & View Report

Peaker Park Care Village

10 April 2014



What is Enter & View?

Enter & View visits are conducted by a small team of trained volunteers, who are prepared as 'authorised representatives' to conduct visits to health and social care premises. These are visits undertaken with a supportive environment and are observations not inspections.

Enter and view is the opportunity for authorised representatives to:

- Enter publicly funded health and social care premises to see and hear consumer experiences about the service;
- Observe how the service is delivered, often by using a themed approach
- Collect the views of service users (patients and residents) at the point of service delivery;
- Collect the views of carers and relatives;
- Observe the nature and quality of services;
- Collect evidence-based feedback;
- Report to providers, Care Quality Commission, Local Authorities, Commissioners and Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate as 'unannounced' visits. Enter & View is an observation process and not an inspection. The outcomes of a visit should focus on future quality improvement.

Disclaimer:

Our report relates to this specific visit to this service, at a particular point in time, and is not representative of all service users, only those who contributed.

This report is written by volunteer Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Leicestershire.

Enter & View Visit – Peaker Park Care Village

Name of premises	Peaker Park Care Village Trojan Place, Rockingham Road Market Harborough, LE16 7FP
Date and time of visit	Thursday 10 April 2014 9.30am – 12.30pm
Type of visit	Announced visit
Staff met during visit	Allison Hartley, Manager Peter Van Herrewege, Chairman Diane Smith, Regional Director
Authorised representatives undertaking the visit	1 - Team Leader 3 - Authorised Representatives 1 - Staff lead

Background

1. Peaker Park Care Village (PPCV) provides a service for up to 137 people in three separate units. Melody Court offers 89 single en-suite bedrooms for clients with nursing and dementia related conditions whilst Mulroy House and Fiddlers Corner both offer 24 single bedroom apartments for clients who are able to retain a degree of independence in their daily routines. There are currently 80 people living in the home.
2. The care home offers both nursing and personal care. Following the recent Care Quality Commission (CQC) Inspection Report in January 2014, the CQC found the provider is compliant with CQC standards. The purpose of our visit was for the Healthwatch Team to observe how Prime Life Limited (the company that runs PPCV) deliver the care, to observe the care provided within this setting and talk to those in receipt of this care as well as members of staff.
3. Although Peaker Park is now fully compliant with CQC Standards, concerns have been raised with regard to inconsistencies in quality over a long period of time and identified within the last three CQC reports.



Methodology

4. In preparing for this authorised visit, the Enter and View Team identified a number of key themes to be explored in particular; Nursing, Privacy, Dignity, Safeguarding and Medication. The team also planned to observe and ask questions about staff training, staffing levels, patient dependency and how this was assessed.
5. The Enter & View representatives split into two teams and separately visited Melody Court and Mulroy House. Members of the Senior Management Team and the Chairman accompanied the teams on the visit.
6. This report reflects what we saw, heard and captured about the services provided at this time. The observations have been organised into thematic areas and the following is a summary:

Findings

Nursing /Resident Care

7. The residents all appeared well cared for, clean and comfortable. The rooms were clean, bright, airy and most with good views. To personalise and identify their rooms, all residents were able to choose their own picture to put in the wall frame outside their door.
8. The rooms were well appointed all with en-suite facilities. There are a number of large bathrooms providing specialist equipment such as hoists for residents with specified needs. It was noted that these bathrooms were dark with no natural light.
9. The nursing stations are strategically placed in the units and with good views up and down the corridors. We were told that regular call bell audits are carried out to ensure that at all times there are prompt responses. We observed this activity being carried out, call bells being answered and we noticed that staff carried electronic devices to ensure a quicker response.
10. Information on residents and relatives is up to date and regular audits are carried out. The care plans we were offered to view were clear, comprehensive and up to date. We observed that staff are able to adapt to needs of patients. If dependency changes this can be adjusted at regular handover or if the need dictates at other times.



Identification and safeguarding

11. It was observed that there is no clear uniform policy and we were unable to easily identify members of staff.
12. The staff uniforms were predominantly grey with the exception of the clinical nurse uniforms that were navy. This made it very difficult to identify the seniority of staff members providing care and was compounded by the absence of name badges.
13. The team observed that none of the members of staff from Chairman to the nursing assistants wore name badges or any other form of identity. The team was informed that this is company policy. The team questioned the rationale behind this policy as it is good, acceptable and safe practice in a Health & Social Care setting to have identifiable members of staff on duty at all times. The Chairman stated that the staff do not wear name badges as they always tell people who they are. However, this was not observed during our visit and this practice also assumes that residents know who to ask for assistance and the name of the staff member providing their care. This is a key area of concern especially as Dementia residents require every assistance to help them communicate.
14. The team also observed the absence of a central notice board, with photos of the staff who also deliver care, to enable them to be easily identifiable to residents and relatives. The team enquired about this and was informed it was company policy not to have them.
15. With regard to privacy and dignity, it was observed that most doors to residents' rooms were open and on questioning this practice we were informed that this was through resident choice. We observed that direct nursing care was being carried out in privacy with the door closed. We were informed that if a resident became ill they could remain in their own room and this presented no problems.
16. We spoke to the management team about their policies for safeguarding vulnerable people to understand their structure. From the conversation, the answers provided were not clear, not explicit and did not provide the clarity we were seeking. It was unclear who was the main safeguarding lead for the home and to whom residents, relatives or staff should approach if they wished to raise a concern.



Medicine Management

17. The team was offered to view residents' treatment charts and those seen were up to date. These included a new chart that documented the application of prescribed topical creams.
18. We were informed that delivery of medications to the home was dependent on the opening times of the local pharmacy, which sometimes presented problems as staff had to leave care and collect the medications and/or sometimes prescription items were missing. This appeared to be a cause of frustration for the staff as although improvements had been made there could be more and better liaison with the provider, the home and the pharmacy.

General Information and communication

19. We observed that the signs and posters produced by the care home could be more welcoming in the reception area and that the font size on posters is very small and unclear.
20. The team observed that the 'comment, complaint or concern' signs placed across the units are barely readable and placed above eye level.
21. The team observed a reception signpost from the car park, but once in the central area it was not clear which building housed the reception.
22. The team did not see a mission statement visible.

Activities

Dementia Café

23. A Dementia Café is provided where residents meet and carry out a range of activities mainly associated to that of everyday living and improving memory in a safe, comfortable and supportive environment.
24. The team observed the residents and staff in the Dementia Café. The staff present were interacting closely with the residents. The Café is on the upper level of the home, which is accessed via key coded doors. We observed that the residents were accompanied to the Café and were informed that residents are able to come down in the lift by themselves.



Beer Garden

- 25. The 'Beer Garden' is an outside area provided for social functions and activities.
- 26. Our observation concluded that this was not a particularly interesting place when no social events were taking place and could be a brighter area with flora, fauna and sensory planting. There is a lack of colour and there is nothing to spark remembrance in support of Dementia residents for example, and the garden could be made a more therapeutic area for all.

Diet and Nutrition

- 27. We were shown three dining rooms and spoke to the chefs of which one of was from a local catering college and had recently won a catering award.
- 28. We observed the food being served and asked the residents if they enjoyed their meals. We were told that the food was of good quality, the menus were varied and they enjoyed the choices on offer. The food is made on site and is adapted to suit the needs and requirements of the residents.
- 29. With regard to special nutritional/dietary requirements, we noted that special dietary requirement charts were visible in some resident rooms.

Staff Team

- 30. We were invited to attend the '10 at 10 internal meeting' and were able to ask questions as an observer. However, from observing the meeting we were left unsure of the purpose of the meeting and as observers of the meeting it appeared unstructured. It was noted that there were discussions about GPs visiting the home and referrals made to GPs. It appeared that there were no regular planned visits by GP Practices servicing this home.
- 31. The staff team on duty that we spoke to comprised of a mix of senior care assistants and care assistants, names and grades were not identifiable. The staff that we spoke to all stated that they were happy and felt well supported. It was noted that the staff has access to appropriate statutory, mandatory and specialist training and said they were well supported by the lead nurse.
- 32. We were informed that migrant workers were employed in preference to employing agency staff, as the management team believed they provided a more stable workforce. Assistance was provided with English if it was required. None of the staff spoken to on our visit appeared to be non-English speaking.
- 33. The staffing at the time we visited appeared adequate, meeting the needs of the residents.



What did the people using the service say?

34. We spoke to two residents in Mulroy House who felt that although there were plenty of activities planned, they were more suited to residents with Dementia in Melody Court and therefore they did not want to join in and felt that their needs were not being met. It was suggested to the staff that other activities should be explored perhaps with local organisations in Market Harborough e.g. Inner Wheel, Women's Institute, Bridge Clubs, Rotary etc.
35. The residents we spoke to also told us that they were not keen on being asked to prepare to go to bed at 8pm and have tried to get some evening activities organised.
36. We met a resident who had suffered a stroke. Her chair was padded and had a sheepskin cover and other pressure relieving aides. She had a drink, the TV control and call bell at an adjacent table, which was near at hand. Her walking frame was in the room and if she wanted to use it, she rang the bell and there was a swift response.
37. A relative of one of the residents in Melody Court spoke highly of the Dementia care being provided in difficult circumstances and was satisfied with the care. When asked if anything could be done better, she stated that from a dignity point of view she would like to see more male personal assistants available to help with her husband's daily living activities. We observed male assistants to be lacking on the day.
38. The group observed that the other residents spoken to seemed happy, relaxed, clean, well nourished and have their own possessions around them in each of the rooms.

Informal Feedback

39. At the end of the visit, the teams reconvened and held an informal feedback session with staff members. Summary points made at informal feedback on the day of visit:
 - There should be an identified on-site 'Operational Clinical Safeguarding Lead.
 - All staff should be easily recognized in accordance with their level of seniority.
 - A prescription process should be explored or a better system introduced. Advised that the local pharmacy could be far more proactive in providing services to the home and delivering medication rather than taking away clinical/ vital staff from patients to collect prescriptions up to three times a day.
 - Some of the residents said that they did not like the activities available.



Enter and View Team recommendations

40. In our view the following recommendations need to be considered:

Identification & Safeguarding

1. An identified on-site 'Operational Clinical Safeguarding Lead' is put into place and the protocols that support the implementation of procedures. Their name clearly publicised around the home as the point of contact to allow residents, relatives and staff to easily raise a concern,
2. All staff members should wear identification name badges or lanyards at all times.
3. Clear distinction of uniforms to identify grade/ seniority of staff members.
4. Have a board with the names and pictures of all staff delivering care and not just those in senior management clearly displayed in reception. This is particularly important, as Dementia residents need pictures so do visitors.

Nursing/ Resident Care

5. For the independent living residents, it is recommended that the staff develop a questionnaire centered on engagement, choice and involvement to find out what the residents are interested in doing and act upon it.
6. To explore with the local pharmacies opportunities of introducing an improved pharmacy ordering/ delivery service.
7. To explore the feasibility of having a regular GP visit each week.

We are pleased to note that PrimeLife Limited provided a fulsome response to the recommendations. We have provided the relevant points in Annex A to show their responses.



Acknowledgements

The team would like to thank Diane Smith, Allison Hartley and Peter Van Herrewege for their assistance and contributions, their staff and the residents of Peaker Park Care Village.

Distribution

The report has been distributed to the following:

- Care Quality Commission (CQC)
- Leicestershire County Council – Social Care Department
- Leicestershire County Council Health & Wellbeing Board
- Overview & Scrutiny Committee (OSC)
- East Leicestershire & Rutland Clinical Commissioning Group (ELR CCG)
- NHS England (Leicestershire & Lincolnshire Area)
- Healthwatch England and the local Healthwatch Network
- Published on www.healthwatchleicestershire.co.uk

Annex A

Enter & View Recommendations		Feedback from Peter Van Herrewege, Chairman on behalf of PrimeLife Limited
1 - Safeguarding	<p>We have a Clinical Lead, Lyn Morris, who works together with Alison Hartley the Registered Care Manager, who incidentally is a qualified Registered Mental Nurse, and the Regional Director, Diane Smith, to deal with all safeguarding matters. The benefit of our current arrangement is that the team are multi-skilled, Lyn is the primary clinician, Alison ultimately accountable for the operation of Peaker Park, and through Diane, all critical information is relayed back to the main Operational Board of the company.</p> <p>We believe this configuration is fit for purpose.</p>	
2 - Identification	<p>As a company we have a policy of not wearing name badges. However I note the comments made by the authorised representatives and perhaps our policy needs to be taken in the context as a whole.</p>	
3 - Uniforms	<p>At Peaker Park we have different uniforms for different grades of staff. As is noted in the report the nursing staff wear blue tunics, the care staff pink and grey and the hotel services staff black and white. The managerial staff wear multi clothing.</p>	
4 - Notice board	<p>Displayed within the main reception of the home, is a large board, some 2 meters by 1 meter, identifying the more senior staff. In particular the manager and deputy manager, the clinical lead and the head of hotel services, together with their pictures and their preferred titles.</p>	
5 - Resident activities	<p>Each year we carry out an internal quality audit, seeking the views of the clients and their relatives, with regard to the quality of our service, and also asking for their views. Copies of the questionnaire are anonymously summarized.</p> <p>In addition we are operate a Resident's Committee, chaired by an elected resident, with an open invitation to all other residents and relatives to attend. The residents of Mulroy House have a sub-committee, one of the responsibilities of which is to communicate their wishes with regard to social activities.</p>	
6 - Pharmacy services	<p>The issue of supporting pharmacy services was raised during the visit and at that time there was certain occasions when drugs were not easily available in the Market Harborough area, and for where Peaker Park have to send a vehicle and driver to Leicester to obtain same.</p> <p>Delighted to tell you that the dispensary in the local doctors practice has now increased its opening hours to 100 hours per week, and has 1 local pharmacy and to some extent therefore the pressure has been eased.</p>	
7 - GP weekly visits	<p>The perception of the authorised representatives is that a GP should visit on a weekly basis, but this does not take into account the fact that the client's have a choice of GP, originating from 2 group practices and a number of smaller individual practices.</p> <p>With the 2 group practices, we have a daily visit of a representative of each, and we have monthly meeting to review the interface between the group practices and the care home.</p> <p>The smaller practices and the individual GP's operate differently; available on demand, but without a regular presence.</p>	



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