



Healthwatch Wirral

Enter & View Visit to Park House Care Home, 93 Park Road South,
Prenton, Birkenhead, CH43 4UU

Table of Contents

Site Introduction	1
Acknowledgement	1
Foundations of Quality	1
What is Enter & View?	2
Disclaimer	2
Purpose of Visit.....	2
What HWWAR observed and were informed of during the visit	3
Recommendations	9
Conclusion	9
Glossary	10
Distribution	10
Comments box	10
Measuring Social Value	11

Site Introduction



Park House Care Home is set in its own grounds next to the local park. It is close to shops and public transport and offers nursing care for people who have complex medical needs and residential and nursing dementia care. They also provide respite care for those who would like a change of scenery, or for carers to take a short break. [image and introduction from healthcare setting website]

Park House Care Home

Name of Manager: Linda Hardy

Owners: Springcare Care Homes Limited

Care Home email and phone number: parkhouse.wirral@springcare.org.uk , 0151 652 1021

HWW Representatives: Jacqueline Canning, Georgie Higgins, Dave McGaw.

Acknowledgement

Healthwatch Wirral would like to thank the Care Home staff, residents and families for their cooperation during our visit.

Foundations of Quality

Foundations of Quality Improvement should always have what patients tell us about their treatment and care at the heart of everything, as a system, that we plan and do. We must be able to evidence that all actions and decisions made come back to this, making certain that everyone feels respected, involved and valued at each and every part of the journey. We should all feel confident that we are either giving or receiving quality care.'

Healthwatch Wirral, Age UK Wirral, NHS England and ECIST, Wirral System

What is Enter and View?

Healthwatch has statutory powers and duties to carry out Enter and View visits to any site where regulated care is given. Local Healthwatch Authorised Representatives carry out these visits to health and social care services to find out how they are being run and can make recommendations where there are areas for improvement.

Section 221 of the Health and Social Care Act allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, Residential 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 we can learn about and share examples of what they do well from the perspective of people who use, or provide, the service first-hand.

Healthwatch can also be invited in by providers to seek a ‘fresh pair of eyes’ on their service and gain some external assurances that they are on the right track prior to their CQC inspections.

Disclaimer

The contents of this report are based on what the Residents, Staff and Manager told Healthwatch Authorised Representatives. The information within this report does not recommend or advocate on behalf of any service. Individuals should use a variety of information, such as CQC reports, when making a decision on where to reside and/or where to obtain care.

E&V visits are risk assessed and planned well in advance. Where situations occur such as unannounced CQC visits, Infection Prevention and Control issues (IPC), bereavement, safeguarding or suspension of the service for whatever reason – HWW’s visit and, ultimately, reporting processes may be affected.

Every endeavour will be made to provide balanced feedback before departure from the premises. If reflections from the HWWARs raise issues that were not addressed at the end of the visit, then a follow up call to advise the Provider will take place before the report is published.

Purpose of Visit

This visit is not designed to be an inspection, audit, or investigation, rather it is an opportunity for Healthwatch Wirral to get a better understanding of the service by seeing it in action and talking to Staff and service users and carers /relatives. The visits are a snapshot view of the service and what we observed at the time of the visit.

Healthwatch Wirral seeks to identify and disseminate good practice wherever possible. If during a visit, Healthwatch Wirral considers there may be a serious concern then this will be referred to the appropriate regulator. This also applies if we have safeguarding concerns and these will be referred to the Local Authority or Commissioner for investigation and our visit will cease with immediate effect.

Once the report has been drafted by Healthwatch Authorised Representatives it will be sent to the provider which is the provider’s opportunity to add their comments and which will be added verbatim to this report. After twenty days the report will be published.

What Healthwatch Wirral Authorised Representatives (HWWAR) observed and were informed of during the visit

Please note: Where issues were highlighted verbally at the time of our visit, the Care Home Manager was responsive and shared an action plan which promptly addressed the areas identified.

We were welcomed at the entrance by the Manager and Deputy. We were asked to sign in, and HWWARs ID badges were checked.

The Care Home informed us that Springcare, who are part of the Lentulus Properties Limited group, took ownership of the Care Home along with Grove House from Four Seasons Company in January 2024.

Following the recent CQC inspection, the Care Home had received an overall rating of inadequate and therefore they are unable to take any new admissions until further notice. The Care Home Manager informed the HWWARs that they are due a PAMMS assessment with the LA Contracts team in April 2025. It is important to note that the Care Home Manager told HWWARs that they were new in post two weeks' earlier.

HWWARs made the decision to continue with their visit as this previously had been postponed from December 2024 (before the visit from CQC).

The Manager added that the Care Home currently has 79 Residents (21 residential, 29 nursing care and 29 EMI residents).

During the visit, an incident took place. HWWARs acted according to Healthwatch Wirral's policies and procedures during Enter & View. The Manager acted swiftly to the incident and HWWARs were reassured via email later the same day that the appropriate actions had been taken by the Care Home. This information has been omitted from the report for data protection reasons.

HWWAR also communicated the incident, and the actions taken, to Wirral Council's Contracts team on the date in question.

Environment

Park House Care home is a purpose-built residential Care Home over three floors served by two lifts. It has a car park at the front of the building, with the main entrance situated to the left of the car park.

We noted that there was an information board at the entrance for visitors and staff showing safety certificates and fire alarm and evacuation procedures. There were secure doors with a code system. There appeared to be adequate lighting, heating and ventilation in the reception area.

The staff member informed us that the top floor was for residents who had nursing needs, the middle floor was for people who had dementia and the ground floor was for people who had mixed abilities.

The corridors, hallways and stairs appeared clean, tidy and fresh, and were free from trip hazards. There were security systems in place and fire doors were clearly marked. There were Evac-chairs situated in the relevant areas.

HWWARs were informed that call bells are only in bathrooms and bedrooms. We noted that cameras were installed in the hallways. There were dementia friendly signs for the bathrooms and communal areas. In the area for people with dementia there was a sensory board for the residents to use.

Access to the bedrooms appeared to be clean, tidy and fresh. There appeared to be many areas undergoing redecoration at the time of the visit. The rooms that we saw had hospital style beds, ensuite toilet and washbasin, a wardrobe and a chest of drawers for storage and a high-backed chair. There were also locks on windows on the ground floor. There appeared adequate heating, lighting and ventilation.

The laundry room had three industrial washing machines and three industrial dryers. The staff told us that residents have their clothes clearly labelled and each resident has their own labelled box for clean laundry. The room appeared airy and well-ventilated.

Each floor had dining areas that appeared to have adequate seating and tables, there were tablecloths on the tables in the lower residential dining area which made it look more homely. The rooms looked clean, fresh and tidy with adequate heating and ventilation. There were two dining rooms on each floor of the Care Home.

The lounges looked well equipped, and the one had a large TV with music videos being played. The residents in this lounge were playing badminton with balloons whilst being supervised by staff. The residents appeared to be happy and enjoying the activity.

The treatment room was locked with keypad entry and contained a temperature-controlled fridge.

The lift looked clean, well-maintained, and large enough to accommodate equipment.

*Some bathrooms appeared in need of better ventilation. Some of the emergency pull cords were tied-up out of reach over the bath, toilet and/or showers.

*In some areas there appeared to be no advisory signage to indicate that the water can get very hot.

*In one bathroom an adapted “Medi-bath” with hoist was displaying an out-of-date inspection. This was also brought to the Manager’s attention during the visit.

(*The Care Home Manager has addressed all of these issues within the Action Plan and completed within a day of HWW’s visit).

The kitchen was commercial-style and modern with clean workspaces. There was a six-burner range cooker, deep fat fryer and convection oven. The residents dining rooms were serviced by six hot trolleys.

The menu was over a four-week cycle. We were informed by staff that residents were involved in the choice of dishes, and options which were not on the menu were available upon request. We were also told picture menus were used.

There was a family room recently allocated on the top floor of the building and staff told us the room is available to anyone wishing to have a private meeting, lunch with families, et cetera.

Staff took us to a newly refurbished cinema room also on the top floor of the building with a big screen and comfortable seating, it looked well-decorated and had a wide range of DVDs available for residents to watch along with family.

On our departure we observed the outside areas which appeared well-maintained and with no obvious trip hazards, however there was a fencing panel in need of repair**. There were plenty of seating areas. Staff told us that residents often use the garden in warmer weather for family visits. There were slopes and pathways in the area with wooden handrails. Staff told us that residents could participate in gardening activities if they wanted to.

(**The fencing panel which needed repair was not highlighted to the Home during the visit as it was observed on departure and therefore the issue was only raised within this report).

Health and Wellbeing

There was an Activities Coordinator on site at the time of visit who was doing chair-based activities with residents in one of the lounges. The staff told us that residents are invited to join but can abstain if they prefer. There were notice boards in the corridor displaying an activity calendar.

Some residents were in their rooms watching TV, and others were sitting in chairs around various places in the Care Home.

The staff explained they have weekly hairdressing for residents and regular movie nights.

Of the residents we spoke with, most said they enjoyed the food, three told us they had had a roast dinner for lunch.

GP and Dental Access

We asked the Manager if residents can choose to stay with their own GP Practice or dentist upon entering the Care Home. They told us “Yes, residents can choose. We are linked to a local surgery. However, residents can have choice, and this is also at the discretion of other GP Practices. Dental access in this area is poor with rare to zero home visits. We can use the NHS dental service but for emergencies only and GPs would refer. Some residents can visit their own dentist if they are able to get to a Dental Practice”.

The Manager informed us that regular oral checks are carried-out and updated onto the residents’ Care Plans, using the Nourish Care PCS electronic system.

Safeguarding

Due to the recent visit and ratings by CQC and the subsequent postponement of new placements from late 2024, we sought clarification from the Provider that they are working with the Quality Improvement Team at the Local Authority in relation to any Safeguarding and Falls Alerts. The Manager gave assurances to that effect.

Care Plans

The Manager said the Care Home use the Nourish Care PCS electronic system to record residents Care Plans. They added that they had moved over to the electronic system just before Christmas 2024.

The Manager informed us that residents' Care Plans are reviewed monthly or as needs change. They said they are still working, as an action, on resident and relative involvement in the care planning and review process.

Infection Prevention Control

The Manager told us there are no requirements for testing patients re infections to and from hospital.

They added the preventive measures in place to prevent C.Difficile are:

- Hand hygiene
- IPC training
- They can isolate residents if needed
- IPC local team support
- Own equipment, toilet facilities and cleaning products

HWWAR asked the Manager how the Care Home identify UTI's. We were advised that this is based on symptom management and presentation and in consultation with GPs. They avoid dipsticks and rely on a GP advising if a specimen is needed.

The Manager is unsure at this point whether staff have attended 'To Dip or not to Dip' training.

General

The Manager could not comment on issues relating to discharge from hospital, although a staff member told us that a resident had recently been discharged back to the Care Home and there were no issues.

Complaints

The Manager told us they have a complaints process and which is available on the notice board. The Manager said they do try to communicate and resolve issues before they get to a complaint and engage with complainants.

They also said they inform commissioners and stakeholders, if complaints are upheld and the outcome.

We were given a copy of the Complaints Procedure.

Resident Engagement

A third-party agency called Just One Health and Social Care Ltd can provide private day care.

Some residents told us they had recently had their hair styled and washed by the hairdresser who attends weekly .

A resident who HWWAR spoke with had a TV and was listening to music on their phone. They told us they were happy in the Care Home and received regular visits from family.

Another resident told us they enjoyed listening to music and having visits from family.

Staff

The Manager told us that some of the staff have been in post for a long time and that morale had taken a dip due the recent CQC assessment and combined with changes in ownership and Management.

We could see on the staff notice board that the Manager has introduced:

- Quote of the week
- Staff/Resident suggestion box
- A takeaway meal weekly
- Manager has open door meetings with staff

A staff member said this was to improve morale with staff.

The Manager told us the ratios of staff on day and night shifts are:

Ratio 1:4, or 1:5 if residential during day. At night, the ratio is 1:7.

We asked the Manager “how many Registered Nurses and HCAs are on shift during the day?” They said:

- In total 5, plus Deputy Manager support, Registered Senior Nurse and 12 carers
- At night 3 nurses/seniors and 8 carers.

We asked the Manager “how often do you complete Staff appraisals and supervisions.”

They told us:

- Every twelve weeks, or ad-hoc if needed, and an annual appraisal.

The Manager told us that staff had completed the Six Steps training (Six Steps to Success in End-of-Life Care <https://eolp.co.uk/SIXSTEPS/>).

Staff Engagement

The staff member who showed us around the home appeared to be popular with the residents and told us that they had a good rapport with them.

During the visit, of the staff we observed and spoke with, all appeared to have a good attitude towards the residents and appeared to treat them with dignity and respect.

We spoke with a number of staff, some who live locally and who are looking forward to the changes in the Care Home along with the re-decoration programme. Other staff travel in by minibus from out-of-area and also work in other care homes owned by the group.

We spoke with some staff who did not speak English very well, although they did try their best to communicate.

The Activities Coordinator informed us they have trips out with residents, in the shared minibus, to the park and sometimes to pantomimes held in a local school. They said that residents really enjoy the pantomimes.

At the time of the visit, some of the rooms were empty and are being redecorated and refurbished.

Family Engagement

A family member told us “residents sometimes had food stains on their clothes and can sometimes look a little unkempt.”

The Manager informed us they have open visiting, newsletters, an open-door policy to residents and families, and scheduled family meetings.

Community Support

The Manager said they had not heard of the UCR service but had heard of, and use, Teletriage.

Plans moving forward

The Manager told us “There are lots of changes and actions for this Home over the next year and ongoing action plans, with new Management in place.” When we asked the Manager if they felt the systems are robust enough to keep residents and staff safe, the Manager said they have only been in post two weeks, but they had already seen changes with a new senior team in place. They had also been using agency cover to ensure they were fully-staffed and they had used the same third-party agency to maintain continuity for residents.

Staff rota management, and the accidents/incidents log, are now undertaken by the Care Home Manager. They are using the Nourish Care PCS electronic system to analyse trends and themes.

The Manager also told us that the maintenance team will continue the redecorating and refurbishment of rooms and other areas. They will also look at reducing long-term staff sickness whilst working with HR.

The Manager feels they need to take over all control of processes moving forward.

Recommendations*

We would make the following recommendations from our observations: -

- Uneven paving slabs in a car parking space need replacing
- Fence panel needing repair
- More call bells in dining areas, hallways and lounges
- Hot water warning signage in bathrooms by the sinks
- Pull cords in bathrooms need to be untied and positioned so that residents can reach them if needed
- Air fans in bathrooms need to be checked that they are working correctly.

9

***at a follow up visit to the Care Home HWW were informed that all of the above issues had been addressed via the Care Homes Action Plan.**

Conclusion

Although this Care Home is under a CQC Inadequate rating and new admissions had been suspended by LA, the group who have taken over appear to have invested in a more structured Management team who are introducing processes and measures to move forward.

The current residents appeared to HWWAR to be being well looked-after during our visit.

HWWARs felt assured that the procedures in place, which included the LA processes, appeared to be being enforced.

The Manager was open and transparent, and produced an action plan in have made relation to the recommendations made following our visit.

We will visit the Care Home again in the next 12 to 18 months.

Glossary

CQC-	Care Quality Commission
ECIST-	Emergency Care Improvement Support Team
Evac-chair-	Specialist equipment that allows Staff to help people with mobility issues safely exit a building during an emergency evacuation.
GP -	General Practitioner
HCA-	Health Care Assistant
HWWAR -	Healthwatch Wirral Authorised Representative
HWW-	Healthwatch Wirral
IPC-	Infection Prevention Control
LA-	Local Authority
NHS-	National Health Service
PCS-	Person Centred Software
UTI-	Urinary Tract Infection
PAMMS-	Provider Assessment and Market Management Solution.

Distribution

Healthwatch Wirral submit the report to the provider for comment, and once received and added to the report, the report will be sent to the Commissioner and CQC. Healthwatch Wirral publish all Enter & View reports on its website and submit to Healthwatch England in the public interest.

Comment box

"As a new member of the team at Park House I am delighted with the progress and achievements Park are continually making. We enjoyed and welcomed the feedback from HWW as this helps us to validate the care we provide and to also focus on any other improvements to be made".

Measuring Social Value

Social Value is a broader understanding of value. It moves beyond using money as the main indicator of value, instead putting the emphasis on engaging people to understand the impact of decisions on their lives. The people's perspective is critical.

Organisations will always create good and bad experiences, but on balance should aim to create a net positive impact in the present and for a sustainable future. They should measure their impacts and use this understanding to make better decisions for people.

Social Value UK, 2024

11

How Healthwatch Wirral demonstrates Social Value: -

Healthwatch Wirral (HWW) is dedicated to ensuring how Providers meet Social Value standards. Our social value commitments aim to put people's perspectives first when supporting vulnerable individuals, economic pressures, and promoting environmental sustainability.

Vulnerable People, Economic Pressures, and Environmental Sustainability.

People experience vulnerability at different points in their lives, which can increase and decrease over time. During our Enter and View (E&V) visits, we aim to understand the needs of vulnerable people who live in Care or Residential Homes.

During our visits, we discuss with the Providers their training practices, how they support both Staff and families, and where they would signpost or refer to when supporting a person's clinical or non-clinical needs. We offer suggestions and recommendations to help ensure the Provider is utilising all available care and support resources. Our aim is to ensure that Residents are allocated the right care at the right time, and to avoid unnecessary trips to A&E if the situation can be managed effectively for the person where they live.

By utilising our knowledge of the care system, we can assist Providers and members of the public in navigating what can appear like a complicated system. This includes directing them to the appropriate services like the Urgent Community Response Team, or GP Enhanced Access appointments, etc.

Providing the correct care in the right place and time can ensure a positive experience for Residents while reducing pressures on the health and care system. Effective communication between providers, carers, and Residents (such as promoting available clinical and non-clinical services) enables Care Providers to utilise the support they need more effectively.

HWW promotes Wirral InfoBank <https://www.wirralinfobank.co.uk/> which provides an online directory of provisions available across all sectors (clinical and non-clinical). We also promote HWW's Feedback Centre <https://speakout.healthwatchwirral.co.uk/> to ensure people can leave feedback about their experiences. This helps influence the design, commissioning, and deliverance of care to better reflect the needs of the community.

HWW ensures it is as paperless as possible. However, it is vital that everyone gets information in a format that is suitable to them. Our website is available in different languages and audio, and we share Public Health's commitment to addressing inequalities by providing documentation in different formats and languages.

12

We have adopted a culture of seeking assurances in relation to: -

- Quality and Equality of Care.
- Clinical and non-clinical support and treatment.
- Equality Impact Assessments.
- Coproduction and integrated commissioning.

We engage health and care Commissioners and Providers in discussions about how effectively they collaborate to deliver integrated, seamless care and support for patients, families, carers, and the workforce. Coproduction is integral to achieving meaningful social value.

We prioritise using local services and providers for all our administration, office and operational needs, ensuring that our finances are spent locally. Whenever possible, we utilise free premises and have sponsored local sports clubs for women and children. Additionally, we support HWW Staff by being Mindful Employers and providing equipment to meet the needs of individuals.

Healthwatch Wirral CIC 2024.