

Park View Care Home



Have your say



Enter and View Report, February 2025

Introduction

What is an Enter and View visit?

Healthwatch Liverpool has powers to carry out what we describe as 'Enter and View' visits. These are visits to health and social care settings which help us in our role as the independent local champion for health and social care. Enter and View visits are carried out by small teams of trained members of our staff and volunteers to observe a health and social care service at work, for example at a GP practice, a care home, or a hospital. We only visit services that are publicly funded, e.g. through the NHS or via local authorities.

What happens during an Enter and View visit?

During an Enter and View visit we talk to people using the service, whether patients or residents, and to friends and relatives where appropriate. We also speak to staff to find out where they think the service is working well, and where it could be improved. We also observe the service. We write up our observations and the feedback we receive and publish it as a report. Our report is sent to the provider of the service, as well as to regulators such as the Care Quality Commission (CQC), the local authority, and NHS commissioners when appropriate.

If there are recommendations in the report, the service provider is asked for a response, which we later publish online alongside the Enter and View report.

Our visits give us a 'snapshot' of a service. We are always grateful for feedback from residents, relatives and other visitors to be able to get a fuller picture. You can leave feedback via telephone on 0300 77 77 007, or email engagement@healthwatchliverpool.co.uk. Alternatively, you can contact us via: www.healthwatchliverpool.co.uk/have-your-say

Details of the Enter and View Visit:

Name of the service visited: Park View Care Home

Address: 14 Ullet Road, Liverpool, Merseyside, L8 3SR

The Date of the Enter and View Visit: 04/02/2025

The members of the Healthwatch Enter and View Team that undertook the visit were:

- Terry Ferguson, Engagement and Project Officer
- Inez Bootsgezel, Engagement and Project Officer

This was an announced visit.

We would like to thank Park View Care Home staff and residents for facilitating the visit and for taking the time to talk to us.

Why did we carry out this visit?

Enter and view visits can take place for a variety of reasons, for example to find out more about a particular service, or in response to public feedback.

The Enter and View visit to Park View Care Home was to learn more about the service, and to find out from observations and speaking with people where the service appeared to be doing especially well, in addition to finding out if any improvements could be made. The visit was not in response to any prior feedback or concerns identified relating to the quality of this service.

Safeguarding

Healthwatch Liverpool Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies, and the Local Authority will be notified on the same day as the Enter and View visit.

There were no safeguarding concerns identified during this enter and view visit.

About the Service

Background

Park View Care Home is in a modern purpose-built building set over 3 floors with the ground floor being used for residents with more minor nursing needs and the other two floors supporting residents with more nursing needs. If people require more input, they can move from the ground floor to higher needs floors without having to move home.

There are 56 en-suite bedrooms. At the time of our visit 51 residents lived at Park View. Couples are able to live in the care home together. There are 14 rooms on the ground floor and 21 each on the other two floors.

The care home does charge top up fees, currently £15.50 per week. Top up fees are the same across the floors.

Discussion with the manager

We met with Lynn Roberts the Regional Support Manager (North West) for the Kingsley group. At the time of our visit the regional support manager advised that Park View were recruiting for a manager and a deputy manager. She advised that they have had multiple applications but are holding out for the right person for the role.

We were advised that staffing on a day shift is usually 10 carers with another 3 staff made up of either 2 nurses and 1 senior carer or 2 senior carers and 1 nurse. For night shifts it would be 5 carers and either 2 nurses and 1 senior carer or 2 senior carers and 1 nurse. We were advised there always is a nurse on site as well as 3 medication trained staff. We were advised that Park View does not use agency staff and instead manages with bank staff with bonuses offered.

Management advised that they run rolling maintenance programmes to keep Park View in good condition. We saw evidence of this during our visit with walls being painted and the care home looked in excellent condition throughout.

GP and other care partners

The regional support manager told us that all residents are under Princess Park surgery and that **"they are really good"**. She advised that they have MDT meetings every week and that the GP, Dr Donaldson attends often and is very thorough, staying for 2-3 hours.

They are supported by a care coordinator which is working really well, and the community matrons are described as **"really good"**.

Park View had been using Care Quality Pharmacy for their pharmacy needs but are changing suppliers to Well Care pharmacy. They hope to swap over this month (February). This is done on a national level by the owners. Care Quality Pharmacy were described as **"horrendous to say the least, we are forever chasing medication"**.

Park View does not have a community dentist and are forced to rely on the emergency dental services or residents' own dentists if they have them.

Staff say that Immedicare is working fine, and they have had no issues with the service. We were told that they are getting the support they need and there are no issues.

Specsavers is the provider for glasses and hearing aids to residents and their staff visit the care home. The regional support manager advised they are happy with the service describing them as ***"responsive"***.

She also advised that surveys are to be sent out in March and the home will be using feedback from those combined with upcoming family/residents meeting to help understand any concerns and guide improvements. One example staff gave of taking feedback on board was that families used to struggle on weekends when visiting to gain access, so they hired an extra weekend receptionist.

The company has hired a specialist Dementia nurse who is carrying out audits across all care homes owned by the same company and staff are finding this very useful in practice.

Visiting

Families can visit whenever they like, there are no restrictions. The home has started to ask families to avoid (protected) mealtimes if possible unless visitors want to help their relative to eat. We saw posters around the home informing families of this. Staff advised that residents with dementia can become easily distracted by visits whilst eating, so the home is trying to avoid this.

Staff mentioned that families can struggle at first with the transition of their relative moving into the care home, but soon they really like it and see the value.

Learning about residents

Residents are initially assessed off-site and staff gather information from sources such as the GP or the MH team. A life history is completed with the resident and their family about favourite activities, preferred bedtimes and previous jobs. The manager advised that residents who are non-verbal are identified as early as possible so they can support them.

We were also told that staff get to know the residents and will recognise behaviour, e.g. how someone reacts when distressed or in pain, and will document this to inform other staff. The regional manager advised all residents have an Oral and Communication section in their care plan that advises staff about residents wearing dentures, glasses or hearing aids.

"One lady used to work in (name) school, so we took her to visit the school"

They have residents from a variety of faiths including Jehovah's Witnesses and Church of England. People/ staff from the churches visit and some residents attend church services. At the time of our visit there were no residents with cultural diet needs, but we were told Halal/Kosher food can be provided as needed.

We were also told that there were no residents who smoked, but that the home can provide smoking assistance such as protective clothing and one-to-one support. There is a smoking area at the back of the care home.

Activities

We were told Park View care home has 2 activities coordinators, both of whom used to be carers and transitioned into the roles. We spoke to one of the activities coordinators who was supporting the residents with a painting activity. He told us that he had worked in the role for nearly two years.

Several residents recently took a trip to the House of Memories, and the home has in-house entertainers who come around. They do not have a minibus at the moment but have put in a proposal to the owners for a shared minibus service across 6 North West care homes owned by the same company.

Park View has a coffee afternoon every Monday on the ground floor for visitors and residents and we saw a flyer advertising this.

Park View does not have a residents' spokesperson and had not had any residents' meetings for a while. Staff said this has been due to the change in management, but we were told that they are looking to have a residents' and family meeting in the next few weeks. The 'you say, we did' board had not been updated for several months.

Food

We were told that the chef has won 'Chef of the year' for the Kinglsey group of over 40 homes. We saw some of the food and although we did not try it, we thought it looked and smelled good. Desserts were especially well presented and looked like a lot of effort had gone into them. The board in the kitchen had details of residents' upcoming birthdays; everyone gets a cake on their special days.

We were told that the downstairs family bistro can be booked by visitors for Sunday lunch, and they are looking at introducing a monthly breakfast club. This will allow families and grandchildren to spend time with residents before school and has been trialled successfully at other sites. Tables were set with napkins and flowers during mealtime. We were told that on the 2nd floor tables were set just before mealtimes so as not to confuse residents.

Residents' belongings

There is an in-house laundry, and we were told that clothes are marked or labelled for each person. Staff said that there is not much of an issue with losing clothes as staff know the residents and can identify who items of clothing belong to. We met a member of staff doing a laundry round; she had a full outfit on a hanger on her cart that had been ironed especially for a resident. This staff member had worked at the care home since its opening and said she knows the residents well. We observed her go into a resident's room, knocking first and asking if he had any washing. She double-checked with him using his name and had a chat about how he was doing.

Hospital admissions/ discharges

The majority of admissions and discharges were described as 'of no concern', but recently they had experienced a hospital discharge to Park View which the home had referred to safeguarding.

Observations

Observations of the building and facilities

Environment

The entire building seemed spotlessly clean in every area we saw. Nearly all the furniture we saw looked to be in immaculate condition as did the paintwork and flooring. The carpet in the shared areas looked to be in good condition with no smells and no obvious staining. We saw multiple household staff on each floor and saw maintenance staff painting a wall.

The building was tastefully decorated in a manner best described by a resident's family member as a "country hotel". There were multiple posters and pictures of local icons around the care home. Corridors were wide allowing for the easy transport of hoists and wheelchairs which likely contributes to the great upkeep of the décor and painting. Each floor was similar in layout but was painted in slightly differing colours and had different names for communal areas allowing for easy identification. The handrails stood out from the walls as they were painted in distinct colours.

There were Easy Read signs on toilet and bathroom doors and name signs up by the lounges. Communal areas were well sign-posted, including the smaller quieter lounges at the end of the corridors.

There were great views of the nearby park and the grounds which had large trees and landscaped gardens. Binoculars and birdwatching guides were placed in quiet lounges at the end of corridors.

2nd floor arts area

There was a table set for a group of residents who were painting pictures. Pictures were chosen specific to residents' interests with one resident painting the badge of his favourite football club whose merchandise he was wearing. There was a large interactive screen showing scenes of birds feeding and background music playing. The lifestyle coordinator was assisting residents with the activity and had good-natured conversations with the residents.

There also is a small seating area with comfortable chairs which looks out into the grounds and lots of decoration.

Other residents were sitting in the Rainbow lounge on the same floor, a large living room area with comfortable chairs, a television, and a dining area.

1st floor

Combined lounge area with kitchenette.

This room was nicely decorated and looked welcoming and in great condition. A family member was visiting his relative and they seemed very comfortable drinking a cup of tea together.

The kitchen area looked clean and well maintained and had splashbacks on the wall. Fresh fruit was available.

Each floor had an activity 'grab station' for residents including board games, teddies and other items.

Bedroom

We were shown an unoccupied bedroom which seemed to be a good size. There were two chairs, a wardrobe, a chest of drawers and a profile bed. There was a wall-mounted TV provided by the care home as standard. The room had blackout curtains and blinds in place.

The room also had en-suite shower and toilet facilities with sensor lighting and grab bars. We were told that portable shower chairs were available as needed.

Staff advised they encourage decoration and personalisation of residents' rooms. Furniture and the bed can be moved according to how the resident likes it.

The window had a fantastic view of the grounds. Other residents' rooms we saw in passing did look more personalised and we saw multiple residents with large dementia-friendly tablet style clocks that had large font date and times displayed. These were not provided by the care home but seemed to be popular in the home.

Bedroom doors had numbers and pictures of residents (their choice) on the outside. The doors were all a light oak colour. All other rooms had visual signage on the doors to differentiate them.

Bathroom

The home had 5 bathrooms with assisted baths in addition to the ensuites in each room which provided a toilet and shower. The bathrooms we saw looked clean and smelled fresh, were well decorated and had plenty of storage. All were accessible.

Music room 2nd floor

This room looked nicely decorated with posters of local celebrity musicians such as Cilla Black and The Beatles. There were keyboards as well as birdwatching binoculars and books. There looked to be plenty of comfortable seating and great views out into the gardens.

Reception area

Coffee and cakes were available for visitors. There was a sign in book and comfortable seating, again the decoration looked great. There was a raffle advertised for people to take part in. Healthwatch posters and leaflets were available to take to be able to provide feedback about the home.

Kitchen

During our visit the kitchen area looked clean and well organised.

There were display boards with upcoming residents' birthdays and other special days. The food that was ready to be served was covered on trolleys and the desserts looked appetising and well presented.

Feedback from residents, relatives, and staff.

Healthwatch spoke with three residents, one relative and five staff members during our visit.



"It's lovely, I love living here"



"The food is excellent"

"People are very companionable and easy to get on with" Both residents and staff.

"I like all the craft stuff"

Feedback from resident A

It's lovely, I love living here. The best thing is the people. I have been here a while. It's lovely living here I don't have to go out in the rain. We all get on with each other and never argue"

Feedback from resident B

"I'm very comfortable here. I have my own room and get to watch the football and the cricket"

Feedback from resident C

Personal stories: Feedback from a family member



"It's very good, they communicate well, and the staff are friendly and helpful. I like the environment; it's like a country hotel. I like how they keep the layouts the same, as you would not know you weren't on the same floor.

There is a lovely garden area with a patio that is accessible, and they have lots of activities out there in the warmer weather. There is lots of greenery in the area and they have the sun lounges on each floor so even if you are not going out it's nice"



Summary and recommendations

Summary

Overall, we observed that Park View Care Home seemed to be a nursing home that was well run and operating smoothly despite the lack of a registered manager at the time of our visit. The building seemed well designed and maintained and was tastefully decorated throughout. There were many touches that made it dementia friendly and many that made it feel like a homely environment. Park View appeared clean in all the areas we visited with no unpleasant odours.

The residents we saw seemed happy and well-cared for and had positive things to say about the care home. This was mirrored by the visiting relative who we met. The staff we spoke to again seemed happy and content in their work and with the support they were getting. There did not seem to be any major issues at the time of our visit stemming from the lack of management and this seemed to be due to the work of senior staff from Kingsley Healthcare who were stepping in to fill the role.

Recommendations

At this time we have no recommendations to make to Park View Care Home.

Positives and good practice

We found during our visit to Park View Care Home examples of positives and good practice which included but were not limited to:

- There seems to be evidence of shared practice and shared assets across the Kingsley Healthcare group from senior staff supporting Park View during the period without a recognised manager. This includes the introduction of ideas that have been successful at other sites such as the breakfast club.
- The food at Park View got positive feedback from the residents and relatives that we spoke to. The food we saw looked and smelled good, and we were pleased to see the organisation behind the scenes to ensure no one's birthday went uncelebrated.
- The building itself looked to be in excellent condition and was decorated tastefully and thoughtfully throughout. There were high levels of cleanliness and the buildings and grounds looked well maintained. The location of the care home

near both Sefton and Princess Park is great for residents and families who want to spend time outdoors.

Response from management

We received a prompt response from the operations manager and there were no concerns raised with the content of the report.

Appendix

Healthwatch Liverpool – Powers to Enter and View Services

Healthwatch Liverpool was established under the Health and Social Care Act 2012 and came into being in April 2013. We work to give local residents a stronger voice to influence and challenge how health and social care services are provided.

We enable people to share their views and concerns about local health and social care services, helping build a picture of where services are doing well, and where they can be improved. Enter and View visits are undertaken in accordance with the remit of Healthwatch Liverpool, and assist us in carrying out our statutory functions under the Health and Social Care Act 2012.

Enter and View visits are not designed to be full inspections, audits or an investigation of the service, rather they are an opportunity for us to get a better understanding of the service by seeing it in action and by talking to staff and service users.

We aim to identify and share good practice wherever possible. However, if during a visit we identify any aspects of a service that it has serious concerns about, then these concerns are referred to the appropriate regulator or commissioners of the service for investigation or rectification.

Any safeguarding issues identified will be referred to the Local Authority for investigation. Addressing issues of a less serious nature may be done directly with the service provider.

For more information about Healthwatch Liverpool, please visit our website www.healthwatchliverpool.co.uk or contact us using the details at the end of this report.



healthwatch

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