

Details of visit

Service address:

St Georges Park, School Street, St Georges,
Shropshire, Telford, TF2 9LL

Service Provider:

Avery Care, St George's Park

Date and Time:

Thursday 16th April 2015 12.00pm

Contact details:

Healthwatch Telford and Wrekin, Meeting Point House,
Southwater Square, TELFORD, TF3 4HS

Acknowledgements

Healthwatch Telford and Wrekin would like to thank the service provider St George's service users, relatives/visitors and carers, and staff for their contribution to the Enter and View Programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. 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 experience the service first hand.

Healthwatch 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. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of the Visit

- To engage with residents and service users of St Georges Park to understand how dignity is being respected in the care home environment.
- To capture their experiences and those of relatives/visitors, and any ideas they may have for change.
- Observe residents and visitors engaging with the staff and their surroundings.
- Identify examples of good working practice.

Strategic drivers

- The visit is part of a Healthwatch Telford and Wrekin programme of work on Dignity and Respect in the health and care settings.
- The visit is in response to evaluations of feedback received by Healthwatch Telford and Wrekin from community engagements, and service provider / local council / CQC liaisons and requests.
- Care homes / hospital wards / GP Surgeries are a strategic focus of regional / national programmes of the CQC, PHE / NHS, local Councils, and Healthwatch organisations.



Methodology

This was an announced Enter and View visit.

Three authorised representatives were assigned to the visit. They met with the manager before speaking to anyone in the St Georges care home and took their advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons.

The representatives explained to everyone they spoke to why they were there. They spoke with 8 residents, 3 members of staff and 4 relatives, visitors, carers present with the residents at the time, to ask them about their views and experiences of the St Georges care home services.

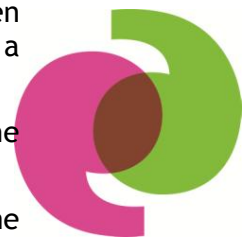
We spoke with management present to hear about their contributions to service provided - quality of care, safety, dignity and respect, and acknowledging residents and families' wishes, and during the visit we would also observe the delivery of the service. The team also had the opportunity to gather observations while eating lunch with the residents in the dining area to gain an understanding of how St Georges care home works and how the residents engaged with staff members during meal times and at any other times during the visit.

When the representatives had finished speaking with residents, staff and family members and visitors, they had a brief discussion on what each representative observed. The representatives spoke again with the manager and the deputy manager and had a brief overview of the visit and explained the next step of the process. The report relates only to this specific visit (a snap shot of time) and it's not representative of all residents, relatives, visitors and staff, only those who contributed within the time available. The representatives then thanked them for their time on the visit.

Summary of findings

At the time of the visit most residents seen appeared well cared for and all rooms seen were well-maintained. St Georges Park care home appeared clean and operated to a good standard with respect to Dignity and Care.

- During the visit a Safeguarding issue was identified. This was reported to the manager and dealt with appropriately.
- The home is undergoing major refurbishment, and even though there are some issues with the facilities such as storage space, this will be resolved following the refurbishment.
- The premises had a very homely feel to it, with all rooms being spacious enough to accommodate hoists and other aids. The rooms were nicely personalised with door knockers and letter boxes attached to each door.
- Residents were happy with the care they receive at the home, and all praised the care staff. We observed a member of staff attending to a resident promptly in response to them pressing their buzzer.
- Relatives commented that the residents dignity and respect is maintained with all members of staff knocking on the doors before entering, as well as “do not disturb” signs hung up on door handles when personal care is being delivered.
- Residents commented on how good the entertainment is in the home. Some said that more regular bingo sessions would be appreciated.
- All residents complimented the food in the home, although some residents weren’t aware of the different choices of food at meal times, and hence ended up getting something they did not like.
- A few of the relatives spoken to mentioned that clothing and hearing aids are frequently lost at the care home. This is currently being dealt with by the manager, and small boxes are being installed in the resident’s rooms where their hearing aids, glasses and any other small personal items can be stored.



Results of Visit

St Georges is a two storey purpose built high dependency nursing home set in a quiet residential part of St Georges. It is situated within close proximity to Telford Town Centre and Oakengates centre. Avery Care has been the service provider since November 2014. The care home can house up to 71 residents, but currently only accommodates 37 due to the closure of the bottom floor. St Georges provides end of life care, palliative care, Nursing and EMI care to the current residents.

The manager briefed us on the recent issues the home was facing. The care home had been under a LSI (Large Scale Investigation) for 8 weeks in 2014, due to 11 pressure ulcers resulting from criminal neglect. This has led to a large scale dismissal of staff from the home. Most pressure ulcers were eradicated. Only two residents are currently suffering from pressure ulcers which have been acquired before coming to the home. Most residents now require manual two-hourly turning to prevent pressure ulcers.

The care home struggled with employing new nurses, and due to insufficient staffing had to close the bottom floor, serving 9 out of 32 residents with a 35 day notice to be relocated, which was longer than standard 28 day notice usually given. The minibus

from St Georges transported the residents to their relocated homes, along with carers to help them settle in. This allowed the home to maintain their top floor which consists of nursing and EMI (Elderly Mentally Infirm) units with sufficient staffing levels. The bottom floor is currently under refurbishment and will open as a residential unit.

The manager briefed us on how the care home works and the importance the care home places on ensuring person centred care is delivered by all staff, and making sure the home has as homely a feel as possible steering away from a clinical looking home. This was followed by a guided tour of the facilities.

Environment and Facilities

The home is easily accessible from the road. It is a two-story building with a very small car park that accommodates visitor cars, leaving staff to park on the road. We entered via the main entrance. The outside exterior gave an impression of the building being fairly new and modern. On arrival we were met by the receptionist and the manager. We were prompted to sign in and were shown to the lift to take us to the top floor. The reception desk was noted to be quite high, which prevented the receptionist from being clearly seen behind the desk. We were informed by the manager that the bottom floor is currently closed and is awaiting refurbishment which was due to start in April 2015, but this has not taken place due to external influences outside of the manager's control. Refurbishment is also planned to take place on the top floor.

The top floor consisted of an EMI unit as well as a Nursing unit. The building is "H" shaped with each unit mirroring the other and is joined by a short and wide corridor. Desks have been placed at each unit where the nurses in charge work from; this allows the nurses to be constantly on-site of the allocated unit. Locked cabinets are located directly behind these desks where the care plans are stored. One carer commented that it was sometimes very difficult to hear telephone conversations at the two stations in the corridors, due to the level of background noise regularly experienced.

All rooms are en-suite with toilet and small wash basin facilities. All rooms were observed to be spacious to allow manoeuvring of hoists and other aids and the rooms were decorated as per resident's wishes. All bedroom doors had the resident's full name clearly displayed, along with a knocker and a letter box. This is to make the resident feel that is their home. We were informed by the manager that some rooms will be re-sized to include a wet room facility.

The care home has a "resident of the day" scheme in place. Each day a certain resident will get a full MOT of their room. This means that any maintenance that is required will be completed, deep cleaning of the room will take place, the resident's folder will be thoroughly looked through and organised.

All residents are registered with their own GP surgeries. The home currently works with 4 GP surgeries across Telford and Wrekin. Relatives are welcome to be present during GP visits, as long as consent is acquired from the resident.

The home has assisted bathrooms around the home; these are spacious and contain standard-sized assisted baths. There are very few storage facilities around the care home which results in the staff storing hoists and wheelchairs in the bathrooms. We were assured by the manager that all of this equipment is removed when the bathrooms are in use, and that the storage issue will be resolved once the refurbishment of the care home takes place.

There was one communal dining area on the top floor. This was a very large and well lit room with kitchen facilities at one end. It consisted of several small tables arranged around the room allowing room for up to 3 people to each table. The tables were well presented and laid out with a table cloth, napkins, flower vases and full cutlery set.

This room will also be extended once refurbishment takes place.

The care home uses Vision Call for their optical services, who visit the care home on a regular basis. The residents are supported by staff to attend audiology and dental services if required. Carers trim the residents' nails but the Chiropodist visits the home every three months and attends to residents who require being seen.

The top floor has three lounges: One main lounge and two smaller ones. All were occupied by at least 1 resident, with the main lounge being the most popular. The main lounge was large, bright and spacious. Armchairs were arranged around this lounge pushed against the walls. The TV was placed on the left hand side of the wall, with a large fish tank standing few feet away.

The premises had a general homely feel to it and had a clean appearance. Residents and relatives spoken to also said that the cleanliness of the home is fair.

Nutrition

We were informed that 4 meals are served to the residents daily (the 4th meal being an optional 'supper' in the evening), with the tea/snack trolley made available to the resident's in-between each meal. We were informed that all hot meals are cooked on-site.

2 of the 3 authorised representatives had the opportunity to try the care home's food by having a sit down lunch in the communal dining area with other residents, as well as observe the how staff operates during protected meal times. Both authorised representatives enjoyed their meals and were accompanied by two residents who also said that the meals were enjoyable. There was a choice of two main dishes and two puddings. The staff has informed the team that meal times usually take between 1 and 1 ¼ hours; this is due to majority of the residents who require assistance in feeding. The authorised representatives were then prompted to complete a "meal commentary" book; this was recently started at the home and allows residents to leave comments on the meals to allow the catering staff to constantly improve upon the meals prepared.

It has been observed that the staff wear fabric aprons but do not wear any gloves while plating the food or while assisting with feeding. We have been informed by the manager that this is not a legal requirement and that the care home chooses not to implement wearing of gloves or disposable aprons as it gives a clinical appearance and may make the residents feel less at home. We were assured by the manager that a thorough hand-washing procedure is in place at the care home and is adhered to by all staff during meal times. Hand sanitizers are also placed at various points throughout the care home.

One of the residents said that they didn't enjoy their pudding, when asked by the authorised representatives whether they were offered anything else they replied "no". The representatives then asked whether they'd like ice cream which was one of the options on that day, to which they replied "yes". Another resident commented that the food was very nice and that there was good choice every day.

Another resident complained about the lack of choice of puddings. They said that they are often given semolina, which they don't like and which was brought in during the visit. After some discussion the carer said she would see if there was anything else, and ice cream was brought in after a few minutes.

Activities

We have been informed that the care home employs an activities co-ordinator who organises regular activities for the residents. They are currently working with the residents to produce a memory book. We were informed that the care home has a trolley that goes around all the residents, giving them a choice of pampering or reading a daily "Sparkle" which consists of news articles from the past. Entertainers come to the home twice a week; some residents commented on how good the entertainment was and that they enjoyed singing along to the songs, but one resident commented that he wishes bingo would take place more often. We were told that outings to the RAF Cosford museum seemed popular and trips to the Wyevale Garden Centre were also enjoyed. A lady who did exercise routines with the residents was also much appreciated.

One resident reported that they preferred to stay in their room and pursue their own interests. They occasionally attend entertainment sessions but said they did not enjoy sitting in a circle with other residents on a daily basis.

There is also an on-site hairdresser open every Tuesdays and if required she attends to 'nursed in their beds' residents in their rooms.

An activities board is well displayed near the main lounge and communal activities are advertised and take place daily. Also advertised are the residents meetings which take place quarterly.

Promotion of Residents' Privacy, Dignity and Respect

We were informed that the care home emphasises a very person-centred approach, allowing the residents to choose when to get up and when to go to bed. A summary folder is clearly displayed in all rooms, which allows the staff to see the residents' specific daily needs, requirements and personal preferences.

Shower and bath lists are used to ensure residents have a shower/bath at least once a week, or as detailed in their care plan. We were also informed that all residents receive a full-body wash in the morning.

Residents can get the attention of the carers by pressing their buzzers and it was observed by the authorised representatives the quick and prompt response by staff which followed. Those who are unable to do this are monitored by staff throughout their shifts.

We were informed by two visitors that since their relative had moved-in last year, there has been a lot of issues, but they can see slight improvements. They commented that their relative is happy with the carers and has informed them on several occasions how nice "the girls are"- similar sentiments were expressed by other residents praising the care staff. The resident also informed their relatives that they prefer the day staff to night staff, as they seem more caring. The relatives have said that on a few occasions they have come to see their relative at 1pm and they were still in bed. They also believe that the staff did not encourage them to be mobile and either kept the residents in their bed or in the armchair. They have suggested to the staff to move them from one chair onto the other once in a while, but this was not adhered to, which they believe was due to it being easier for the staff for their relative to remain in the chair which had wheels, so they could be easily moved around. They have also commented that 3 pairs of hearing aids and residents clothes have gone missing. They did highlight that this has been listened to and the care home implemented little boxes which are attached in each room near the beds where hearing aids, glasses and other small accessories are to be put before residents are put to bed. A poster will be placed above

each box to remind the staff of this.

Two of the relatives that were spoken to have recognised that the staff maintains the dignity and respect of the residents by asking them to leave when personal care is administered, and staff always knock on residents' doors before entering. Also, "do not disturb" signs are available in each room to be placed on door handles when personal care is being delivered, or simply when the resident wished not to be disturbed. Despite this they have expressed to the authorised representatives that they are under the impression that their relative doesn't have a shower as often as they should do, and also pointed out that their teeth have not been cleaned since she has moved in about 4 months ago.

One resident said that they were happy with most aspects of care. They previously had problems with one of the night carers who had an unpleasant attitude towards them and did not properly attend to their needs. They had reported this to the Manager who dealt with the problem by investigating and dismissing the member of staff.

Another resident was an EMI Resident and was unable to communicate effectively. Their visiting relative indicated that there were some issues but were hesitant to discuss these. The authorised representatives prompted them to fill in a Speak Out form to complete at home.

Staff

Due to the large scale dismissal of staff in 2014 the home had to largely rely on agency staff, but now the care home currently employs 10 carers and 1 nurse. On average 10 carers and 1 nurse are present on day shifts. With 37 residents, this is above the requirement of 1 staff to 4 resident's ratio. On the night shift, there are 4 carers and 1 nurse which is also above the requirement of 1 staff to 10 residents. The home uses 2 regular agency nurses who work nights over the week.

All staff are given a fully comprehensive handover every time they come on shift, detailing each residents' care needs.

All staff wear badges with their name clearly displayed, as well as colour coded uniform to inform the residents and any visitors of their job roles.

We were informed by the manager that each member of staff is assigned to residents to look after during their shift. Despite this, 2 relatives commented that they do not have the impression that this is in place, as they never know to whom specifically they can speak to when they have a concern.

Additional Findings

It has been acknowledged that the home is undergoing a major refurbishment, and that any issues relating to the facilities and the environment of the building will be resolved once this has taken place.

Recommendations

- Lower the level of the desk-area for Reception, so that the receptionist can be clearly seen by the residents or visitors.
- Introduce a staff-board that shows staff names and pictures.
- Re-start the regular bingo sessions for the residents.
- All residents should be made aware of all of the food choices available at each stage during meal times.
- Ensure that relatives are able to more easily identify their relative's assigned 'carer of the day'
- Mark the Residents clothing to reduce the number of lost or mislaid items. Include making names on spectacles and hearing aids too to assist staff or relatives, as EMI Residents are unlikely to be able to identify these themselves.
- When an announced HWTW Enter and View visit to the home is planned, ensure the information pack (posters and leaflets) provided to the home prior to the visit are displayed and distributed, so that residents, their relatives and visitors are aware of the intended visit (date/time) and opportunities to share their experiences.

Service Provider response

Our Comment:	Service Provider Comment:
During the visit a Safeguarding issue was identified. This was reported to the manager and dealt with appropriately.	Reported - Closed immediately as it had been dealt with.
Due to 11 pressure ulcers resulting from criminal neglect. This has led to a large scale dismissal of staff from the home.	This was history to help with the visit as they had come with preconceived ideas from press release
Most residents now require manual two-hourly turning to prevent pressure ulcers.	All of our residents are repositioned regularly.
Armchairs were arranged around this lounge pushed against the walls.	This was to accommodate air flow cushions which require electrical power from wall sockets.
One of the residents said that they didn't enjoy their pudding, when asked by the authorised representatives whether they were offered anything else they replied "no".	Did the authorised rep ask staff if they had been offered as EMI residents sometimes become confused.
Another resident complained about the lack of choice of puddings. They said that they are often given semolina.	There is a choice - see menu
Despite this they have expressed to the authorised representatives that they are under the impression that their relative doesn't have a shower as often as they should do, and also pointed out that their teeth have not been cleaned since she has moved in about 4 months ago.	Documentary evidence to show this
We were informed by the manager that each member of staff is assigned to residents to look after during their shift. Despite this, 2	Anyone

<p>relatives commented that they do not have the impression that this is in place, as they never know to whom specifically they can speak to when they have a concern.</p>	
<p>Re-start the regular bingo sessions for the residents.</p>	<p>If others want it.</p>
<p>Mark the Residents clothing to reduce the number of lost or mislaid items. Include making names on spectacles and hearing aids too to assist staff or relatives, as EMI Residents are unlikely to be able to identify these themselves.</p>	<p>They are marked.</p>