

Provider's Response to Recommendations	
Recommendation	Comments from St Georges Care Home
<p>1. Dignity:</p> <p>Contenance care and cleaning processes and products are improved so that there are not smells of urine in the upstairs bedrooms.</p>	<p>The resident of the day system ensure that the carpet are deep cleaned monthly and for some residents rooms with incontinence will have carpets replaced with vinyl flooring which can be washed daily due to high incontinence needs in these bedrooms.</p>
<p>2. Staffing Levels:</p> <p>New staff are advertised for asap and less agency staff are employed. More staff work on each shift. Consider recruiting volunteers to support with activities and social interaction.</p>	<p>Recruitment drive is currently in progress and 8 colleagues have been recruited since January 2017. The manager has been holding exit interviews with colleagues to enable capture the reasons why staff are leaving. Home manager has been in contact with Alive to start a conversation with Alive who can help with volunteers into the home.</p>
<p>3. Staff Turnover:</p> <p>The manager supports new members of the staff team to “gel” with more long-serving staff members and increases social opportunities for staff to improve staff retention.</p>	<p>There is robust induction for all new staff members were the manager has supervisions with all new staff members at the initial months of employment to find out how they are settling in the team. The new staff members also have a buddy who ensures they are well looked after within their period of probation.</p>
<p>4. Staff Training:</p> <p>All staff receive specialist dementia training.</p>	<p>The training department has been requested for this training. Awaiting confirmation of dates on when this training will take place.</p>
<p>5. Activities:</p> <p>Activities are designed around residents' interests and abilities in collaboration with residents and their visitors. Regular opportunities to go outside on trips are offered to residents. Staff are trained to actively support residents with high care needs to participate in activities.</p>	<p>The activities coordinator, have now completed life story biographies and activities are now arranged in line with residents likes and dislikes. The manager has discussed with the Regional Manager on use of a mini-bus from another sister home so residents can be taken out for shopping or picnic when they weather is good.</p>

<p>6. Accessibility:</p> <p>Easy read information about activities and menu choices, easy read room signage and hearing loops are introduced as soon as possible.</p>	<p>Menus are now in an easy read format and a request for hearing loops will be requested from IT department.</p>
<p>7. Choice:</p> <p>Residents are offered three options at meal times.</p>	<p>Menus have been revised and there are three options of meals at all time. The catering manager has been requested to assistance of menus and menus boards</p>
<p>8. Personalisation:</p> <p>Personalised whiteboards, with each resident’s likes and dislikes, and each resident’s monitoring charts are consistently kept next to all residents’ bedrooms.</p>	<p>The resident’s summary sheet has been devised for all residents and likes and dislikes have been included on these. The residents monitoring charts are all currently in one central location as advised and recommended by the safeguarding team for consistency of monitoring.</p>
<p>9. Responsiveness:</p> <p>A new “response time” is agreed for all staff to respond to call bells. This is recorded outside each resident’s room and a monthly audit of all response times is undertaken by the manager. Long call bell responses should then be addressed with staff working on that shift. Residents need to be supported and encouraged to press their call bells, rather than call out “Nurse”, so that responsiveness can be monitored and addressed by the management.</p>	<p>The call bell are now monitored by the printout in the manager’s office. The manager has visibility of the response times for call bells and these are reviewed on a weekly basis and discussed at handovers with staff.</p>
<p>Any other comments about Healthwatch Bristol’s enter and view visit:</p>	