

Enter and View Visit Report

St George's Park Nursing Home

School Street, St George's, Telford, TF2 9LL



Visit date: 19th February 2019

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Terminology and Acronyms

COHSS - Control of Substances Hazardous to Health

DBS - Disclosure and Barring Service - *helps employers make safer recruitment decisions on more than four million people every year.*

DoLs - Deprivation of Liberties - *Mental Capacities Act 2005*

MDT - *Multi Discipline Team*



About Healthwatch Telford & Wrekin (HWT&W)

Healthwatch Telford and Wrekin is the independent health and social care champion for local people. We work to ensure your voice counts when it comes to shaping, delivering/receiving and improving services. We address inequalities in health and social care to help make sure everyone in Telford and Wrekin (T&W) gets the services they need.

There are local Healthwatch across the country as well as a national body - Healthwatch England (HWE).

What is Enter & View?

Healthwatch Telford & Wrekin gathers people's experiences of health and social care services and there are times when it is appropriate for Healthwatch to see and hear for ourselves how services are being provided. These visits are called 'Enter and View', and can be 'announced', 'partially announced' or 'unannounced'. 'Partially announced' visits mean the service provider is told we will visit but not the date or time of the visit.



The responsibility to carry out Enter and View visits was given to local Healthwatch in the **Health and Care Social Act 2012**.

Enter & View visits are carried out by a team of specially trained and DBS-checked staff and/or volunteers called Authorised Representatives. These volunteers are not experts in health or social care and report only on what they see and hear during the visit. They make observations and collect people's views and opinions anonymously and produce and publish a report.

Enter & View visits are not an inspection, and always have a 'purpose'.



Details of the Visit

Visit Details:	
Service	St George's Park Nursing Home
Provider	Rotherwood Healthcare Ltd
Date and Time of visit	19 th February 2019 at 2 p.m.
Visit Team	4x HWT&W Enter & View Authorised Representatives (ARs)
Service contact details	Name: St George's Park Nursing Home Phone: 01952 619850 Address: School St, St George's, Telford, TF2 9LL

Purpose of Visit

How dignity, respect, and quality of life is being respected and supported in the person's care including those living with dementia, and how 'activity-based' care supports people to continue to be as active and independent as possible.

We want to hear about resident experiences and those of any relatives and visitors present, and we will observe the residents engaging with the staff and their surroundings. We want to identify examples of good practices and hear about any ideas the residents or staff may have for change.

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 users of the service and staff, only an account of what was observed and contributed at the time.



Context of the Visit

In August 2017 Healthwatch England published a report: 'What's it like to live in a care home?' Between January 2016 and April 2017, local Healthwatch staff and volunteers across England visited 197 care homes across 63 different local authority areas to find out what day to day life is really like for many of those living in care homes. These homes collectively provide care for almost 3,500 residents ranging from elderly people with dementia to those with severe learning disabilities.

During these visits local Healthwatch spoke with residents, their families and staff, compiling people's experiences with their own observations to produce visit reports. These were shared with the providers, the public, CQC and Healthwatch England. Healthwatch England reviewed what people told local Healthwatch and identified the common issues that need to improve as well as eight quality indicators for a good care home. Healthwatch England identified that a good care home should:

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each resident and how their needs may be changing
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can see health professionals such as GPs and dentists regularly
7. Accommodate residents' personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

As part of the engagement programme Healthwatch Telford & Wrekin will visit Care Homes in the borough, and those elsewhere in the county where funding support is provided by Telford & Wrekin Council Adult Social Care. The visits will be carried out and individual visit reports published on each home visited. Over-arching theme reports will be published later on focusing on person-centred care and the quality of life experienced by residents relating to dignity and respect in their care, and exploring topics such as activity-based care, access to health professionals, and living with dementia.

St George's Park Nursing Home in Telford & Wrekin is currently rated 'Good' by the Care Quality Commission (CQC).

The visit was '**partially announced**' we told the manager of the visit but not the date and time.



What we were looking at

The focus of this visit is to find out if the residents of St George's Park Nursing Home are happy living in the home. We want to learn about: the environment - supporting dementia, accessibility, activity



- the experiences of people living with dementia
- supporting people to continue to be as active and independent as possible
- choices available to people
- staffing levels and staff training

What we did

When we arrived at the home, after signing-in, we spoke to the Business and Hospitality manager as the Home Manager was on annual leave. We took advice on whether any residents who should not be approached due to safety or medical reasons, or any issues regarding ability to give informed consent to share their feedback and experiences. The manager then showed us around and introduced us to the residents and staff.

We spoke with residents in the home who were willing to talk to us and any visitors and relatives present. We spoke to residents in the lounge and were invited to speak to some residents in their rooms - a staff member knocked on the resident's bedroom door and asked if they would be happy to speak to us, or we knocked on open doors and asked if they were happy to speak to us.

We spoke to 6x residents in total, 1x relative, and 6x staff.

What we found out

About the Home



The home has 70 single bedrooms of which 66 were occupied at the time of the visit. The home caters for dementia and nursing care; 70% of residents have dementia, and 30% require nursing care. While we are told that respite care is not available one resident we spoke with said they were there while their relatives were on holiday. All residents need care in a residential setting. Residents range from age 65 to 104.

The home is a converted school building consisting of two floors, with a lift available. Access and exit is via key code locks. The home is bright and clean; a strong odour was detectable on the ground floor, but not on the first floor. There are pleasant gardens which would be nice in the summer.



There is a large carpark to the front with two designated disabled bays, however because they are at either end of the car park, one of the disabled bays does not provide easy access for the passenger side, and the other has restricted space on the driver's side. We are advised there is additional parking in a second car park including another disabled bay.

The home has had two changes of ownership, the last being three years ago. The current manager has been with the home for 15 months, and in the manager role for 12. The business and hospitality manager has been there for 3 months; both seem confident, friendly and approachable.

We were told that the home works with the MDT team at the local hospital (two nurses and one physiotherapist) promoting hospital avoidance. The home operates the "Red Bag Scheme" for home residents who are admitted to hospital.

(www.england.nhs.uk/urgent-emergency-care/hospital-to-home/red-bag/)

On each floor is a notice board, showing information about what's going on. We noticed at the time of our visit the information posted was for January though we were visiting in February. There is also a photo board showing staff photos of those on duty for each floor. Again, this was not up to date as on the day of our visit the manager was on annual leave, but her photo was still displayed.

We were told that the home has links with 3 local doctors' surgeries - Charlton, Limeswalk, and Donnington Medical Practices. A psychiatrist visits monthly and holds a clinic in the home; at other times a doctor or nurse visits are as required. Residents health is discussed at a monthly MDT meeting held at Donnington Medical practice with the clinical lead.



Views of the residents, visitors and staff

General care - dignity and quality of life

Residents and visitors told us:

“they (*the staff*) are not just carers they are caring carers”

“Wonderful caring staff”

“I am well looked after”

“I love the staff they are so friendly and helpful”



One housekeeper we spoke to told us she enjoyed working there, that “management were approachable and listen to staff”.

Staff were observed moving residents and saying please and thank you when manoeuvring chairs around to move residents back to their rooms.

Staff told us that during the day there is always a member of staff on ‘lounge duty’ in the downstairs lounge. This member of staff is monitoring all residents in the lounge. If a resident there needs attention, another member of staff will attend to their needs. The staff member on ‘lounge watch’ will record all ‘food and fluid intake’ for those in the lounge and update the residents’ files and records. We observed what was being recorded was what food and drink was given out to the resident and did not take into account whether the food or drink was consumed or not (management have indicated that these are also recorded).

Choices and preferences, including meals, personal care, activities

Residents told us:

We are “well looked after”

“The food is good”

“I love it here and the food is lovely”

“Food is beautiful, and they always have lovely things”



Menu

Breakfast

*Porridge, Ready Brek or cereal
Cooked breakfast fried or poached
eggs
Toast with jam or marmalade*

Lunch

*Steak Pie or Salmon in Provençal
sauce
Daupinoise or Croquette potatoes
Green Beans or mashed root
vegetables*

*Summer fruit pudding or Clotted
cream rice*

Evening Meal

*Carrot and Coriander soup or
Chicken Kiev
Potato wedges*

*Fresh fruit and snacks available
through the day*

Three hot meals are provided to residents each day, with the food at present coming from an external company - ‘Aplito’. Meals are prepared off-site and delivered to the home; they are then heated ‘as and when required’ and served to the residents.

We spoke with one of the kitchen staff who showed us some of the pureed meals intended for residents for that evening. After being pureed, the food had been re-formed to look like the original ingredient.

We were told that the arrangement of providing the meals food externally is currently under review.

While looking at the food for the evening meal we observed that the planned soup had 35 calories / 100ml, the Salmon Supreme was 347 calories, and a second salmon option was 500 calories. Management advised us that the weight of residents is regularly

monitored, and those showing weight loss may have suitably fortified meals (the breakfast porridge and ‘Ready Brek’ are normally fortified).

We observed afternoon-tea being served to residents with tea or coffee and either chocolate cake or flapjacks. Tea was served in cups or two handled beakers as appropriate for the resident. One resident told us “the tea is too weak”, and another that they would “like more drinks”; a staff member provided a second cup of tea. A sign/ poster in the downstairs lounge reminded staff to top-up drinks with cold milk to prevent residents burning themselves; this could be the cause of the ‘weak’ tea.



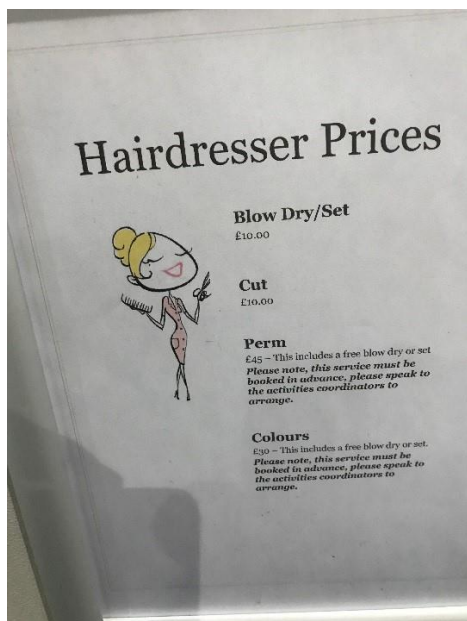
Activities are arranged daily.



A typically day's activities:

- 0930 - Walk to local shops with staff member
- 1015 - Exercise based on the Ortega exercise routine from New Zealand
- 1045 - Reading / Puzzles / Doll therapy
- 1200 - Pub Lunch (1st Monday of the month with Age UK at The Fallowfield) or local café on a Friday
- 1430 - Household chores / Entertainment / Arts and Crafts / Bingo / Baking
- 1530 - Film / Gardening / Activities (Hoopla / Skittles)

Staff were observed joining in with residents playing magnetic darts, and encouraging others to join in. On the day we visited, the advertised entertainment was a magician. We were told he visits regularly and alternates between sing-along and magic - this week was a sing-along. The entertainer was very popular and a number of residents from the upper floor had been brought to the downstairs lounge to join in. The entertainer was singing songs that the residents would remember; some of those we heard were 'Underneath the Arches', 'Lambeth Walk', 'Run Rabbit', 'Roll out the Barrel' and 'Pack up your Troubles'. One resident was observed prior to the entertainer arriving looked sleepy and uninterested. Once the entertainer arrived and started playing music this resident perked up looking alert and enjoying the music. Before the start of the entertainment, vibrant, lively music was being played, and staff were giving out magazines and colouring books with a large tub of crayons.



There is a hair salon provided on the ground floor and a hairdresser visits twice weekly; residents can use their own hairdresser if required. A beautician visits monthly and a chiropodist makes regular visits. A faith minister visits regularly and runs services within the home.

One resident was observed in his room watching a western movie on the TV.

Recently a dinner was held to celebrate Valentine's day and 9 couples attended. In December last year the home ran an 'Elf' day with staff dressing up as elves and they held a staff bake-off which raised £128 for 'dementia awareness'.

The week before our visit one of the residents got married at the local church and many residents attended the service.

Experience of care meeting the needs of those living with dementia

The home uses "doll therapy" for those living with dementia. While we were present a carer brought in two toy baby dolls and one resident immediately got up to look after one of the dolls. Another resident came over to the first to enquire how the baby was. The dolls encouraged residents to interact with each other.



Relatives/visitors said:

"My partner is so well looked after"
"My wife is assisted to eat by the staff"



Carers were constantly checking that residents were 'OK' and appeared to be working well as a team.

While talking to a relative of one of the residents, we heard another resident in a nearby room shouting and yelling, and it seemed this was distressing for the resident we were visiting. We were told this happens a lot, and that some residents also find the lounges noisy and prefer it when it is quieter.

Some residents were given colouring books with a large tub of crayons.



Our Observations

During the visit the authorised representatives observed interactions between staff and residents, and looked at the physical environment

Staff interactions with the residents

Staff were observed chatting and joking with residents, and one staff member dancing with a resident, all addressed residents by their first name.

We were told staff help to feed those that can't do it for themselves.

As we moved through the lounge one resident was observed to be bare footed, a staff member informed us that "we do encourage them to wear socks or slippers, but some refuse to allow us to put them on"

Some residents like to have their own space and we were told they can get upset if another resident is in that area. Staff told us they will do their best to appease the situation. When a resident requested to go back to their room staff took them as requested.

The environment of the home

All rooms are single occupancy, each room has its own toilet and washbasin. Bathrooms are on each floor, baths are equipped with lifting frames and hoists to assist resident in and out of the bath.



The lounges are bright and airy, and warm. Some pink and white bunting was seen hanging from the ceiling in the kitchen area. In the downstairs main lounge one wall needs repairing due to a hole in it. Some of the wallpaper shows signs of object having been on the wall that are no longer there. There are two chalk boards showing what the menu was for that day.

There are plans underway to extend the downstairs lounge into the garden to provide more space in the lounge.

The kitchen area in the downstairs lounge was clean and tidy, though in the sink beakers and a jug were stacked despite a near-by sign by saying the sink should be kept clean and tidy at all times. One of the tables in the lounge was observed to be dirty from mug stains and the surface was sticky.

We noticed that in one of the upstairs toilets, a good clean especially round the pedestal of the toilet was needed.

All rooms have a call bell system which links to display screens through the home, it was observed that some residents especially in the upstairs lounge would not have access to a call bell especially when there are no staff in the room. The pull cord was behind a chair.

Fully mobile residents were free to move around within the units and were free to approach us and talk with us. We observed one resident trying to enter the home kitchen area, was 'headed-off' by a staff member.

Staffing levels and training for staff

We were advised that typical staffing levels are:

Ground floor (32 residents 7 were receiving 1:1 care by day and 1 by night) plus

- Day 5 x care staff, 1 x nurse, 1 x nursing assistant
- Night 4 x care staff, 1 x nurse

Upper floor (34 residents)

- Day 7 x care staff, 1 x nurse, 1 x nursing assistant
- Night 4 x care staff, 1 x nursing assistant

In addition, managers, housekeeping, kitchen, gardening, receptionist, admin, and maintenance staff support the residents and home operation. There is one activities co-ordinator, and a second one waiting on DBS checks before joining.

Before commencing employment duties, all staff are required to complete online training (provided by 'psitticus' with advanced medication training by 'Presquipp', and additional nursing training by Shropshire Partners in Care) for:

- Care staff - Care certificate, Safeguarding, DoLs, Level 1 food handling, Dementia
- Nurses require - Care certificate, medication competence.
- Kitchen staff - Level 2 food handling, Hygiene, COSHH, Health & Safety.

Once they start care duties, staff are given a 'carers protocol' supporting them putting learning into practice setting out the home's expectations.

In certain areas we noticed that some members of staff look 'rushed off their feet'. One member of staff told who had worked at the home for more than a year told us that "staffing levels can be a problem, especially around half terms when everyone requests annual leave". The problem was also impacted by staff needing to use unused annual leave before the end of the holiday year. "Having two senior care staff has helped ease the pressure". Staff hoped that with the new business manager in place, annual leave should be controlled better next year.

Additional Findings

We asked the manager if any of the recommendations from our previous visit had been actioned (bearing in mind that the managers have changed since our last visit) and were advised that:

- 1) *Consider asking residents and relatives what music they would like played in the lounges -*



Residents do get consulted about the selection of music, since our last visit the TV has been removed from the downstairs main lounge as no one really watched it and contributed to making the lounge noisy. One resident upstairs did comment that they can't choose programs to watch.

2) *Explore ways of inviting people in the local community to visit the home -*

Three schools visited prior to Christmas carol singing and they had a number of pantomimes.

3) *Consider introducing more items to support reminiscence -*

Adult colouring books are used. There are plans underway to convert a little used quiet lounge into a sensory lounge.

4) *Continue to organise Residents and relative meeting -*

Currently resident and relative meetings are held six-monthly, they use Facebook live to stream the meeting to relatives who are unable to attend. There is also a Facebook group (closed) to keep everyone informed, these are run by relatives not staff. The last residents and relatives meeting had taken place 2 weeks before the latest Healthwatch visit and was very positive.

5) *Consider approaching Telford United Football Club so residents who want to can attend -*

Some residents do attend local football matches. The cine-lounge is used more now for showing the Sky sports channels. Events are planned around the sporting theme.

Other relevant information provided:

Telford and Wrekin issued a 5-star food hygiene rating the home.

Recently the boiler system was replaced. As there could be problems, one relative was given the direct phone number for the home's 'estates manager' so that if staff were too busy to address the issue the relative could get a quick response to a problem. We were told that typically the estates manager was on site within 10 minutes.

Summary of Findings

- Residents and their relatives say they are well looked after by the staff and they like the food.
- In general, it appeared a very happy place where residents looked clean and well dressed, comfortable and relaxed in their environment, which was clean, bright and airy.
- Staff were friendly and showing dignity and respect to residents.
- The 'lounge duty' system seems a good idea to ensure staff can respond to resident needs which can be monitored.
- The activity week board with pictures as well as words helps those living with dementia.



Recommendations

- Share with other care home the 'lounge watch' incentive.
- Tell all visiting entertainers and other visitors who might move furniture to make sure nothing obstructs the fire exits (this was also observed during a previous HWTW E&V visit).
- Look at ways to avoid the weak and insipid looking tea for those who prefer a stronger brew.
- Follow up with Age UK the option of attending a second lunch club.
- Continue interacting with other local groups and organisations.
- Keep notice boards up to date and relevant.

Service Provider Response

Healthwatch Telford & Wrekin received the following response to the Enter & View visit and report from the manager of St Georges Park Care Home in May 2019.

Please pass on my thanks to the "visiting team" the staff found them very professional and supportive throughout the visit.

The manager has also provided the following information in response to our recommendations.

Residents now attend a second lunch club

The care home has now become linked with a local nursery in St Georges.

In regards to the notice boards, since your visit we have changed the way we advertise the activities, these are now advertised on a weekly basis, and can be found in a more appropriate format and frame, there is now an identified person to ensure this is changed every Monday morning.

We have conducted a survey of residents and have a list of residents that prefer stronger tea, and these will now be cooled with cold water rather than cold milk. We would like to comment on the odour on the ground floor, this is probably due to spillage by residents preferring to walk and eat rather than sit at a table, we have recently invested in a new cleaning system which we feel is making a difference, and hope to eradicate the odour, we would like it noted that the odour is not as a result of urine.

Repairs to the wall in the main downstairs lounge will be addressed with the new orangery which will expand the space in the lounge, and bring the outdoors in, this will be a very light and airy space.

The manager advised that the on-duty staff board always shows her on duty so residents relatives would know who the manager is.



Acknowledgements

Healthwatch Telford & Wrekin would like to thank the residents and staff of St Georges Park Care Home for their contribution to the visit and our Enter & View programme.

Get in Touch

Please contact Healthwatch Telford & Wrekin to share your views and experiences of this service or any other health and social care service in Telford & Wrekin or received elsewhere by people living in Telford & Wrekin.

We gather comments anonymously and share them with the public, service commissioners and providers to highlight areas of good practice and identify areas for improvement.



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