



Details of visit

Service address:

St George's Park Nursing Home, The Cedars,
School St, St George's, Telford TF2 9LL

Service Provider:

Rotherwood Healthcare

Date and Time:

12 October 2016, 14:00 - 17:00

Contact details:

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

Publication Date:

Acknowledgements

Healthwatch Telford and Wrekin would like to thank the service provider - Rotherwood Healthcare, 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.



What is 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 as service users of St George's Park Nursing Home to understand how dignity is being respected in the care environment.
- To capture their experiences and those of relatives/visitors, and any ideas they may have for change.
- Observe residents and relatives/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 health and care settings.
- The visit is also 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.

4 Authorised Representatives (ARs) were assigned to the visit. The lead representative visited the home before the visit to speak to the manager and take 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.

Authorised Representatives explained to everyone they spoke to why they were there. They spoke with 13 residents, and 1 relative present with a resident at the time, to ask them about their views and experiences of the care services.

Authorised Representatives talked to care staff, management and other professionals present to hear about their contributions to service provided - quality of care, safety, dignity and respect, and acknowledging resident and families' wishes. During the visit representatives observed delivery of the service and interaction between staff and residents. Observations were gathered while walking around the separate areas within the home to gain an understanding of how the facility works and how the residents engage with staff members and activities within the home. A guidance-list of dignity and respect topics was prepared to support the observational activities.

When the representatives had finished speaking to staff, the residents who received the services, family members and visitors/carers, they left them with explanatory leaflets.

Summary of findings

At the time of our visit, the home manager was not present and there was confusion about who was in-charge of the home. All nurses working in the home at the time of the visit were agency and clerical staff were unable to identify a "duty manager"

1. Residents told us that they felt safe at St George's Park
2. Residents told us that the food was very good.
3. Staff told us that St George's Park is a great place to work
4. All staff observed showed great rapport with residents and responded to them appropriately.
5. Staff told us that they were unable to spend enough time with residents due to understaffing.



Results of Visit

St George's Park Nursing Home is in the St George's neighbourhood in Telford - one of the original areas of Telford with traditional narrow streets and housing. The Care Home is in School Road.

The Home is a purpose-built care facility with 70 bedrooms split across 2 care areas. The Acorn Unit on the ground floor has 32 rooms and is a dedicated dementia care facility. The Oak Unit on the first floor has 39 rooms and provides nursing care for a variety of client needs. The home is only registered for 70 rooms so occupancy will never go beyond this.

There is good signage at the entrance of the home and accessible parking. This is a two-storey building of modern design and good external decoration. There is controlled access to the home and a spacious modern reception area with

reception desk and receptionist and sofa seating, low tables and a large wall clock and home name plate and framed certificates. There is a further controlled entrance to the Acorn Unit and lift access to the Oak Unit. Both units are set out in a series of corridors, residents' rooms, lounges, staff offices and other facilities e.g. a hairdressing room. The interior area is well decorated in pastel colours and external viewing of residents' rooms showed good decoration, good sized windows, bed and good room storage - all rooms are en-suite and have wall TV's. The home is well carpeted and there are hand rails throughout. Dining areas are provided on both floors and residents can eat with others or on their own as they prefer.

Authorised representatives split into teams of 2, each team taking one floor each.

Acorn Unit

Representative were allowed free access to the Acorn unit, and observed residents throughout. There was an activity session going on in the main lounge while they were present which involved music and singing. There was good interaction with the residents and they were encouraged to sing along. Residents observed appeared well dressed and cared for.

Representatives noticed that a table had been placed across a fire door during the performance, effectively blocking it, and this was brought to the attention of senior staff when the team fed back at the end of the visit.

There was a nice atmosphere in the unit, and a member of care staff was observed dancing with a resident in the corridor while the music was playing.

Staff observed were talking to residents using their names and displayed a friendly and helpful attitude.

Residents spoken to, told us that they liked the home, the temperature within the home was good, and that the food was excellent. Residents told us that the Sunday lunch was particularly excellent - "The food is wonderful; Sunday lunch is the best!".

We were told that residents could get drinks when they wanted them, and we observed a drinks trolley being taken around.

We observed that the waste bin provided for paper towels in the visitors' toilet was very low to the floor and required the lid to be lifted off - which might be difficult for some visitors.

Oak Unit

The main lounge in the Oak unit is situated above the front door of the home and at the time of the visit it appeared to be in the process of being redecorated. There were some pictures, and a clock stored in one corner apparently waiting to be put; there were no window coverings (curtains etc).

We spoke to total of six residents and one relative in the Oak Unit. Generally, residents thought they were well looked after and were very positive about food in the home, one resident telling us that his portion sizes had been adjusted because they were too large.

There were 2 residents in the lounge and both said they felt safe in the home and that is was “quite nice”. One resident was waiting for transport to take them home and carers came in to check that they were comfortable and attend to their needs.

One resident said they were thirsty so the representative went to find someone to bring a drink. The drinks trolley was on its way around and we observed that the staff member appeared to have a great rapport with the residents; the staff member knew residents by name and provided the appropriate drinking vessel for each. We observed a drink being put down rather abruptly on a low table by one of the residents in the lounge; the resident did not appear to be able to reach the beaker where it had been placed.

Residents were asked about pain relief and said that they could get this when required. While we were with him, one resident said that he was in pain, and pain relief medication was brought to him within 10 minutes.

Care staff asked one resident if we could speak with them, and moving in to the room we noticed continence aids in full view.

The Activities Co-ordinator spoke to us about the range of activities for residents within the home. Communal activities are arranged in the lounge areas, and the activities coordinator visits residents who are unable to leave their rooms or choose not to leave their rooms to ensure they have opportunity to take part in other activities. One of the residents spoken to told us that they had been on a trip. We were told that Residents go on organised trips out of the home, and one of those described was to a local ‘petting farm’. There is a cinema room in the Oak unit, with a large screen TV. This was being used for staff training at the time of the visit, so representatives were not able to view it.

Additional Findings

- The alarm cord in the front lounge in the Oak Unit was positioned on the wall tucked behind several chairs which would not have been accessible to residents sitting there.
- Curtains were coming off the curtain rail in Room 53.
- One resident reported that carers could be quite “rough and ready” when getting them up in the morning.
- The bed sheets of a resident with pressure sores felt quite ‘rough’ to the touch.

Recommendations

1. Clear information about the member of staff in-charge of the home should be readily available always.
2. Redecoration of the Oak Unit lounge is completed, to include window coverings, and attention paid to the position of the call bell when positioning furniture.
3. A more suitable waste paper bin be provided in the visitor toilet in the Acorn Unit.
4. That continence aids should be stored or disposed of discreetly before visitors are brought into rooms, to ensure the dignity of the residents.
5. 'Smooth' cotton sheets be provided for residents with pressure sores.
6. The Activities Co-Ordinator should be encouraged to meet with others in the local Care sector to share best practice.
7. Staff be reminded of fire regulations and care be taken not to block fire exits in future.

Service Provider response

The draft report was provided to the manager of the Home for factual accuracy check and response on Findings and recommendations, but no response was received.