



**Details of visit**

**Service address:**

St George's Park Nursing Home, The Cedars,  
School Street, St George's, Telford TF2 9LL  
[HTTPS://rotherwood-healthcare.co.uk](https://rotherwood-healthcare.co.uk)

**Service Provider:**

**Date and Time:**

**Announced 27<sup>th</sup> July 2017**

**2pm until 4.30pm**

**Unannounced 3<sup>rd</sup> August 2017**

**5.30pm until 7.30pm**

**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 St George's Park Nursing Home, residents, 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 from those who use the services 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 View visits 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. 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 their dignity is being respected in the Nursing Care Home environment, and how those affected by dementia are supported to have the best life that they can.
- 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, and on Dementia.
- 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

**Two Enter and View visits were conducted - an announced visit, and an unannounced visit.**

Four authorised representatives were assigned to the visit's. They met with members of management before speaking to anyone in the care home and took advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons.



Prior to our announced visit, Healthwatch information and Feedback forms with a 'post box' were delivered to the home. This was mislaid at the time of the visit, but was later found and returned - there were three feedback forms posted. During the visit, the representatives explained to everyone they spoke to why they were there. They spoke with four residents, and three relatives/visitors/carers present with the residents at the time, to ask them about their views and experiences of the care home services.

Representatives talked to the six staff, management and other professionals present to hear about their contributions to the service provided - quality of care, safety, being treated with dignity and respect, and acknowledging resident and families' wishes. During the visit, representatives would also observe the delivery of the services; these were gathered while walking around the premises (public/communal areas) to gain an understanding of how the home actually works and how the Residents engaged with staff members and the home's facilities. A guidance-list of dignity and respect topics as well as dementia information was used to support the observational activities.

## Summary of findings

- Residents and relatives told us they thought the home was 'better now, and the staff are lovely and kind'.
- Residents were seen laughing and smiling when engaging with staff. Staff encouraged residents in their activities and tasks, and cared for residents when they were upset or tired.
- We observed many occasions when care was given that supported the dignity, respect and well-being of residents. The carers gave time to residents, encouraging and taking part in the conversations, and joining in activities and tasks, though on a few occasions insufficient time was given for a resident to respond to a question.
- We observed carers encouraging residents to talk about their earlier memories - reminiscing about items in an activity box of the war years, ration cards, photographs etc
- Staff told us they enjoyed their job, and they felt supported by the management.
- An idea using a picture introduced by a resident's relative for monitoring resident drinks/fluids intake was also observed to be very successful in engaging relatives and friends in the care of residents.
- The refurbishment undertaken in the Home gave a good impression on entering the premises. It was light and bright; furniture and furnishings have been introduced that better-meet residents' needs.



## Results of Visit

St George's Park Nursing Home offers a range of care services, for people requiring residential care and companionship to full nursing care and specialist dementia support. The home is situated in a residential area and was working towards bringing the community in to the home, and residents, who were able, go out into the community.

We were met by the management team, given a brief description of the home and facilities offered to residents, and afterwards a tour around the home to help us find our bearings. The team were able to speak with residents and staff unaccompanied.

At the time of our visit there were thirty-nine residents. Plans were in place for the number to be increased at a rate that would not cause current residents to become unsettled. We were informed that the owners were supportive of the management team's approach on not wanting to rush to fill vacancies. All rooms had en-suite facilities, and residents/family members brought small items to personalise their room which made it personal to them.

Since our previous visit, the home has refurbished the upstairs lounge. The downstairs refurbishment was virtually complete, except outside the lounge/dining areas, where the flooring is due to be replaced by a clean easy floor covering. Changes had also been made in the Acorn Unit; fire doors had been fitted in the hallway, a glass window removed and a door had been installed to allow access into the garden. All areas were bright, light, homely and cheerful, and we noticed comfortable chairs were also placed in the corridors so residents had several choices of where to sit. Wheeled 'Flexi Port' chairs with handles for carers/relatives to push the chair, had been purchased allowing residents to be seated comfortably and the chairs to be moved easily anywhere in the home including between the two floors. The lounge areas upstairs were decorated and arranged like 'at home' with TV, magazines and CDs.

We noticed a display board with photographs of the staff on duty and their role. *[Service Provider clarification: The Staff photographs board is for one floor. There is a similar notice on each floor. The Acorn unit board is just before the entrance door to the unit and the Oak unit board is opposite the lift upstairs in the unit. There would be another compliment of staff of a similar size on the other unit including another nurse (management etc. would be the same pictures)]*

On the day that we visited there were six carers and one nurse on duty during the day shift, and five staff and one nurse planned for the night shift. There was also a 'twilight' member of staff, admin, and a management team on duty. Staff normally work twelve-hour shifts for resident-continuity. We were told that Agency staff are used but the preference is to use the same company and staff if at all possible.

A 'Medicare call system' was installed and we observed digital screens evident during our visit. If a resident on either floor made a call, this was displayed on each floor so that carers could see if the call had been answered, or if assistance was required on that floor/room. We did not observe any call handset in the quiet room in the Acorn Unit.

All residents were dressed well, wearing clean (unstained) appropriate clothing. We were told that Residents had a choice of what to wear on the day, and some residents needed encouragement to get dressed. A hair saloon is situated on the ground floor and a hairdresser visits the home on Friday's. Residents who preferred their own hairdresser could also use the room, which provided some continuity and was demonstrated a person-centred approach to care.

We were told that Residents are offered the choice of a bath or shower, as both were available. Resident preference was normally initially taken when the resident first came to the home, however, residents were asked on each occasion if they would prefer a bath or shower in case they had changed their mind on the day. We noticed that toilet seats installed were blue (a different colour to the rest of the toilet) to make recognition easier for residents living with dementia.

### **Residents told us**

Residents able to converse with us told us they "liked it here; it's changed and its good now, and the food has improved". Residents told us about the entertainment that happened yesterday - one describing it as "A lovely 'forces day', with a singer singing old songs; I love to sing".

Residents told us about their choices. Some told us they preferred a bath telling us they were supported by the staff during the bathing, and one resident commented - "I can stay in fifteen minutes, and have my hair washed".

Residents told us that staff helped them when needed with walking - "I walk with my walker myself but I need the support from a Carer if I want to go downstairs". Some Residents told us they used to go for a walk to the local Pub in Legomery with the help of one of the Carers, but since the Carer had left they were no longer able to do this, and stated they missed the opportunity to go out into the community. *[Service Provider response/clarification: This information is based in truth, but the details given relate to several years ago. There has been a recent trip to the pub, and staff will continue to take residents out when the residents are able to do so, and when the residents want to go.]*

Residents told us they enjoyed singing, and listening to the singers of the fifties era. They also told us about singing Methodist chapel hymns, and someone playing the guitar. Some Residents commented that they missed not being able to play bingo! Some residents mentioned that they enjoy reading the local newspaper - for the football as well as local news, although one commented that sometimes the newspapers were a day old. Replying to what was the best thing today, a few residents replied - "the ice cream". One commented "this really cheered me up". Asked what was the worst thing, a few residents commented on 'the doors slamming at night all the time', with one saying "it quite affects me, I like it quiet".

### **Relatives Views and Experience's**

Relatives commented that the home had improved and was much better than before. One relative noted that their family member was being well cared for and was happy, and some commented that staff were 'caring carers' now, rather than just staff who care. A relative told us that though a resident could not communicate in the normal way, they were still offered a choice from the meal

menu, and an opportunity to indicate their choice. Relatives also commented that staff made relatives welcome - telling us that staff made a hot drink as soon as they (relative) went into the kitchen area. Relatives agreed that this was regularly done for visiting relatives.

One family member confirmed that they had been involved in their relative's care plan which was recently updated. They told us that GP's were involved when required, as well as a chiropodist and an optician had also visited the home. On enquiry, relatives confirmed that their family member's spectacles/glasses were named on the arm. They also mentioned that naming of clothing was now done by the laundry staff, which they (relatives) welcomed.

Relatives noted that Agency staff were used a couple of times a week, and added that the home management tended to retain the same agencies for continuity for the residents. Relatives told us that they could raise concerns with care staff and management, and that their concerns would be resolved. The relatives indicated that the present care and management team were working with them (relatives) to improve communication and understanding, and to better communicate residents' needs.

### **Acorn Unit**

The Acorn Unit is accessed from the main reception area with entry controlled by keypad entry. This unit is a Dementia Unit. The walls were clean and bright, and the corridors leading-off were wide enough for wheelchairs and residents to pass along the corridors. Easy chairs are situated in wider spaces in the corridors, placed for residents to have a rest in if they wish to do so. Handrails are a different colour to the walls, and carpet also a darker colour than the walls. The signage is 'Dementia friendly'- bold and bright and stands out from the walls, with words and pictures. These are placed to the left and right of the corridor



entrance making it easier for navigation for residents and visitors, both to and from areas. We were told that residents sometimes take down the signs, so the Home is looking to replace current adhesive-fixed signs, with more securely fixed signage.

We were shown colourful bedroom doors on which was displayed the resident's name on a plaque, though the size of the plaque seemed a small. Each resident's door also had a letter box for personal mail.

We observed the Residents were seated in the lounge and dining area of the main communal room (lounge/dining/kitchen area). We noticed the TV was switched on, but was playing modern music which we observed the residents didn't seem to be taking any interest in; some residents there were sleeping. Double doors gave access into the garden and paved area. We noticed one resident with Carer who were talking together outside in the sunshine. We observed a row of small plant pots with names on; we were told residents had



planted sunflower seeds in these and some were interested in watching them grow.

We noticed that staff offered residents drinks during our visit, but the visit from an ice cream van was more appealing. The home had an arrangement with the Van to call fortnightly. We watched residents walking to the van which parked outside for a considerable time to enable those who needed assistance to go to the van time to do so. Those residents who were unable to go to the van were provided with their ice creams by carers. Judging by the smiles on residents faces, they clearly enjoyed the experience. We were told that payment for the ice creams came from the 'activity budget' thus enabling everyone to be part of the experience.

Within a secure unit we observed a resident receiving one-to-one support. The management team explained that this support was given for up to twelve hours with small but significant steps achieved to engage the individual with various activities. Though we had limited communication responses from the residents in this unit, we heard one resident liked the ice cream.

### Activities in the Acorn Unit

An activity board on a wall in the corridor showed some of the activities for residents. We observed staff



engaging with residents with an 'activity box', and we were told that further 'reminiscence boxes' were to be purchased. One resident was being encouraged to 'colour in' a picture, while another was dancing with a member of staff occasionally breaking into song. We were told that Armed Forces Day celebrated on the day before was enjoyed by many of the residents with some of them joining in to sing along with the visiting singer.

We were told that activities are offered throughout the day including at weekends. Recently with the assistance of staff and family members, residents were compiling individual memory books that

include old photographs of the residents' life. Twiddle muffs knitted with bright colours, fabric, and added embellishments were seen stored in a basket ready for residents to use. We also noticed pictures in the downstairs hallways which gave the impression of being in a pub and post office -provided to support resident reminiscing.

### First Floor

The decoration and furnishings were of a high standard - bright and cheerful colours. Some residents were in their rooms sleeping, some enjoying time on

their own in their room, and others were watching TV or other activities. An upstairs lounge was being used as a cinema with a large screen TV and residents were observed here watching an old film. In another lounge, we saw a fish tank which we were told was liked by residents who liked to watch the fish. We also noticed a resident being active with their hobby and clearly finding pleasure in this from the expression on their face. In another lounge, we met a resident who was watching TV who stopped to talk with us. We also spoke with relatives, and observed afternoon hot and cold drinks as well as cake and biscuits being offered to residents and the relatives.

## Food and Nutrition

We saw a certificate indicating that Telford and Wrekin Council had awarded the Home a food and hygiene rating of five stars. Staff told us about the Apitito food system which was a recent introduction to the menu on offer. Before this was introduced, residents and relatives were involved in a food tasting session. We were also told that all the meals were fortified to ensure resident nutritional needs were being met. Staff commented that the Residents were regularly weighed and this was monitored; the meals could then be adjusted as necessary. One resident told us that they preferred puddings of rice, semolina and tapioca which they hadn't had in a long time. **[Service Provider response/clarification: These are a regular option on the menu; some residents forget the options that have been provided - even recently.]** Finger-food and yogurts, fresh fruits etc were offered and we were told that if residents didn't want what was on the menu, efforts were made to make an alternative available for the resident. Puréed food and soft food options were also available for the residents as needed, and to help encourage eating the food was shaped, so for example, fish would be puréed then served formed in the shape of a fish. Hot and cold drinks were offered throughout the day for residents and relatives/visitors, and for the resident's drinks were served in a mug with one or two handles; there was a good range of different cups/mugs.

One relative commented that once their relative had been sorted with their food preferences, the resident was eating better than when at home, and was even eating desserts again.





## **Staff and Management**

All the staff we met were polite, cheerful and friendly, and we saw them fully engaging with residents. Visitors at the time of our visit were advised and encouraged to speak with us. We spoke to one staff member who had started working at the Home this year; the staff member told us they were happy working here, with every day different, and they found they were part of a good team. We observed that staff seemed to have a good approach and rapport with residents. They spoke to residents by their preferred name, and in many cases used their first name.

We saw staff dancing and singing with residents, and having a laugh with them, or speaking in soft gentle tones. Staff were seen bending down to the relative's level when speaking with them, and all staff were observed to be in a cheerful mood with the residents. We also observed staff distracting agitated residents leading them away with calm quiet tones; one resident was fascinated by a key pad, while another resident was waiting in the garden for someone coming home.

Management informed our representatives that potential residents receive a full medical support plan, and initial checks are carried out which include weight, and a continence assessment. Relatives were also encouraged to have input to the care plan to ensure continuity, and the home relies on this information from families. We were told that resident religious and cultural beliefs and preferences were supported - residents could go to church/prayers with support as needed, and they could attend Holy Communion.

We were told new staff had been recruited this week to meet the needs as the home continued to receive additional residents. Management had been encouraged at the numbers of people seeking employment at the home, but they were mindful of the need to identify staff who would fit in with the residents and the other staff.

An active family relative of a resident had brought in a visual fluid chart (named 'Steve's Chart' - after the family member), featuring a picture of a mug (with incremental scale for measurement of fluids consumed which was coloured in appropriately by visiting family members. 'Steve' had asked staff if they thought it useful. Staff indicated it was being used for other residents now along with the existing fluid records.

Management told us that communication between staff and visitors had been an issue in the past, and at times could be still problematic, but management and staff were working hard with relatives/visitors to ensure better communications between each other.

## **Unannounced Visit**

Three authorised Enter and View representatives visited the home to conduct an unannounced visit, and were met by the management team and an area manager. Two volunteers conducted observations of the residents in the main lounge, and the remaining representative met with visiting relatives on the first floor.

Nursing staff, Carers and other staff were observed interacting with residents during the visit. We observed staff treat residents with respect and dignity in their care, and showing interest in resident responses, with 4 members of staff in one of the lounges at most times. Staff asked people what they would like to watch on TV, and regularly offered drinks. We saw that one staff member noticed that one of the residents was tired and enquired after their well-being. Another resident was upset, and a staff member enquired why and gave the resident one to one attention until they were feeling better. Staff were seen to ask residents if they were ready to be moved and wait for a response before proceeding. When asked the time, staff encouraged the resident to look at the watch for the time. A resident colouring in a picture was asked by a staff member if they wanted to change the colour they were using, and another resident was encouraged to change their cardigan which had become dirty. On a few occasions, some staff were seen not giving long enough for people to respond to the questions asked.

We observed a Carer assisting a resident to eat their meal; the Carer spoke to the resident while offering the food and was then seen to wait until the resident had eaten the food before offering more, showing care and respect for the resident. Staff serving at meals were seen to be asking people if they enjoyed their meal, and if they had finished before then removing dishes.

Another Carer was speaking and laughing with a resident; we saw this happening numerous times during our visit. One resident was busy colouring-in pictures in a colouring book and looked engrossed in the activity. Another resident was having a conversation with a Carer who was on their knees talking and smiling with a cheerful expression while listening to the resident. By the amount of chattering which was going on the resident was clearly enjoying the conversation. One resident who had not been observed to speak at all and was not showing any interest in what was going on around them, suddenly beamed with a big smile on their face. The resident appeared to have heard something from the conversations going on around them which had triggered the smile and laughter. Another resident was sitting quietly observing other people in the room; we noticed they had a walking frame placed close beside them and within their reach. We also observed a resident entering an open door to a resident's room and start tidying a draw of clothes. We were told later this was not their room, and the resident just liked to tidy things.

Drinks were offered to residents, and tea seemed to be a favourite. Staff were observed encouraging residents to have a drink. We noticed a Carer taken by surprise by a resident who was walking around them. The Carer bent down to ask the resident if they would like a cup of tea to which the resident responded by planting a kiss on the Carer's cheek. After the drink, the resident continued dancing constantly on the move.

Later we saw carers were filling in the care plans before the end of the shift, and when spoken to by a resident, broke off their task to chat with the resident in a cheerful voice. A night nurse came on duty arriving an hour before their regular time. The staff member introduced herself to the team and explained the early start as time they liked to speak with residents before their shift.

## Recommendations

## Service Provider Response

<p>1. Consider asking residents and relatives what music they would like to be played in the lounges, or their room.</p>	<p>We sincerely hope that the norm is for service users to select music, we have occasionally noticed some wandering and confused service users may inadvertently change the channels but we try to make sure staff do not select their choices. This is down for discussion at the next staff meeting - Thank you.</p>
<p>2. Explore ways to invite people in the local community to visit the Home which would bring extra activities and different social interactions for the residents - such as through fetes, and inviting schools and community groups to visit.</p>	<p>We completely take this on board and have been working towards this for many months; it is only recently we have felt we are sufficiently good enough in care matters to encourage this.</p>
<p>3. Consider introducing more items to support reminiscing including large jigsaws and more pictures; use adult colouring books with larger pictures (not too fine detail).</p>	<p>This was underway already, but your comments have served to reinforce and rethink this - Thank you.</p>
<p>4. Continue to organise 'Residents and Relatives' meetings and encourage relatives and friends to attend to assist with and encourage good relationships and better communications.</p>	<p>We have constantly met with families and residents, but normally on an individual basis. This is an area I myself have not managed to arrange for the home to do meetings, as intended. We are planning the next meeting now, and will continue to do so since the home has improved overall.</p>
<p>5. Consider and investigate approaching the local Telford United Football Club to see if they have volunteers who would accompany a resident to an occasional match, or a couple of players who would be willing to visit the home to talk about football memories.</p>	<p>This has not been considered up to now but will certainly go on the agenda; it has also made us think wider as we may have links to other clubs. We have also reminded the Staff that we do have a full 'Sky Package' that has lots of the football matches, so this can be seen on the cinema screen at the home.</p>
<p>6. Share the "Drinks Monitoring Chart" (known as "Steve's Chart") with other local Care/Nursing Homes which involves Relatives and visiting friends in the care of the Residents.</p>	<p>We will discuss this with the local authority, to see if it can go on their next meeting with care homes. We will also show it to the local care home association. The same applies for the 'Ice Cream' van.</p>

Fred Fennell - Director of Quality Assurance  
[Rotherwood Healthcare (St Georges) Ltd]