

Enter & View Report

St Georges Care Home

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Authorised Representatives

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25th May 2018

What is Enter & View?

Part of the Healthwatch Wirral work 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 2012 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 use the service first hand.

Acknowledgements

Healthwatch Wirral would like to thank the management, residents, carers and staff at St Georges who spent time talking to us about the home.

Please note that this report relates to findings observed on the specific date and time of the visit. 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.

The visit also takes into consideration the fact that some of the residents spoken to may have an illness and/or disability, including dementia, which may have an impact on the information that is provided.

Type of Visit Undertaken

General Profile

St Georges Care Home was originally built in 1955 and was the A&E Dept and Surgical Unit for Victoria Central Hospital in Wallasey. It was converted to a Care Home in 1984 and an extension was added in 1989. It is privately owned by St Georges Care Homes Ltd.

It is situated near to Central Park, Wallasey and is close to local amenities. The home offers Nursing, Residential, EMI and Transitional care for up to 60 older people.

Accommodation is provided over two floors with a lift providing access to both. Parking is available to the front of the building for staff and visitors.

Type and Purpose of Enter & View Visit

Undertaken

Announced visit, Responding to feedback

Methodology

The visit is not designed to be an inspection, audit or an investigation, rather it is an opportunity for

Healthwatch Wirral to get a better understanding of the service by seeing it in action and talking to staff, service users and carers/relatives. Healthwatch Wirral seeks to identify and disseminate good practice wherever possible. However, if during a visit Healthwatch Wirral identifies any aspects of a service that it has serious concerns about, then these concerns are to be referred to the appropriate regulator or commissioners of the service for investigation or rectification. Any safeguarding issues identified will be referred to the Local Authority or Commissioner for investigation.

The rectification of less serious issues may be directly with the service provider.

The Enter & View visits are a snapshot view of the service and findings are reported based at the time of the visit.

Enter and View visits are conducted in a way that works in accordance with Merseyside Safeguarding Adults Board's principles and procedures. Information will be shared accordingly in order to safeguard adults at risk on Wirral and promote quality of local services.

Discussions, Findings and Observations

On entering the property we were asked to sign in and use the hand gel for infection control purposes.

We were informed that the Manager for the home was on annual leave but a member of the Management Team, from the other home owned by the group, would meet with us.

Unfortunately this Manager could not stay, as they were expecting a CQC visit in the other home, but they took the time to welcome Healthwatch Wirral Authorised Representatives and have a short discussion before leaving us to conduct the visit.

We were invited to make arrangements to meet the Manager of St George's Wallasey on their return from leave.

As a result of this one of the Healthwatch Authorised Representatives met with the Manager on 31st May to have a discussion about the home.

Environment

Reception

The reception area was bright, and spacious. We were invited to sign the visitor's book and use the hand cleanser to adhere to infection control procedures within the home.

Information including The Statement of Purpose (information about the home and the services provided) and the Service User Guide were displayed along with a range of information including activities scheduled.

The area was clean and well-presented and the staff were very welcoming.

Corridors

The corridors were wide, well lit, clean, tidy and fresh. All were free from obstruction apart from an area where safety equipment and boxes were stored. The décor was a good standard and it was evident that the home is undergoing a programme of refurbishment.

Healthwatch Authorised Representatives observed that staff were readily available to help residents go about their daily lives. Health and Safety equipment

checks appeared to have been completed on fire extinguishers and any equipment viewed. There was a nurse station sited on the main corridor of each floor.

Lift

The lift was of a good size to accommodate trolleys, walking frames and wheelchairs. It was well lit, clean and fresh.

Lounge Area

The communal day room viewed was spacious and comfortably furnished. We noted that the seating for residents was arranged in groups as well as around the perimeter of the room. This appeared to work for the residents as it gave them an opportunity to engage with each other in a more homely environment. Visitors and staff were observed sitting with the residents and the atmosphere appeared to be relaxed and cheerful.

Dining Room

The dining room was very spacious and elegant. The tables were set with quality linen and fresh flowers. Menus are planned over a four week rotation and the daily menu on display showed a variety of choices. The furniture was arranged to enable residents to manoeuvre safely around the area.

Healthwatch Authorised representatives noticed a couple of environmental issues that could be addressed, such as a broken seal on the skirting board and a cable trailing low from the wall mounted phone which could be a potential trip hazard.

Kitchen

The kitchen was large and appeared to be organised, well equipped and clean. Special diets were displayed on the kitchen walls along with all of the usual Health & Safety legislation. However it was disappointing to see that the Environmental score was only 1.

All staff working in this area wore appropriate personal protective clothing and Healthwatch Wirral Authorised Representatives were requested to wear personal protective clothing before entering the area.

Bathroom/Wetrooms

The rooms viewed were very spacious and appointed to a high standard with specialist baths, hoists and grab rails to aid residents.

Call bells were positioned appropriately.

Each floor had a disabled access toilet.

Bedrooms

Residents' doors had their key workers names on them. We were informed that there were a small number of double rooms as well as single rooms. None of the rooms had en-suite facilities.

Healthwatch Authorised Representatives were invited by a resident to view their room.

The room was large and set out with a lounge space as well as bedroom area. It was decorated and furnished to a good standard. A call bell was fitted within easy reach for the resident to use. It was evident that this resident had personalised their room.

External Areas and Gardens

There was a garden to the side and rear of the property and the lawned area was being mown at the time of our visit.

We did not observe residents using the garden area at the time of our visit.

Car parking was available on site for visitors and staff.

Staff

Staff appeared to be friendly and attentive. They were observed treating residents with dignity and respect.

Several 'off duty' members of staff were in the lounge talking to residents. One had brought in their newly born grandchild to show to the residents who seemed very happy to meet the baby. Another had come in to do on line training and stayed to have a chat with the residents using the lounge facility.

Feedback from Staff, Service Users, Relatives, Visitors, Carers

Staff

All staff who spoke to Healthwatch said that they enjoyed working at the home. They particularly enjoyed working with the residents. They informed Healthwatch that they got on well with each other and felt supported by the new management. One member of staff reported that the new manager was very approachable and available for advice and support when issues arise.

Several members of staff were pleased that they had been offered further training to enhance their role.

We asked staff whether they would like to see anything improved and we received the following responses:

“In the past, things were bad, the home has been in

a negative situation but there has already been big improvements in the way things are being run”

“We are making good strides towards where we would like to be”

“There have been lots of changes and improvements”

“I feel very positive about the development of my role”

“It is good that staff are being involved in plans for improvement.

“It would be helpful if we had a Stand aid”

We asked staff whether they thought there were enough staff on duty to meet residents’ needs and we received the following responses:

“We have safe numbers over the two floors but at times could do with some more help”

“Not at all times”

“There could potentially be a few more on shift at

certain times”

Further comments received from staff included;

“We would like to see the garden made more user friendly”

“There is a real sense of community in the home”

Residents

Residents, who spoke to Healthwatch, reported that they were happy and very comfortable living at St Georges Care Home.

They said that they are treated very well, the staff are good fun, their needs are met and they are given the opportunity to contribute and make suggestion for future plans.

They enjoyed the food and choices available.

A number of residents reported that they would like to see a dedicated activities co-ordinator recruited and, at times, would like to see more staff on duty.

Relative

A person, who was visiting their relative at the time of our visit, reported that their relative originally came to St Georges for respite care. After a short time, the resident asked the family to sell their home so that they could reside permanently as they were so happy living at the home.

Another visitor informed Healthwatch that they get the chance to have their say about the home and staff are very open and willing to listen.

Safeguarding observations on day of visit

No Safeguarding issues were identified at the time of our visit.

Discussions with the Manager

We were informed by the new manager that they had been in post for 3 months.

They were currently working hard to improve the home and the recent CQC rating for St Georges.

Residential Status

It was reported that the home was not at full capacity with 24 people residing in the home. When at full capacity the home can accommodate up to 60 residents.

Care is provided over 2 floors, residential on the ground floor and nursing on the 1st floor.

Care Plans

We were informed that currently residents care plans do not accurately reflect people's needs and wishes and are being revised and rewritten by the Care Managers.

Residents are permitted to keep their own GP if the practice is agreeable to this arrangement and several practices in the area look after their clinical needs.

Staff and Training

The home currently employs 53 care staff (including ancillary staff administration, domestic etc)

We were informed that staffing levels are:

During the day

Residential - 1 x Care Manager plus 2 HCA and 1 x 1:1
Nursing - 1 x RGN plus 3 x HCA

Night

Residential - 1 x Senior plus 1 x 1:1
Nursing - 1 x RGN plus 2 x HCA

The Manager informed us that these staffing levels are currently more than adequate to provide safe care to meet resident's needs.

The home uses their own staff or Agency staff to cover any shortages.

Training /Induction/Appraisal

We were informed that all staff have induction when they start working at the home and all newly recruited staff have received induction.

Staff qualifications include NVQ levels 2 - 5 and mandatory training in core subjects such as safeguarding, manual handling, infection control, EOL, Dols , mental capacity, COSSH, venipuncture, catheters, wound management, epilepsy, diabetes,

dysphagia and dementia awareness.

Training is delivered by e-learning, outside agencies and distance learning. The home is registered with Skills for Care NMDS register. This is an independent organisation that provides the qualifications and set standards to equip social care workers with the skills and knowledge needed to deliver high quality care to service users.

Staff receive two appraisals and 6 supervisions annually or more often if required.

St Georges Care Home is committed to providing continual staff development to people employed by them.

Medication

The home has a Controlled Drugs Policy. Medications are administered by the Care Manager or senior for residential residents and the trained nurse administers medication for the Nursing Care residents.

Complaints

The home has a complaints procedure and staff, residents and their relatives are aware of this. The

Manager has an open door policy to enable staff, residents and relatives to discuss any issues. Any complaints received would be fully investigated, documented and feedback by Management.

Committees/Meetings

St Georges hold residents, relatives and staff meetings as well as conducting surveys.

Nutrition and Hydration

Dietary intake is monitored using the MUST tool (Malnutrition Universal Scoring Tool) Residents are weighed when they arrive at the home and their weight is regularly monitored and recorded. When applicable, dietary supplements are provided. All staff are aware of the need for adequate hydration and nutrition for residents and drinks are offered on a regular basis. Care staff are on hand to assist residents with their dietary needs as the home chooses a person centred approach to caring. Residents are given a good choice of food and staff know individual preferences. Residents are also encouraged to suggest menu ideas.

Health and Safety

Evacuation Procedure

We were informed that St Georges uses the Personal

Emergency Evacuation Plan (PEEP)

The Maintenance Procedure for equipment and the building and all certificates of servicing are managed by the handyman and documented by the administrator.

Pressure Ulcers

At the time of our visit there were no incidents of pressure ulcers.

Falls

Falls are managed by assessing and monitoring residents, documenting in care plans and in the Accident Incident book and by using specialist equipment to prevent the occurrence of falls.

DoLS and DNAR

The Manager told Healthwatch Authorised Representatives that all residents are assessed before admission and the home follows legal requirements and best practice guidelines. Residents are reviewed annually and Best Interest meetings would be held if required.

Quality

The home monitors the quality of the service they provide by conducting audits and by holding residents, relatives and staff meetings.

Activities

The home has recruited a dedicated Activities Coordinator for 4 hours per day. Several activities are on offer as well as 1 to 1 engagement and outings.

Safeguarding Alerts reported in the last 12 months

The manager confirmed that all incidents will be reported to CADT and will be documented, investigated and audited.

Healthwatch Wirral enquired about safeguarding alerts reported in the last 12 months and asked what impact or changes were made as a result of the alerts. We were informed that changes were made in practices, environment and documentation and that outcomes were positive.

It is seen as good practice for all Health and Social Care Services to report potential Safeguarding alerts to Wirral Council's Central Advice and Duty Team.

The Manager informed Healthwatch that they were working hard to improve the home and had made good progress in completing the action plan set by the Manager based on the CQC inspection reports.

They agreed that there had been problems in the home and that they were working hard to address these.

They were working closely with staff and were including them in future plans and decision making. They had already identified a change in culture and approach and were pleased that staff were happy to take ownership of tasks such as the revision and development of new care plans.

The Manager was happy to receive feedback from our first visit and made notes around any issues or concerns found.

Conclusions

- At the time of our visit, St Georges Care Home appeared to be a pleasant home with a good atmosphere
- The residents were treated with respect and consideration and all appeared to be happy to be living at the home
- The building was undergoing a programme of refurbishment and the internal décor and

furnishings were finished to a good standard

- It was commendable that the manager intends to make the home a 'Dementia Friendly' environment and has ordered new signage as part of this initiative
- Throughout the visit, staff demonstrated a genuinely kind and supportive attitude to the residents
- It was obvious that staff and residents were upset by the CQC rating of Inadequate and both management and staff seemed genuine in their intention to improve practices and procedures that were highlighted by the CQC

Recommendations & Considerations

- Consider forging good links with the local community
- Participate in the Teletriage Pilot
- Continue creating a 'Dementia Friendly' environment

- Continue to progress with CQC action plan to improve
- Continue action plan to improve kitchen environment score
- Support, include and involve staff in future plans for improvement
- Review staffing levels in view of comments received from staff
- Consider using an Acuity Dependency Tool to measure patient acuity and dependency to inform evidence based decision making on staffing and workforce
- Consider developing the garden areas for the residents to enjoy

Supplementary feedback from the provider post-visit

Thank you so much for the report on St Georges. It is so important to staff at St Georges to obtain feedback of any nature but even better when it is positive.

Please find our response to provider feedback post

inspection:

We have repaired the broken seal to dining room and removed the telephone.

Implemented

Ordered a summer house to go into the grounds to change into a café and have been contacted by volunteers who will be more than happy to assist.

We have placed the Dementia friendly signs around the home and introduced picture menu boards in both dining rooms and large clocks with time and date in both lounges.

We have purchased a dementia trolley with activity boxes on each shelf around topics such as catering, gardening, school days and every day chores. These hold items from war times up to 1950s that can be used to inspire conversation in individuals with dementia.

Thank you so much and it was lovely to meet with you.

Healthwatch Wirral Follow-up Action

Contact ward in 12 months to enquire about progress of campaigns and planned renovations.

Distribution of Report

Healthwatch Wirral will submit the report to the Provider, Commissioner and CQC.

Healthwatch Wirral will publish the report on its website and submit to Healthwatch England in the public interest.

Glossary

- » **CADT** - Central Advice and Duty Team
- » **CQC** - Care Quality Commission
- » **DoLS** - Deprivation of Liberty Safeguards
- » **DNAR** - Do not attempt resuscitation
- » **RGN** - Registered General Nurse
- » **NVQ** - National Vocational Qualification
- » **NMDS** - National Minimum Data Set
- » **MUST** - Malnutrition Universal Screening Tool
- » **PEEP** - Personal Emergency Evacuation Plan

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