

# HEALTHWATCH HERTFORDSHIRE

**Enter and View Visit Report**

**St George's Nursing Home**

42, Kneesworth Street

Royston

SG8 5AQ

**Newton Chinneck Ltd**

## Healthwatch Hertfordshire Enter and View Visit Report

**Premises visited:** St George's Nursing Home  
**Date and Time of Visit:** 21st October 2014 11.30 am  
**Visit Conducted By:** Sally Gale and Roger de Ste Croix

### Acknowledgements:

We would like to thank Jane Collis, the Matron, for giving us a lot of time, showing us around the building and her positive approach to our visit; David Ashworth, the Managing Director, all the staff, residents and the relative we met and talked with, for answering all our questions, telling us about St George's and making us feel very welcome.

### Purpose for the Visit:

To look at the individual's quality of life in respect of environment, leisure and services, digital inclusion and food and drink.

To see if NICE guidelines 1 and 2 of Quality Standard 50: Mental Wellbeing of Older People in Care Homes 2013 are being considered by providers.

### QS50 states:

1. Older people in care homes have opportunities during their day to take part in activities of their choice that help them stay well and feel satisfied with life. Their families, friends and carers have opportunities to be involved in activities with them when the older person wishes.
2. Older people in care homes are given support and opportunities to express themselves as individuals and maintain and develop their sense of who they are, for example, this can include helping people to maintain their relationships with family, friends and carers.

## **Methodology:**

A rolling programme of care homes/nursing homes in groups of 12 in order to review results, methodology and outcomes at defined intervals.

We have consulted with the Clinical Commissioning Groups, Hertfordshire County Council, Hertfordshire Care Providers Association and our local Care Quality Commission Compliance managers as well as looked at feedback from the Community to choose our first 12 homes.

Announced visits using questionnaires for residents, staff and observation from approximately 10.30 am to 1pm.

## **Disclaimer**

The report relates only to a specific visit (a point in time) and the report is not representative of all service users (only those who contributed within the restricted time available)

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### 1. INTRODUCTION

St George's is a small, family-style Nursing Home situated on a main road leading out of Royston Town Centre. It is a traditional Georgian town house, with a well-designed modern extension at the back, which blends in with the original property. St George's has two residential floors, an attic and a cellar. There is limited space for cars at the rear of the building and the surrounding roads are part of a controlled parking area. There is a small partially enclosed garden and a paved patio area outside the rear entrance.

The Home has provided nursing care to elderly people since its inception shortly after the introduction of the NHS. It is registered for 23 residents with the Care Quality Commission. There are presently 21 residents in 5 single and 8 double rooms. These all have washbasins but no en-suite facilities. Each floor has a bathroom and toilets. All the residents have high physical dependency needs and many have mild to moderate dementia. Respite care can be offered when a vacancy becomes available, if a need for this arises, even if the funding hasn't been sorted out. Day Care has in the past been provided, though this was found not to be viable.

### 2. FIRST IMPRESSIONS

2.1 The Home was located easily, though we had to park elsewhere because the limited on-site parking. There were a few steps up to the front door, but step-free access at the rear. We were greeted at the front door, which was unbolted as our visit had been expected. We were made welcome and asked to sign in. There was a keypad on the back entrance.

2.2 First impressions were of a rather dark entrance hall, slightly cluttered with an empty trolley by the wall, which was parallel with the signing-in desk. However we immediately became aware of the homely, comfortable setting and warm, friendly atmosphere. The building was spotlessly clean and with a pleasant fresh aroma throughout, remarkable in view of the high physical dependency levels of many of the residents.

2.3 The Matron promptly introduced herself, showed us into the quiet room just off the entrance hall, engaged well with us and was very helpful in answering our initial questions. She then took us both on a tour of the building, introducing us to staff and residents who we talked to. We also met her management team and the Group



Managing Director, all of whom had attended a Management Meeting earlier in the morning.

### **3. FINDINGS**

#### **3.1 Environment**

3.1.1 There is no CCTV at St George's, but the front door was secured with a Yale lock, chain and bolts. The rear entrance was also secure and has a keypad entry system. There was a signing in table close to both entrances.

3.1.2 There was a noticeboard on the ground floor beyond the signing in desk. This was inside a glass-fronted wall cabinet and included the week's menu, a sample alternative menu, activity programme for the month etc. There were other notice boards towards the rear entrance: one for staff with information about training, 'Employee of the Month', compliments cards and letters, today's Healthwatch Visit and another for Visitors which included minutes of the most recent residents meeting, the in-house newsletter and helpful guidance for relatives and friends who might want to bring food in for residents.

3.1.3 The Home had a warm, friendly, very relaxed atmosphere and was in in the main well decorated. We noticed a couple of scuff marks in the bathrooms, but otherwise these contained some imaginative décor (one had some model boats on the wall). There was no signage or colour coding of floors to assist recognition, but the home is quite small and easy for residents to find their way around. The upstairs toilet door had been painted white in keeping with the surrounding rooms, but Matron is intending to get this changed to a different colour and marked as a toilet.

3.1.4 We were encouraged to talk with residents wherever possible on our way around the Home. Many of them were in their rooms and some in bed. Although none of the rooms were en-suite the vast majority of residents needed assistance with toileting and bathing. They have the opportunity to take a bath weekly, more frequently if they wish, but many decline this.

3.1.5 There is a small combined lounge/dining room, comfortably furnished with a couple of tables probably seating 4 residents each (only 1 was occupied). 3 other residents were having lunch sitting in armchairs. Although these chairs were placed in a line, opposite a TV, there would be no space to group them.

3.1.6 Interaction between staff and residents was excellent, though we noticed little communication between residents, possibly due to their high dependency and dementia levels. In one of the residents' rooms we went into with Matron there were 2 women sitting together facing the TV. When we asked one of them how she liked the company she replied 'not a lot'!

3.1.7. The temperature in the room felt about right especially as it was a cold, wet and blustery outside. One resident in a ground floor room near the front entrance complained of being cold.

## **3.2 Leisure and Services**

3.2.1. There was a well- planned programme of one to one and group activities, with information about these displayed on 2 noticeboards. Group activities took place in the lounge /dining room, which is somewhat cramped. During our visit and (after lunch had been cleared away) an outside speaker was preparing to deliver a talk about 'Old Royston'. Apparently this is a popular topic as many of the residents come from the area.

3.2.2 St George's has 3 part time Activity Co-ordinators, who are also staff members. They bring a range of skills and interests, though the Matron acknowledged that the Home could make use of the SMILE project and said she would look into this.

3.2.3 Good use is made of local facilities including the library and museum, though not the mobile library. Staff borrow books from the library for residents when requested and also make use of the reminiscence facilities there.

3.2.4 Activities also include games, BBQ's, quizzes. Seasonal events such as Halloween, Guy Fawkes, Wimbledon Week, and Chinese New Year all provide opportunities. 'Jim the Singer' entertains residents about 4 times a year. We saw photos on one of the noticeboards of residents playing games during a fish and chips evening and residents sitting outside in the patio after a beauty session.

3.2.5. Some sessions are provided on an individual basis including 'wellbeing', pampering and reading.

3.2.6 Physical activities are limited as many residents are very frail. Some though help with gardening - there is a raised bed in the garden and a male resident tends some indoor pot plants. Others enjoy doing some drying up, once all the cooking is

over. Residents are not permitted in the kitchen at any time but staff will facilitate this by bringing items to them either in their rooms or in the lounge as part of activities and based on individual person centred life history.

3.2.7. As the Home is so centrally based, residents are encouraged to go out to activities where possible. One female goes to a knitting circle, whilst a male resident goes to 'Speak out' - a stroke club. . The home organise trips, including a Christmas Lunch, but this depends on the availability of volunteers. Apparently community transport is excellent.

3.2.8. It was evident that St Georges has good relationships with the community and is very well regarded locally. A local school visits to sing carols at Christmas. The Home has been recently featured in the Royston Crow and the photograph taken by the paper was on display.

3.2.9 St George's are gold members of Hertfordshire Care Providers Association (HCPA) and have a Dementia Champion. They are looking at undertaking the Advanced Nutrition Champion Pathway training and linking in with the SMILE project. The company's Managing Director is Chair of the HCPA.

3.2.10 Resident's Meetings are held 3 monthly. Typed minutes of the most recent meeting were seen. Relatives are invited to attend if they wish. Matron has an Open Door Policy so that relatives can discuss any issues they wish with her.

### **3.3 Digital Inclusion**

3.3.1 The Home has Wi-Fi and access is available to all residents. Digital equipment isn't provided to residents, but those who bring in their own can be helped to set it up and use it. One female resident has a Tablet. Likewise residents are able to download e books, if they wish but none have done so to date. The Matron recognises that the use of tablets and iPads by and with residents is likely to become a necessity in the future, and would like to see some investment in this area.

### **3.4 Food and Drink**

3.4.1 The Home operate a 4 week rolling menu, which is changed twice a year. There is a main menu for lunch and a variety of alternatives, both of which were seen. Diets are readily catered for as the home can be very flexible because of its size.



One of the kitchen team goes round residents every morning to take their lunch order. A picture board is used to help residents make their choice for Breakfast.

3.4.2 Menus are discussed at Residents meeting. As a result homemade soups have been introduced for some evening meals and these are very popular.

3.4.3 Many of the residents eat meals in their rooms, which we observed during the visit. Those who needed some help received it and the staff we observed did in a sensitive and dignified manner. Much of the food we saw was soft or pureed, and residents appeared to be enjoying it. Residents can have wine with their meal if they wish and the male resident we chatted to in the Dining Room was enjoying a glass of red wine, from one of the bottles on his table.

3.4.4 We didn't see any evidence of snacks or sweets in the communal areas. We saw water dispensers with bottles of squash on the upstairs floor but no coffee or tea - though most of the residents would not be able to access these. If residents ask for a hot or cold drink in between meal times this is taken to them.

**Please see the Recommendations Response (3) in relation to the observation in 3.4.4**

## **4. MONITORS CONCLUSIONS**

This seems a well organised and managed home which is run in a very resident centred manner. Management and staff are approachable, caring and friendly. The Managing Director and Matron are both clearly 'hands -on' and were well known and recognised by residents.

There is a warm, friendly and relaxed atmosphere and good interaction between staff and residents. The Home is very well linked in with the community and is clearly well regarded locally.

## **5. AREAS OF GOOD PRACTICE**

- 1) The way staff approach their work and the really good interaction with residents and each other.



- 2) A friendly and inclusive environment, where the emphasis is on providing person-centred care in a flexible and professional way. The Home is efficiently managed, but in no way does this seem to be run as a ‘business’.
- 3) The strong links and involvement with the community.
- 4) Continuity, consistency and commitment of management and staff. Many have worked there for years, the Matron for 27 years. There is a well-developed training programme and all staff have a comprehensive induction covering all key areas of practice.

## **6. RECOMMENDATIONS**

- 1) Provision of digital equipment, such as tablets and iPads to enhance the work being done with residents with Dementia.
- 2) We recommend that the Entrance Hall is brightened up to improve ‘first impressions’ and the Quiet Room is made cosier.
- 3) Sweets and snacks made available in lounge areas, so that residents can help themselves when they wish.

## **Recommendations Response from Jane Collis**

### **Matron/Registered Manager:**

1. The Home will supply a lap top for use of the residents. The plan is to purchase a tablet in the New Year.
2. Thank you for your comments regarding the entrance hall and Quiet Room, we value your opinion as we are continually striving to make improvements. The Home has a maintenance programme and we have plans in place to purchase new lights for both the entrance hall and upstairs corridor. The

Quiet room will be redecorated and different furniture and accessories purchased to lighten and enhance the ambience.

3. The Home is unable to make available snacks and sweets in the lounge for various reasons, for instance many of our Residents are diabetic or have swallowing difficulties, and there may be allergen or infection control issues. However, the Residents are fully aware that snacks are available at any time of the day and the care staff are on hand and regularly provide these. A snack menu will be made available in the lounge.