

# Enter and View Report

*St George's Park  
Semi-announced Visit  
22 November 2023*

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## What is Enter and View

Part of Healthwatch Telford and Wrekin's remit is to carry out Enter and View visits. Healthwatch Telford and Wrekin Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement or highlight good practice.

The Health and Social Care Act allows 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, optometrist 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 that we can learn about and share examples of what they do well from the perspective of people who experience the service first-hand.

Healthwatch Telford and Wrekin 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 Telford and Wrekin's Safeguarding Policy, the service manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

## 1. Provider details

Name and Address of Service: *St George's Park, School Street, Telford TF2 9LL*  
Manager: *Chelsie Walne*  
Service type: *Nursing and Specialist Dementia Home*  
Provider name: *Rotherwood Healthcare*

## 2. Acknowledgments

Healthwatch Telford and Wrekin would like to thank all the staff/residents for their co-operation during our visit.

## 3. Disclaimer

Please note that this report is related to findings and observations made during our visit made on *22<sup>nd</sup> November 2023*. The report does not claim to represent the views of all service users, only those who contributed during the visit.

## 4. Authorised Representatives

Jan Suckling - currently Lead Officer of a Healthwatch service. Previous experience as a Registered care home manager for over 30 years working with residents living with Dementia.

Tracy Cresswell - previous CEO of a Healthwatch service. Currently a Corporate Manager for Enter and View and trainer.

## 5. Who we share the report with

This report and its findings will be shared with the service provider, Local Authority Quality Team (depending on the visit), Shropshire Telford and Wrekin ICB, Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Telford and Wrekin website.

## 6. Healthwatch Telford and Wrekin details

### Address:

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## 7. Healthwatch principles

Healthwatch Telford and Wrekin Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients' reaching crisis
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system
6. **Choice:** Right to choose from a range of high-quality services, products and providers within health and social care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

## 8. Purpose of the visit

This visit was semi-announced, due to the nature of the feedback we had received around lack of care and medication concerns from various sources. This feedback has been gathered over several months.



*St George's Park, School Street, Telford*

## 9. What we did

On arrival the grounds looked well-tended and there was plenty of car parking available for visitors. The entrance was easy to find and accessible.

The home was accessed by ringing a doorbell, we were let in by a member of the reception staff. After explaining who we were and showing our ID badges we were asked to sign in. The entrance and reception area were bright and airy with seating.

The Authorised Representatives (ARs) also explained the reason for the visit and how it would be conducted to the Clinical Lead, including speaking to staff, residents, carers, relatives and visitors. The ARs conducted the managers meeting with the Clinical Lead as the manager was on annual leave, we had a discussion around staffing levels, training and general running of the home, which gave the ARs background on the home.

The home is a 70 bedded care centre which is split across 2 floors, with the ground floor hosting 32 residents this mainly caters for those living with dementia and who may present with challenging behaviour, the first-floor hosts 38 residents that mainly require nursing care, also some living with dementia. At the time of our visit the home had 68 residents, with 1 new resident expected to arrive the following day.

There are currently 2 nurses and 4 nursing assistants on each floor for each shift, in addition to this they currently have several residents across both floors that require one to one support. For those who require one to one support, if they are assessed to no longer require one to one support, the home draws back the support over a period of time, this is so residents don't feel as though they had done something wrong, and the support has been stopped.

The current shift patterns are 7am to 7pm and 7pm to 7am, and the staff work 4 days on and have 4 days off.

There are several staff employed including nurses, nursing assistants, admin, quality assurance officer, chef and catering staff, housekeepers, maintenance etc. Agency staff are used if they are unable to cover the shifts internally.

## 10. Findings:

### a) Environment

#### i) External

There were parking spaces for staff and visitors, just outside of the entrance there were benches for residents and visitors to use.

#### ii) Internal

On arrival the reception area of the home had a relaxing feel to it, being bright and airy, there were no unpleasant smells within the reception area as they had diffusers, however as soon as the ARs entered into the ground floor corridors, they

noted that there was a strong odour of urine, this was also the same for the first floor but not as strong.

The home has a lift that covers the main building. There were handrails throughout the corridors. The corridors were wide to accommodate all wheelchair users within the home.

The ARs noticed that on the ground floor unit, there was no sensory stimulation such as TV, magazines, books, puzzles, pictures, music as examples of what may be used for stimulation. When asked why this was, all staff the ARs spoke to explained that the residents remove items. The ARs also noticed that the residents and staff voices echoed around the unit.

The ARs noticed that there were pictures in the corridors and communal areas on the first floor and the TV was on in the lounge.

There were several staff wearing different colour uniforms, the ARs did not see any of the staff wearing name badges, when the ARs asked the staff, they produced them from their pockets, when asked why this was, they explained that the residents remove them.

Several residents were sitting in what was described as the extension on the ground floor, the ARs did not witness any interaction between the residents and the staff until the end of the visit, there was no background noise from the TV (as it was not switched on) or music being played.

## b) Essential Services

The Clinical Lead explained during the discussion with the ARs that the referrals into the home predominately were from the hospital, however the home receives little information from the hospital on discharge. Staff review care plans monthly; they were currently implementing Advanced Care planning for the residents and RESPECT is in place along with an End-of-life care plan. Continence assessments are carried out on all residents.

The Clinical Lead stated they are currently changing the format of the care plans. The home has several staff as part of the overseas initiative and have worked on the language barriers which the home states is now improving. Several of the staff were nurses in the countries they have moved from, however they have had to adapt to the changes of their roles as they are now nursing assistants and Team leaders as their nursing qualifications are not recognised in the UK.

A number of residents expressed that “they were very happy here”, “happy with the food and the staff”, and a relative expressed that they were happy with the home.

## c) Access

The Clinical Lead informed the ARs they have 3 different GP practices that cover the home, these are Charlton, Donnington and TELDOC, they only come in to see residents if the staff are persistent. They have a local pharmacist that carries out medication reviews, ambulance response is dependent on the needs of the residents, however the ambulance crew have raised several safeguarding referrals

without having discussions with the staff that are overseeing the residents' care. The home felt that these could have been resolved if the ambulance crew had discussed the issues with the staff prior to raising safeguarding concerns.

Family members are asked to complete the activity section part of the care plans.

Staff offer support to families, especially to those whose loved ones have been recently diagnosed with dementia. The ARs asked if the home staff signpost the relatives to external support groups such as Alzheimer's, the response given to the ARs was they currently did not.

#### **d) Safe, dignified and quality services**

The ARs were informed that due to several of the residents challenging behaviours this often caused issues with other residents. No further explanation about behaviours was offered. Several of the residents on the ground floor require one to one care, however the ARs were unable to establish who was receiving one to one care during their visit.

The ARs observed that most the residents were situated in the small lounge on the first floor, with only 2 residents sitting in the larger lounge due to the challenging behaviour of one of the residents with the other resident watching the TV. We were told that they do not like anybody sitting on a certain chair and can be quite vocal, this can be upsetting for other residents. This has led to most of the residents sitting in the smaller lounge.

On the ground floor, the ARs observed there was a lack of dignity for residents if they wanted to use one of the toilets as there was no lock on the door, no handrails in the toilet, no soap, no call bell, no handtowels and damage to the sink unit. When this was mentioned to the staff, we were informed that a resident goes around the home removing all the paper towels and a resident had locked themselves in so that is why there was no lock on the door.

As soon as the ARs entered onto the ground floor it felt very bare and uninviting which was different to the first floor. The majority of residents were in their socks, when the ARs asked staff why they informed us that they had slippers but some of the residents take them (later the ARs were informed that they were slipper socks which we are unable to confirm). The ARs witnessed a resident spill something on the floor, the staff quickly cleaned it up.

The ARs observed that residents did not have access to fluids on both floors, although we did see staff give some residents fluids in plastic non spill cups.

All staff receive mandatory training. Conflict resolution training was delivered online. Individual training is given to staff to support their role. They carry out dementia training online. Staff did say they don't receive restraint training.

Staff had not received Oliver McGowan training; this training is around Autism and learning disability and supporting people with challenging behaviours. However, some of the staff have received Basic Sign Language (BSL) training, they use picture menus, hand gestures to communicate with some of the residents, the ARs did not observe staff doing this.

The staff expressed that they were very happy and enjoyed working in the home. However, due to the difference languages, staff did not understand several of our questions, especially around raising safeguarding concerns. When the ARs asked one staff member, due to their lack of understanding what safeguarding was, were unable to respond - the ARs then elaborated on what safeguarding was, then the staff member was able to say that they would tell the manager.

### **e) Information**

It was observed that several staff did not wear name badges, and the ones that showed us their badges, we were unable to read them clearly.

It was observed that there were no pictorial signs for bathrooms or communal areas on the first floor, however on the ground floor there were several signs.

On the ground floor, several of the bedroom doors look like front doors, the ARs mentioned to the Clinical Lead, that they felt residents may associate these with a proper 'front door' and would think they were going into their home, when they are going into their bedroom. There were also pictures that look like pubs near to the bedroom doors, again the ARs thought residents may think this is the door to the pub and try to get in.

### **f) Choice**

The Clinical Lead explained that the meals were fixed, however if residents want something different that is not on the menu for that day, they can request it. One resident we spoke to expressed that they liked the food.

Family members are asked to put labels in the clothing of their loved ones, however this is not always done leading to items going missing.

There were several residents within their own room, we were unaware if this was their choice or not, as we were not invited in to speak to them.

Some of the bedrooms have gates on them to stop other residents from entering the rooms.

The Clinical Lead would like for the lives of the residents to be celebrated, normalised more and getting them out and about in the community.

### **g) Being Listened to**

The Clinical Lead explained that they held meetings with residents every couple of months. For meetings with relatives' notices are put up and mentioned to the families. They are all held during working hours; however, the manager has an open-door policy and family members can speak to her when they want. They hold yearly care plan reviews with the residents / relatives; however, these could happen sooner if required.

### **h) Being involved**

The ARs observed during the visit that none of the residents were taking part in any activities. The ARs did not observe anything to stimulate the residents. However, the ARs were informed that the home have group work, a singer that



comes in once or twice a week, they have a minibus that takes the residents out to Cosford and garden centres.

The ARs observed an activities board but did not see anything posted on it.

## 11. Current Challenges for the home

The Clinical Lead expressed that the discharge of residents from the hospital are a challenge, they had received one resident and had to refuse to take them as they should not have been discharged, it was an unsafe discharge.

Keeping on top of all the care plans due to the format being changed.

All staff have access to care plans, however not all the staff check the care plans for each resident they are caring for.

The overseas initiative has been a challenge due to the culture change and language barriers, however we were told this is improving.

## 12. Conclusion

During the discussion we initially had with the Clinical Lead, there was constantly people coming in and out of the office including the quality assurance officer. There was a bell that was ringing, we asked the Clinical Lead if she needed to deal with it, she excused herself and went to deal with the issue, when she returned back to the office, we asked if she needed to end our discussion and deal with the issue, she expressed that it was being dealt with, we continued with the discussions. At the end of the visit we went back to see the Clinical Lead and explain our immediate findings, during this the Clinical Lead suddenly got very upset. This surprised the ARs, who gave assurances to the Clinical Lead that this was not a personal reflection on her. The Clinical Lead said she understood this, we ensured that the clinical lead was not upset before we left and the conversation ended in a positive way. We also gave her a reassuring hug before we left.

During the visit we did not observe anyone receiving personal care or any medication being administered. Due to the remit of Healthwatch and in accordance with national guidance ARs undertaking Enter and View visits would seek or ask to observe medication charts, care plans or personal care being carried out on individuals.

When discussing with the Clinical Lead around what support is given to relatives of a recent diagnosis of dementia to help them to understand challenging behaviours the ARs asked if the home considers the help of outside organisations such as the Alzheimer's Society, which we were informed that they don't currently do.

When being shown around the ground floor by the Clinical Lead, the ARs indicated several areas that could be confusing for the residents, this included the bedroom doors looking like front doors, the ARs referenced the research carried out by University of Worcester Association for Dementia Studies and information provided by Sterling advised that doors should look like doors but not front doors, they should have a name / number, colour and picture so that residents could easily identify as their door. They suggested that floor to ceiling murals can come across

as upsetting as people living with dementia would try to access the mural, this would then increase their anxiety, they did suggest putting photos of local buildings / landmarks in picture frames around the home, this would stimulate conversation with the residents. For further information can be found below:

<http://www.worcester.ac.uk/dementia>

<http://www.worcester.ac.uk/discover/kings-fund-environmental-assessment-tools.html>

The ARs noticed a strong odour throughout the home apart from the reception area which had a pleasant smell from infusers.

The ID badges that were shown to the ARs were magnetic, they were white with silver writing which included the company logo and the staff name (in small writing), as they are magnetic the staff should be able to constantly wear them throughout their shift as no harm would be caused to staff or residents. The ARs were unable to identify staff roles due to not observing any information around what colour uniform related to what job role.

On the subject of Safeguarding staff may benefit from face to face training given that the ARs had to expand on the questions around Safeguarding, in respect of reporting of safeguarding concerns to external organisations etc as staff had only stated that they reported internally (which may not always be the appropriate method). Face to face training might also more appropriate for staff around other areas such as conflict resolution, dementia as well as safeguarding. As there are some communication issues from some staff the provider should consider the communication needs of both staff and residents.

The Oliver McGowen training or equivalent is a statutory requirement of CQC under regulation 18 July 2022.

The hygiene facilities on the ground floor, there was no working lock on the door, the ARs did not observe an out of order sign to the toilet, if residents or visitors were to use this facility, they would have no dignity. Staff should ensure that handtowels are replenished as required. Also, soap needs to look like soap as some residents would not recognise the soap dispensers that are situated on the walls. The university of Worcester research also suggested having separate taps that can be clearly identified as red (hot) and blue (cold).

The residents were all in socks (which we were informed were slipper socks), all the floors in the new extension were a laminate type again this could lead to residents slipping and falling due to only wearing socks even if they are slipper socks.

We did not observe a hydration station on either floor so residents could access fluids when they wished to, however with the nature of the residents they would not always ask for a drink or think to have a drink this could lead to dehydration.

The ARs were informed that not all staff review the care plans before they start to care for them, by not checking the plans how will they know if anything has changed in the care of the residents.

## 13. Recommendations

1. Consider getting an external organisation to come and support with the overall feel of the home, including the colours of the walls, doors, pictures etc to make it feel more homely whilst addressing the needs of those living with dementia.
2. Ensure that all visitors, relatives, and residents know who the staff are by the staff always wearing a name badge and having photos of each staff member and their roles on a notice board. Name badges to be in the format of “My name is” yellow badges.
3. Consider for staff to have face to face conflict resolution training.
4. Consider for staff to have face to face Safeguarding training.
5. Ensure all residents are stimulated in various activities throughout the day.
6. Consider playing music in the background to reduce the echoing of voices.
7. Ensure all residents are wearing appropriate footwear.
8. Ensure all staff receive Oliver McGowan training or equivalent as per CQC requirements July 2022.
9. Consider signposting to external organisations to support relatives, use Healthwatch for this as it is part of their statutory duty.
10. Ensure that the toilet with no lock on is repaired ensuring residents’ dignity is maintained, including they have sufficient washing facilities.
11. Consider having diffusers throughout the home, not just in reception.
12. Ensure all residents have access to fluids at all times.
13. Ensure all residents have suitable incontinence pads and a good toileting routine in place. Seek advice from the continence team.
14. Consider making the environment more homely.
15. Ensure that all staff read the care plans for the residents that they are taking care of each time they are on shift.
16. Ensure that language barriers do not detract from care of residents or understanding of issues like Safeguarding

## 14. Provider feedback

Thank you for visiting St Georges Park on the 22nd of November 2023. As noted in your report, the Home Manager was on Annual Leave during the semi-announced visit, and the visit was conducted with the Clinical Lead. Throughout your report, several areas have been highlighted, and we would like to address and respond to them:-

As you are aware, residents who live with us at St George's have a diagnosis of Dementia and/or Alzheimer's disease, with many who walk with purpose throughout the EMI Nursing Unit. Due to their cognitive impairment, many male residents urinate inappropriately, which leads to the units having an odour at times. However, I would like you to note that the Compliance Manager for Rotherwood was in the home completing a provider visit that day and reported that she did not identify any smell of urine on either unit.

In your recommendations you have suggested the use of diffusers throughout the home, however due to the diagnosis for some of the residents, we feel this would pose a risk. Especially to those individuals who like to dismantle objects. We have taken on the recommendation and are currently looking into different types of air fresheners, which can be placed up high out of reach of the residents. Carpets and hard flooring at St. Georges are Rotowashed as required. I would like it noted that recently our Housekeeping Team won a National Award for the cleanliness of the home.

Within your recommendation section you also suggest St George's seek advice from the continence team. I can advise you that several of our Nursing Team have received continence face to face training. This enables them to assess each resident for the continence care that they require and as a result they ensure each resident is using the correct continence pads. Where our team have any concerns, or require additional support, we would contact the continence team.

With regards to our toilet facilities, you do mention multiple times in the report the one toilet that we are having issues with. This is one of many communal toilets that residents can be guided to should they need re-directing to the nearest bathroom. Each bedroom at St George's has an en-suite facility, therefore all residents can also access their own toilet.

I was sad to hear that when you visited this bathroom it didn't have enough supplies of paper towels. We do have a process in place, which is conducted by the housekeeping team hourly. Toilet facilities are checked and, where there is a need, the team replace paper towels, toilet paper and hand soap. We currently have a resident who enjoys removing paper towels and folding these in his own bedroom then placing them down the toilets. This has meant that we have had to change our hand towels to flushable paper towels to avoid blockages.

All 70 bedrooms have TV's provided by the Care Home, promoting residents independence and allowing them time to spend within their own room. There they can be engaged by watching their preferred TV shows or listening to their chosen radio stations. There are also TV's within the main lounges across both floors for

residents to watch. Should a group of residents wish to have a film afternoon this is also facilitated.

We have a weekly activity planner, which can be found in the reception area, and a copy is also available on both units and in residents' rooms. This serves as a reminder to the staff and residents (for those able to read and understand). Included on the planner are the different types of activities that we offer, including live entertainment twice weekly for all residents who wish to participate. The Lifestyle Team plan the weekly activities on resident and family feedback. Starting from admission, we use the 'My life so far' booklets, which details the residents background and interests. These are also reviewed during family and relatives' meetings, which are held bi-monthly at the home, with and without management there, to ensure we have a full reflection of the types of activities preferred. During your visit the lifestyle coordinator was in the lounge providing a 1:1 activity with a resident and would have been happy to provide an overview of the lifestyle provision and plan if she had been requested to.

You have noted within your report, that there was a lack of sensory stimulation such as TV, magazines, books, puzzles, pictures, and music. However, the observation took place in the Downstairs Unit at 1pm, a period designated for quietness following lunch, as mealtimes can be noisy and overwhelming for some individuals. The activity plan, displayed at the reception at the time of the visit, indicated a planned activity from 2pm to 3pm- which was games with the tabletop pool table, a slingshot game. Some residents were playing dominos and cards with background music. Additionally, the new lounge at St George's is equipped with baskets, fidget boards, and various items for residents to engage with. Given that individuals with dementia may lose the ability to filter sound, experiencing constant background noise can be a stressor, it is crucial for us to address noise levels. Noise has been shown to elevate stress, anxiety, confusion, blood pressure, heart rate, and fatigue. Moreover, those with dementia may encounter perceptual challenges, leading to potential misinterpretations of what they see or hear. However, we do realise that not all sound is 'bad'; whilst a recent study found a link between high noise levels and 'unwanted behaviour' in people with dementia, pleasant sounds were found to be 'positively stimulating'. Music is used to aid memory and positively affect mood, while ordinary day to day sounds can be used to give clues to events. For example, the sound of laying the table reminds people that lunch is going to be served.

The lifestyle coordinator was at the time in the lounge on Acorn doing a 1:1 activity with a resident, rather than a group activity, which was planned for 2pm, due to this being a quieter time following lunch service. A familiar routine has been found to improve social and functional abilities in people with dementia, as well as offering greater comfort and easing the thought process, which in turn reduces agitation.

The report consistently highlights the absence of name badges. You have noted that on querying a staff member at the time of the visit, they revealed their name badge concealed in their pocket. The rationale was explained during the feedback session, however the uniform policy underwent a revision in September 2023, directing all staff to wear name badges. These badges are magnetic, and, due to

the unpredictable behaviour of certain residents, they are frequently dislodged during personal interventions. Consequently, staff opt to keep them in their pockets, prioritizing resident safety as they pose a risk when pulled off.

Given the residents' tendency to remove name badges, the induction process instructs staff to approach residents verbally, introducing themselves. For instance, they might say, "Good morning, John, it's Hayley, and I am here to..." This verbal approach is particularly emphasized for residents with dementia, who may struggle to comprehend any written words.

Acknowledging the difficulty presented by resident's removing name badges, the report recommends exploring a system where various roles within the home are linked to specific uniform colours. Although a company system is already in operation, we do not have posters displaying the different staff uniforms, and we will assess the need for implementing this.

On our EMI Nursing Unit, we cater to residents necessitating one-on-one support due to their recognized and unpredictable interactions with staff, visitors, and fellow residents. The residents requiring individualised care benefit from a multidisciplinary team overseeing their well-being, addressing their care, social, and medical requirements. When a resident requiring one-on-one support is resting and settled in their room, they are given the opportunity to be alone, respecting their privacy and upholding their human rights, however we would never pin-point residents who require one-to-one support to maintain their dignity.

Following NICE guidelines, our primary approach to managing challenging behaviours is through non-pharmacological interventions. Notably, we also refrain from using agency staff for one-on-one support; instead, our dedicated personnel, who have established interpersonal connections with residents, handle this responsibility. This approach has proven effective in reducing instances of challenging behaviours within the home.

Our staff members are adept at identifying regular triggers, ensuring awareness among other staff members, and recognizing effective strategies to de-escalate situations before they intensify. A study by James et al. in 2023, titled "Management of Agitation in Behaviours That Challenge in Dementia Care: Multidisciplinary Perspectives on Non-Pharmacological Strategies," aligns with and supports the methodologies implemented at St George's Park.

In the report and recommendations, it has been suggested that residents lack access to a hydration trolley. However, we have hostesses employed on both floors with the specific duty of regularly offering drinks and snacks to all residents. The absence of hydration stations in the home is due to the presence of residents on both units who require thickened fluids and remain mobile. For those residents assessed by the Speech and Language Therapist as needing additional support, thickened fluids, or a different diet level, providing unsupervised access to a regular diet and fluid poses a significant risk of choking or aspiration. Residents requiring extra support are still afforded the choice of their preferred drink or snack. However, it is important to emphasise that all residents still have the right to refuse any offerings. Our Hydration trollies have been highlighted as Good Practice by Shropshire Partners in Care during a project that St George's have

been a part of, showing a reduction in hospital admissions for UTI or Chest Infections.

It's difficult to determine your issue with the non-slip slipper socks, which are very much advocated by Public Health England and the NHS, Public Health England statistics show that around a third of people aged 65 and over fall at least once a year. Nonslip slipper socks are used in healthcare settings to help prevent unnecessary accidental falls. We do not advocate forcing residents to wear shoes/slippers it's important that our residents have choice.

Stated within the report and recommendations, you have suggested considering face-to-face conflict resolution training for staff. It's commendable that all staff, including those in administrative, kitchen, and housekeeping roles, have already undergone dementia training provided by an external company, Caring for Care. This training was conducted in person (face to face) over two sessions, addressing communication skills and the handling of challenging behaviours.

Our ongoing assessments include a regular review of the need for restraint training at St George's. However, our perspective is that this training is unnecessary, as our staff possess a deep understanding of the residents and we operate a no restraint policy. Our emphasis is on implementing de-escalation strategies aimed at minimizing emotional distress. As mentioned earlier, our approach revolves around developing a thorough understanding of the residents and fostering a strong connection, while consistently delivering person-centred care.

After reviewing the CQC guidelines in relation to the Oliver McGowan training. The CQC state

*'When assessing the quality of care provided by a service, we will check that staff are competent to deliver care and treatment to all people using services - including those with a learning disability and autistic people.*

*We do not tell you specifically how to meet your legal requirements in relation to training. You are responsible for ensuring your staff are appropriately trained to meet the requirements of the regulations.*

*To ensure that staff are competent to interact with autistic people or people with a learning disability you should:*

- consider all the guidance available and all relevant circumstances*
- decide for yourselves the most appropriate training to choose.*

*The government is required to develop, consult on and publish a Code of Practice. This will likely be called the Oliver McGowan Code of Practice, and will outline details of the training requirement, including standards it should follow. One of these will be to include autistic people and people with a learning disability when developing and delivering the content.'*

However, when they conduct an inspection, they will look at:-

*'Our main focus is on whether your service and your staff are delivering safe, person-centred care and treatment that safeguards people using services from abuse and improper treatment.*

*We will take a risk-based approach to this and will look more closely at your staff training and compliance with Regulation 18 if we identify areas of concern within the service. Where your staff have been trained, we will look at how you make sure that they are competent and are putting what they have learned into practice. If we see that staff have not yet received training appropriate to their role, we will check what action you have taken to mitigate any potential risks for people using services.*

*If we have concerns in relation to the care and treatment of a person with a learning disability or an autistic person, we will check certain areas, for example:*

- how you make sure you get people's consent to care and treatment, or the consent of a person authorised to speak on their behalf*
- whether people's care and treatment are appropriate, and that care meets their needs and reflects their preferences*
- whether care and treatment are being delivered safely*
- whether staff are treating people with dignity and respect*
- whether you protect people from abuse and improper treatment*
- the training provided to staff and training records.'*

We can verify that all personnel working at St George's have successfully undertaken separate Learning Disabilities and Autism Awareness courses, and their completion records are recorded within our mandatory training records. Whilst St George's Park is not registered to provide care specifically for residents diagnosed with Learning Disabilities or Autism, our staff retains a foundational understanding and knowledge of these conditions. This knowledge ensures our readiness to engage with and support visitors or families who may have such concerns when visiting St George's Park.

At St George's, we display a diverse workforce representing various cultures and ethnicities, all of whom demonstrate a proficient understanding of spoken and written English. Prior to being offered sponsorship at St George's, candidates must demonstrate their English competence by successfully completing a Secure English Language Test (SELT). Additionally, during the interview process, candidates are evaluated based on Rotherwood Healthcare Values, incorporating attributes such as Commitment, Politeness, Respect, Care, Kindness, Passion, and Compassion. During this interview section, candidates are required to demonstrate their understanding of each value and provide examples of how they have represented these principles, particularly within the context of elderly dementia care.

To encourage open communication and disclosure of concerns, we conduct regular HR Hubs, where staff can report issues to Head Office anonymously, we also have a dedicated email where staff can report any concerns without the Home Manager being informed of the reporter's identity.

All the staff have received safeguarding training, and during our Huddles, which is where the team get together to review the shift one of the questions asked is regarding "Are there any residents they are concerned about."

Ensuring a proactive approach to safeguarding, we display safeguarding and whistleblowing posters in all our staff areas, outlining procedures for the



escalation of concerns. Within the home, we conduct daily 10@10 meetings and daily huddles, offering dedicated time for all staff in the home to address any safeguarding concerns. Additionally, bi-monthly HCA meetings provide a platform for staff to discuss various matters.

Following a satisfaction survey, which was carried out in 2023, families were happy with the current décor, we produced a 'you said, we did' poster, which is located within the reception area of the home for all visitors to read. All potential admissions are shown around the unit and, at recent show rounds, families have commented on how they like the idea of doors looking like their own front door with each door being a different colour. We are more than happy to investigate the recommendation you have suggested in relation to making our EMI Nursing Floor more homely and appealing to Dementia residents.

At St George's all new residents have a full care plan in place within five days of admission, which identifies any risks, medical conditions, known behaviour and their preferences. Within the Care Plan there is a synopsis sheet, which allow the Care Team to have a basic overview of the resident's needs which is called, Precautions and Concerns. This document has got an overview of all the residents critical current care needs. For example: Moving and Handlings, Medical History, Diet and Fluid needs, DoLS Status, allergies, and any skin integrity concerns. This document is also located within the carer's notes, which they have access to and enables any new staff member to see what care that resident requires or prefers. The nursing team review Care Plans monthly, or sooner if there are any changes, and update the precautions and concerns located within the Carers Notes. Any significant changes are also discussed during handover at the beginning of their shift, which all Care Staff are a part of, so therefore they do have access to the written documents for the residents they are caring for on each shift. We have, as documented within the report, reviewed the format of the care plans recently, making them more risk focused, as the clinical lead discussed during your visit, some of the nursing teams have struggled with this concept and the Compliance Manager has provided training sessions to the nursing team, extending the length of implementation.

In the conclusion within your report, it is noted that whilst feeding back to the clinical lead in the nurses' office, interruptions were frequent including management staff. The nurses' office is an open space housing the primary printer. Moving forward, we commit to ensuring that feedback reception takes place in a more private setting, such as a dedicated office or lounge within the home.

The Clinical Lead expressed feeling pressured during the feedback and the questions asked. As the Clinical Lead was open and honest with yourselves during feedback regarding the current issues we are facing, we feel that you have used that as evidence against us in relation to the safeguarding's being raised against us by the West Midlands Ambulance Service (WMAS). All the safeguarding's that have been raised by WMAS have been thoroughly investigated by the safeguarding team at Telford & Wrekin Council with none being substantiated. The Registered Manager has repeatedly asked to work in partnership with the WMAS to foster a positive working relationship, enhance mutual understanding of St George's and their current Safeguarding threshold. By facilitating direct communication, we

believe we can promptly address any concerns the WMAS have and act on any lesson's learnt at that time, rather than waiting a few days for Telford & Wrekin Safeguarding Team to contact us for further information.

I feel that in my response above I have covered your recommendations

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The contract to provide the Healthwatch Telford and Wrekin service is held by Engaging Communities Solutions C.I.C.

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