

# Rotherwood Healthcare (St Georges Park) Limited

# St Georges Park

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

St George's Park is a residential care home providing personal and nursing care for a maximum of 70 people, including people living with dementia. At the time of our inspection there were 68 people using the service. Accommodation was provided in an adapted two storey building. There were communal lounges and dining rooms on each floor. There was a large enclosed garden for people to enjoy and an orangery was nearing completion.

### People's experience of using this service and what we found

Risks to people were managed, assessed and mitigated appropriately. Accident and incident forms were investigated by the management team. Lessons learnt were shared with the staff team.

Staff were recruited safely and received regular training, including safeguarding training.

Medicines were managed safely by suitably trained staff and people were offered and received pain relief medication. Staff used personal protective equipment (PPE) effectively and attended infection prevention control training.

Staff said they felt supported by the registered manager and attended regular meetings. Relatives told us they felt included in the service and felt confident to raise concerns.

The provider and staff worked in partnership with other health and social care agencies to deliver good outcomes for people and to ensure their needs were met and reviewed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 18 June 2021). At this inspection we found the service remains good.

### Why we inspected

We received concerns relating to infection prevention, staffing and risk management. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed following this inspection and remains good, based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Georges Park on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# St Georges Park

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by three inspectors. An Expert by Experience was used to telephone relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

St Georges Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. St George Park is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people who used the service and 6 relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, administrative staff, registered nurses, nurse assistants, care workers and domestic staff. We received feedback from 1 visiting professional.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe from harm. There were regular staff meetings and handovers. These were used to pass on information and update concerns.
- Local area safeguarding policies and internal policies were accessible to staff members, staff told us where they were located.
- A visiting professional told us, "The staff are responsive in raising concerns and they have reported individual incidents to safeguarding."

Assessing risk, safety monitoring and management

- Risks to people were assessed and mitigated. One relative told us, "I have no worries about [my family member's] safety, as the home is secure. I have no reason to feel [my family member] isn't safe."
- Risk assessments were in place to meet people's health and care needs. These included moving and handling, nutritional and falls risk assessments.
- Care plans guided staff to care for people safely. Daily notes were recorded to evidence support was provided and people's current needs. These were regularly reviewed by the management team.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the provider and staff were working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People's mental capacity was assessed and best interest meetings had taken place to ensure decisions made were appropriate and least restrictive. Examples included decisions over where a person should live and administration of medicines.

Staffing and recruitment

- There were enough staff available to meet the needs of people using the service. One person told us, "When I press the bell, they [staff] come straight away. They [staff] are lovely."

- Relatives felt their family members were supported by skilled staff. One relative told us, "If I need a member of staff when I visit, someone will always come straight away. They treat [my family member] with respect and they try their hardest to communicate effectively."
- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with people were employed.

#### Using medicines safely

- Medicines were managed safely by suitably trained staff. People got their medicines at the right time. One relative told us, "The staff makes sure [my family member] has their medication administered appropriately."
- People were offered pain relief medication, in accordance with their preferences and health professional guidance.
- Medicine Administration Records (MAR) matched the correct quantities of medicines and medicines were stored safely.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One relative told us, "The environment always seems clean."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider followed government guidance in relation to safe visiting at the home.

#### Learning lessons when things go wrong

- There was a culture of openness when things went wrong. One person told us about a concern they had raised over laundry. They told us they felt this was dealt with appropriately. They said, "I do feel that I can speak to the registered manager about anything."
- Accident and incident forms were completed and investigated by the management team. Trends were examined and referrals made to other agencies such as physiotherapists and the falls teams.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked hard to instil a culture of care which valued and promoted people's individuality. One relative told us, "The home is lovely; it is a relaxed atmosphere. People always have a staff member with them." Another relative said, "I am really pleased about the way they are looking after [my family member] and are catering to their needs."
- Staff felt respected, supported and valued by the registered manager. One staff member said, "[Registered manager] is always supportive and tries to help. They lead by example and always put the needs of people first." Another staff member said, "[Registered manager] is approachable, I can always go to them and speak about issues."
- Care plans included details regarding people's health, social, emotional and sexuality needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong. One relative told us the registered manager had made a "heartfelt" apology following a complaint. They said the concern had been resolved and they were happy with the service provided.
- Staff told us how incidents and mistakes were discussed within regular team meetings and handovers in order to learn from them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance processes were effective and helped to hold staff to account, keep people safe and provide good quality care and support.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.
- A visiting professional told us the registered manager sought advice and guidance regarding risk management. For example, the visiting professional had recently provided additional guidance over complex wound care management. This meant the provider actively sought further information to keep people safe and effectively manage risks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were supported to provide feedback through meetings and informal discussions.
- One relative told us the registered manager held relative meetings in the day. However, the relative struggled to attend due to other commitments. The registered manager responded by putting some meetings on in the evenings. This was good because it showed the registered manager sought out relatives' views.
- Staff told us they felt able to raise concerns and make suggestions within team meetings and supervisions. One staff member told us they had made a suggestion which involved mentoring new staff. They were pleased this had been taken forward.

#### Continuous learning and improving care

- Quality systems were robust and supported numerous quality audits and checks, including infection control, care records and safeguarding.
- A visiting professional said, "The manager of the home is responsive to recommendations from health professionals and is supportive of any concerns raised by the staff within the care home."

#### Working in partnership with others

- Records reviewed confirmed collaboration with health and social care professionals and showed the registered manager welcomed their views and advice.
- A visiting professional told us "The staff in the home actively work in partnership with the team and the wider multi-disciplinary teams. They are responsive to the needs of people."