

Bupa Care Homes (BNH) Limited

St George's Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Georges Care Home provides nursing and residential care for up to 63 older people, some of whom are living with dementia. At the time of our inspection there were 54 people living at the service. The home is on one level comprising of three units and is situated within quiet rural grounds in Surrey.

People's experience of using this service

People and their relatives spoke positively about the service and said staff were kind, caring and supportive. Throughout our inspection we observed staff interacted well with people and had formed good relationships with them and their relatives.

There were safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures and how to keep people safe. People's needs, and preferences were assessed and risks were identified with plans in place to manage risks safely. Medicines were administered and managed safely and staff followed infection control practices to prevent the spread of infections. Robust recruitment checks were in place and there were sufficient staff available to meet people's needs. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and supervision.

People were supported to maintain a healthy balanced diet that met their dietary preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were involved in and consulted about their care and support needs. People had access to health and social care professionals as required. People were supported to participate in activities of their choosing. Staff worked with people to promote their rights and understood the Equality Act 2010.

There were effective systems in place to assess and monitor the quality of the service. The service worked in partnership with health and social care professionals to plan and deliver an effective service. The service took people's and staff's views into account to help drive service improvements.

For more details, please see the full report which is on the website at www.cqc.org.uk

Rating at last inspection: Good (Published 19 June 2017).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received, we may inspect the service sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

St George's Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and an Expert-by-Experience. 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 George's Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection site visit took place on 17 December 2019 and was unannounced.

What we did

Before the inspection we reviewed the information, we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts they had raised. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection we spoke with ten people using the service and seven visiting relatives to seek their feedback on the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke

with 15 members of staff including the operations director, registered manager, new service manager, quality assurance manager, nursing and care staff, chef and kitchen staff, activity manager and activity staff, maintenance and housing keeping staff. We reviewed a range of records including seven people's care plans and records and four staff recruitment and training records. We also reviewed records used in managing the service, for example, policies and procedures, monitoring records and minutes of meetings.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff were proactive in identifying and assessing risk to ensure people were safe. Potential hazards were regularly assessed and guidance was provided to staff to support, manage and minimise risks to people.
- Care plans contained detailed risk assessments which informed staff about what to do to support people's changing needs and when to seek further advice and support. Care plans and risk assessments were reviewed to manage identified risks whilst ensuring people's independence and rights were promoted and respected.
- Risks assessments looked at areas of risk and care such as moving and handling including the use of equipment, mobility and risk of falls, behaviour and medical conditions such as epilepsy. Risk assessments provided staff with instructions on actions to take in an emergency, for example when supporting people who are at risk of seizures.
- There were systems in place to deal with emergencies and the service was maintained safely. People had emergency evacuation plans in place and records confirmed the fire alarm system was tested and maintained and fire drills were routinely carried out.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or harm. One person commented, "The staff are lovely, they make sure I'm safe."
- There were effective safeguarding systems in place and the registered manager had good oversight and knowledge of safeguarding within the home. Staff we spoke with were aware of their responsibilities to safeguard people including how to report abuse. Training records confirmed that staff had received up to date training on safeguarding adults.
- There were up to date policies and procedures in place for safeguarding adults and robust systems to report and act on concerns. Safeguarding records demonstrated that concerns were appropriately managed by staff and referrals were promptly sent to local authorities and the CQC when required.

Learning lessons when things go wrong

- The registered manager and staff understood the importance of reporting and recording accidents and incidents.
- Records demonstrated staff had identified accidents and incidents and had taken appropriate action to address them. Where required accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals.
- Accidents and incidents were monitored and reviewed on a regular basis to identify themes and trends as a way of preventing recurrence. Any lessons learnt were shared with the staff team.

Using medicines safely

- Medicines were managed, administered and stored safely in line with good practice guidance.
- During our inspection we observed the medicines rounds. Medicines were administered by qualified nursing staff whose competency was checked to ensure the safe management of medicines. We looked at people's medicines administration records (MAR) and noted these were completed correctly by staff and medicines were administered as prescribed.
- Medicines audits were conducted on a regular basis to ensure safe practice. Findings from audits were shared with staff and any areas for improvement were identified and acted upon.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. Staff were provided with and used protective gloves and aprons to help prevent the spread of infections.
- People and their relatives told us the home was kept clean. One person said, "It's very nice here. They [staff] keep it very clean." A relative commented, "[Relative's] room is always kept nice. There are never any bad smells." People's rooms and communal areas were clean and fresh smelling.

Staffing and recruitment

- Throughout our inspection we observed there were enough staff to meet people's needs in a timely manner and call bells were answered promptly. However, we noted staff deployment throughout the home required some improvement at key times such as meal times in the dining rooms, where we observed people waited longer for support.
- The registered manager told us a dependency tool was used to determine the number of staff required on each shift, to meet people's needs. However, they advised that this was currently under review by the provider to ensure people who had behaviours that challenged the service were provided with sufficient time and support. The registered manager also told us they were currently recruiting more staff to fill vacant posts.
- People told us they felt there were enough staff to support them when requested. One person commented, "They [staff] do come quickly if I need them, they are very good."
- Staff were recruited safely. Full employment checks were completed before staff started working with people. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The environment was warm, homely and supported people living with dementia. People had dementia friendly coloured front doors to their rooms and memory boxes located outside of their rooms to aid orientation. People were encouraged to personalise their rooms with their own items. Hall ways were appropriately coloured with murals and fiddle boards which had interactive sensory items to support and simulate people living with dementia. There was appropriate large and pictorial signage throughout the home.
- There were purpose-built spaces in the home for people to use, such as a pub and a large garden which had an allocated space for a memorial garden for people to visit when a loved one had passed away.
- People had access to equipment that enabled greater independence whilst ensuring their physical and emotional needs were met; for example, walking aids, handrails and wheelchairs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were holistically assessed in line with recognised best practice.
- Assessments covered areas such as, personal history and preferences, capacity and consent, sense and communication and nutrition and hydration amongst others. Nationally recognised assessment and planning tools such as the Waterlow assessment was used to assess levels of risk associated with skin integrity.
- People and their relatives were involved in assessments and were supported and empowered to make choices about their care. One relative commented, "We were consulted when [relative] was admitted and the care plan was completed very quickly." Where appropriate, health or social care professionals were involved to ensure people's individual needs could be met.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- People's physical and mental health care and support needs were effectively assessed, documented and reviewed to ensure their needs were met.
- People and their relatives told us staff supported them to maintain their health and responded promptly to health requests. One person said, "I can see a doctor and staff do call if I ask and think it's necessary." A relative commented, "I've always been phoned immediately if there is a problem, staff are very quick to respond."
- Records of health care appointments were documented in people's care plans detailing any treatment required or received so staff were informed of any changes. People were referred appropriately to health

and social care professionals such as, GPs, speech and language therapists, community mental health teams, occupational therapists and dieticians amongst others, when required.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutrition and hydration needs were met and supported by staff. People told us they enjoyed the food. One person said, "It's always nice. You can choose what you want." Another person commented, "They [chef] are very good, its tasty and always hot."
- We spoke with the chef who was knowledgeable about people's nutritional needs and specialised diets and catered for individuals' preferences. Where people required special foods and or textured foods these were prepared and provided as documented within their care plans. They told us and we observed that people were consulted about the food on offer. For example, one person was asked by staff what they would like. The person required support to make decisions so staff showed them a pictorial mealtime book to aid their decision and choice of foods.
- We observed meal times in the three dining rooms within the home. People received the diets and consistency of foods in line with health care professional's recommendations. People were provided with a variety of adapted cutlery to help promote independence at meal times. There was good staff presence within the dining rooms to support and encourage people to eat their meals where required. However, we observed that lunch time in the main dining room was a little disorganised and some people waited periods of time for their lunch whilst others on the same table ate. We discussed this with the registered manager who told us they would review people's mealtime experiences to ensure this was addressed.
- Risks to people associated with eating and drinking were assessed and managed safely by staff.
- The Food Standards Agency visited the service in October 2018 and rated them 5 which is the highest rating a service can be awarded.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection we found that the authorisation paperwork was in place and kept under review by staff.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to meet people's needs and were supported by the provider through an induction programme and on-going training.
- Staff completed an induction programme in line with the Care Certificate, a nationally recognised programme for health and social care workers.

- Staff were knowledgeable about the people they supported and received training appropriate to their needs. This included training in areas such as safeguarding, moving and handling, MCA and DoLS and dementia care amongst others.
- Staff told us and records confirmed that supervision and support was provided by senior members of staff. This meant staff practice was reviewed and staff were provided with the opportunity to feedback and further develop.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were involved in decisions about their care. One person said, "Yes, they [staff] always ask me. I can come and go as I please." A relative told us, "We were involved in the care plan. There was a full care plan done on admission."
- People were provided with information about the service in a format that met their needs, for example, large print. People were provided with the opportunity to give feedback or to suggest service improvements through regular care reviews, meetings and surveys.
- Throughout our inspection we saw staff were patient when supporting people and took their time to enable people to be involved in meaningful discussions. At numerous times we observed people receiving one to one support from staff, which allowed for them to be listened to and be involved in making decisions about their care.
- We saw that one person who loved the outdoors unfortunately could no longer venture outside due to their physical health deteriorating. Staff worked with the person to bring the outside into their room. For example, staff painted a mural of flowers on the wall, installed AstroTurf carpet beside their bed which they regularly touched, staff played bird song music and solar stars were placed around the window and clouds on the ceiling.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives were positive about staff support, their commitment and the care they provided. One person said, "The staff are all wonderful. They are kind and very caring." A relative told us, "The staff are terrific. I go away occasionally and feel very confident that [relative] is well cared for when I'm not around."
- Throughout our inspection we observed that people appeared happy and relaxed in the presence of staff. We saw there were positive interactions between people and staff. People responded well to staff who greeted them in a caring manner using appropriate touch and eye contact. Staff had developed strong relationships with people and their relatives and knew the names of entire families, including relatives who visited and when.
- People's diverse needs were respected, assessed and documented as part of their plan of care. Staff respected people's differences and explored and worked with them to meet their cultural and diverse needs. For example, supporting people to practice their faith and to attend religious services held at the home for different religious denominations.
- Staff had received training on equality and diversity to ensure any protected characteristics people had were not discriminated against, in line with the Equality Act 2010.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. One person commented, "I can ask to have my hair washed and I've just had my nails done. Staff know what colours I like."
- We observed staff ensured people's privacy and dignity was respected by knocking on their doors and seeking permission before entering their rooms.
- Throughout our inspection we observed people were supported and encouraged to remain independent. For example, staff provided support to people in a caring and respectful manner helping them to ensure they could mobilise independently but without unnecessary risk.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care from staff that knew them well. One person said, "The carers are lovely. They know me very well and how I like things to be done." A relative commented, "Staff know [relative] really well and how to manage [relative]. I'm very happy with the care."
- People's care and support needs were assessed and reviewed to ensure their individual needs and wishes were met appropriately. People were treated as individuals and were able to follow their own routines and choices. Staff were able to describe how people liked to receive their care and support which we saw matched information documented within their care plans.
- Care plans contained information on how people's needs should be met in view of their wishes and clear guidance for staff on how best to support people. For example, people's preferences for their support to be provided by male or female staff.
- The service was responsive in meeting people's needs and behaviours whilst ensuring their choice and independence. For example, the providers dementia lead told us how staff observed people to better understand their needs and how to interact positively. Recommendations following these observations led to changes in the way staff worked with people such as, some people assisting the house keeping team with chores that they previously enjoyed and one person who previously enjoyed DIY working with the maintenance manager to complete simple jobs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to access important information relevant to them. For example, easy to read documents were made available. Staff understood and acted in accordance with the AIS.
- People's communication needs were identified, assessed and recorded in their care plans. For example, we saw that one person only spoke in their native language, which was other than English. Management had arranged staff rotas to ensure there was a member of staff on duty at all times that spoke with the person in their native language to enable good communication and understanding of their needs and requirements. This staff member also taught other staff various phrases in order for them to better support the person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access and participate in meaningful activities that were relevant to them. One person told us, "Its lovely here, there is always something going on." Another person said, "There's never a dull moment and always something to do."
- Weekly, monthly and seasonal activities were planed within the home by activity staff in consultation with people and their relatives. For example, throughout our inspection we observed various activities taking place including reminiscence sessions, art and crafts, music and games and Christmas decoration making. A breakfast club was established encouraging people to come together and a pub which had measures and beer pumps, a juke box, television to watch sports events and a darts board. The home hired a mini bus on a weekly basis which enabled people to visit local places of interest such as costal resorts.
- The home developed good links within the local community including a local middle school. Children from the school attend the home on a weekly basis to visit and spend time with people, some of which have formed individual links with the children. The children visit to sing, play musical instruments and generally engage with people.
- People were supported to maintain and develop relationships with those close to them. One relative said; "I usually come in the daytime, but my partner often visits late at night. No one has said it's too late or inconvenient." Records showed that relatives were supported and encouraged to visit and staff regularly updated them when changes in their loved one's needs were identified.

End of life care and support

- People received responsive care and support at the end of their lives.
- Care plans documented discussions had with individuals and their relatives about any advanced directives and end of life care wishes including choice of funeral arrangements. We saw that one person had reverted back to speaking their native language prior to their death. Relatives were unable to remain with them during their final hours so staff made arrangements for members of staff who spoke in the person's native language to remain with the person throughout the night providing comfort and support.
- Staff had received training in end of life care and had a good understanding of current best practice and guidance in relation to end of life care. Staff had well established positive links with external health and social care professionals', including GPs and a local hospice.

Improving care quality in response to complaints or concerns

- There were appropriate arrangements in place to respond to people's concerns and complaints.
- We observed the registered manager and providers senior staff operated an open-door policy and people told us they felt comfortable and able to complain. One person said, "If I have any concerns at all I know the staff would sort it out." A relative commented, "If I've had any issues, I've spoken to the manager and they are dealt with quickly."
- The complaints procedure was available in different formats to meet people's needs and was on display and made accessible to all. Complaints records showed that when complaints were received these were responded to appropriately in line with the provider's policy to ensure best outcomes for people.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, and 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 had an experienced registered manager in post. They knew the service well and were aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send the CQC by law. They were aware of the legal requirement to display their CQC rating which we saw was on display.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, and engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives spoke highly of the service and the care received. One person said, "I love it here, everyone is very kind." A relative commented, "The home has excellent management, this is seen in the way staff work and relate to people." Another relative told us, "This is a very caring home; I'm sure [relative] wouldn't have lived so long if this was not the case."
- Systems were in place to ensure effective communication between the service, people and their relatives. Notice boards were displaying throughout the home informing people about the service and local provisions. The service actively encouraged feedback which was done in a variety of ways, for example, through meetings, comments, suggestion feedback and surveys.
- Staff told us the management team provided strong leadership and had good oversight of the service. They told us management support was available to them when needed. Comments included, "If I want to talk with the manager or clinical lead the door is always open", "Team work is good here", and, "The manager is very helpful and her door is always open, I can go to her about anything."

Continuous learning and improving care

- The registered manager and senior staff recognised the importance of regularly monitoring the quality and safety of the service to help drive improvements. There were systems and processes in place to monitor and make improvements when required.
- Audits and checks were routinely conducted in areas such as accidents and incidents, safeguarding, health and safety, environment and premises, infection control, nutrition, clinical governance and

medicines management amongst others.

- Daily staff handover meetings were held and provided staff with the opportunity to discuss people's individual daily needs and any issues or concerns so they could be promptly remedied. Staff meetings were also held and provided staff with the opportunity to discuss issues relating to the management and safety of the service.

Working in partnership with others

- The registered manager and staff worked effectively to establish good working relationships with health and social care professionals to ensure people's needs were met appropriately. For example, working closely with mental health professionals, GPs and hospices and palliative care teams. The registered manager had also developed a network of community groups who supported people living at the service, for example local church groups and schools.