

Ms Karen Ann Bexter

St Georges 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

This inspection was unannounced and took place on 26 April 2016.

St Georges Care Home is registered to provide care and accommodation to up to 20 people. The home specialises in the care of older people. At the time of the inspection there were 17 people at the home.

The last comprehensive inspection of the home was carried out in December 2014. At that inspection we found improvements were needed to make sure accurate records were maintained. We issued a requirement notice which we followed up in May 2015. We found the provider had taken the necessary action to meet the requirement notice.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had had put quality assurance systems in place to enable them to monitor the quality of care, maintain people's safety and plan ongoing improvements.

People were complimentary about the home and the staff who supported them. One person said "I can't recommend it highly enough. I am extremely happy here." Another person told us "It's as good as you would find anywhere. I am comfortable and they look after us all very well."

There were sufficient numbers of staff to keep people safe. People were complimentary about the staff who supported them. They thought they were kind and well trained. Staff felt well supported and there was high staff morale which made it a happy place for people to live.

There was a robust recruitment procedure which minimised the risks of abuse to people. People felt safe at the home and staff knew how to report any concerns or allegations of abuse.

People received personalised care which enabled them to carry on with their own routines and to make choices about all aspects of their day to day lives. One person told us "I can live my own life here." Another person said "I carry on with my own routines."

Care was planned and delivered in a way that met people's needs and respected their wishes. Staff monitored people's health and well-being and made changes to the care provided in line with people's changing needs. People had access to health care professionals according to their individual needs.

People were happy with the food served at the home and were able to choose where they ate their meals. Where people required assistance or encouragement to eat this was provided in a friendly and dignified

way.

People's privacy was respected and people told us staff were kind and gentle when they supported them with personal care. People valued the fact that staff respected their abilities and supported them to maintain their independence where possible.

There were a number of ways for people to share their views and make suggestions. The registered manager and provider were very much part of everyday life at the home and people told us they were very easy to talk to. There were regular meetings where people could make suggestions and discuss issues.

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.

The risks of abuse to people were minimised because of the provider's robust recruitment system and practice.

People received their medicines safely from staff who had been trained to carry out the task.

There were sufficient numbers of staff to keep people safe and respond promptly to requests for help.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

People received a variety of nutritious meals which took account of their preferences and dietary needs.

People's health was monitored and they had access to appropriate health care professionals according to their specific needs.

Is the service caring?

Good ●

The service was caring.

Staff showed kindness and consideration to people.

People's privacy was respected.

People were involved in decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which was tailored to their individual needs and wishes.

People were able to take part in a variety of activities.

The provider had a complaints procedure which made sure any complaints were fully investigated.

Is the service well-led?

The service was well led.

People benefitted from an open and approachable management team who regularly sought their views.

People were cared for by happy staff who felt well supported in their role.

There were systems in place to monitor the quality of the service and plan ongoing improvements.

Good ●

St Georges Care Home

Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 26 April 2016 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with 8 people who lived at the home and six members of staff which included care and ancillary staff. The registered manager was available throughout the day and the provider was also available for part of the inspection.

We spent time observing care practices and interactions in communal areas. We observed lunch being served. We also attended a team meeting for staff. We looked at a selection of records which related to individual care and the running of the home. These included three care and support plans, three staff personnel files, minutes of meetings and records medication administration.

Is the service safe?

Our findings

People felt safe at the home and with the staff who supported them. One person told us "I feel safe here because there's always someone about." Another person said "You're safe with them [staff]."

Risk assessments were carried out to make sure people were able to take part in activities with minimum risk to themselves and others. The provider told us in their Provider Information Return (PIR) that regular risk assessments were being carried out and recorded. This was to make sure all staff had up to date information about how to minimise risks to people.

One person liked to go out for short walks without staff support. They told us they always told staff when they were going out and where they were going. They said "It's so if I don't come back they know where to look for me." The risk assessment in this person's care plan also said they carried an id card giving contact details for the home. This meant if they became lost they could show their id card to someone to help them to make contact with staff at the home.

Another person had a risk assessment, which involved regular checks to make sure staff were clear about their whereabouts and their mood. At the team meeting we attended staff were reminded of this risk assessment and the need to check it on every shift to make sure they had the most up to date information.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff personal files showed new staff did not start work at the home until the registered manager had received all the appropriate documentation.

Staff told us, and records seen confirmed, that all staff received training in how to recognise and report abuse. The provider said in their PIR that they wanted to instil in staff their responsibility to question practice and report concerns. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where issues had been raised with the registered manager they had taken action to make sure concerns were fully investigated and action was taken to protect people.

People who lived at the home received information about abuse and this was a standing agenda item at all residents' meetings. One person said "[Registered manager's name] visits me in my room. He always asks if I'm alright and I could talk to him if I was worried about anything. He's easy to talk to."

People were supported by sufficient numbers of staff to keep them safe. The provider told us staffing levels were increased or decreased according to people's needs. They had recently increased staffing levels in the evening after identifying this was a time when some people with complex needs required additional support.

Everyone had a call bell which enabled them to call staff if they required assistance. All said staff responded promptly to requests for help. One person who liked to spend time in their room told us "They come pretty quickly if you ring and they are always popping in anyway." During the inspection we did not hear call bells ringing for long periods of time which showed people received attention when they requested it.

Medicines were administered by staff who had received specific training and had their competency assessed to make sure people received medicines safely. The home used a monitored dosage system with printed medication administration records. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. Medicines that required additional security and recording were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

Some people were prescribed medicines, such as pain relief, on an 'as required basis.' One person said "They are good about tablets. They bring me pain relief when I need it." Medication administration records clearly showed when people had received these medicines.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People told us they had confidence in the staff who supported them and thought they were good at their jobs. One person said "Staff here are well trained. They know their jobs."

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. New staff had completed the newly introduced nationally recognised care certificate. To gain the certificate staff must complete assessments of knowledge and be observed in practice. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for.

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. Many staff had nationally recognised qualifications in care which ensured they were competent in their roles. Staff were complimentary about the training offered at the home. One member of staff said "Training is brilliant. The dementia training we did really made me think and I understand people's behaviour much better now."

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. Staff had received specific training in this legislation and knew how to support people who did not have the capacity to make decisions for themselves.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were aware of the principles of the act. The registered manager had completed applications for two people to be cared for under a DoLS authorisation and was waiting for assessments to be carried out by the Local Authority.

Most people who lived in the home were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks. One person said "I'm still very much in charge of what I do. I still make decisions." Another person said "You always choose what you want. No one makes you do anything."

Staff monitored people's health and well-being and sought advice and support from health care professionals when needed. Discussions between staff at the team meeting showed they were very observant and noticed when people's physical or mental health needs changed. During the inspection the

staff observed that one person was unwell and sought immediate assistance for them. One person said "I had a fall a while back. Two nurses came in to check I was alright."

People had access to health care professionals according to their individual needs. One person told us a community nurse visited them regularly for an on-going physical health need. Another person said "They get the doctor or a nurse to see you if you're poorly." All appointments and consultations with health care professionals were recorded in people's care plans. These records showed people were seen by professionals including GPs, chiropodists, opticians and nurses.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. The chef had a list of people's dietary requirements and their likes and dislikes which enabled them to make sure meals were in accordance with people's likes and needs. People were regularly weighed to monitor their well-being. All records we looked at showed people were maintaining a stable weight. Where concerns had been raised about a person's nutrition and weight the staff had sought advice and the person had been prescribed a food supplement.

People were very complimentary about the food served. One person said "Food is always nice." Another person commented "Food is good. Always plenty to eat and drink." The main meal of the day was well presented and people received the support required to eat their meal. To support people to eat independently equipment, such as plate guards, were provided. Where people required encouragement to eat this was given in a discreet and friendly manner.

People were able to choose where they ate their meals. One person said "I always eat in my room. I prefer to be on my own." Another person told us "I like going down to lunch because I meet people." Lunch in the dining room was a social occasion and people chatted together. People were offered alcoholic and non-alcoholic drinks before lunch and tea and coffee after they had eaten. Several people remained in the dining room socialising after the meal had finished.

Is the service caring?

Our findings

Staff supported people in a kind and caring way. Staff spent time chatting to people and were attentive to conversations. Staff had a good knowledge of each person and treated people as individuals. One member of staff said "Everyone is different. Some like a laugh and a joke and other people are much more serious." One person told us "They know what I like. They know when to leave me be but help me when I need it."

Staff were kind and considerate to people. We heard staff complimenting people on their clothing and looks which made people smile. When staff assisted people to move around they took time to make sure people weren't rushed. When a person complained they were feeling cold the registered manager turned up the heating to make sure they were comfortable.

There was a very relaxed atmosphere and people said they felt very at home. One person said "I visited quite a few places but this one just felt right." Another person told us "I feel perfectly at home here." People moved around freely and were able to choose where they spent their time. Some people liked their own company and others preferred to socialise in the communal areas. One person said "You can please yourself."

People had formed relationships with other people who lived at the home and we heard people laughing and chatting together. Staff encouraged people to socialise and initiated conversations which involved everyone. This all lead to happy chatter and some friendly banter between people and staff. We observed that staff made sure everyone was included and conversations were not dominated by any one person.

Each person who lived at the home had a single en-suite bedroom which they were able to personalise to their own tastes. People had bought ornaments, pictures and small items of furniture which helped to make rooms homely and personal. Equipment such as grab rails had been provided to support people to maintain their independence.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way. Staff respected people's privacy. Staff always knocked on bedroom doors before entering and delivered people's post to them unopened. One person said "They bring the post up as soon as it comes. They aren't nosey but I'm sure they would help me with letters if I asked them to." Some people had personal phones in their room to help them to stay in touch with friends and family.

People told us staff were always kind and considerate when they assisted them with personal care. One person said "They are always very respectful and sensitive when they help you have a bath."

People said they were involved in all decisions about their care and support. One person said "They discuss everything with me." Another person said "They always ask you what you want. You have choices about everything."

Care plans contained information about the care people would like at the end of their lives. There was

information about where people would like to be and the people that were important to them who they would like to be involved at such a time. Staff told us they tried to accommodate people's wishes if they were able to and they were supported to provide care to people by district and hospice nurses.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. One person told us "I can live my own life here." Another person said "I carry on with my own routines."

People said they continued to make decisions about their day to day lives. People were able to make choices about what time they got up, when they went to bed and how they spent their day. Staff respected people's individual routines and lifestyle preferences and people received care in a way that suited them. Some people liked to stay in bed late in the morning and they told us staff brought a breakfast tray in to them. One person said "I've always been a night owl. They know I won't appear downstairs before lunch." Another person told us they always got up early. They said "They seem happy to fit in with me."

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. People received information with photographs to help them decide if St Georges was the right place for them. One person told us "They asked all about me and what I wanted if I moved in. So far it's been very good."

From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Each care plan we read contained personal information about people's needs and likes which enabled staff to tailor care to suit them. Life histories had been completed so staff knew about people's previous lifestyles and the things that were important to them.

People were supported to maintain their independence by care plans that emphasised people's personal routines and the help they needed to fulfil them. Care plans focussed on what people were able to continue to do for themselves and how staff should support them to maintain their abilities. One person said "They don't smother you but I know I can ask them for anything at any time."

The staff responded to changes in people's needs. We heard from staff how one person's health and abilities had declined. At lunch time we saw a member of staff sat with this person and offered them a variety of choices to encourage them to eat. Another person's mental health had deteriorated and their care plan had been up dated to make sure they received additional support and monitoring.

Where people had periods of acute illness, such as an infection, short term care plans were put in place to make sure they were monitored and received the correct medication to meet their needs.

People were able to take part in a range of activities according to their interests. Since the last inspection a new activities co-ordinator had been appointed who had carried out a survey with people about their interests. As a result of this some new activities had been introduced. One new activity was the creation of a gardening club. One person said "We've started sowing vegetable seeds so hopefully we will have fresh veg this summer."

Everyone received a monthly leaflet telling people what activities were going on each day. This allowed

people to arrange their time around the activities they wished to join in with. One person said "There's no pressure to join in with everything. You can pick and choose." Another person told us "When they bring animals in I go and join in but otherwise I prefer to stay and listen to my music."

On the morning of the inspection some people decorated cakes and sat sharing memories with staff and each other. The cakes were then served to everyone in the afternoon. The previous weekend the home had hosted an afternoon tea party to celebrate St George's day. One person said "It was lovely. My family came and we had a wonderful time."

People told us their friends and family were always welcome when they visited. One person said "Pretty much open house here." One person said they attended church with friends and another person told us they regularly went out with family.

There were monthly meetings for people who lived at the home to enable them to share ideas and keep up to date with any changes. The registered manager told us there were plans to up-date the main lounge and they would involve people in choosing a colour scheme and furnishings. Minutes of meetings showed people were asked for their suggestions for food and trips out and always reminded they were able to make choices about everything they did. One person said "I quite like the meetings. They ask your opinion about things and I think they take notice of what we say."

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. Where complaints had been made these had been investigated and the complainant had been responded to giving them an outcome. People told us they would speak with a member of staff if they were unhappy about any aspect of their care.

Is the service well-led?

Our findings

The home was well led by a registered manager and provider. People said they were extremely open and approachable and very much part of the day to day life in the home. People and staff were very comfortable and relaxed with them. Both had an excellent knowledge of the people who lived at the home and the staff who worked there. They liaised with people's personal and professional representatives to ensure people were happy with the service provided and to share information where required.

People were complimentary about the home and the staff who supported them. One person said "I can't recommend it highly enough. I am extremely happy here." Another person told us "It's as good as you would find anywhere. I am comfortable and they look after us all very well."

People benefitted from a happy staff team who felt well supported by the home's management. One member of staff said "[Registered manager's name] is a great boss. You can go to him with anything and he listens." One person commented "They certainly seem to be a happy bunch." Another person said "All the staff are happy and cheerful. You never feel like an inconvenience."

There was a clear vision for the home which was based on inclusion, empowerment and person centred care. The vision and values were communicated to staff through staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. Records of supervision sessions showed they were also a chance for any poor practice or concerns to be addressed in a confidential manner.

During the staff meeting we noted all discussions were focussed on how to improve the care and support provided to people. It was made clear to staff that everyone should be assisted to make choices and staff should work as a team to ensure the highest quality care possible.

There was a staffing structure which provided clear lines of accountability and responsibility. In addition to the registered manager there were team leaders who deputised when the registered manager was not at the home. This ensured people always had access to senior experienced staff who could monitor their well-being and respond to any concerns.

The provider told us in their PIR that they ensured staff were practising in accordance with up to date guidance using a variety of methods. These included regular formal supervision with staff and team meetings. The registered manager informed us they walked around the home on a daily basis to monitor how the service was being delivered and to enable people to raise any issues with them. They said they used feedback to advance practice within the home. One person said "He [registered manager] is always asking if everything is alright and if there's anything you want."

The registered manager had introduced quality assurance systems to monitor standards and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. Where audits of the building

identified issues these were passed on to the maintenance person or outside contractors to make sure people's safety and comfort was maintained. Care plan audits had resulted in a change of format to make sure they were person centred and included information about people's routines. A two page 'passport' had been introduced which provided all information needed if a person was admitted to hospital or another care setting.

All accidents and incidents which occurred in the home were recorded and analysed. If a person had a number of falls staff ensured advice was sought from health care professionals and risk assessments were up dated to minimise further risks.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.