St. George's Hospital Limited

St. George's Nursing Home and Home Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
St George's Nursing Home and Home Care is a residential care home providing personal and nursing care to 50 people at the time of the inspection. The service can support up to 56 people, who may be living with dementia.

People's experience of using this service and what we found
People did not always receive a safe or well-led service.

Air mattresses had not always been used in a safe way to reduce the potential risk of people's pressure areas becoming sore. Medicines were not always managed safely.

Individual care plans were in place for each person which covered their care and support needs, but people may have benefitted from having more detailed care plans for their personal care needs. The registered manager had already acted to improve the care plans.

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 provider had policies and procedures in place designed to protect people from the risk of suffering harm and abuse. The provider had processes in place to reduce the risk of the spread of infection. Regular safety testing and maintenance had been completed.

People's needs were assessed before moving into the home, so the registered manager could be assured their needs could be met. People's needs were met by suitable numbers of staff. People were supported by staff who were trained and staff were supported through the use of supervision and an annual appraisal.

People felt cared for, were treated well and their privacy and dignity was respected. People were supported to eat and drink enough and had a choice of meals. People could choose where they ate their meals. People were supported to access healthcare professionals when necessary.

People and their relatives, when appropriate, were involved in planning their care. People enjoyed a range of activities. People's end of life preferences and choices had been discussed with people and recorded in their care plans.

The registered manager investigated complaints and spoke to families about their concerns. Staff and the registered manager liaised with other agencies to ensure consistency of care. The provider and registered manager promoted a positive culture and were aware of the duty of candour requirements.

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

Rating at last inspection
The last rating for this service was good (published 15 February 2017).

Why we inspected
This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St George's Nursing Home and Home Care on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect 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?

Requires Improvement

The service was not always safe.
Details are in our safe findings below.

Is the service effective?

Good

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.
Details are in our well-Led findings below.

St. George's Nursing Home and Home Care

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 Care Act 2014.

Inspection team
The inspection was carried out by an inspector 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 Nursing Home and Home Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. The registered manager was registered with the Care Quality Commission on 18th September 2019.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
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. This information helps support our inspections.

We reviewed information we held about the service, such as the previous inspection report.

The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.

We used all of this information to plan our inspection.

During the inspection
We spoke with nine people, six relatives, eight care or nursing staff, two senior nursing staff and the registered manager.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe.

Assessing risk, safety monitoring and management

- People had air mattresses in place to reduce the risk of pressure ulcers developing and records were kept showing what setting they were on. One person's records showed a gap of seven days and the subsequent setting was different to the original setting from July. We checked the pump setting during the inspection and this was the same as recorded. However, the setting was for a person who weighed more than 90kg and the person weighed 70kg. This meant the mattress pressure was too hard and put the person at an increased risk of tissue damage.
- One person had recently lost a small amount of weight which, according to the records, meant the mattress setting should have been changed but had not been. Senior staff confirmed that the mattress should have been set differently to take this into account. After the inspection, the provider advised us that the person's mattress was one which automatically adjusted to the person's weight and therefore did not need to be manually adjusted.
- Records were kept which showed mattress settings, every night, but the records did not always show which month or year they referred to. Two people's records showed an unrelated word rather than a setting, which was repeated throughout the records. This meant the setting of that mattress had not been recorded. One of these records also stated, "not air mattress" when the person did have an air mattress in place. Senior staff did not assure us that they understood the complexities of the mattress settings.
- These errors had not been identified until our inspection. The registered manager told us there was staff training booked at the end of October 2019 regarding the mattresses.

The failure to ensure equipment used by the service provider for providing care to people was used in a safe way was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had risk assessments in place which identified individual risks, for example, around mobility and equipment used to support them to move around the home.
- A fire risk assessment had been completed and fire safety records were maintained, for example, regular testing of fire fighting equipment. Personal emergency evacuation plans were in place which would assist the emergency services and staff in the event of a fire, for example.
- Regular testing and maintenance had been completed, for example, on the electrical wiring, gas boilers and hoists.
- Legionnaires' disease is a potentially fatal form of pneumonia. There was a risk assessment which identified the risk of Legionella being present in water systems as well as details of the action needed to minimise the risks in those areas. Records were kept which showed checks were completed to ensure the potential risk to people of Legionella being present was minimised.

Using medicines safely

● Medicines were not always managed safely.

● Nursing staff were responsible for administering medicines and signing the records on the computer. Senior staff assisted nurses to give people their medicines but this procedure was not detailed in the home's policy. The nurse dispensed the medicines into a pot and signed the record but staff took the medicines to the person in their bedroom. This meant the nurse signing the electronic medicines administration record could not be assured that the medicines were given as prescribed.

● Some people were prescribed medicines 'when required' (PRN). Medicines prescribed as PRN can be prescribed for example, for pain relief or for agitation. There were not any care plans in place to ensure staff offered these medicines in a consistent way. This meant, for one person, who could become agitated, they were given half a tablet or a whole tablet without any written guidance for staff to assist them in making the decision and to ensure consistency between staff.

● Staff used an electronic system to record how they gave people their medicines. Stocks of medicines did not match the records and some people had more tablets than their records said they should have. This meant that people may not have received their medicines as prescribed, although staff told us the computer system would alert them if medicines had been missed.

● Some people's records showed there should have been more tablets than there were in stock. This meant tablets may have been missing from stock.

● The provider advised us they had identified discrepancies in the recording of medicines in August 2019. Action had been identified to improve the management of medicines but this had not been effective or successful in improving the management of people's medicines.

● A tub of fluid thickener was stored in an unlocked cupboard in a communal area. The product is only available on prescription but the label had rubbed off the tub and staff did not know who it belonged to. As prescription medicines belong to the person they are prescribed for, this meant staff had not safely stored all of the person's medicines. Further, there was a risk that people living with dementia, may ingest the dry powder, which could cause them to choke. The registered manager removed the tub immediately.

The failure to ensure the proper and safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Medicines were otherwise stored safely and securely.

Systems and processes to safeguard people from the risk of abuse

● The provider had policies and procedures in place designed to protect people from the risk of harm and abuse.

● Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager knew how to contact the local authority safeguarding team if necessary.

● A visitor told us they felt their relative was safe. They said, "He likes the people looking after him, it's like a friendship."

● However, one person had a care plan in place regarding them being at risk of harm if they left the building alone. The care plan said for staff, "To follow policy." The policy was a standard policy regarding the use of physical restraint and talked about the use of force. Senior staff confirmed that staff would not physically restrain a person in this way. However, more tailored guidance to address how the potential risks to the person could be safely managed would have provided staff with more specific and least restrictive guidance to follow.

Staffing and recruitment

● People's needs were met by suitable numbers of staff. The registered manager told us staffing numbers had been set previously, but they looked at people's needs, whether they lived at the home or were going there for a short stay. They also considered the staff team's skills and experience, for example, they would not put a less experienced staff team on a whole shift together.
● The registered manager also told us they matched people's preferences where this was possible. For example, one person had a good relationship with a particular member of staff. Staff had considered guidance provided by a relevant organisation which had stated that continuity was particularly important for this person. The rota was therefore arranged so the staff member worked with that person when on duty.

● The staff team included nursing and care staff as well as activities, housekeeping, kitchen and maintenance staff.
● One person told us, "I find the staff very receptive and helpful" and another told us, "I use my buzzer about twice a day to get someone to [help me with personal care]. I don't wait more than five minutes for someone to come."
● A visitor told us, "The staff are very good with [my relative]" and another said, "The staff are very friendly and very helpful when you ask for things."
● Recruitment procedures were in place which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
● We saw that in one of the recruitment files we looked at, checks had not been completed to evidence the reasons why the staff member had left previous care jobs, as far as reasonably possible. The registered manager added this process to the recruitment policy straight away so that this would be rectified for future staff.

Preventing and controlling infection
● Staff received training regarding infection control and used personal protective equipment such as gloves and aprons when supporting people with personal care. The home appeared clean during our inspection.
● The Food Standards Agency had awarded the service a grade five for food hygiene in the kitchen, which is the highest possible rating.
● One person told us, "It's very clean here. I keep my room tidy" and another told us, "They keep the place clean. They clean my bathroom every day and I check they've cleaned it properly."

Learning lessons when things go wrong
● Lessons were learnt when things went wrong. Senior staff gave us an example regarding a medicines error, earlier in the year, where the home had run out of medicine for one person. Whilst the error was partly the responsibility of a third party, staff completed an extra supervision session to reduce the risk of the situation happening again.

Good

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed before they moved into the home, either permanently or for a short stay.
- One or two senior staff visited people at home, or in hospital, to ensure the home could meet their needs.
- Staff used professional assessment tools to assess whether people were more prone to losing weight or skin damage, for example.

Staff support: induction, training, skills and experience
- People were supported by staff who were trained to meet their needs. The provider employed a training co-ordinator to ensure staff received up to date training.
- New staff completed an induction which included training such as moving and handling and fire safety. Staff were further supported through the use of supervision and annual appraisal.
- One staff member told us, "The training is really good, [named staff member] does it all, she finds different ways of doing things. Training is very regular, [courses] go up on the board and we book ourselves in." Staff felt the training met their needs and said they could request specific training.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to eat and drink enough and people enjoyed their meals.
- There was one main meal provided at lunchtime, but some people chose to have something different, such as a jacket potato or an omelette. People had a choice of drinks and some people had alcoholic drinks. The registered manager told us they were planning to review how choices were made at mealtimes to see if it could be improved.
- Where necessary, advice was sought and followed from the speech and language therapist. Some people needed a special diet and staff ensured food was presented as people needed it, for example, as a soft diet.
- Staff spoke with people whilst they were serving their meal. For example, they warned people their soup would be hot, asked them if they were enjoying their meal and asked them how they were today.
- People told us lunch was, "lovely" and "very tasty." A relative told us, "The food is amazing. [Person's name] asked for bigger portions and they got them."
- People were supported to eat their meals, when necessary and people chose where they wanted to eat.

Staff working with other agencies to provide consistent, effective, timely care
- Staff liaised with other agencies to ensure consistency of care. This included working with other health and social care professionals such as the local authority social work teams and commissioners.

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

● The registered manager was new in post and had started thinking about how they might improve the environment to better meet the needs of people living with dementia.

● Each floor of the home was painted in the same colours and there was nothing to distinguish which floor was which. The registered manager said they had taken delivery of some new signs and were thinking about putting memory boxes outside people's bedrooms to help them find their rooms independently.

● People could bring their own furniture and ornaments for their bedrooms which meant their room felt familiar to them.

Supporting people to live healthier lives, access healthcare services and support

● People were supported to access healthcare professionals, such as doctors, dentists, chiropodists and opticians.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff received training in the Mental Capacity Act 2005 and staff were aware of their responsibility to deliver care only with the person's consent.

● Where conditions were placed on authorisations, these were known to staff and action had been taken to ensure the conditions were met.

● Best interests decisions were recorded where people were assessed as not having capacity to make a specific decision.

Good

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 outstanding. At this inspection this key question has now changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People felt well cared for and were treated well.
- We observed staff interacting with people in a friendly and caring way. One person told us, in the hearing of a staff member, "I wind the staff up sometimes. We have a little joke, don't we?" The staff member responded, "We have lots of fun!"
- When staff discussed people and their needs and preferences, they did so in a caring way and it was evident that they knew them well. Some people had particular interests which were supported by staff.
- For example, one person was supported to attend football matches, which they really enjoyed. Another person had been supported to have their pets in their bedroom as this was really important to them.

Supporting people to express their views and be involved in making decisions about their care
- People were involved in making decisions about their care.
- One person told us they were able to choose what time they got up in the morning. They said, "I normally get up after breakfast. The staff help me."
- Staff told us individual preferences were respected, for example, if people preferred female to male staff. One staff member told us, "People all have individual ways of doing things, for example, when they like to brush their teeth and what to wear. If they can wash themselves, they can. [Person's name] likes to get into their nightie after [name of television programme]."

Respecting and promoting people's privacy, dignity and independence
- Staff respected and promoted people's privacy and dignity.
- One staff member told us, "I close the curtains, cover people up, get their clothes ready. I do what I would want regarding privacy." Another staff member told us, "When I leave their room, I ask if they want the door open or closed." They went on to say that if they were supporting people with personal care they ensured curtains and doors were closed.

Good

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 and their relatives, when appropriate, were involved in planning their care.
- Individual care plans were in place for each person which covered their care, support and health care needs. The registered manager told us they had recently sourced a computerised care plan system and were due to begin the process of creating new care plans. We noted that the current care plans were not as detailed as they could be about personal care and the registered manager was confident this would be addressed with the new system.
- The provider employed staff to provide and facilitate activities, including a co-ordinator. We observed activities being organised for people sitting in the conservatory. One person was enjoying doing a jigsaw puzzle on a special puzzle board which meant they could store the puzzle and not have to pack it away for meals. Other people were showing staff how to knit and there was conversation and laughter.
- Activities included a book club, Scrabble club, visiting singers and entertainers and animal displays. The home had its own minibus and staff took people to the shops, the forest and the beach.

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.

- Where people did not always communicate their needs and wishes verbally, staff knew them well and ensured they took the time to understand them.
- Documents were available in large print for people who needed this.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which gave details of how to complain.

Complaints were investigated, and the registered manager liaised directly with the complainant. Complaints were seen as valuable to drive improvement in the service.

End of life care and support

- The staff supported people at the end of their lives where this was their choice.
- People's end of life preferences and choices had been discussed with people and recorded in their care plans.
- Some staff had completed training specific to supporting people at the end of their lives. A care staff member told us, "We make people as comfortable as possible, we work alongside the nurses and GPs. We

remember their loved ones who come to visit. We make sure their room is tidy, that the person is clean, the bedding is clean. This will be their last memory of them, it is really important."

Requires Improvement

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality, person-centred care.

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

- Governance systems were not always effective at identifying issues.
- The registered manager had only been in post since August. They were in the process of completing appropriate training and had identified a range of issues they wanted to improve. One of these issues was the quality of the care plans. However, they had not yet identified all the issues we found, for example regarding the mattress settings and medicines. The registered manager responded immediately during and after the inspection and action was taken to immediately rectify issues which could be dealt with straight away, for example, amending the recruitment procedure for future new staff
- The management team included a matron and a clinical lead, who was also new to working at the home. Staff knew their roles and what individual tasks they were to perform.
- The registered manager ensured we were notified of any specific incidents or accidents.

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

- The provider and registered manager promoted a positive culture.
- The registered manager told us, "We are very open here about what goes on. It encourages people, it is a way of learning." A senior staff member agreed there was a, "no blame culture."
- Comments from staff included, "[The registered manager] is approachable", "Knowledge is shared at handover, from one shift to another. We have to work as a team to resolve any problems. [The registered manager's] door is always open, and the Matron's. [The provider] is fantastic as an owner, what he has done and achieved here. He has lunch with people and the carers and says 'hello' to everyone" and, "We work as a team, we don't ever have a bad shift. Carers often say it's been a lovely shift, we all work together."

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 registered manager was aware of the duty of candour and described the action they would take if this was necessary, for example, ensuring there was a written apology to the person concerned.

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

- People were involved in the running of the service and their views were sought. For example, some people had requested visits from a therapy dog and this had been arranged.

● The registered manager spoke to people on a daily basis, a relative's meeting was held regularly and relatives were involved in reviewing care plans, when appropriate.
● Some people enjoyed receiving 'friendship postcards'. This was a new idea where local school children wrote to people living at the home. This meant the home was involved in the local community.
● There was a staff suggestion box. One staff member told us, "They are always up for ideas, especially when newcomers come. One of my ideas is being discussed." Another staff member told us, "The management team are good, I've emailed suggestions and compliment staff who have done well. I feel I can talk [to management] and confidentiality will be maintained."

Continuous learning and improving care
● The registered manager had identified areas which they felt needed improvement and created an action plan. Areas for improvement included care plans, staff supervision and reviewing policies and procedures. Some actions had already been completed, for example, ensuring all staff accessed supervision sessions.
● The registered manager had also identified areas within the auditing processes which needed to be strengthened. They had improved the audit tools and raised any concerns with staff.
● One example of auditing was around call bells, which people had access to so they could call for staff when they needed support. The registered manager completed an audit of response times, so they could be assured that bells were answered in an appropriate timeframe. Action was taken to investigate the reason if bells were not answered for longer than five minutes.
● The registered manager had arranged staff meetings with different staff departments, in advance for the rest of the year.

Working in partnership with others
● The home had a close working relationship with a local hospice. Hospice staff offered training to the home's staff and supported the home in working with people who were at the end of their lives. This also meant that some people chose to end their lives at the nursing home instead of the hospice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure equipment used by the service provider for providing care to people was used in a safe way. The provider failed to ensure the proper and safe management of medicines.