

St George's (Wigan) Limited

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Inspection report

Windsor Street
Wigan
Greater Manchester
WN1 3TG

Tel: 01942821399
Website: www.stgeorgescarehome.co.uk

Date of inspection visit:
03 November 2021
04 November 2021

Date of publication:
01 December 2021

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 George's Nursing Home provides nursing and residential care and support for up to 62 people in single and shared rooms. At the time of the inspection there were 42 people using the service, in single rooms; this was because the home had begun the process of reducing the number of beds available, turning all double rooms into single rooms. The home is a grade 2 listed building in spacious grounds and close to a wide range of community resources.

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

Staff protected people from abuse and understood how to recognise and report any concerns they had about people's safety and well-being. Staff assessed people's needs before they started using the service. People had been involved in the care planning process, and in identifying their support needs in partnership with staff. Staff managed people's medicines safely. Infection control was managed well and procedures were in place to prevent the spread of infections.

The provider followed safe recruitment processes to ensure the right people were employed. Staff received an induction and ongoing training. There were enough staff to keep people safe. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff assessed any risks to people's health and wellbeing, and these were mitigated.

Staff had formed genuine relationships with people, knew them well and were caring and respectful towards people and their wishes. Staff were dedicated to their roles and in supporting people to achieve their goals and aspirations. Staff supported people to access healthcare professionals and receive ongoing healthcare support. Staff supported people to share their views and shape the future of the care they received. Care plans provided staff with the information they needed to meet people's needs.

Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence that the staff and management worked with other organisations to meet people's assessed needs. The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 December 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

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 (Wigan) Limited

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.

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

Inspection team

The inspection was carried out by two inspectors on day one and by one inspector and an Expert by Experience on day two. 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 (Wigan) Limited 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

We gave the service 24 hours' notice of the inspection. We announced the inspection the day before we visited to discuss the safety of people, staff and inspectors with reference to COVID-19.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. 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 used all of this information to plan our inspection.

During the inspection

We spoke with 10 relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, clinical lead, office staff and care workers. We 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 reviewed a range of records. This included seven people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

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

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection medicines records did not always provide enough detailed information to protect people from harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Medicines were managed safely, and people received their medicines as prescribed.
- The medicines management system in place was understood by staff and was effective in ensuring all aspects of medicines management were safe.
- All medicines care plans had been re-written and updated since the last inspection and now included detailed information for the use of 'as required' medicines, covert medicines, drink thickeners and controlled drugs.
- Staff responsible for administering medicines had received training and had their competency assessed. A new system of auditing was in place to ensure consistency in the daily and monthly audits of people's medicine records.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from the risk of abuse and avoidable harm. All staff received mandatory safeguarding training. Staff we spoke with knew how to recognise and report safeguarding concerns. The registered manager and senior staff ensured they reported any concerns to the appropriate agencies such as the local authority and Care Quality Commission.
- The service had a safeguarding and whistleblowing policy, accessible to staff. The registered manager took appropriate action to keep people safe and kept a record of any safeguarding incidents.
- Relatives we spoke with had no concerns about their family members safety, one relative said, "I've no issues about safety. If I had any concerns I'd phone the manager." Another relative told us, "I'm quite happy with [my relative's] care and have no concerns about his medication."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff identified risks associated with people's care and support and actions were in place to minimise risks occurring.
- People had pre-admission assessments completed before they moved into the home. Care plans included risk assessments in relation to people's specific care needs. The risk assessments were person centred and

covered areas such as moving and handling, falls, nutrition and hydration.

- Staff recorded the care they provided on daily care logs in people's care records. The daily care logs we reviewed showed staff completed them fully and accurately.
- Comprehensive fire risk assessments were in place. People had personal emergency evacuation plans in their care file to ensure staff knew how to safely support them in the event of a fire. Premises' risk assessments and health and safety assessments were in place, reviewed regularly and up to date including gas, electrical installations and fire equipment.
- The provider and registered manager completed a range of audits, which helped identify any issues, gaps and risks, which they then addressed. The provider reviewed all incidents to identify themes and learning and shared any changes made with staff.
- Staff knew how to report accidents and incidents. The registered manager and provider kept a record of accidents and incidents and took appropriate actions to ensure they were minimised.

Staffing and recruitment

- Staff were recruited safely. The provider had the necessary recruitment checks in place, including seeking references and contacting the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.
- Enough staff were deployed to meet people's needs. The home assessed people's dependency levels to determine how many staff were needed to support people safely.
- People's relatives had no concerns around staffing levels. One relative said, "There seems to be enough staff; [my relative] is safer now than he was at home." A second relative told us, "I think there's enough staff in the home."
- Staff also raised no concerns. One told us, "It's fine, we always have enough staff on." A second staff member said, "We have enough staff, definitely."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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

- Assessments had been completed prior to people moving into the home. These helped ensure the home could meet people's needs and the environment was suitable.
- People's likes, dislikes and preferences had been captured and used to inform the care planning process to ensure care provided was in line with people's needs and wishes.
- Care plans included relevant health and personal information to help inform care provision.

Staff support: induction, training, skills and experience

- The staff team were skilled and experienced. All staff underwent an induction and a mandatory training programme when they commenced employment. Staff told us managers gave them the time and support they needed to develop their skills and confidence.
- People's relatives expressed trust and confidence in the staff team. One relative said, "I've never had a problem with staff, they all do their best." A second relative told us, "I'm in constant contact with staff, they're well-trained and I'm involved in decision making."
- Staff received regular supervision and annual appraisals. The provider offered staff a good range of training and development opportunities to help meet the needs of the people they supported.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People were supported, where needed, with their dietary needs, which were documented within their care plans.
- Staff had completed training around nutrition and fluids to help ensure they had the correct skills to support people safely.
- People were involved in choosing their meals each day; a variety of choices were available, and a pictorial menu was used to help some people choose.
- Eating, drinking and choking risk assessments were in place. People's weights were monitored and recorded.

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

- The layout of the home catered for people's needs. Since the last inspection, all double bedrooms had been changed to single occupancy, and a phased plan was in place for the redecoration of these rooms. A secure wooden building had been erected in the garden area to facilitate safe visits during COVID-19, and to hold meetings.

- Some adaptations had been made to the environment to help people living with dementia orientate around the building, including signage on corridors and communal rooms, such as bathrooms, toilets, lounges and dining rooms.
- Corridors were free from clutter to enable people who liked to walk with purpose, to do so safely. Seating areas had been created to provide people with a place to rest.

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

- People received support to stay well and access medical services as required.
- People had access to a variety of medical and health related services, such as general practitioners, speech and language therapists, podiatrists and dieticians. Information from appointments or assessments had been documented in people's care records.
- Oral care was provided in line with people's needs and wishes.

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 had received training in MCA and DoLS and understood how these applied to their day to day role. One staff member said, "DoLS is about restrictive practices that have been agreed. I did the Mental Health training, which had a lot of the legislations in and procedures including the MCA."
- A log was used to track DoLS applications and their outcome. Applications had been submitted where required, with re-applications completed prior to the expiry date, as per guidance.
- Care plans contained information about people's capacity to make decisions, with reference to the MCA. Where necessary best interest meetings and decision making had taken place. One relative told us, "I was involved in decisions about the best interests of [my relative] as I have power of attorney over [my relative's] affairs."

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 not inspected. The rating of good from the previous comprehensive inspection for this key question was used in calculating the overall rating at the last inspection. 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.

Ensuring people are well treated and supported; respecting equality and diversity

- People's relatives spoke positively about the standard of care and the staff who provided this. One relative said, "[My relative] has complex needs and the staff do the best they can." A second relative told us, "The staff are very kind; they're very nice." A recent compliment stated, 'The manager showed me where [my relative's] room would be. She was very understanding of [my relative's] needs. She made us feel at ease and understood how hard it was for us to put [my relative] into someone else's care. Several visits later, I would definitely recommend St George's without a doubt. All the staff have been so caring and attentive to [my relative]. She has been washed and clean every time we visited. They are amazing people.'
- Staff we spoke with demonstrated an understanding of the people they supported, their care needs and their wishes; they were able to tell us about people's preferences and how they endeavoured to ensure care and support provided was tailored to each person's individual needs.
- There was a positive culture at the home and people were provided with care that was sensitive to their needs and non-discriminatory. This included respecting and supporting people's cultural and religious beliefs and sexual orientation. One staff member said, "[Registered manager] is really good at keeping up to date with how people are doing. We have daily handovers and discuss anything that has changed, so, you'd always know if someone was unhappy and then it's also again about knowing people and what they're saying to you even if they can't tell you verbally."

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

- People looked clean, well presented and at ease in the presence of the staff who supported them. We observed a number of positive interactions throughout the inspection. It was apparent staff knew people well and how best to care for them.
- The provider had a range of supporting policies in place, which staff were required to read and understand, including: Dignity respect and choice; Equality and human rights; Advocacy. One staff member said, "I make sure people's choices are respected by always asking what they like. If they can't tell you, I can show pictures and use writing as that's another way of giving choice."
- The service user guide included information about the service's standards and values and had equal opportunities information within it. Care plans included relevant information about people's diverse cultural, spiritual or other requirements.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their independence was promoted as much as possible.

One relative told us, "I have no complaints about the care [my relative] receives." A staff member told us, "It's really important to get to know people as individuals and treat them that way; it doesn't take anything to treat people like they're your parent."

- People were given the privacy they required, with each person having their own personal bedroom. Any personal care was delivered behind closed doors. We saw staff knocking on people's bedroom doors before entering and providing support.
- Staff were knowledgeable about the importance of promoting independence. We observed staff encouraging people to do things for themselves or providing reassurance and explanations to people when assisting them to mobilise, for example.

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

- Care plans explained how people wished to be cared for and supported. Where possible, people and relatives had been involved in the initial assessment and care planning process. A relative told us, "I attend meetings about [my relative's] care and have discussed end of life care with the manager."
- Care files contained a range of person-centred information. The social history assessment provided staff with details about people's backgrounds, life histories, likes and dislikes. This helped staff understand people better as individuals and supported the provision of personalised care.
- The service regularly reviewed care plans to ensure all information was accurate and up to date. This ensured any changing needs were captured so the care provided to the person was meeting their assessed needs. A relative said, "I'm very impressed with the care and compassion shown by all members of staff to [my relative], whom we have not seen for over 20-months due to COVID-19. She is clean and well cared for. We have popped in unexpectedly in the last few days, and all the staff are welcoming and genuinely care. Congratulations to the management and all the staff."

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.

- The service followed the principles of the AIS. People's communication needs were explored as part of the care consultation, planning and review process, during which the service continually looked at how to support people to have access to information, in a format they could understand.
- Documentation was available in large print with pictures for people with sight problems.
- People's communication needs were clearly identified in their care planning information; this helped staff understand how best to communicate with each person. People's communication care plans included information on individual abilities and needs and the staff support required, for example, speaking clearly and slowly and providing simple instructions one at a time.

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 and encouraged by care staff to undertake activities and maintain social relationships to promote their wellbeing. During COVID-19 staff had helped people stay in contact with their relatives via telephone calls, video calls, window visits and indoor visits, in line with guidance.
- The home provided activities each day and a schedule was displayed. The home employed an activity

coordinator, who held meetings with people to discuss activity ideas. Engagement in activities and feedback from people about what they had enjoyed were recorded. A relative told us, "[My relative] can talk about the past and staff help with this and do activities with [my relative] and others. They also do music events and they try to stimulate [my relative]. We have newsletters every quarter with information on what's been done. The coordinator has a WhatsApp communication group and we can access this and the staff directly."

Improving care quality in response to complaints or concerns

- No one we spoke with had made a formal complaint. People told us they would be comfortable raising concerns with the staff or management. People's relatives told us they knew how to complain but had not needed to. Comments included, "If there something on my mind I sort it out with the staff," and, "I know how to make a complaint but so far I haven't had a reason to complain about anything."
- The home had a complaints policy in place, with a log used to detail any complaints received, action taken and outcomes. We found any complaints received had been acknowledged, investigated and responded to in writing in a timely manner.
- Quality assurance systems ensured a planned and systematic approach to monitoring, assessing and improving the quality of care as a result of feedback received.
- We looked at examples of recent feedback received. One comment stated, 'The care help and assistance you provided to [our relative] and ourselves was first class and with a high degree of empathy. We were so thankful for the access you gave us during [our relative's] last few weeks and we are extremely grateful to you.'

End of life care and support

- At the time of the inspection no-one was at the end stages of life. People had supportive care records, which identified if people had a 'do not resuscitate' order in place. End of life care was supported by doctors and relevant other professionals.
- The home had an 'end of life care policy' in place and people's wishes regarding end of life were recorded in their care files, including any updates. Where people had been willing to discuss their end of life care wishes this was recorded. One relative told us, "I was involved in [my relative's] care plan for end of life care as the manager had rang me and we sorted out everything over the phone."
- The home had the attended Wigan and Leigh Hospice in Your Care Home (HiYCH) team education programme. This meant hospice staff worked closely with care home staff to promote training to equip them with the practical skills and knowledge needed to provide sensitive, timely, compassionate end of life care. This was based on the most up to date research available.
- The HiYCH team told us staff were compassionate and knowledgeable, meetings with the registered manager were held every month and well attended, and resident status meetings were working well. The home had recently won two awards at the annual HIYCH awards ceremony; one for clinical lead and one as a special staff recognition.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection quality audits were not always robust enough. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider's audit systems were now more robust and supported good service delivery. management team used these to question and act on issues raised. The directors had more input into the governance of the service. Weekly management meetings took place between the registered manager, deputy manager, finance manager, administrators and directors. A separate clinical meeting between the director, registered manager and deputy manager was also held to ensure no topic had been overlooked. Audits were regularly discussed as part of the weekly staff meeting, including their findings and action to be taken.
- Staff held a handover meeting in between each shift change to discuss each person and notes of meetings included identifying if any issues had arisen in the night or day. This ensured staff followed up on any required actions in timely way.
- People's relatives told us the registered manager and staff were supportive and approachable. One relative told us, "The registered manager is very approachable, and she always listens to me."
- The registered manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements.
- Staff told us the registered manager was approachable and available should they need to raise any concerns. One staff member said, "The registered manager is one of the best bosses I've worked for. You feel like you can go to her about anything, she makes you feel safe, her doors are always open. She'll take time to check on everyone." A second told us, "I've only known [registered manager] for a short time, but she's always been supportive; she's very supportive."

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

- Records showed the registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service. Notifications about significant events were completed and sent to CQC as

required.

- A relative told us, "Any questions or queries we have had were always answered. Staff very attentive and caring." A second relative commented, "Communication can be variable, sometimes you have to wait a while for the phone to be answered but they [staff] let us know if [my relative] has had a fall or anything."

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

- The registered manager was clear about their role and responsibilities and were supported by the deputy manager and the provider. Staff we spoke with were clear about their roles. One staff member told us, " We all work together; it's great, there's the odd thing but generally everyone's on the same page, working for the people we support." A second said, "The registered manager is changing things for the better and I think the majority of staff are on board."

- The registered manager and staff were very open during the inspection. Staff said the service had improved since the new manager came into post; they told us the staff team worked well together and communication between staff had improved.

- The registered manager, supported by the director, showed a strong commitment to good governance of the service. The provider had a range of governance systems, tools and processes in place to assess the safety and quality of the service and identify areas for improvement. For example, they completed audits on care records, medicines administration and infection control.

- The registered manager was fully involved and engaged in supporting staff and people throughout the inspection, providing guidance, support and instruction. Staff had access to regular team meetings and one-to-one supervision sessions, where they could make suggestions or raise concerns. Staff attended daily handovers to receive updates about people and the service.

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

- The service engaged with people and their relatives on an ongoing basis. Although one relative told us communication had sometimes been difficult during the height of the pandemic, other relatives felt communication was good and they felt fully informed.

- The provider engaged with staff regularly. Staff attended daily handovers to receive updates about people and the service. One staff member told us, "I speak up and feel free to do so; the managers have got a friendly manner. Its improved here, definitely." A second said, "Communication is important, like sharing the information with colleagues and making sure we're all working and doing the same things, and everyone is aware of what's happened."

Working in partnership with others

- The registered manager worked in partnership with local universities and the home was an 'accredited learning environment' which supported student nurse placements. Feedback from previous placements was positive, one comment read, 'My sincere thanks to all the staff members at St George's. It's been a fantastic placement full of great learning opportunities. Everyone has been very welcoming, knowledgeable, and forthcoming to teaching students.'

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. This included family members, social workers, nurses and GPs and pharmacists.

- Records showed multi-disciplinary teams were involved in people's care.