

St Georges Home Care Ltd

St Georges Home Care Ltd

Inspection report

Hale Business Centre
5 Constable Crescent
London
N15 4QZ

Tel: 02039928900

Website: www.stgeorgeshealthcare.com

Date of inspection visit:
27 April 2022

Date of publication:
23 May 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Georges Home Care Ltd is a domiciliary care service that provides care and support to people living with dementia, physical disabilities and mental health conditions. At the time of our visit 32 people living in north London were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

During this inspection we found the service had made improvements around the management of risks and quality assurance.

Whilst the service had improved the way they scheduled and monitored care visits, and staff had the right skills and qualifications, we identified some shortcomings around recruitment checks. We made a recommendation around safe recruitment practices.

Risks associated with people's health and care were identified and assessed as and when needed, and staff were provided with clear guidance on how to minimise these risks. People told us they felt safe with the care and support they received. People received their medicines as prescribed. The service followed strict infection prevention and control measures to keep people safe.

People received care that was tailored to their individual needs and staff knew them well. Care plans were person-centred and documented how people wanted to receive their care. The service managed complaints effectively and relatives told us they felt confident in raising any concerns but were pleased with the care and support their loved ones received. Staff communicated with people in ways they understood.

People, relatives and staff spoke positively of the management and the support they received. There was an open and inclusive culture at the service. Systems were in place to assess and monitor the quality of the service provided. The service sought feedback from people, relatives, staff and professionals which they used to drive improvements. The team worked in partnership with healthcare services and other professionals to improve and maintain people's quality of life.

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 October 2020) and there were breaches of regulations. 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.

At our last inspection we recommended that the provider sought training and guidance on effective scheduling of care visits as well as communication with people and relatives. At this inspection we found improvements had been made around these issues.

Why we inspected

We carried out an announced focused inspection of this service on 23 September 2020. Breaches of legal requirements around safe care and treatment and good governance were found. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe 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 Georges Home Care Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector and two Experts by Experience who spoke with people and relatives by telephone for feedback. 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and nine relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, nominated individual, field supervisor, team leaders and care assistants. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) 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 12.

- Risks associated with people's health and support were identified and reviewed regularly.
- We saw comprehensive risk assessments containing clear guidance, covering areas including moving and handling, diabetes, eating and drinking, environmental safety, medicines and skin integrity.
- People who had complex needs had separate care plans in place which contained clear descriptions of their conditions, associated risks and instructions for staff on how to minimise these risks.
- For one person who had diabetes, their risk assessment contained information in the form of 'what a good/ bad day looked like' for this person, signs of ill-health and actions for staff to take. For another person who had mobility issues, a personalised and detailed hoisting plan was in place which contained step-by-step guidance on how to ensure they mobilised safely.
- People and their relatives told us staff knew about their needs and how to manage any associated risks. One relative told us, "[Person] has a stair-climber and both of the carers took a refresher course in how to use it safely. He has a hoist and it's clear he feels safe when they support him in it."

Staffing and recruitment

- The service carried out the required pre-employment checks, including identity and criminal checks, before newly recruited staff were able to start. However, for some staff, we found gaps in their employment history. We discussed this with the registered manager and nominated individual who explained that staff's employment histories were obtained from their CVs and any gaps were discussed during their interviews. The registered manager then showed us scrap notes, part of which were unclear, containing information around employment histories taken at the time of staff's interviews.
- The service requested for references to demonstrate evidence of good character. However, for two members of staff, we found that one of their references were from colleagues who worked at the service. It was not clear in what capacity these employees were known to their referees at the time of their job applications.

We recommend the provider seeks guidance on safe recruitment practices.

- The registered manager and nominated individual told us they would ensure recruitment checks were recorded clearly and sent us a revised version of their job application form, following the inspection, which had a specific section for employment histories.
- During our last inspection in October 2020, we found issues around the scheduling of care visits. At this inspection, we found the registered manager had implemented systems to ensure staff attended to care visits on time so that they could spend the required amount of time with people without rushing.
- The registered manager told us they had reviewed their staff rotas and made allowances to give staff enough time to travel between care visits. A designated member of staff monitored, in real time, care visits and communicated with people and their allocated staff if there were any delays.
- People and their relatives told us staff were not usually late and did not rush when providing care. One person told us, "They will phone if there are any likely delays but it doesn't occur often. They will even let me know if they're going to be early instead." A relative said, "The carers work exactly at mum's pace and chat with her all the time. They are very attentive and so understand that she isn't able to rush."
- Most of the time people were supported with regular carers who had built a rapport with them and learned their needs. A relative told us, "We had a difficult set of carers at the start but now they [staff] completely understand dad and his needs. The manager has made sure that they have had training to understand his condition as well."

Systems and processes to safeguard people from the risk of abuse

- People felt safe and protected while they received care and support.
- The service had systems and processes in place to safeguard people from abuse. One person told us, "I feel very safe with them [staff] and what they do." A relative told us, "He's [person's] kept very safe and I have no worries at all. And to know you have people you can trust means I can relax knowing he's safe and in good hands."
- Staff had training in safeguarding and knew how to identify abuse and escalate concerns. One member of staff told us, "If I suspect it [abuse], I'll record it and report to my manager. If I don't receive any feedback, I'll go to social services."

Using medicines safely

- The service supported people to take their medicines safely and as prescribed. Staff were trained and assessed as competent to administer medicines.
- People and their relatives told us they had no concern around how staff supported them with their medicines. Comments from relatives included, "They [staff] are very good, they know what he [person] takes and if they're running out, they let us know." And, "They [staff] are fully aware of what the medicines are for and do everything needed."
- The service was in the process of implementing the use of an electronic Medicines Administration Record (MAR) which staff had started to use in addition to the paper MAR. We found some minor inconsistencies around the recording of the administration of some medicines which the service had already identified during their medicines audits, and had taken necessary actions to rectify the errors.
- People's medicines were listed in their care plans as well as the level of support they required to manage their medicines. Protocols were in place to guide staff on when to administer 'as needed' (PRN) medicines. PRN medicines are medicines that are administered when necessary such as for pain or anxiety relief.

Preventing and controlling infection

- The service had measures in place to protect people, their relatives and staff from catching and spreading infections. Infection prevention and control policies were up to date.
- Staff had access to Personal Protective Equipment and received training on how to use them. A relative told us, "When we come in, we see they [staff] have it all. They put their masks on when they come in. They

always use aprons and gloves for all the personal care."

- Staff adhered to COVID-19 testing requirements as per government guidelines.

Learning lessons when things go wrong

- Processes were in place to promote learning which fully involved the staff team.
- The service had a system in place to record and respond to accidents and incidents in a timely manner.
- The management team analysed accidents and incidents to identify specific trends and updated care plans and risk assessments if needed. Any lessons learnt were communicated to staff through team meetings, emails and WhatsApp (text messaging), to improve the service.

Is the service responsive?

Our findings

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

At our last inspection we did not inspect this key question but the rating awarded from a previous inspection was good. At this inspection the rating has remained good. 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

- The service involved people and their closest ones when planning their care and delivered care that was tailored to their individual needs.
- Each person had a person-centred care plan which contained clear and specific information about their mobility, health, communication, diets and other support needs. Care plans also included detailed information about people's life histories, previous occupations, relationships, favourite things and goals.
- Staff knew people's individual needs and how to support them accordingly. Comments from relatives included, "They [staff] know her [person] likes and dislikes, even down to her favourite soap" and "The main one [staff] has been there a long time and knows mum very well, even down to the right shade of tea."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff communicated with people in ways they understood.
- People's care plans contained specific information around their communication needs and preferences. For one person who suffered from a disorder which affects communication, clear instructions were available for staff to know how to use their communication board, as well as gestures, to facilitate an effective two-way communication.
- A relative told us, "Mum is non-verbal, yet they fully understand her. They write on a white board for her so she can communicate."

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

- Where people required support with activities, this was clearly documented in their care plans.
- Staff supported one person to go out for walks regularly. The service had completed an assessment for this activity to take place safely. A relative told us, "Mum is catholic and, as both of the regular carers are too, they pray together."

Improving care quality in response to complaints or concerns

- There were systems in place to document and respond to any complaints, however minor.
- People and their relatives knew how and were supported by staff to make complaints if they needed to. A relative told us about a complaint they had to make and added, "I had a few things I wanted to get right. I phoned the manager and she came out to talk to me. We talked it all through. It was all resolved and since, we are in regular contact."
- The registered manager talked us through how complaints were managed and showed us their complaints log in which were documented, details of any complaints, investigations, actions and any lessons learnt.

End of life care and support

- The service worked with healthcare professionals, including GPs and district nurses, to ensure people received appropriate care at the end of their lives. At the time of our inspection, the service was providing end of life support to one person only.
- The service recorded people's last wishes and any specific arrangements they had in place when assessing their needs.
- Staff received training in death, dying and bereavement.

Is the service well-led?

Our findings

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

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

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

At our last inspection we found systems were either not in place or robust enough to manage the risks relating to health, safety and welfare of people. 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.

- There was a clear management structure in place which promoted effective communication amongst people, their relatives and staff, and the oversight care.
- Systems were in place to assess, oversee and review risk management plans associated with people's health and support.
- The service had created new management and administration roles to ensure care visits were scheduled efficiently and monitored closely. This resulted in care visits being attended to in a timely manner.
- The management team completed various audits to monitor the quality of care and governance of the service. These included audits of accidents and incidents, care plans, medicines, care visits and infection prevention and control.
- The service carried out regular spot checks in people's homes to assess different aspects of their care. A member of staff told us, "The field supervisor does spot checks. They check your communication, dressing, nails, using the right PPE, ask if you know the care plan, dignity [supporting people with dignity] and asking permission before providing care."

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

- People and relatives were fully involved and were able to have their say on the service.
- The service sought feedback on the quality of service they provided through satisfaction surveys. This was a regular exercise which targeted people, their relatives, staff and professionals. The team used the information they received to improve the service. We saw an example of a negative feedback around communication with management from a survey which turned into a positive comment a few months later, after the service had addressed the issue.
- The management team also gathered feedback from people and their relatives through regular telephone

calls and emails. Feedback included, "You have been a huge important part of the care which keeps [person] happy daily. It has been a challenging time for us all but we managed it together! What a team! Thank you." And, "I just wanted to say how impressed I am with the current carers for my father. He is being well looked after by two very caring carers that cook wonderful meals for him and that look after him around the clock."

- Staff told us they felt supported by management. A member of staff told us, "They're really being supportive, you call them anytime and they're there. They help out and give advice." The service had created an initiative known as 'Wellbeing Wednesdays' which provided a safe space for staff to have open discussions about their wellbeing with a member of the management team and request support if needed.

Continuous learning and improving care; Working in partnership with others; 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

- There were systems in place to review and share any learning with the staff team.
- We asked people and relatives about their thoughts on the service and comments included, "It's greatly improved, as a service they have become better I think," and "There is no decline in the service which is good and they have improved."
- The service maintained close working relationships with people's care teams. We saw referrals were made to healthcare professionals, including dietitians, occupational therapists and speech and language therapists, when people needed specialist support. A relative told us, "They [the service] are very good at getting other services involved as they need to. Like the district nurse, the carer chased it for us and it really helped."
- The registered manager was aware of their responsibility to be open and honest if anything went wrong.

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

- The service worked closely with people, their relatives, professionals and staff to create and promote a fair and open culture. People felt in control and were happy with the care and support they received.
- People spoke positively of the service. One person told us, "They [staff] are very kind and caring and I respect them for that. They show their respect for me too. I just chat to them and they're polite, we get on well with each other."
- Relatives were very pleased with how the service was managed. One relative told us, "I liaise with her [registered manager] regularly and she's fantastic. She has really supported the whole family, not just dad. Any issues that we're concerned about and she's always on board, she always listens." Another relative said, "It feels personal though it's professional. They manage so well in dealing with mum and culturally they're a good match for mum."