

Kirklands Care Limited

St George's Residential Care Home

Inspection report

St. Georges Road
Millom
LA18 4JE

Tel: 01229773959

Date of inspection visit:
30 June 2022
07 July 2022

Date of publication:
03 August 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St George's Residential Care Home is a care home providing accommodation and personal care to up to 41 people in one adapted building. The home provides support to older people and older people who are living with dementia. At the time of our inspection there were 33 people using the service.

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

People were safe and protected from abuse. Risks to people's safety had been identified and managed. People received the care they needed because there were enough staff to support them. People received their medicines safely and as their doctors had prescribed. The registered manager had systems to learn and share lessons from incidents to ensure people were safe. People were protected from the risk of infection because staff followed good infection prevention procedures.

People's rights were protected because the management team and staff understood their responsibilities under the Mental Capacity Act 2005. 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.

People received person-centred care which met their needs. People told us they would recommend the home. The provider had invested in making improvements to the accommodation and had identified further areas for improvement. The staff worked in partnership with other agencies to ensure people received the support they needed. The provider and management team were aware of their responsibilities under the duty of candour. They were open and honest with people and their relatives when incidents occurred.

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 19 June 2021).

Why we inspected

We received concerns in relation to infection prevention and control in the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. 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 remained good, based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

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, 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St George's Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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.

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 one inspector.

Service and service type

St George's Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St George's Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

People who lived in the home were living with dementia and were not easily able to share their views with us. We spoke with six people who lived in the home and observed how staff interacted with people. We also spoke with the deputy manager, six members of staff and a volunteer who visited the home regularly. We looked around the accommodation.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and training. We also reviewed records relating to the management of the service. We contacted four people's relatives and representatives and three staff to gather their views.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- People were protected from the risk of infection because staff followed good practice in infection prevention and control. Staff used appropriate personal protective equipment (PPE) and followed good hand hygiene procedures.
- The management team monitored staff adherence to infection prevention and control measures and took action immediately if any concerns were identified.
- The provider employed a housekeeping team who ensured the home was clean, hygienic and free from odours. The provider had invested in improving the accommodation and had identified further areas for improvement.
- The provider was following government guidance regarding visits in and out of the home. Relatives told us they could visit when they wished and said staff made them welcome. They said the visiting arrangements were flexible and took account of their wishes.
- The provider had created a COVID-19 secure visiting room to ensure safe visits could be carried out during the height of the COVID-19 pandemic. They had also supported outdoor visits in line with government guidance.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. People who could speak with us told us they felt safe in the home. One person said, "I feel very safe." Relatives told us they were confident staff kept people safe. One relative told us, "I am very happy [relative] is safe. The staff did a wonderful job keeping people safe during the pandemic."
- Staff had completed training in safeguarding people from abuse. They understood how to identify and report abuse. They told us they would report any concerns to a member of the management team and were confident action would be taken.
- Some people used expressive behaviour to communicate distress or frustration. Staff were skilled in supporting people in a way which reduced expressive behaviours which could place them or other people at risk.

Assessing risk, safety monitoring and management

- People were safe because the registered manager had identified and managed risks to their safety. People's care records included guidance for staff about how to support them in a safe way. Staff knew how to support people and manage risks to their safety.
- The registered manager reviewed risk assessments regularly and when people's needs changed. This meant staff had accurate and up to date guidance about how to maintain people's safety.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- People received the care they needed because there were enough staff to support them. Staff were patient and caring when supporting people. Relatives told us there were always staff available when they visited the home. One relative told us, "There are always staff around when I am there."
- The provider carried out checks on new staff to ensure they were suitable to work in the home. These included confirming applicants' good character and checks against records held by the Disclosure and Barring Service, (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received the support they needed to take their medicines and to maintain good health. Medicines were stored securely to prevent their misuse.
- Staff were trained in how to support people to take their medicines safely. Members of the management team checked medicine records to ensure these were completed properly. People received their medicines as prescribed by their doctors.

Learning lessons when things go wrong

- The registered manager had systems to learn lessons following any incidents to improve the service. They investigated any incidents and shared lessons learnt with the staff team to ensure the safety of the service.

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 good. The rating for this key question has remained 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

- People received high quality, person-centred care because the management team had developed a person-centred culture which focused on providing good care for people. Staff knew people well and provided individualised care which met people's needs and promoted positive outcomes.
- One person was celebrating a significant birthday the day we inspected. The management team and staff had arranged a party, with an entertainer and cake. The person told us they had enjoyed "a wonderful day".
- Relatives and staff commented on the 'homely' and 'family' atmosphere in the home. One relative said, "There is a very homely atmosphere. It is [person's] home." Another relative said, "There is a lovely atmosphere, all the staff are very caring." A staff member told us, "We treat people as we would want our own family to be treated."
- Relatives and staff told us they would recommend the home. They said it had a good reputation. One relative told us, "I would definitely recommend the home." A staff member said, "It is a good home and has a good reputation."

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

- People and their relatives knew the members of the management team and how they could contact them. Relatives told us the managers were supportive and approachable. One relative said, "[Registered manager], [Deputy manager] and [Administrator] are all lovely and easy to talk to and keep us informed." Another person said, "If I have any problems at all I speak straight to [registered manager]. She always resolves any issues."
- Staff said they were happy working in the home and felt well supported to provide good care to people. One staff member told us, "I love my job."
- The managers and staff were open and honest with people and their families when incidents occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, their relatives and representatives were asked for their views and their feedback was used to improve the service. The provider used surveys to formally gather people's views. Relatives told us a staff member also called them regularly to gather their feedback. One person told us, "We are asked for our views all the time."

- People told us if they made any suggestions about how the service could be improved the registered manager listened to them.
- People were asked what activities they would like to follow, and these were provided. One relative told us, "They are great for activities. People went on a boat trip on Windermere and the gentlemen went out for a meal on Father's Day."
- The provider and management team were committed to the continuous improvement of the service. They had made improvements to the accommodation and had identified areas for further improvement to ensure people enjoyed a clean, pleasant and comfortable environment.

Working in partnership with others

- The registered manager and staff ensured people consistently received care that met their needs. They worked with other services to plan and provide people's care. Staff knew the other services which supported people and worked in partnership with them. The registered manager contacted appropriate services if they identified people needed additional or specialist support.