

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

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Georges Nursing Home and Home Care is a residential care home providing personal and nursing care to 41 people aged 65 and over at the time of the inspection. The service can support up to 56 people in a part purpose built and partly converted premises.

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

People were safe at St George's Nursing Home and significant improvements had been made to safety measures since we previously inspected the service. Staff had training in areas such as health and safety and safeguarding and knew what actions to take should there be an accident or suspicion of abuse.

Improvements had been made to the administration of medicines and an electronic system provided the clinical manager with daily reports to ensure clear oversight. Medicines were administered in a person-centred way by registered nurses and there were clear protocols in place for as and when required medicines.

The premises were extremely clean and throughout our inspection we saw housekeeping staff methodically cleaning the service. Staff wore appropriate PPE and measures had been taken to ensure they could socially distance during breaks.

People's needs were assessed and care plans written and continually reviewed for the duration of their time at St George's. Both needs and preferences were assessed and recorded to ensure people had positive experiences of care delivery.

Staff received training and updates to ensure they were current with good practice. Training had slipped slightly due to the pandemic but alternative courses including online training had been provided instead of face-to-face training.

Meals were provided according to people's needs and preferences and relevant referrals were made should additional support be needed with nutrition.

The premises were bright and welcoming and designed to meet people's needs. Themed wall art aided people to navigate the building.

The provider was compliant with their responsibilities under the MCA 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.

There was a supportive management team who had specific skills to provide clinical direction and leadership. An open door approach provided staff with opportunities to speak directly to management as they could when they worked alongside them on the floor.

Comprehensive audits and an EMAR system provided oversight of the service and positive links to health and social care professionals ensured provision of relevant and quality care.

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 requires improvement (published 6 December 2019) and there were two breaches of regulation. 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

We carried out an unannounced comprehensive inspection of this service on 3 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

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, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. 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 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?

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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.

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

One inspector completed the inspection of St Georges Nursing Home and Home Care.

Service and service type

St Georges Nursing Home and Home Care 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

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 requested feedback from health and social care professionals. We reviewed information gathered for a recent direct monitoring approach call. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the nominated individual, registered manager, clinical manager, care workers, house keepers and registered nurses. The nominated individual is responsible for supervising the management of the service on behalf of the provider, at St George's, the NI is also the provider.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three 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 reviewed additional information we asked the provider to supply.

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.

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to ensure equipment was used in a safe way. 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.

- The provider had introduced self-regulating air mattresses following the previous inspection. Mattresses were still subject to rigorous checks however would adjust automatically to people's needs when in use.
- We reviewed health and safety checks of equipment and the premises and all were current and all necessary maintenance was carried out in a timely way.
- Staff training in areas such as fire safety was current and regular fire system checks ensured people and staff knew what to do in an emergency.
- A monthly environment audit ensured the premises were safe and well maintained. This covered areas such as checking staff knew where the 'control of substances hazardous to health' or COSHH cupboard was, checking four bedrooms to ensure they were clean and had their bins emptied, checking the topical medicines cupboard was locked and that bed rail bumpers were safety fitted in three rooms. Records were fully completed with comments and were current.
- Care records held in depth and current risk assessments for all aspects of care.

Using medicines safely

At our last inspection, medicines had not been safely managed. 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.

- The provider had developed use of an electronic medicines administration record system, EMAR, further since we last inspected and had made significant improvements.
- The EMAR system was intuitive and gave daily updates. The clinical manager was able to view status reports and ran them regularly and followed up with staff should medicines be omitted or refused.
- There were protocols in place describing when PRN or 'as required' medicines should be given and these

were accompanied by details about why they were administered.

- Improvements had been made to the ordering and stock holding of medicines. The clinical lead manager met with the supplying pharmacist and has disposed of numerous medicines surplus to requirements. Two staff have protected time to add deliveries to the EMAR system and there are no unnecessary stocks of medicines stored on site.
- We saw clinical rooms were well maintained, clean and had displays of important information about areas such as sepsis and current IPC best practice guidelines. The provider held anaphylaxis kits on site which were made available when medical professionals attend the service to administer vaccines and there were two defibrillators and a syringe driver available for use.
- We saw medicines being safely administered by registered nurses in a person-centred manner. People were asked if they would like their medicines, some could be given either before or after lunch so people chose when they preferred to take them. They were then given on a spoon, in a medicines pot or in the manner the person preferred. The EMAR system had a facility to lock and conceal confidential information each time staff had to leave the medicines trolley to enter people's bedrooms.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained and received regular updates in safeguarding and the provider had robust safeguarding policies and procedures.
- Staff could identify different types of abuse and would alert senior staff should they suspect people were at risk. Staff told us signs and symptoms that would alert them that a person was being abused.
- Referrals were made to appropriate organisations such as the local authority, police and CQC should the provider suspect abuse had taken place. Immediate actions would be taken to safeguard people and care plans would be updated to provide additional protection if needed.

Staffing and recruitment

- Staff were safely recruited and all necessary pre-employment checks had been completed. We noted small gaps in two staff members employment histories and the registered manager immediately corrected this and adjusted interview templates to ensure this would not be missed in future.
- The provider had lost staff as a result of vaccinations as a condition of deployment; however, most team members had been double vaccinated as required. There was ongoing recruitment to ensure the service could run using just contracted or bank staff and any agency staff were regular to the service.
- On commencement in post, staff had an orientation followed by induction when they completed mandatory training such as moving and handling and fire safety. We noted that staff members vaccination status was checked prior to commencing in post.

Preventing and controlling infection

- The provider had clear procedures in place to ensure visitors to the service did so safely. Visitors signed in, made a health declaration, and took a lateral flow, LFD, test or showed they had a negative test prior to visiting. The provider had recently dismantled visiting pods that had been made available when visits took place through screens and still offered visits in the gardens should anyone prefer this. They responded to changes in government guidance for visiting when necessary.
- The service was extremely clean, housekeeping staff were busy throughout our inspection cleaning all areas and hygiene areas such as the laundry were also cleaned to a high standard. A relative told us staff cleaned her family members room daily and they had no complaints about how well hygiene was managed.
- The provider had managed the pandemic well, taking all necessary precautions to protect people and staff and keeping current with best practice guidance.
- Measures had been taken to ensure staff could socially distance while on breaks, there were limited seats available in the break room and a patio was available so staff could sit outside.
- The registered manager was particularly proud at how adaptable their team was. For example, when

someone new is being admitted, staff immediately prepare equipment and rooms for isolation and were vigilant about using and restocking personal protective equipment.

- 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.

Learning lessons when things go wrong

- The provider ensured learning was shared when things went wrong. For example, if there were medicines errors, registered nurses completed reflective learning and additional training to minimise future incidents.
- Accidents and incidents were analysed each month. The provider reviewed what had happened, when, where and to whom to identify any possible patterns in data that could be used to identify improvements.

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 admission to St George's and needs and care plans were continually assessed throughout their stay.
- Alongside people's needs, records were maintained of preferences and care plans devised to provide care according to people's wishes if possible. For example, one person had been assessed by speech and language therapy, SALT as needing a particular diet. Alongside this information the provider had added their preferred foods and those they disliked and which cutlery and crockery should be used to enable the person to have the best experience at mealtimes.
- People's rights under legislation such as the Equality Act 2010 had been assessed and provided for.

Staff support: induction, training, skills and experience

- We saw staff records showing training completed prior to staff members commencement working in the service. They were given access to online training so some courses could be completed while they were awaiting results of pre-employment checks.
- On their first day working at St Georges, staff completed an orientation record which gave them essential information about the service. A longer induction consisting of training and shadowing more experienced staff would then be completed.
- Staff training was current, there had been some slippage of dates due to the pandemic but the provider had ensured alternative training was provided when face-to-face training was not possible and had managed to rearrange many courses.
- Staff participated in regular one-to-one supervision sessions with a designated senior staff member and spot checks were completed to ensure staff were providing quality care and support to people.
- Staff were encouraged to complete qualifications such as health and social care diploma courses to enhance their skills and enable them to progress within their chosen career paths.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us meals were of a good quality at St Georges and we saw food that looked and smelled appetising.
- Lunchtime was a positive experience for people. We saw people offered choices about meals and drinks and where to sit. There were several choices of drinks including beers, wines, juices and water and people were offered appropriate glasses and cups to suit their needs.
- Meals were served in the required texture for people and specialist crockery was provided as needed.
- Weights and malnutrition universal screening tool, MUST scores were constantly monitored and people were referred to healthcare professionals such as GP's and speech and language therapists, SALT as

required.

- Care records detailed support people needed to eat, choose meals and what equipment they may need and there was information on their preferences and the consistency their diet should be.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We observed a call with a local healthcare professional where health needs of several of people were discussed. We saw there were positive relationships with the healthcare professionals and that they were clearly familiar with the people discussed. This indicated there were frequent consultations about them.
- Referrals to health and social care professionals were made as required and there were regular calls with the GP to ensure that all health needs were addressed as they arose.
- People were supported to attend appointments as needed and arrangements were made for professionals such as podiatrists to attend the service

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

- The premises were bright, airy and welcoming and people's rooms showed personalisation.
- Areas such as bathrooms and treatment rooms were kept clear to ensure ease of cleaning and communal areas such as the dining room and lounge were homely.
- At a residents meeting, people had chosen themes and pictures for areas of the service to enable people to navigate more easily around the premises. There were numerous large photos and art works on the walls and clear themes were visible.

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.

- The service was compliant with the requirements of the MCA. They had completed relevant MCA assessments to accompany best interest decisions around numerous areas including COVID-19 vaccinations and personal care. These had been thoroughly completed evidencing reasons why decisions were considered and showed a clear knowledge about each person.
- DoLS had been applied for and authorised as necessary.

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

- Staff were supported by the management team and confirmed they had regular supervision and appraisals.
- Staff were encouraged to speak with the management team at any time and during the pandemic both the registered manager and the clinical manager had supported on the floor with caring tasks and cleaning as required.
- Quality care was a focus for the provider. The nominated individual was regularly in the service speaking with people and staff.
- The management team had appropriate qualifications and experience to provide strong leadership in both clinical and administrative areas.

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; Continuous learning and improving care

- The provider ensured relatives and other relevant persons were contacted in the event something had gone wrong.
- There was regular analysis of accidents and incidents and staff were informed of learning from events such as falls and other accidents so they could work to reduce the possibility of a reoccurrence.

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

- There was a registered manager and clinical manager responsible for running St Georges, both supported by a team of staff and the nominated individual who was onsite each day.
- There were clear areas of expertise within the management team, the clinical manager being a registered nurse split their time between the office and working in the floor both in their nursing capacity and as a care staff member depending on what was needed within the team. The registered manager ensured the smooth running of the service, updating policies and procedures and supporting staff in supervision and appraisal.
- The EMAR system was being continually developed to provide reports and information to review medicines administration, use of as and when medicines and other themes the provider wanted to focus on.
- Notifications were made as required and recently, where there were concerns within the service, the nominated individual had contacted CQC for advice and to keep us updated about the situation.

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

characteristics

- There were regular quality assurance questionnaires completed by people and their relatives. Each month, when bills were issued, a brief questionnaire was included so feedback about the service was constant rather than once per year.
- The registered manager had an open-door approach to all staff and encouraged feedback. One-to-one supervisions were also held regularly and offered an opportunity for staff to feedback to management.

Working in partnership with others

- During the pandemic, the registered manager had participated in online calls with the local CCG. They had found these to be supportive and informative and had been essential in keeping them current in developments about the pandemic. The weekly calls are still happening and the registered manager joins them as there are opportunities to ask questions and learn from other providers experiences as well as getting up to date information.
- The provider had strong links with the GP's at their local surgery. There were regular calls with the GP's and there appeared to be a mutual respect for information shared. For example, registered nurses described signs and symptoms to GP's and they could advise and prescribe based on this.