

St Georges Limited

St Georges Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

St Georges is a service which provides personal care and support to adults in their own homes. In addition to providing personal care, they also provide a companionship service which helps people with activities and help with domestic duties. This element of the service, although provided by St Georges would not need to be registered with the Commission if this was their sole purpose. We focussed our inspection on the people in receipt of personal care only. On the day of our inspection there were 49 people using the service, 24 of which received personal care.

There is a Registered Manager at this location. A Registered Manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

During the inspection, we identified a number of concerns about the care, safety, and welfare of people who received care from the provider. We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The provider did not have fully developed systems to make sure that people were supported safely when taking their medicines. The provider did not follow their medicine policy and clear records were not available for staff. Records did not show what action the care worker should take or record the way in which the medicines should be managed for an individual.

The provider had not ensured people were protected from the risk of unsafe care because people's needs had not been appropriately assessed and reviewed. Care plans did not contain enough detail to enable staff to meet the individual needs. Some care plans were not accurate in all areas and did not ensure all relevant risks were identified. Where risks were documented, some people's care plans did not state actions to reduce risk. This meant the provider could not be assured that care staff had the correct information and guidance about how to care for people based on their current needs.

When it had been identified that people needed support to have a specific diet, detailed guidance was not available for staff. Care plans lacked guidance about what action should be taken if concerns arise.

The principles of the Mental Capacity Act 2005 (MCA) had not been properly followed. When people required assessments to include mental capacity, care plans were not in place. This meant that staff might not always have the correct information needed to carry out their role effectively. Staff were not familiar with Mental Capacity Act 2005, and told us that they had not received training in this area.

Staff told us they felt supported in their role, but that some additional training would assist them to carry out their role better. On the day of our inspection, we found that most staff were administering some form of

medicine and had not been trained to do so. We also noted that competency assessments were not carried out. This meant that the registered manager could not assure us that staff responsible for administering medicines to people was competent to do so.

Whilst the registered manager undertook an annual customer, satisfaction survey and analysed the information. There was no evidence that action had been taken in response to improvement suggestions. Systems and processes were not in place to monitor, and improve the quality of the service. Staff meetings did not take place.

When people had a diagnosis of dementia, there were no records explaining to staff about how to manage the condition. This meant that staff may not have guidance available to them to know how best to respond to a person changing needs and behaviour.

The provider had a robust selection and recruitment process and employed care staff only when they had obtained all relevant information to make sure they were suitable to provide care and support to vulnerable people. Staff had regular supervision and had annual appraisals carried out.

Complaints and concerns raised by people were reviewed and registered manager responded to complaints in a timely manner.

Positive relationships had been developed between care staff and people. People told us that they thought most of the care staff were kind, caring and respectful.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not managed consistently and accurate records were not kept.

Risk assessments were not always in place when they needed to be.

Recruitment checks reduced the risk of unsuitable people working with vulnerable adults.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were by a registered manager who provided regular supervision and appraisals.

Some staff required additional training to enable them to be effective in their role.

People's care records contained the contact details of health and social care professionals, but lacked information about who staff should access in cases of emergency, or when people's needs had changed.

Is the service caring?

Requires Improvement ●

The service was not caring. □

People told us that staff respected people's dignity and carers maintained their privacy.

Staff understood the importance of building a good rapport with people.

The service was reliant on staffs experience and ability to deliver care intuitively as staff required training which hadn't always been provided.

<p>Is the service responsive?</p> <p>The service was not always responsive.</p> <p>People's care plans were not personalised.</p> <p>Complaints were explored and responded to in a timely manner.</p> <p>People told us that they had regular carers and were pleased with the overall care that they received.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not well led.</p> <p>Regular staff meetings were not always held.</p> <p>The manager carried out some audits to monitor the quality of the service, but did not keep records of when these were carried out.</p>	<p>Requires Improvement ●</p>

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under The Care Act 2014.

This inspection took place on the 13 and 14 July 2016 and was announced. This meant the provider knew we were coming. One inspector and one expert by experience carried out the inspection. An expert by experience is a person who has a personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service including notifications. A notification is information about important events, which the provider is required to send to us.

We looked at the care plans of seven people and four staff files; we also reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents, incidents, complaints, quality audits and policies and procedures. Reviewing these records helped us to understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

During our inspection, we spoke with the registered manager, eight members of staff, and thirteen people who use the service. On the day of our inspection there were 49 people using the service, 24 of which received personal care.

Is the service safe?

Our findings

People told us they felt the service was safe. One person said, "I always feel safe when the carers come." Another said, "I feel safe." Despite people telling us they felt safe, we found that the service required improvement in this area.

We could not be certain that staff always had the correct information needed to make sure care was delivered in a safe way. When risks had been identified through the assessment process, risk assessments had not always been carried out. For example, in one care plan it was noted that someone was at risk of having an epileptic fit, there was not extra guidance in the care plan for staff to follow if this had happened in their care. In another care plan there was a risk of staff being hurt but no further information instructing staff what they may need to do to keep themselves safe.

The registered manager told us that the service prompted people with medication only and care records confirmed this. However when we spoke with people, and staff, we found that staff were administering medicines to some people not prompting. Staff training records showed that they had not had medication training and had and did not have their competency assessed to make sure that they could administer peoples medicines in a safe way. We reviewed the provider's medicines policy and found that they were not working within their guidelines. People told us they received support to take their medicines, but care records did not show what support should be given to assist with this task. For example, one person explained how a staff member helped them to take their medicines, but the care plan stated that this person required prompting with medicines only. This meant that staff did not always have the correct information to assist them in their role.

This is a breach of Regulation 12 (a) (b)(2) (c) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they had consistent carers and had been offered the option of a male or female carer when they had first joined the service. Three people we spoke with told us that staff would often turn up late to deliver care. One person explained, "Between Monday and Friday they are on time, but it is not consistent at weekends. This isn't really a problem for us." Another person said, "Usually they get here on time, unless they get held up at a previous visit." Staff told us that there had been some problems with covering care calls earlier in the year but changes to the way the office were organising rotas had been made and this had help to improve the situation.

We inspected rotas and looked at the way the service managed missed and late visits. There had been a number of months when late and missed visits had occurred. The registered manager explained to us that the service had experienced some recruitment and sickness difficulties earlier in the year, but that this was getting better. They told us that they had changed the way they scheduled work and had recruited someone to help improve this area. We found despite the problems the service had experienced earlier in the year, that this had improved and there was enough staff to enable them to carry out their role effectively.

All of the staff with out exception could explain how to recognise the signs of potential abuse and knew how to report concerns correctly. Safeguarding policies and procedures were in place and staff had regular training in how to safeguard people from abuse.

Recruitment processes were in place for the safe employment of staff. The recruitment procedure included a detailed application forms, checking references and a completing a comprehensive employment interview. The service checked the applicants identity, right to work and carried out disclosure and barring checks (DBS.) This meant that they made sure new staff were safe to work with vulnerable adults.

Is the service effective?

Our findings

People told us they had not always received effective care and support. One person told us about a situation that had occurred, they said, "It possibly happened because [Name] was rushed. The carers coped with the situation but it may have been avoided if they had been better prepared prior to the visit." A family member said, "The new carers are not always so capable. The other day one forgot to give dad his call alarm."

Staff told us they were supported in their role by the registered manager. One staff member described the manager as, "Supportive and able to listen." Staff were provided with training in mandatory subjects but had not been given access to training in specialist areas like catheter care and medication. For example, one person needed a staff member to support them with their catheter. The staff that supported this person told us they had not had training and did not initially know how to help the person correctly. When we told the registered manager about this, they explained that they would review everyone's training needs and arrange for additional training to be delivered.

This is a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service did not always record information about peoples dietary needs, preferences and food allergies. We spoke with staff and they told us when someone needed help to eat and drink, guidance was not always available in the care plan to enable them to provide safe and effective care. We spoke to the registered manager who told us that they would review this area.

Relatives told us that staff did not always understand how to correctly care for someone with dementia. For instance, when it came to meal time support we were told that staff would allow someone to eat breakfast rather than try and encourage them to have a meal more suited to the time of day. One family member explained, "[Name] is given porridge for tea some nights. This is because the carers have gone in and asked him what he wants, but they do not take into account how confused he becomes over the time of day. I have suggested to them to make a sandwich or offer some other suitable choices rather than asking a totally open question."

This is a breach of Regulation 14 (1) (4) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Newly recruited staff told us they were working towards completing the care certificate and had been given a good induction. The Care Certificate replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff has a wide theoretical knowledge of good working practice within the care sector. The Care Certificate should be completed in the first 12 weeks of employment. Staff told us they were well supported by their manager and had regular meetings to discuss their progress. We checked records and found staff had regular supervision and had an annual appraisal.

We inspected whether the service was working within the principles of the MCA. 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. People told us staff always asked for their consent before they provided care to them, but when we spoke with staff they could not explain to us the principles of MCA and how they may need to apply this in their day to day role. When people had been identified as not having capacity the care plan did not contain guidance advising staff how to manage the persons condition. Training records showed that three staff had received MCA training. When we spoke with the registered manager they said that they would arrange for this training to take place.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us that some people had lasting power of attorney or enduring power of attorney in place. Power of attorney is a way of giving someone the legal authority to make decisions on a person's behalf if they lack mental capacity. When this was in place copies of these agreements were recorded within the care record.

Details of health and social care professionals involved in someone's care was recorded, but did not highlight who to access in case of emergency and did not always reflect the advice and guidance provided by health and social care professionals. For example, one person had extensive health needs but the care plan did not show who should be contacted if the persons needs deteriorated.

Is the service caring?

Our findings

People told us that most of the staff were kind and caring. One person described staff as, "competent and sympathetic." Another person said, "The care I have received is brilliant." Another person said they were, "Smiling, happy and friendly." Through discussions with staff, we found they were experienced and had a caring approach. However as the provider did not provide a robust framework of training or care planning we could not be certain that standards could be consistently maintained.

Staff treated people with dignity and respect when undertaking care tasks and upheld peoples privacy. One staff member described how they maintained people's privacy and dignity when providing personal care. They said, "When I am giving personal care I always make sure the person is covered with a towel, and shut the curtains." One person described the staff as being, "Very respectful." A family member said they were, "Very good. Staff always pull the door closed to keep his privacy."

We were told staff knew what people liked and provided them with the correct care according to their needs. Staff told us about how important it was to encourage people to do as much as they possible for themselves. A family member told us, "They encourage him, they put the wheelchair to the basin so he can shave himself and clean his teeth."

People's care had not always been reviewed and did not always take into account all of the relevant information. Most people we spoke with told us they had not been involved in a review of their care and staff told us they were not involved when a review of someone's care took place. On the inspection we spoke with the registered manager and they could not explain to us how information was shared between the staff and the office when peoples care needs had changed. However they subsequently told us, care staff are always aware of any significant changes made, if at short notice and an emergency situation it would be by phone however the policy is once a review has been carried out care plans are updated accordingly.

Is the service responsive?

Our findings

The service was not always responsive to people's needs. Some people told us the service was responsive whilst others disagreed. For example, one person said, "They will alter things if you need something changed." Whilst someone else's relative explained, "Staff don't always understand what [Names] needs are, because of their dementia." We checked records and spoke with staff and found the service required some improvement in this area.

At the inspection we randomly selected a number of people that we wished to speak with to obtain their views of the care they received. The registered manager told us we were unable to speak with some of these people due to them either having advanced dementia or because they did not want to speak with us. We checked records relating to people who had a diagnosis of dementia, and found there was no information in the care plan explaining how the persons dementia affected them and no guidance for staff about the best was to support the person with the condition. This meant that staff may not always have guidance available to them to know how best to respond to a person changing needs and behaviour.

Care plans did not always contain the correct information to enable staff to be responsive to someone's needs. For example, some people did not always have an assessment carried out prior to care being delivered and care plans lacked guidance for staff about how best to support people with dementia. Assessments were not person centred and lacked information about people's cultural needs and background.

One person told us that a staff member had once said to them, "I'm not sure what to do you will have to explain to me what to do."

Care plans did not always provide clarity about what care should be given. For instance, one person had two care plans which both contained different information about what tasks the carer should complete. We asked the registered manager to explain this to us, they said that one was St Georges care plan and one had been put together by the persons relative. When we asked why, it was explained to us that this was so the family member could be assured that all of the care tasks would be carried out. Care plans were not always reviewed, and people told us they were unclear if they had been involved in a review of their care. We spoke with the registered manager who told us that this was an area of the service that they were looking to improve and were in the process of recruiting an additional person to assist them with this.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people told us they had raised a complaint and this had been dealt with satisfactorily. We checked the provider's complaints process and found a system was in place for people and relatives to provide feedback about the care and support being provided. When complaints had been made these were processed in a timely way with outcomes clearly recorded. Compliments about the service had been recorded in the same way. We asked the registered manager about what links the service had with the community and they told us that this was an area of the service they wanted to develop.

Is the service well-led?

Our findings

Despite some people telling us that they thought the service was well led and would recommend it to others. We found the service required improvement in this area.

Annual customer surveys were completed and the results had been analysed. Where improvements had been identified action plans had not been put in place to improve the service. We spoke with staff and they told us that staff surveys were not carried out. Professionals that had links with the service were also not asked to complete a satisfaction survey. Spot checks were carried out as part of supervision on a regular basis. When these had been carried out and areas for improvement had been identified, the information had not been used to continuously improve the service.

Audits that looked at the quality of the service were not available. We asked the registered manager to show us what quality assurance systems were in place, and how they reviewed the quality of the service. The manager told us that recording when they had reviewed the quality of the service was an area they wanted to develop. We found the service did not have audits in place to reduce the risk of medicine errors. For example, when records were returned to the office they were not audited to look for potential errors. This meant that the provider did not check to make sure that people were receiving their medicines safely.

This is a breach of Regulation 17 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us the registered manager was approachable. One staff member said, "[Name] is always approachable and flexible." We asked if staff had regular meetings and found that they did not take place. One staff member said, "I don't really know a lot of other staff, sometimes I see their name on a sheet and then meet them in the office. I think regular staff meetings would help." We spoke with the registered manager who told us that meetings did take place but that these were simply not recorded.

We reviewed records which had been retained if a safeguarding alert had been raised with the local authority. We noted that the registered manager had carried out investigations into the concerns and these had been dealt with in a transparent and objective way. Records were kept securely in locked cabinets to support customer confidentiality.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The care and treatment of service users must reflect their preferences. Regulation 9 (c).</p> <p>The provider must carry out collaboratively with the relevant person, an assessment of the needs and preferences of the service user. Design care with a view to achieving service users preference and ensuring needs are met. Regulation 9 (3) (a) (b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Providers must make sure that staff who obtain consent of people who use the service are familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005, and are able to apply those when appropriate, for any of the people they are caring for. Regulation 11.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Assess the risks to the health, safety, and welfare of receiving the care and treatment.) The proper and safe management of medicines. Regulation 12 (2) (a) (b) (c) (g)</p>
Regulated activity	Regulation

Personal care

Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs

Where a person is assessed as needing a specific diet, this must be provided in line with the assessment. Nutrition and hydration intake should be monitored and recorded.
Regulation 14 4 (a)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements. 17 (1) (2) (a) (b) (e) (f)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff should receive appropriate training, as is necessary to enable them to carry out their duties. Regulation 18 (2) (a)